Leveraging a Targeted Violence Prevention Program to Prevent Violent Extremism:

A Formative Evaluation in Los Angeles

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EXECUTIVE SUMMARY

The following report represents the results of a formative evaluation conducted from December 2015 to November 2016. The data and results reflect what was learned during that time period and are not intended to represent the status of subsequent efforts in Los Angeles. "Countering Violent Extremism," or CVE, refers to proactive actions to counter efforts by extremists to recruit, radicalize, and mobilize followers to violence. Fundamentally, CVE actions intend to address the conditions and reduce the factors that most likely contribute to recruitment and radicalization by violent extremists. Where possible, CVE should be incorporated into existing programs related to public safety, resilience, inclusion, and violence prevention. CVE efforts do not include gathering intelligence or performing investigations for the purpose of criminal prosecution.

During the evaluation period, CVE work to date in the Los Angeles area focused predominately on prevention (aka primary prevention) and has not yet addressed intervention (aka secondary prevention). The local stakeholders want to build community-based interventions, not organized by law enforcement, and to do so in a way that can be evaluated.

We are public health professionals from the University of Illinois at Chicago Department of Psychiatry and the University of California Los Angeles Center for Public Health and Disasters who are conducting an independent and external evaluation of the Los Angeles CVE initiatives which has been funded by the Department of Homeland Security (DHS), Science and Technology Directorate. The overall purpose of this evaluation is to help the city of Los Angeles understand, plan, and assess its programs to address all forms of violent extremism.

We worked with the stakeholders to conduct a formative evaluation focused on building community based prevention and interventions. A formative evaluation takes place in the early stages of a program and its overall purpose is to ensure that the program is well-developed and is reaching its intended target audience.

This formative evaluation conducted with stakeholders in the Los Angeles area started with a focus on their current work in primary prevention. They also recognized a gap and a need to provide individuals who are deemed to be on a path towards violence, with needed mental health, social services, faith-based support and other support so as to move them away from possibly taking violent actions. From a public health perspective, this should be referred to as "secondary prevention" which are approaches aimed at those considered at heightened risk for violence (having one or more risk factors for violence). Regarding violent extremism, it means getting individuals help to address the behaviors that occur before undertaking violence.

The stakeholders believed that building new, standalone secondary prevention programs would not be sustainable nor would it meet the various needs of the communities they serve. Instead, they identified that expanding within existing operational structures and supporting civil society and well-regarded community-based services to promote individual, family and community wellness are better tailored for the Los Angeles area.

In light of the above, the steering committee concluded that a promising path to feasible, effective and sustainable intervention was to use existing public health and mental health

approaches such as The Los Angeles Country Department of Mental Health School Threat Assessment and Response Team (START) as a basis for expanding targeted violence secondary prevention to encompass prevention of violent extremism.

This formative evaluation demonstrated how developing logic models using a participatory approach could make a valuable contribution to preventing violent extremism. Using a participatory logic model approach allows stakeholders, program planners, and evaluators to clarify key issues regarding overall goals, available resources, activities and outcomes in a collaborative manner. This process should help to develop programs and evaluation strategies that both meet community needs and utilize rigorous research methods.

Lastly, the formative evaluation provided best practices for using tabletop exercises as a strategy for jumpstarting secondary prevention initiatives through engaging mental health and other community partners, building trust between stakeholders, and identifying capacities and gaps that need to be addressed to ensure successful implementation.

INTRODUCTION

LOS ANGELES BACKGROUND

For more than a decade, local law enforcement and community partners in Los Angeles worked to develop trust and build partnerships. With coordination and support from local agencies, they have worked together to support the development of community-led solutions to prevent all forms of violent extremism. This included early interagency coordination, implementation of community policing concepts, and engagement of various community partners to build trust and social inclusion.

The Los Angeles Police Department (LAPD) and Los Angeles County Sheriff's Department (LASD) are known for their innovative use of community policing and engagement with community partners to prevent violence (Advancement Project, 2007; Dunworth, Hayeslip & Denver, 2011; Rice, Lee, Meza, & Fraser, 2013). In 2013, the Los Angeles region's law enforcement organizations formed the Interagency Coordination Group (ICG) to coordinate outreach, improve trust-building, raise awareness among agencies of community needs, and share best practices in community engagement. The organizations included the LASD, LAPD, the City Human Relations Commission, the Department of Homeland Security (DHS), the United States Attorney's Office and the Federal Bureau of Investigation (FBI). The ICG regularly engaged with community stakeholders to better understand needs and provided relevant resources.

The greater Los Angeles community is also known for strong interfaith leaders, organizations and networks, many of whom have worked to promote civic engagement, social integration and peace building. All of them have had direct impact on continued improvement of intergroup relations and tackling the challenges of building police-community relations.

In 2015, the ICG and community stakeholders developed the "Los Angeles Framework for Countering Violent Extremism" (LA Framework) which they presented at the White House Summit on CVE. The framework offered a model of prevention, intervention and interdiction (ICG, 2015). It emphasized prevention and the importance of community engagement, partnership and community-driven local programs that promote resilient and healthy communities (LA Framework).

The LA Framework also introduced the intervention concept of "off-ramps" in this manner: "The intervention program would seek to provide individuals, already deemed to be on a path towards violent extremism, with off-ramps to needed social services, mental health, faith-based and other services. The ultimate purpose of "off-ramps" will be to provide rehabilitative care to individuals who are moving down a path toward committing illegal activity" (ICG, 2015, p.7).

Based on their record of community engagement and partnerships, the White House chose Los Angeles to be one of three pilot cities (along with Boston, Massachusetts, and Minneapolis-St. Paul, Minnesota). The pilot programs sought to "identify promising practices that will inform and inspire community-led efforts throughout the nation" (DOJ, 2015).

The DHS Science and Technology Directorate (S&T) wanted to study the effectiveness of the pilot programs (DOJ, 2015) and deliver information that would be useful to practitioners and policymakers. In September 2015, S&T awarded the University of Illinois at Chicago (UIC) Department of Psychiatry and the University of California Los Angeles (UCLA) Center for Public Health and Disasters with a cooperative agreement to evaluate the Los Angeles CVE program.

As a first step, the evaluation team worked with the Los Angeles ICG and community stakeholders to conduct a formative evaluation (to be described below on pp. 8). The knowledge generated by this formative evaluation was intended to inform the ways in which prevention programs should be developed, implemented and evaluated in Los Angeles and other U.S. cities.

The following report represents the results of a formative evaluation conducted from December 2015 to November 2016. The data and results reflect what was learned during that time period and are not intended to represent the status of subsequent efforts in Los Angeles.

PUBLIC HEALTH FRAMEWORKS

In 2011, the White House issued a *Strategic Implementation Plan for Empowering Local Partners to Prevent Violent Extremism in the United States* (SIP) that describes the steps needed to achieve the goal of preventing violent extremism in the U.S. It states that the U.S. federal government's domestic efforts to address violent extremism proceeds with three areas of focus: engagement with local communities; building government and law enforcement expertise for preventing violent extremism; and countering propaganda (Executive Office of the President of the United States National Security Staff, 2011) The SIP views existing public safety, violence prevention and community resilience programming as crosscutting and supportive activities, and states that health and human services agencies played a role by, "providing indirect but meaningful impact on CVE" through such efforts. The SIP states:

> For example, although many teachers, healthcare workers, and social service providers may not view themselves as potentially contributing to CVE efforts, they do recognize their responsibilities in preventing violence in general. CVE can be understood as a small component of this broader violence prevention effort. Departments and agencies will review existing public safety, violence prevention, and resilience programs to identify ones that can be expanded to include CVE as one among a number of potential lines of effort (p.11).

Where the SIP stopped at expanding existing health and human safety programs to include preventing violent extremism as one among its many efforts, other published papers have articulated arguments for fully applying a public health approach to CVE (Bhui 2012; Weine, Eisenman, Glik, Kinsler, & Polutnik, 2016; Eisenman and Weine, 2016). The updated SIP released in October 2016 identifies public health professionals as stakeholders and identifies one key task as "support community-based multidisciplinary intervention models" which should include "behavioral and mental health professionals" (Executive Office of the President of the United States National Security Staff, 2016).

This formative evaluation further advances this emerging call for including public health frameworks, methods and professionals in efforts to mitigate risks of violent extremism. Public health consists of the collective actions and strategies of a society to improve population health. Violence and its effects on community well-being and health are a public health concern, whether the violence occurs within families, by gangs or by ideologically motivated extremists. Health and well-being effects include the direct and indirect effects of terrorism itself, as well as the unintended or intended detrimental consequences of government or community responses.

