Staffing Intervention Programs

Read Ahead Materials for the US Prevention Practitioners Network

Background - the US Prevention Practitioners Network

Over the course of the next two years, the McCain Institute, with support from the Institute for Strategic Dialogue (ISD) and a steering committee of violence prevention and social safety experts, will develop and engage a US practitioners network for individuals working in **targeted violence and terrorism prevention (TVTP)**. The aim of this is not only to connect practitioners across the US with one another, but also to build their capacity and the efficacy of their programs through a series of workshops that cover both theoretical and practical elements of delivering prevention and intervention initiatives. This information pack is for the second workshop in this series, which will look at staffing.

Why is staffing an important topic?

Appropriately staffing a TVTP program is a challenging but essential component of program design and implementation. Poorly staffing any of the core steps of intervention risks the delivery of inadequate risk, needs and threat assessments, as well as the provision of inadequate or inappropriate services and intervention delivery. This not only has implications for the emotional, mental and physical well-being and safety of the individuals for whom interventions are being delivered, but also for intervention providers, wider program staff and, in some cases, the wider community. This workshop will seek to address the multi-dimensional considerations that underpin decision-making about staffing and structuring TVTP interventions.

What is the purpose of this document?

This document provides entry-level insights about staffing TVTP, based on learnings from existing approaches and intervention programs. It is not intended as a best practice guide for staffing interventions. Rather, it brings together important theoretical and practical considerations for practitioners, as well as further research relevant to delivering interventions. This information pack provides:

- a definitional overview of multi- vs single-disciplinary TVTP interventions
- an overview of the disciplines that have been leveraged in interventions
- an introduction to the core steps of intervention programs
- an explanation of each step and related staffing considerations
- key considerations for program design
- and finally, further reading recommendations.

Documents like this one will be provided ahead of every workshop and will be used, alongside key takeaways from the workshops, to produce practitioner-focused toolkits for TVTP programming. This is the second of such documents - the first covered risk, needs and threat assessment and can be found here. For any inquiries, please contact the McCain Institute or ISD.

Background:
Single-disciplinary vs. multi-disciplinary approaches

Before delving into the types of disciplines that are used in TVTP, it is important to contextualize staffing considerations within existing approaches to TVTP interventions. This page introduces what is meant by a multi-disciplinary versus a single-disciplinary approach and what this may look like in practice.

What is an intervention?

In this information pack, interventions are defined as initiatives that "seek to prevent or reverse radicalization (to violence) through contact (either face to face or through a communications medium) with individuals who may have been, or may be at risk of becoming radicalized."

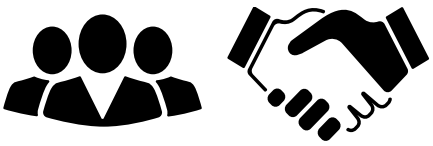
Single-disciplinary interventions

As the name suggests, single-disciplinary approaches focus on one domain of intervention. Historically, these have generally focused on psychological and/or ideological intervention.

What does this look like?

In some cases, the program may be geared entirely towards this single domain. For example, Yemen's Committee for Dialogue program paired prison detainees with religious scholars, seeking to rehabilitate and reintegrate individuals through religious "re-education". In this case, the only option for intervention was ideological.

Other programs may default with a single-disciplinary ideological or psychological intervention but have multi-disciplinary teams (MDTs) or referral mechanisms in place should the individual require other types of support.



Multi-disciplinary interventions

Multi-disciplinary interventions, on the other hand, leverage multiple disciplines and types of expertise to provide a more holistic wrap-around service that addresses various domains ranging from mental and medical health to ideological convictions and employability skills.

What does this look like?

Generally, a "lead" intervention provider delivers the core intervention. This individual usually comes from a social work or psychology background. Their intervention is then supplemented with support provided by practitioners from other disciplines and agencies. The Danish Aarhus model, for example, uses practitioners trained in "life psychology" to deliver the core intervention and to serve as mentors throughout the life cycle of intervention. This core delivery is then augmented with other types of support, depending on the specific needs and vulnerabilities identified for the individual being engaged (e.g. education, employability, housing, religious mentorship).

Structured guidance and "how-to" tips for setting up these approaches will be provided in separate practice guides produced by ISD and the McCain Institute for the US Prevention Practitioners Network.

Background - disciplines used in TVTP intervention programs

The following list of disciplines is informed by a review of existing literature about TVTP programs and serves as an overview of how each of these can be leveraged to support TVTP interventions.

Social workers - depending on the setting of the intervention program, social workers, particularly those with a counseling background, may be well-placed to lead TVTP interventions, provided they have subject-matter expertise in targeted violence, terrorism, radicalization and other related processes. Social workers with such a background are also well-placed to support the families of referred individuals with counseling and guidance on how to facilitate the individual's long term rehabilitation and resilience against harm.

Mental health professionals - mental health professionals can play an integral role in both risk and needs assessments, as well as service provision for individuals where mental health concerns are identified as vulnerabilities that need to be addressed. For more on the role mental health professionals can play in TVTP, see this factsheet.