In this report, public health refers to the more than 2,500 U.S. federal, state and local governmental agencies which bear legal responsibility for assuring the delivery of essential public health functions, as well as the healthcare delivery systems and public health and health sciences sections of academia.

The "Ten Essential Functions of Public Health" are widely accepted as forming the foundation for all public health activities (CDC, 2010). They describe the public health activities that should be undertaken in all communities. We applied this framework to address violent extremism as we conducted the evaluation (Weine, Eisenman, Glik, Kinsler, & Polutnik, 2016). In particular, this evaluation (both as currently conducted and as planned) aligns with functions 3, 4, 5, 6, 8 and 9. The table below highlights how these specific functions can apply to activities to violent extremism prevention. It is excerpted from a one-page brief in Appendix B that illustrates how this entire framework applies to CVE.

Table 1. Selected "Ten Essential Functions of Public Health"

Essential Public Health Functions	Activities Applied to Violent Extremism Prevention
3. Inform, educate and empower people about health issues	• Address CVE within wider reach of violence prevention • Convene trainings for professionals in relevant settings • Inform communications to avoid stigmatization
4. Mobilize community partnerships and action to identify and solve health problems	• Develop a coalition to help sectors integrate CVE into existing activities • Provide assistance to improve program planning, collaboration and obtaining funding
5. Develop policies and plans that support individual and community health efforts	• Directly involve public health and mental health in CVE policymaking
6. Enforce laws and regulations that protect health and ensure safety	• Review, evaluate and advocate for CVE-related laws and policies to guard against civil liberties violations and stigmatization
8. Assure competent public and personal health care workforce	• Design and evaluate trainings for public health, mental health, social services and education staff on CVE
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	• Evaluate which/why programs work to direct resource allocation

Public health prevention includes primary, secondary and tertiary levels of prevention (which also correspond to the terms universal, selected and indicated which are more specific to injury and violence prevention). Prevention consists of activities to protect people from actual or potential threats to health and their consequences. Therefore, in public health language, most if not all violence prevention programs do comprises some level of prevention. The following evaluation addresses the Los Angeles efforts, all of which currently use either primary or secondary prevention approaches. To orient the reader, we provide a brief explanation of these public health terms and their application in addressing violent extremism (see Figure 1 below).
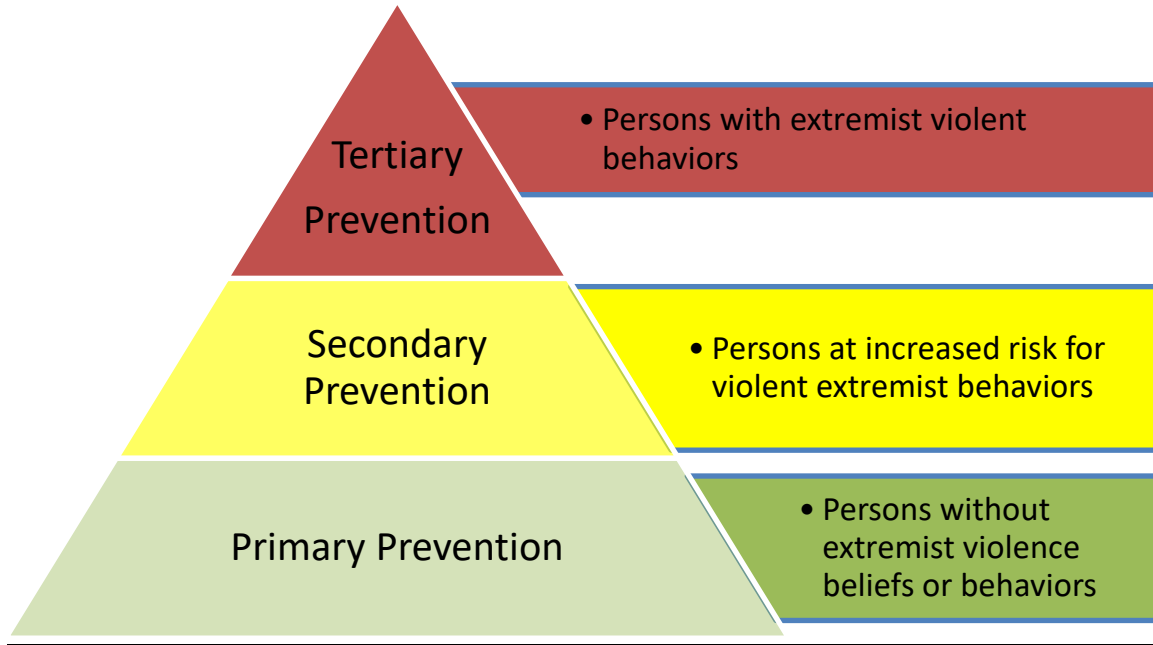
Tertiary Prevention — • Persons with extremist violent behaviors

Secondary Prevention — • Persons at increased risk for violent extremist behaviors

Primary Prevention — • Persons without extremist violence beliefs or behaviors

Figure 1: Three-Tiered Model for Public Health Prevention of Violent Extremism (Adapted from Eisenman & Weine, 2016)

In public health, primary prevention aims to protect against exposure to risk factors that lead to injury. In CVE, primary prevention targets the whole community, the vast majority of whom do not have problematic behaviors associated with violent extremism, through activities such as community-wide messaging campaigns that aim to shift cultural norms while strengthening the bond between individuals and communities.

Secondary prevention in public health is aimed at target populations considered at higher risk. Secondary prevention in CVE focuses on persons considered "at risk" for violent behaviors. The Los Angeles Country Department of Mental Health School Threat Assessment and Response Team (START), which this report will address, is a secondary prevention program because it is intended for persons who have been identified with behaviors or communications that signal they are at risk of committing violence but have not yet committed a violent act (Weine and Cohen, 2015).

Finally, tertiary prevention in public health is aimed at persons with demonstrated violent behavior. CVE tertiary prevention is directed at managing and rehabilitating persons who have manifested criminal, violent extremist behaviors.

Table 2. Public Health Prevention Models for CVE (Adapted from Eisenman, 2016)

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Target Population	Community, family, individual-levels	Individuals with early signs, "pre-clinical"	Offenders
Goals	Reduce individual and community risk and increase protective factors leading to violent extremism	Services for persons at risk before they manifest violence	Rehabilitation for violent extremists
Examples	Community wellness and social cohesion	Targeted violence threat assessment programs	Re-integration programs

FORMATIVE EVALUATIONS

This report covers the formative evaluation of the Los Angeles efforts to address violent extremism (a subsequent report will cover the impact evaluation). A formative evaluation is often used to guide the implementation of complex, multifaceted, community or population based initiatives. This type of evaluation takes place in the early stages of a program and its overall purpose is to ensure that the program is well-developed and reaches its intended target audience (e.g., has clear goals, objectives, implementation strategies, hypothesized process and output data; can access or engage priority populations; and intended outcomes are feasible (Scriven, 1991).

For example, prior to implementing a large communication campaign, messages are pretested to determine if they have the desired effect on the priority audience. Likewise, programs implemented through organizations or community based assets can use formative evaluation to assess how the program is implemented, whether program is reaching the right audience, or if program staff are appropriately trained. This type of evaluation is a basic program planning tool used to readjust or recalibrate a program that is about to start or that is ongoing. It can also be used to plan or readjust program objectives and strategies, as well as the process and outcome evaluation. While using similar mixed method techniques as a process evaluation, it diverges from the latter as it is used for program development rather than ongoing program monitoring.

In addition to the collection and analysis of data (both quantitative and qualitative) which provides insight into the underlying logic, scope and quality of a program, a number of tools can help make results of this aspect of program planning more likely to be used. First and foremost,

engaging stakeholders in the planning and evaluation process from the beginning using a participatory research approach is critical to getting local buy-in, as well as developing a program and evaluation plan that is culturally and contextually appropriate (Breuer et al., 2014; Helitzer et al., 2009; Israel, Schultz, et al., 1998).

By using this participatory approach in Los Angeles, the stakeholders are on more of an equal footing with the evaluators than in traditional program development and evaluation. Stakeholders have more control and are actively engaged in both the design and execution of program development and evaluation. The evaluators are then seen as resources or facilitators who provide technical assistance to the stakeholders on program development and evaluation, allowing a community to build program development and evaluation capacity (Minkler, 1997; Israel, Schultz et al., 1998).

Another tool is a logic model, which is a visual depiction of the linkages between available resources within the community (e.g., human and financial), program activities to address a certain problem (e.g., violent extremism), and short-term and long-term outcomes resulting from the program activities (Rossi, Lipsey, & Freeman, 2004), again based on an underlying set of programmatic objectives. The development of a logic model can occur through an iterative process with program stakeholders by creating a dialogue between evaluators and stakeholders regarding the assumed linkages between available resources, program activities and outcomes (Hernandez, 2000). McLaughlin and Jordan (1999) suggest stakeholders and program evaluators should agree on the definitions of program success and measures. In addition, stakeholders can assist evaluators in determining data sources to use for evaluation purposes (Hill & Thies, 2010).

FORMATIVE EVALUATION METHODS

The formative evaluation sought to obtain detailed information on the activities currently taking place in Los Angeles, including available resources and outcomes of interest, so as to develop an evaluable program focused on a feasible set of program goals and activities.

The formative evaluation in Los Angeles initially included a focus on primary prevention because that had been the predominate focus of the activities. As we conducted the formative evaluation of the primary prevention program, however, secondary interventions were identified as an existing gap. Thus, the approach and findings of this study are mainly oriented to secondary rather than primary prevention for reducing violent extremism.

This section describes the formative evaluation methods used in this study in the following 10 steps:

Step 1: We identified and engaged stakeholders with an interest in prevention or intervention development. These included law enforcement (LAPD, LASD, DHS and the U.S. Attorney's Office), non-law enforcement government agencies (City of Los Angeles Human Relations Commission, Office of Public Safety, Los Angeles County Department of Mental Health (DMH) and Los Angeles County Department of Public Health (DPH)), faith-based organizations and service organizations. These stakeholders were identified through current

advisory groups and organizational networks and the research conducted in Los Angeles, prior to this study by Dr. Weine and team.

Step 2: We reviewed pertinent current and prior literature and existing data on violence prevention and CVE and its evaluations to help guide the development of the formative evaluation. The team members were already very familiar with the existing literature. Upon initiating this project, the team conducted searches of literature using the key terms: violent extremism, counter-terrorism, foreign fighters, countering violent extremism and mental health, radicalization and mental health, terrorism and mental health.

Step 3: We defined the evaluation's purpose, articulated research questions, chose a conceptual framework and selected methods for data collection analysis. We convened a meeting with most of the stakeholders and established consensus that developing secondary prevention capability was an additional current priority and that this should also be the focus of the planning and evaluation activities. Thus, the formative evaluation contributed to planning and developing a secondary prevention program.

We applied public health concepts and models to address violent extremism in the formative evaluation. This included the Centers for Disease Control and Prevention's (CDC) "Ten Essential Public Health Services" and the public health prevention framework of primary, secondary and tertiary prevention (CDC, 2010). The ongoing discussions of the formative evaluation with stakeholders helped us to better understand in practical terms how these public health concepts and models could contribute to the further development of violent extremism prevention as a part of public health policy and practice. The formative evaluation design called for combining several different methods and data sources. The methods included ethnography, media content analysis, document review, dialogue with stakeholders, presenting in ongoing meetings, and observations of program activities. Data sources included transcripts of interviews and observations, media articles, organizations' activity logs, briefs, reports, meeting minutes, strategic planning documents, annual reviews and presentations.

Step 4: We collected data from stakeholders and other relevant sources, then analyzed the data and prepared reports of the preliminary findings. Stakeholders were asked very specific questions related to developing and creating logic models. The questions included the following:
1) What types of activities are you and your organization engaged in/involved with to reduce radicalization to violent extremism?
2) Who is responsible for conducting the various activities?
3) What types of populations/groups do these activities target (e.g., teens/young adults, males/females), and how do you make contact with them?
4) Where do these activities take place (e.g., schools, community centers, religious establishments)?
5) Do you partner with other organizations or groups? How are these activities supported in terms of resources or finances?
6) What types of changes do you expect your activities to have on your target populations (both short- or long-term outcomes)?
7) What are the attitudes of community members towards these activities and towards CVE?

8) What do you think are the strengths/weaknesses of your activities, and how could your activities or those of others be improved?
9) Thinking beyond present day activities, what types of activities should be conducted to reduce radicalization to violent extremism?

In addition, we used the qualitative data from an ongoing study of the LAPD and Muslim-American community in Los Angeles being conducted by the UIC. This study conducted in-depth interviews with LAPD police officers and community leaders, parents and youth (n=100) regarding community policing, the community's attitude towards community policing and targeted violence, and how community policing could be modified to prevent violent extremism. These interviews lasted up to two hours and were audiotaped. Analyses were conducted using grounded theory and Atlas/ti 7.0 software (Muhr, 2016). For purposes of the formative evaluation we conducted selective analysis of these interviews focused on the aforementioned initial research questions and stakeholder interview questions.

Based on what was learned through these steps, we developed a preliminary draft of a logic model for primary prevention. At approximately the same time, as noted above, the stakeholders chose to increase the focus on building community-based secondary prevention, so we expanded our scope of work to include building a logic model of secondary prevention. We repeated steps 1, 2 and 3 by engaging several new stakeholders (DMH, DPH and others), reviewing pertinent literature regarding interventions and identifying additional research questions focused on CVE interventions. These included:

1) **Secondary Prevention Development:** What are the perceived needs for a secondary prevention approach? How should those at-risk for ideologically motivated violence be defined? How will they be identified and selected? What are the secondary prevention strategies being used or developed? Who would deliver secondary prevention activities and services?
2) **Provider Training:** Who are the Secondary prevention providers and how will they be trained? What methods and materials will be used?
3) **Outreach and Recruitment**: Who are the community-based providers and advocates needed to support Secondary prevention activities? What are their attitudes towards CVE and secondary prevention? How is outreach and program awareness training conducted?

Step 5: DHS convened a committee of stakeholders and evaluators focused on building the secondary prevention model and preparing for program implementation. The committee sought to produce a fully articulated logic model, implementation plan and supporting materials for the Los Angeles intervention component. The committee integrated and built upon the prior initiatives of the ICG and its partners to develop an "off-ramp" program in Los Angeles. The aims were to:
1) Utilize a consensus building process to develop a fully elaborated logic model for secondary prevention to address violent extremism that demonstrates the intended relationships between its inputs, outputs and outcomes.
2) Establish sustainable structures for program delivery including leadership, core group, community network, training materials and funding needed for successful implementation by fall 2016.

3) Collaborate with the evaluation team to design the program's evaluation, including measures of programmatic activities and outcomes.

Step 6: We drafted a logic model. The evaluators used the discussions from Step 5 as the basis for elaborating a program plan and accompanying logic models for the intervention we believed that stakeholders wanted to build.

Step 7: We reviewed the logic model with the stakeholders and used their feedback to help modify the logic model so that it met their needs and enhanced sustainability. We consulted with stakeholders to refine the logic model so that it would meet community needs and was sustainable. Given that the evaluation team's next task became to evaluate a Los Angeles secondary prevention rather than primary prevention initiative, this was done for the secondary prevention logic model that is presented in this report.

Step 8: We used the refined secondary prevention logic model to formulate plans for completing program development and beginning implementation. The logic model was intended to be the basis for finalizing program development plans, initiating training activities and preparing for implementation.

Step 9: We designed, conducted and evaluated additional collaborative processes with stakeholders to facilitate program development. The evaluation team worked with stakeholders to design, conduct and evaluate a tabletop exercise and used the results to inform further preparations for implementation.

Step 10: We used the secondary prevention logic model to inform developing an evaluation strategy, which could include additional formative evaluation, process evaluation and impact evaluation. The evaluators, who were part of the steering committee, also worked in parallel to develop an evaluation design, which fit the intervention services being developed. The evaluators worked together with the program developers to articulate the initial research questions that would drive the evaluation, further revised them through the logic modeling process, settled on the factors to be measured (especially activities, outputs and outcomes), and developed the design and measures that could be used to collect them.

KEY FINDINGS

This section summarizes the key findings of the formative evaluation. The formative evaluation was designed to be responsive both to the work to date, which was largely in the primary prevention space, and to the future ambitions of the stakeholders to build secondary prevention.

Thus, it first describes the findings based on the primary prevention work to date conducted by the stakeholders. These findings were based upon data that came from formative evaluation steps 1 to 4 described above.

It next describes the findings based upon the work of a steering committee formed by some of the stakeholders and the evaluators which focused on developing and evaluating secondary

prevention services. These findings were based upon data that came from formative evaluation steps 1-10 described above.

PRIMARY WORK TO DATE

The recent and current work in Los Angeles predominately focused on primary prevention, and much of it was law enforcement focused. Four types of prevention activities were identified:

1. Community Education and Support. Stakeholders from law enforcement reported educating faith-based communities about how law enforcement works (e.g., how they investigate cases and make arrests) and how they can provide support to the community via presentations and meetings at schools, community centers, public forums, centers for worship and law enforcement locations. To build trust and cooperation with communities, they focused on being as transparent as possible regarding the roles of law enforcement. They also exchanged dialogue with community members to better understand their concerns and needs related to law enforcement and public safety generally, and violent extremism specifically. Law enforcement provided communities with information on how to assess the risk of individuals who might be considering engaging in violent activities, and how and when to inform law enforcement. Stakeholders from law enforcement, faith-based organizations and government agencies also mentioned educating communities about available resources in the community (e.g., health, social and legal services).

2. Violent Extremism Focused Education and Support. Stakeholders from local and federal law enforcement and government agencies promoted knowledge and awareness in communities regarding violent extremism and CVE strategies via presentations and community forums. They provided the community with knowledge and problem solving skills regarding how to diffuse tensions associated with discrimination and hate crimes, as well as issues related to immigration and security concerns. Stakeholders from governmental organizations also provided both law enforcement and community groups with up-to-date information on threats related to violent extremism. None of these education and support activities were manualized or evidence-based.

3. Strengthening Relationships. All stakeholders discussed building partnerships between communities, law enforcement and governmental and non-governmental organizations to create inter-group dialogue, establish trust, promote civic engagement, and enhance the integration of immigrants and refugees into the community at large via outreach activities such as forums, inter-faith events and social media outlets. These kinds of partnerships have proved instrumental in promoting activities to increase social cohesion and community connectedness.

 4. Expanding a Public Health Framing. All stakeholders were mindful and understood the challenges when CVE framing inappropriately approaches communities as suspects. Moreover, they also understood the limitations to a law enforcement approach only that offers limited alternatives. Therefore, stakeholders made a concerted effort to develop public health approaches aimed at building strengthening communities outside of the justice involved law enforcement approaches. This allowed stakeholders to expand the range of new partners to include health and social services providers, educators, and a wider range of community based organization.

5. Program Development, Leadership Building and Empowerment. Stakeholders from governmental organizations reported providing community and faith-based organizations with additional support for capacity building. All stakeholders mentioned that they encourage the development of "community-led" primary and secondary prevention activities to establish a sense of ownership among the community and ensure that services are culturally appropriate and relevant to community needs.

In addition to these five activities, the stakeholders reflected on **the need for an impact evaluation of the public health approaches to violence prevention in general and violent extremism in particularly**. The existing Los Angeles initiatives were not designed to be evaluated and did not conduct any regular program monitoring or evaluation activities. Dr. Weine conducted one process evaluation of community policing and CVE (Weine, 2015). Stakeholders participated in the process evaluation and formative evaluation. The stakeholders and others were asked whether there could be ways to collect data from their activities that would protect privacy. They said that to assess participation in program activities, anonymous sign-in sheets could be used to ensure protection of personal identified information (PII). Program activity logs could be used to document day/time and location of program activities, recording only non-identifying demographics of participants (e.g. gender). Program activity logs could also be used to assess service delivery (e.g., number of resource guides distributed at a specific function) which do not record individual participants. When appropriate, participants might also be asked to anonymously complete a brief satisfaction survey of the program activity/event they attended.

When asked what types of short-term outcomes the stakeholders would like to see as a result of their program activities, they noted the following:
1) Increased knowledge and awareness in the community regarding the roles and function of law enforcement;
2) Increased number of referrals to needed services such as health, social and legal;
3) Decreased feelings of isolation of exclusion and increased understanding of different cultures and religions;
4) Increased knowledge and skills regarding how to identify potential risks towards harm of self and others within individuals;
5) Increased problem solving skills regarding how to diffuse tensions associated with hate, bias, or discrimination;
6) Increased awareness and participation regarding social initiatives;
7) Increased trust between communities and law enforcement, governmental organizations and non-governmental organizations; and
8) Improved attitudes among communities regarding developing partnerships with diverse organizations and increased community-based program capacity.

When asked what types of long-term outcomes the stakeholders would like to see as a result of their program activities, they mentioned the following:
1) Increased willingness to reach out for available prevention and intervention resources;
2) Increased utilization of health, social and legal services;
3) Increased integration and inclusion of communities (i.e., groups of different ethnic/racial/religious/cultural backgrounds);

4) Increased involvement in community-led activities
5) Increased efficacy to recognize risks towards harmful behavior and needs for interventions;
6) Decrease in hate crimes and hate incidents
7) Increased communication and cooperation between communities and law enforcement; and
8) Increased civic engagement and number of community-led programs.

The ultimate desired outcome expressed by stakeholders was to decrease involvement and support for violent extremist behavior by, "creating an environment hostile to violent extremism."

The stakeholders also expressed interest in assessing other indicators such as:
1) Trust between the community and law enforcement;
2) Level of civic engagement;
3) Understanding and knowledge of different religions and cultures;
4) Acceptance of religious and ethnic diversity;
5) Level of integration with the community;
6) Improving relationships with law enforcement;
7) Insuring that law enforcement is reflective of the communities they serve; and
8) Increase in partnerships and collaborations between health and social service providers, faith-based groups, law enforcement, community-based organizations and academia.

TOWARDS BUILDING SECONDARY PREVENTION SERVICES

Given the identified gap in secondary prevention, and expressed interest in positive prevention alternatives, we decided to meet with stakeholders from the DPH and DMH. DPH has a long history of community-based violence prevention work focused on urban gang violence (LA County Department of Public Health, 2016), as well as a community resilience programs focused on emergency and disaster response (Eisenman et al., 2014; Plough et al., 2013). The DMH, which is the largest county-operated mental health department in the United States, has a collaborative School Threat Assessment Response Team (START) (Los Angeles County Department of Mental Health, n.d.).

We focused on START given that it provides specialized mental health interventions that address the needs of individuals engaged in, or at risk for, acts of targeted violence in school settings countywide. START was established in 2009 to prevent the rise in targeted violence within schools. The START program provides five key services: 1) educate the public about issues related to bullying, targeted school violence and the program's capacity to intervene; 2) receive referrals from educational institutions, parents and community members about persons of concern; 3) provide comprehensive clinical and behavioral assessments to determine an individual's risk for engaging in targeted violence; 4) connect the person to necessary services and supports which address their needs and reduce risk factors; and 5) conduct regular monitoring to prevent relapse. START has received recognition by multiple organizations (e.g., Harvard Kennedy School and the Los Angeles County Mental Health Commission).

In a given year, START responds to more than 3,000 calls and manages nearly 80 cases. These efforts are undertaken with individuals before they have been charged with committing a crime. Participation is voluntary, supported by the concerns and engagement of families, schools, clergy and other community-based organizations (CBOs).

DMH and START have strong relationships with diverse communities throughout Los Angeles County, and an existing network of more than 18 CBOs. These CBOs play essential roles in making referrals to DMH, conducting joint assessments and treatment planning to ensure the cultural competency of its programs, and in receiving referrals for continued care. Most mental health professionals, even those trained in violence prevention, are not familiar with the challenges of addressing ideologically motivated violence. Therefore, training is a key activity of the START program. In fiscal year 2014-15, the START program conducted 60 trainings on a range of topics related to targeted school violence and educated 955 individuals.

We concluded that presently, the DMH is the only organization with the demonstrated capacity, skills and network to conduct formal interventions in the Los Angeles region.

The stakeholders acknowledged the need for a group to plan for the development, implementation and evaluation of secondary prevention. Thus, in January 2016, in partnership with the City of Los Angeles and DHS, the stakeholders formed the LA Region Intervention Steering Committee which included the evaluators. Representatives from the DPH and DMH were invited to join.

The steering committee concluded that a promising path to feasible, effective and sustainable intervention was for DMH to build upon its START program. The next steps would be to expand the START program to address other forms of targeted violence including ideologically motivated violence and to work more directly with those communities most impacted by violent extremism. The evaluation team then utilized public health frameworks to produce a fully articulated logic model, services flowchart implementation plan, and evaluation tools based upon the START program. These will be described in the following sections. Lastly the steering committee concluded its work with planning the tabletop exercise (p. 23).

A SECONDARY PREVENTION LOGIC MODEL

Within the steering committee, the stakeholders and evaluators worked together to develop a secondary prevention logic model. Figure 2 is the logic model that was completed in February 2016 and describes a proposed targeted violence program as secondary prevention for violent extremism.

Figure 2. Secondary Prevention Logic Model (Proposed)
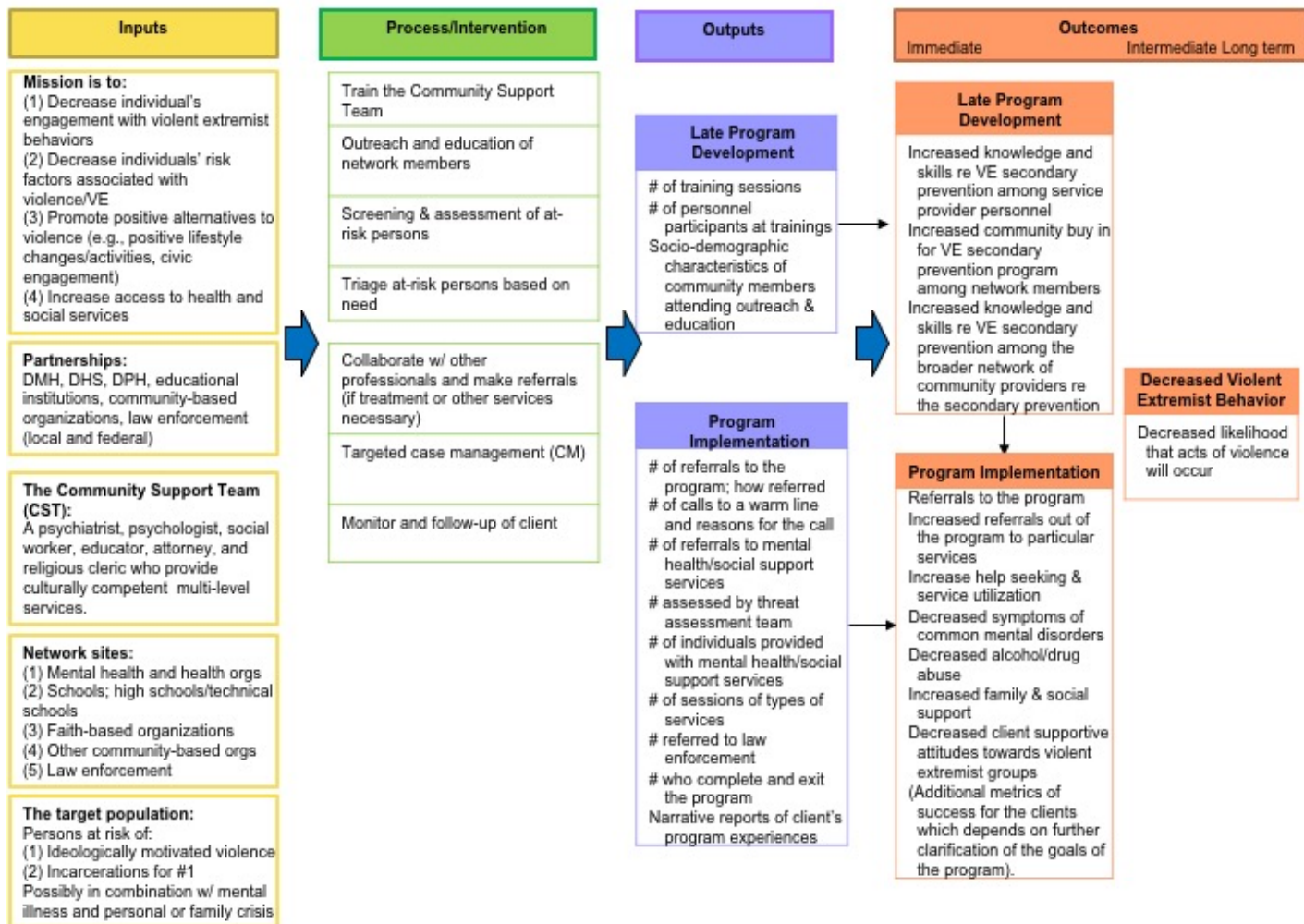
The overall goals of the proposed secondary prevention program, as described in the logic model, are as follows:

1) To decrease individuals' violent behaviors;
2) To decrease individuals' risk factors associated with violence and violent extremism;
3) To promote positive alternatives to violence, such as positive lifestyle changes and increased civic engagement; and
4) To increase access to mental health and social services for those who could potentially benefit from such services.

Inputs. Several inputs/resources were identified for secondary prevention in the logic model. Partnerships include the DMH, DPH, educational institutions, CBOs and law enforcement (both local [LAPD, LASD and others] and federal [DHS, FBI, United States Attorney's Office]).

The Community Support Team (CST), which should consist of a psychiatrist, psychologist, social worker, educator, attorney and religious cleric, provides comprehensive and culturally appropriate multi-level services.

Persons may be referred to the proposed program either from the community or from law enforcement. Community referrals would most likely come to network sites which are located at mental health and other health-related organizations, schools/universities, faith-based organizations, and CBOs. At each of those sites, a person trained by the CST would conduct an initial screening. Law enforcement referrals would go either to a network site for screening or directly to the CST for an assessment.

The designated population for the secondary prevention includes individuals at risk of engaging in violence, including but not limited to ideologically motivated violence. We recognize that nowadays offenders act in part out of ideology, but other factors such as emotional and family instability are also often at play (Weine and Cohen, 2015).

Process Proposed. As depicted in the proposed logic model, the secondary prevention will consist of the following seven steps:
1) Train the CST – CST members will receive cross-training to enhance their skills and knowledge in working with persons at risk for targeted violence, including ideologically motivated violence.
2) Conduct outreach to and educate network members – At least one person in an identified community organization will be taught about targeted violence and how to conduct an initial assessment.
3) Assess at-risk persons – Initial assessments are conducted by network members and more comprehensive threat and behavioral assessments are conducted by CST members.
4) Triage at-risk persons based on need – The CST will review all cases and come to a determination regarding a person's needs and their relative priority.
5) Collaborate with other mental health and social service professionals and make referrals – The CST maintains a referral network and conducts additional outreach as needed to link persons in need with necessary services.
6) Provide targeted case management – The CST follows high-risk cases over time to ensure that they are engaged in services and are not a threat.
7) Monitor and follow-up of client – The CST conducts repeat assessments of medium- to high-risk cases to inform decision-making.

Outputs. The logic model indicates how several direct products of late program development and program implementation could be used for program monitoring. For late program development the evaluators could assess the:
1) Number of trainings for the CST;
2) Number of CST participants attending the trainings; and
3) Socio-demographic characteristics of the community members attending the education and outreach sessions.

For program implementation, the evaluators could assess the:
1) Number of referrals to the program and how they were referred;

2) Number of calls to a warm line and reasons for the call;
3) Number of referrals to mental health/social support services;
4) Number of individuals assessed by the threat assessment team;
5) Number of individuals provided with mental health/social support services;
6) Number of mental health/social support service sessions or appointments by client;
7) Number of individuals referred to law enforcement;
8) Number of individuals who completed and exited the program; and
9) Narrative reports of client's program experiences.

Immediate and intermediate/long term outcomes. Immediate outcomes for late-program development represented in the logic model include:
1) Increased knowledge and skills regarding violent extremism secondary prevention among service providers;
2) Increased community buy in for secondary prevention program among network members; and
3) Increased knowledge and skills regarding the secondary prevention among the broader network of community providers.

Immediate outcomes for program implementation that could be assessed by the evaluators include:
1) Increased referrals to the program;
2) Increased calls to the warm line;
3) Increased referrals out of the program to network services;
4) Increased help seeking and utilizing services;
5) Decreased symptoms of common mental health disorders;
6) Decreased alcohol/drug abuse;
7) Increased family and social support;
8) Decreased client supportive attitudes towards violent extremist groups; and
9) Changes in behavioral measures of both legal activities (such as attendance at rallies, social networking with extremist sites) and illegal activities.

Intermediate or long-term outcomes for decreasing violent extremist behavior that could be assessed by the evaluators include:
1) Decreased likelihood that acts of violent extremism will occur.

Each of the aforementioned outputs and outcomes may be included in the impact evaluation. To determine this, the evaluation team and the organizational partners will later consider how the data can be feasibly and accurately collected and measured in the context of the implementation plan.

SECONDARY PREVENTION FLOW-CHART

In the steering committee, the stakeholders and evaluators worked together to develop a services flowchart (see Figure 3).

Figure 3. Secondary Prevention Services Flowchart (proposed)
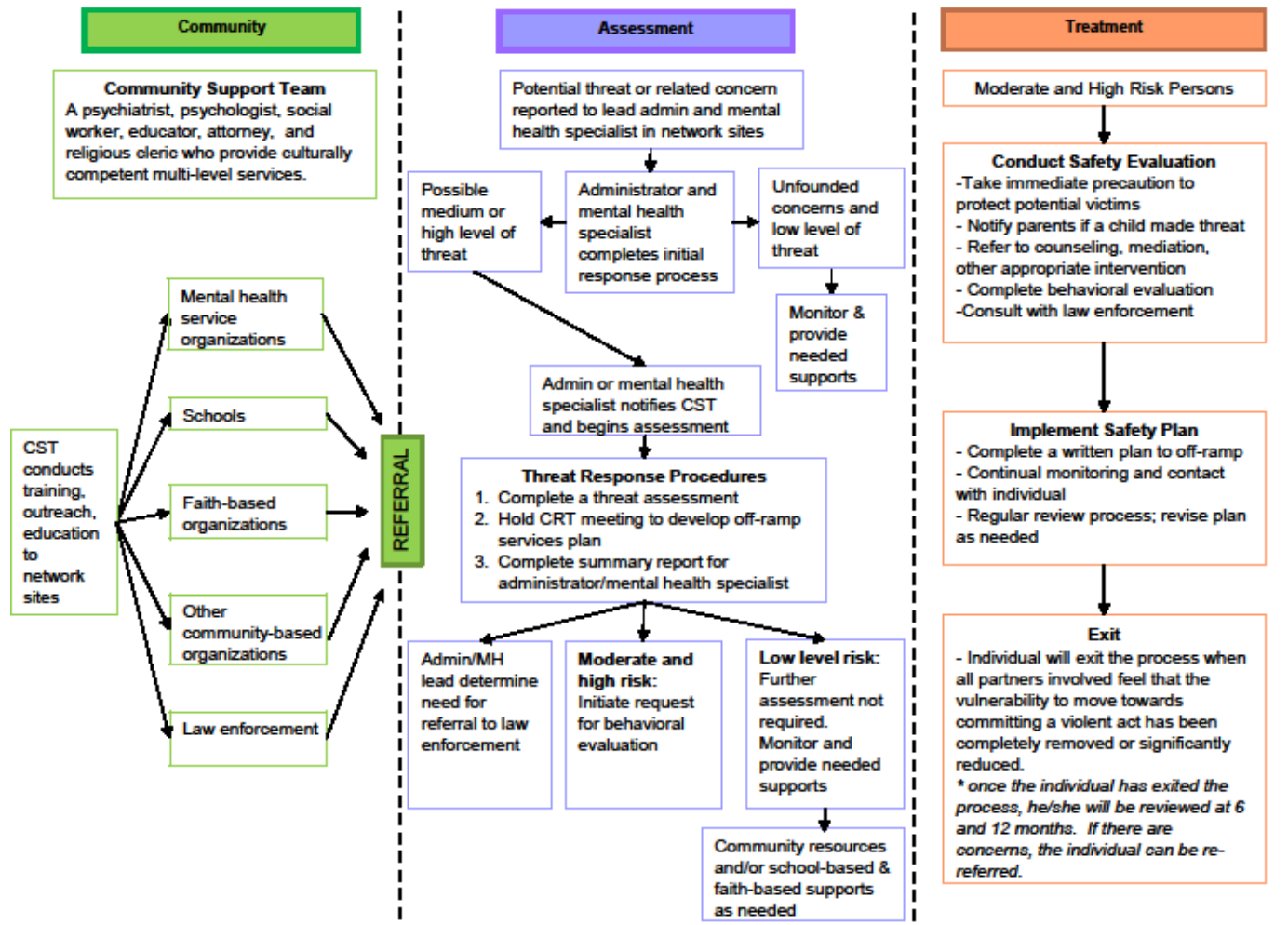
In the community domain, the flowchart describes a CST of multidisciplinary professionals which accepts referrals from both community and law enforcement sources. Importantly, the CST would also provide training to a broad network of community leader, advocates and providers in different CBOs.

In the assessment domain, the flowchart describes a first-level screening by a community-based professional in the broader network who determines whether or not there is a bona fide medium-to high-level threat. If so, a referral is made to the CST which conducts a formal threat assessment.

In the treatment domain, the flowchart describes how medium- to high-level risks lead to a safety evaluation, a behavioral evaluation, referrals to law enforcement, referrals to mental health and social services, on-going case management, and follow-up evaluation.

TABLETOP EXERCISE

To move towards implementation, the steering committee conducted a tabletop exercise in July 2016 in Orange County hosted by the DHS Office for Community Partnerships. It was designed to uncover how the existing targeted violence prevention programs could perform in a scenarios relevant to violent extremism. The full tabletop report is in the appendix; it is summarized below.

Two 90-minute tabletop exercises were conducted using simulated scenarios centered on cases of potential violent extremists, each of whom was played by an actor. One scenario focused on ISIL-inspired extremism and the other on right-wing nationalist extremism. In each scenario, the actor was joined by a team of clinical interviewers from DMH and the LASD. A team of outside evaluators assessed the clinical teams in the tabletop.

The tabletop evaluation demonstrated 23 areas of existing capacities that were organized into three groups:
1) Establishing multidisciplinary teams to conduct a robust discussion of the case among the team with a proper assessment of threat indicators and determine a treatment plan including case management or other disposition;
2) Conducting comprehensive threat assessments which included gathering information from family and the Internet/social media; and
3) Determining if the assessment teams knew how to reach law enforcement when needed and had standing Memorandums of Agreement to do so.

The tabletop exercise, however, demonstrated twice as many gaps. The main gaps were in five groups: 1) cultural competency of mental health professionals in both scenarios presented during the exercise; 2) uncertainty about the use of measures and tools; 3) making referrals and disposition; 4) activation and coordination with community leaders and organizations; and 5) monitoring and responding to media.

Overall, the tabletop findings confirmed that the existing capacities of targeted violence prevention programs and community partners in the Los Angeles region, with the support of law enforcement agencies, could form the basis of a proposed program to prevent individuals who raise concerns for conducting ideologically motivated violence. The steering committee used the identified capacities and gaps to develop strategies to ameliorate the priority gaps.

APPROACH TO FURTHER PROGRAM DEVELOPMENT

Based on the tabletop findings, the steering committee and evaluators identified potential solutions to ameliorate the demonstrated gaps.

First, the targeted violence prevention program could deepen its involvement in, and network of, community partners to expand their existing resource networks and leaders outside the bounds of their current contractors to those who are clinically and socially appropriate in the provision of wrap-around services for those most likely to need treatment.

Second, the targeted violence prevention program workforce, including specialty and non-specialty mental health clinicians and their community partners, could benefit from training to better understand both the sociocultural contexts and the full-spectrum of ideologically motivated violence.

Third, the targeted violence prevention program workforce needs additional resources to build their capacities beyond school violence and to adequately take on the challenges of other forms of targeted violence, including ideologically motivated violence.

Lastly, given the focus on secondary prevention, an impact evaluation could use either a quasi-experimental, pre-test/post-test comparison group design, or an exhaustive causal identification and elimination design, depending on the type of prevention program implemented. In the next phase of the evaluation, where we transition to the impact evaluation, we will work with organizations and communities who are directly involved in the secondary prevention program to refine specific evaluation methods.

CONCLUSIONS

This formative evaluation conducted with stakeholders in the Los Angeles area started with a focus on their current work in primary prevention, but there was also a recognition for the need to building secondary prevention in line with the building "off-ramps" concept.

Stakeholders and evaluators worked collaboratively to build a model for targeted violence prevention as secondary prevention for violent extremism through training, screening and identification, assessment, treatment, case management and monitoring services. This plan proposes to expand existing well-regarded community-based services for addressing targeted school and youth violence, and seeks to enhance schools' and communities' capacities for addressing other forms of targeted violence, including ideologically motivated violence.

Building on the best practices of preventing targeted violence is innovative and may be cost-effective and sustainable because it: 1) leverages ongoing effective and well-partnered programs; 2) takes a step forward on protecting civil liberties and privacy concerns by embedding HIPPA protections into the proposed program; and 3) allows for larger-scale outcome evaluations involving multiple organizations and networks.

Building the secondary prevention services still faces important obstacles including:
1) The need for strong mental health professional leadership in targeted violence prevention;
2) The need for building consensus around a best practices model;
3) Difficulties with collaborations across sectors; and
4) Deficiencies of the current public mental health system.

Overcoming these obstacles will be no easy matter and progress will likely be incremental.

This formative evaluation demonstrated how developing logic models using a participatory approach can make a valuable contribution to the development of preventative programs. Using a participatory logic model approach allows stakeholders, program planners and evaluators to clarify key issues regarding overall program goals, available resources, program activities and outcomes in a collaborative manner. This process should help to develop programs and evaluation strategies that both meet community needs and utilizes rigorous research methods.

Lastly, the formative evaluation provided best practices for using tabletop exercises as a strategy for jumpstarting secondary prevention initiatives through engaging mental health and other community partners, building trust between stakeholders, and identifying capacities and gaps that need to be addressed to ensure successful implementation.

<u>RECOMMENDATIONS</u>

1. Expand within existing violence prevention operational structurers to ensure sustainability.

2. Build violence prevention programs that address a broader spectrum of violence and communities, and which include the capabilities and resources to detect, assess and address ideologically motivated violence.

3. In general, reframe preventing extremist violence as part of our nation's public health problem of violence prevention.

4. Include public health experts from the beginning of program planning through its implementation and evaluation.

5. Base program development on public health approaches including the CDC's "Ten Essential Public Health Services" and the public health prevention framework of primary, secondary, and tertiary prevention.

6. Refer to intervention programs as secondary prevention as part of a public health reframing.

7. Utilize mental health approaches including targeted violence prevention models which involve training, screening and identification, threat assessment, treatment, case management and monitoring services by local service providers.

8. Use comprehensive planning methods and logic models to identify and close gaps in program activities and outcomes, and to build consensus between program developers and evaluators.

9. Use tabletop exercises as a strategy for jumpstarting secondary prevention through engaging the broad gamut of government agencies and community partners, building trust between stakeholders, and identifying capacities and gaps that need to be addressed to ensure successful implementation.

REFERENCES

The Advancement Project. (2007). Citywide Gang Activity Reduction Strategy: Phase III Report. Retrieved from http://councilcommittee.lacity.org/stellent/groups/boardcommissions/@councilcmte_contributor/documents/contributor_web_content/lacityp_019564.pdf

Breuer, E., De Silva, M. J., Fekadu, A., Luitel, N. P., Murhar, V., Nakku, J., ... & Lund, C. (2014). Using workshops to develop theories of change in five low and middle income countries: Lessons from the programme for improving mental health care (PRIME). *International journal of mental health systems*, *8*(1), 1.

Bhui, K. S., Hicks, M. H., Lashley, M., & Jones, E. (2012). A public health approach to understanding and preventing violent radicalization. *BMC medicine*, *10*(1), 1.

CDC. (2010). 10 Essential public health services. National Public Health Performance Standards Program. Retrieved from http://www.cdc.gov/nphpsp/essentialServices.html

Department of Justice. (2015). Pilot programs are key to our countering violent extremism efforts. Department of Justice. Retrieved from http://www.justice.gov/opa/blog/pilot-programs-are-keyour-countering-violent-extremism-efforts

Dunworth, T., Hayeslip, D., & Denver, M. (2011). Y2 Final Report: Evaluation of the Los Angeles Gang Reduction and Youth Development Program. Retrieved from http://www.urban.org/research/publication/y2-final-report-evaluation-los-angeles-gang-reduction-and-youth-development

Eisenman, D., Chandra, A., Fogleman, S., Magana, A., Hendricks, A., Wells, K., ... & Plough, A. (2014). The Los Angeles County Community Disaster Resilience Project—A community-level, public health initiative to build community disaster resilience. *International Journal of Environmental Research and Public Health*, *11*(8), 8475-8490.

Eisenman D., Weine S., Can Public Health Help Prevent Violent Extremism, 2016, *Critical Public Health, (in review)*

Executive Office of the President of the United States National Security Staff (2011, December). Strategic Implementation Plan for Empowering Local Partners to Prevent Violent Extremism in the United States. Retrieved from https://www.whitehouse.gov/the-press-office/2011/08/03/empowering-local-partners-prevent-violent-extremism-united-states

Executive Office of the President of the United States National Security Staff (2016, October). Strategic Implementation Plan for Empowering Local Partners to Prevent Violent Extremism in the United States. Retrieved from https://www.whitehouse.gov/sites/default/files/docs/2016_strategic_implementation_plan_empowering_local_partners_prev.pdf

Helitzer, D., Willging, C., Hathorn, G., & Benally, J. (2009). Using logic models in a community-based agricultural injury prevention project. *Public Health Reports*, 63-73

Hernandez, M. (2000). Using logic models and program theory to build outcome accountability. *Education and Treatment of Children*, 24-40.

Hill, J. R., & Thies, J. (2010). Program theory and logic model to address the co-occurrence of domestic violence and child maltreatment. *Evaluation and program planning*, *33*(4), 356-364.

ICG. (2015). The Los Angeles framework for countering violent extremism. Retrieved from https://www. dhs.gov/sites/default/files/publications/Los20Angeles20Framework20for20CVE-Full%20Report.pdf

Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health*, *19*(1), 173-202.

LA Counted Department of Mental Health. (n.d.). County of Los Angeles Department of Mental Health Emergency Outreach Bureau: School threat assessment and response team (START). Retrieved from http://file.lacounty.gov/SDSInter/dmh/186285_EOB.pdf

LA County Department of Public Health. (2016). Injury and violence prevention program: Youth and gang violence. Retrieved October 05, 2016, from http://publichealth.lacounty.gov/ivpp/injury_topics/GangAwarenessPrevention/youthviolence_home.htm

McLaughlin, J. A., & Jordan, G. B. (1999). Logic models: a tool for telling your programs performance story. *Evaluation and program planning*, *22*(1), 65-72.

Minkler, M. (1997). *Community organizing and community building for health*. Rutgers University Press.

Muhr, T. (2016). ATLAS/ti 7.0 User's manual and reference (version 5.0). Berlin: Scientific Software Development.

Plough, A., Fielding, J. E., Chandra, A., Williams, M., Eisenman, D., Wells, K. B., ... & Magaña, A. (2013). Building community disaster resilience: perspectives from a large urban county department of public health. *American journal of public health*, *103*(7), 1190-1197.

Rice C, Lee S, Meza M, Fraser C. (2013). A call to action: Los Angeles' quest to achieve community safety. Advancement Project. Retrieved from http://www.advancementproject.org/resources/entry/a-call-to-action-los-angeles-quest-to-achieve-community-safety

Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A systematic approach*. NY: Sage Publications.

Scriven, M. (1991). Beyond formative and summative evaluation." In M.W. McLaughlin and ED.C. Phillips, eds., *Evaluation and Education: A Quarter Century*. Chicago: University of Chicago Press.

Weine, S (2015). The role of community policing in countering violent extremism. START, College Park, MD. Retrieved from http://www.start.umd.edu/pubs/STARTResearchBrief_CommunityPolicing_Feb2015.pdf

Weine, S. and Cohen, J. (2015). *Moving Beyond Motive-based categories of Targeted Violence*. Argonne National Laboratory, U.S. Department of Energy, Argonne, IL. Retrieved from http://iephs.rutgers.edu/sites/iephs/files/FinalMovingBeyond%20ANL-GSS%2015-6_22OCT2015%20-%20FINAL%20(3)%20(1).PDF

Weine, S., Eisenman, D. P., Kinsler, J., Glik, D. C., & Polutnik, C. (2016). Addressing violent extremism as public health policy and practice. *Behavioral sciences of terrorism and political aggression*, 1-14.

APPENDIX

1. EDUCATIONAL MATERIALS

    a. A step-by-step guide for conducting a formative evaluation of countering violent extremism (CVE).
    b. Applying a public health approach to CVE.
    c. How to conduct a tabletop exercise.

2. REPORTS AND PAPERS

Weine, S. & Eisenman, D. (2016). How Public Health Can Improve Initiatives to Counter Violent Extremism. Discussion Point. START, College Park, MD. Retrieved from: https://www.start.umd.edu/news/how-public-health-can-improve-initiatives-counter-violentextremism

Weine, S. Eisenman, D., Polutnik, C., Kinsler, J., and Glik, D. (2016). Addressing Violent Extremism as Public Health Policy and Practice. *Behavioral Sciences of Terrorism and Political Aggression.*

Weine, S., Younis, A., Eisenman, D., Azar, H., Kinsler, J., Polutnik, C., & Garfinkel, R. (2016). CVE Tabletop Exercise: Brief Report. Project EVAL LA & Office for Community Partnerships, U.S. Department of Homeland Security.

Weine, S. (2016). Mental health evaluations key to stopping terrorist attacks. Baltimore Sun. OpEd. October 6. http://www.baltimoresun.com/news/opinion/oped/bs-ed-evaluating-threats-20161006-story.html

EDUCATIONAL MATERIALS

A. Step-by-step guide for how to conduct a formative evaluation for countering violent extremism (CVE)

Formative evaluations are conducted during program development and implementation, and are useful for providing direction on how to best achieve program goals and outcomes. Formative evaluation could be conducted continuously or as a one-time assessment. The results of the formative evaluation are used to improve the program or intervention.[1]

For CVE programs, formative evaluation could provide information on current CVE programs and gaps in programs that need to be addressed. Formative evaluation could also provide information on whether CVE programs are reaching their intended target audience and being delivered according to program guidelines. Deliverables for formative evaluation could include logic models, and figures or tables presenting results from a tabletop exercise, staff training, survey data and participant satisfaction forms.

Step 1	Engage and identify stakeholders with an interest in or pertinent to CVE
Step 2	Review pertinent current and prior literature and existing data on CVE and its evaluations to help guide the development of the formative evaluation.
Step 3	Define the evaluation's purpose, articulate research questions, choose a conceptual framework, and select research methods for data collection and analysis.
Step 4	Collect data from stakeholders and other relevant sources, then analyze the data and write up the preliminary results.
Step 5	Convene a committee of stakeholders and evaluators focused on building the program model and preparing for program implementation.
Step 6	Create a logic model based on the formative evaluation findings so as to identify any gaps (e.g., in program activities, outcomes, etc.) and ways to close those gaps.
Step 7	Review the logic model with the stakeholders. Use their feedback to help modify the logic model so that it meets their needs and enhances sustainability.
Step 8	Use the refined logic model to guide program development and implementation.
Step 9	Use the logic model to inform creating an evaluation strategy, which could include additional formative evaluation, process evaluation and impact evaluation.

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[1] http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/eval_planning.pdf

B. Applying a public health approach to CVE

Essential Public Health Function	Activity Applied to CVE
1. Monitor health status to identify and solve community health problems	• Assess if local resources match CVE needs • Connect CVE with community/population data collection • Create mechanisms for data sharing across programs
2. Diagnose and investigate health problems and health hazards in the community	• Gather and share information on emerging threats • Participate on committees addressing CVE • Develop measurable definition of CVE
3. Inform, educate and empower people about health issues	• Address CVE within wider reach of violence prevention • Convene trainings for professionals in relevant settings • Inform communications to avoid stigmatization
4. Mobilize community partnerships and action to identify and solve health problems	• Develop a coalition to help sectors integrate CVE into existing activities • Assistance to improve program planning, collaboration and obtain funding
5. Develop policies and plans that support individual and community health efforts	• Directly involve public health and mental health in CVE policymaking
6. Enforce laws and regulations that protect health and ensure safety	• Review, evaluate and advocate for CVE-related laws and policies to guard against civil liberties violations and stigmatization
7. Link people to personal health services and assure the provision of health care when unavailable	• Provide access to a culturally competent system of care for interventions • Provide guidance on reducing utilization barriers
8. Assure competent public and personal health care workforce	• Design and evaluate trainings for public health, mental health, social services and education staff on CVE
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services	• Evaluate which/why programs work to direct resource allocation
10. Research for new insights and innovative solutions to health problems	• Partner between practitioners and academics • Health services research, implementation and dissemination research

Adapted from Weine, Eisenman et al. 2016   http://dx.doi.org/10.1080/19434472.2016.1198413

The "Ten Essential Functions of Public Health" are widely accepted as forming the foundation for all public health activities. They describe the public health activities that should be undertaken in all communities. The first column is the Essential Function as listed by the Centers for Disease Control and Prevention and the second column shows how that function might be applied to help prevent violent extremism.

Functions 1 and 2 fall under public health's core function of conducting assessments around community health and hazards. In CVE this might include:

- Applying public health data to help understand CVE needs. Many of the protective factors posited to mitigate against violent extremism could be the same factors that allow communities to withstand stresses and sustain healthy behaviors in the face of adversity, such as social cohesion and access to health care. These, plus perceived discrimination and trust in government, are often measured in public health surveillance surveys. Therefore, CVE efforts might find relevant data in these health surveillance surveys; as research improves to understand the relevant risk and protective factors for violent extremism these surveys will become more useful to CVE programming.
- Establishing definitions of violent extremism that lend themselves to prevention programs with a clear connection to health and well-being. Violent extremists have been defined as "individuals who support or commit ideologically motivated violence to further political goals." Supporting ideologically motivated violence may not be a public health concern.

Functions 3, 4 and 5 relate to public health's core function of developing policies and plans for health. It includes informing and empowering communities, mobilizing partnerships to solve health problems, and developing supporting policies and plans. In CVE this might include:

- Addressing CVE within the wider reach of violence prevention generally. This has the advantage of allowing the CVE field to connect to another rich field of research and programming that may allow alignments and facilitate learning.
- Helping assemble community sectors and agencies around CVE and providing technical assistance on program planning and grant funding.
- Involving public health in policy making and programs. Including public health at the table may help move violent extremism prevention away from a dependence on law enforcement and closer to mental health, education, youth development and other human services.

Functions 6-10 are public health's core function of assuring health for all. Public health enforces health and safety laws and regulations, links people to needed health services, assures a competent health workforce and conducts evaluations of its programs and research to further the public's health. CVE activities here might include:

- Evaluating and advocating for CVE-related laws and policies to guard against civil liberties violations and stigmatization;
- Providing access to a culturally competent system of care for prevention programs, such as the Los Angeles program; and
- Evaluating which programs work, why they work, and in what types of settings and contexts they work.

C. How to conduct a tabletop exercise

Tabletop exercises provide an excellent way to help build CVE programs. Tabletop exercises are an activity traditionally conducted by emergency planners during which key personnel gather to discuss a simulated emergency scenario and how they would perform their roles and responsibilities. Emergency planners find it useful to assess their plans, policies and procedures. We adapted this approach for CVE program development in Los Angeles.

Think of the CVE tabletop exercise as having three phases: **Plan, Do and Learn.**

CVE Tabletop: Plan, Do, Learn!

- PLAN
    Define your goals
    Include the right people
    Develop your tabletop
- DO
    A good facilitator is everything
- LEARN
    Evaluation and report

- **PLAN**
    - **Define the goals:**
        - Educational – Identify current resource gaps that need to be filled to implement a CVE program. These can be gaps in resources, partnering agencies, education and skills, and policies.
        - Evaluation – Use an evaluation to set a baseline for performance prior to going live.
        - Trust building – CVE requires strong relationships among partners and trust and buy-in across the community. We find that tabletops strengthen the relationships among the diverse governmental and non-governmental sectors, agencies and community organizations who participate in CVE. They will see how each does their best to help address CVE.
    - **Include the right people:**
        - Form the tabletop design team. This can include the major stakeholders in the CVE program. For example, if the program is embedded in a community violence prevention program led by the department of mental health, it is

valuable to have someone from that agency on the design team. This same person should not be participate in the tabletop, however. Including the persons who will facilitate the tabletop will give them a richer understanding of the goals thereby improving their capacity to successfully lead.

- Invite participants and observers. Who must be included in your CVE program planning? Who might provide resources? Who is smart and can simply further the discussion in the room? This includes program planners and staff, community and civil-rights leaders, faith-based leaders, local, state and federal officials. Invite higher level managers for the buy-in needed to implement the identified changes. At our first tabletop we included participants and observers from state and local departments of health, civil rights lawyers, Imams, law enforcement and homeland security, the mayor's office and local universities.

- o **Develop the tabletop exercise:** The script should be plausible but not too complicated or long. Instead, allow time for good injects (information that is presented as new during the scenario and which participants must consider in their response) and plan for discussion. An hour scenario and hour of facilitated discussion is sufficient. Choose a format such as: 1) a scenario that all stakeholders participate in as a single group; 2) a scenario that stakeholders participate in through small group breakouts; or 3) multiple scenarios to uncover various aspects of what is needed.

- **DO:** A good facilitator is everything! Their role is to increase the tabletops' effectiveness by guiding the process. This person may present the scenario and provide the injects. They are responsible for focusing the discussion, clarifying confusions, tracking time, and ensuring everyone who wants to participate does by stepping in when people talk too long.

- **LEARN**
  - o Plan the evaluation and report. Will it be qualitative, such as an after action report, or will it include quantitative measures? Participants can provide written reflections on what they learned and what they see as priority gaps. Selected observers can also be trained to evaluate, though this adds work to the planning committee.
  - o Can insights, issues and lessons be captured in real time by having one observer write on a white board?
  - o Know in advance how the results will be used. In Los Angeles, we used the results to improve our program planning logic model, prioritize the gaps we needed to address, and as a needs assessment for a grant application.

Jack Eisenhauer, writes in his "Nine Steps to Design a Powerful Tabletop Exercise":

"As you check the boxes for your exercise design, don't lose sight of the end game. Get the players right. Keep it simple. Use an experienced facilitator. Maximize the discussion time. And follow up with concrete actions. It's what happens after the exercise that determines success."

From http://nexightgroup.com/nine-steps-to-design-a-powerful-tabletop-exercise-ttx/