Children's services - professionals in child welfare and other children's services are essential for programs that work with minors. Where a minor is referred to a program, child services may check whether they've worked with that individual and their family before and in what capacity. If a child is deemed eligible for intervention, a child welfare professional can ensure the support package created for them is age-appropriate and considerate of their specific developmental and other needs.

Educators - the inclusion of educational professionals might be important for students who may need additional care and services to build their resilience against violent influences. In addition, educational pursuit and skills training may form part of the support package designed for a vulnerable individual, the development and delivery of which would benefit from educator input. See this factsheet for more on how educational professionals can support TVTP programs.

Background - disciplines used in TVTP intervention programs

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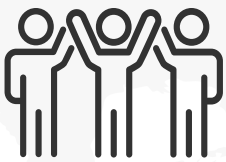
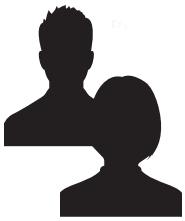
Prison and probationary staff - where intervention programs are being delivered in criminal or post-crime settings, whether for individuals convicted of targeted violence and/or terrorism-related offenses or individuals at risk of radicalizing in prisons, existing criminal justice staff should be trained both to monitor the progress of individuals about whom there are concerns and to respond effectively.

Law enforcement - law enforcement trained in TVTP can support with receiving referrals and safeguarding concerns from the public, and with information gathering (e.g. criminal histories) about the individuals concerned. Intervention programs should also have escalation processes in place with local law enforcement, should a referral or existing intervention case require urgent police response, for example if they pose an immediate danger to themselves or to others.



Community and/or religious leaders - community and/or religious leaders can be called upon to support the reintegration of an individual back into their local communities post-intervention. Equally, in some cases, religious mentorship or theological intervention may be identified as a need and as an essential part of the support package created for an at-risk individual.



Formers - former (violent) extremists can play an integral role in TVTP intervention programs. Not only can they leverage their understanding of extremist narratives and networks to identify individuals who may benefit from intervention, they can directly support the intervention process through mentorship, in which they use their experiences with disengagement and de-radicalization to support others with this journey. See, for example, EXIT Fryshuset and Life After Hate.

Multi-disciplinary approaches are generally preferred over single-disciplinary approaches, particularly for risk and needs assessment, because "violence and radicalization to violence is best understood as a multi-dimensional process best served by multi-level and multi-disciplinary solutions."

Staffing - what happens when and by who?

Building on this overview of the potential disciplines that might be leveraged for TVTP programs, we can start looking at the pinnacle question of staffing: **who should do what?**

To frame how practitioners consider this, these read ahead materials will look at the four distinct, overarching steps that generally form part of TVTP interventions. These steps were identified as core parts of intervention delivery by the US Prevention Practitioners Network's Steering Committee and are reflected in related literature. These are:

1. **Intake** |
   Intake is the process of receiving referrals, determining their appropriateness for intervention and, if they are deemed eligible, preparing for case planning and management.

2. **Risk, Needs and/or Threat Assessment** |
   Risk assessments seek to measure and understand the extent to which an individual is susceptible to radicalization, targeted violence or terrorism. Threat assessments often form part of this larger risk assessment and are used specifically to assess the imminence of danger, for example whether an individual poses an immediate threat to themselves or others. Needs assessments, on the other hand, are used to identify treatment and services that will improve their circumstances and build their resilience against radicalization, targeted violence and terrorism.

3. **Intervention Delivery** |
   Intervention refers to the provision of services, which are informed by the risk, needs and/or threat assessments conducted, and are intended to mitigate or minimize risk of (further) harm to the individual concerned.

4. **Aftercare** |
   Aftercare is an essential part of an intervention program concerned with long-term support and care. Once it has been agreed that the intervention has met its objectives, an "exit" strategy should be designed to facilitate the individual's long term resilience against radicalization and/or recidivism to violence.

These materials synthesize existing literature as well as practical insights and learnings from existing intervention programs to provide entry-level background information and considerations about staffing TVTP programs. The information provided therefore serves as guidance only, and is not intended to serve as a toolkit for intervention design and delivery, nor to provide a conclusive resource on appropriate staffing.

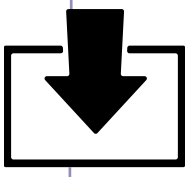
1. Staffing Intake

What do we mean by "intake" and who does it?

Intake is the process of receiving referrals, determining their appropriateness for intervention and, if they are deemed eligible, preparing for case management. Once a referral is received, an intake assessment should be conducted to determine:

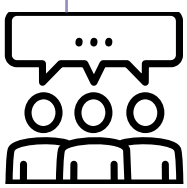
- if the individual referred is vulnerable to radicalization or committing targeted violence and is therefore eligible for intervention
- if the individual should be referred elsewhere
    - for example, if they are not deemed vulnerable to radicalization or to committing targeted violence, but would still benefit from some form of care,
    - or if there is an immediate threat that needs to be escalated to law enforcement.
- if the referral is a false-positive (**note:** receiving a lot of false-positives may speak to the need for broader awareness-raising and education about targeted violence. This is important to mitigate risk of certain behaviours and personalities being stigmatized or wrongly perceived as inherently harmful).

Who should lead the intake process? A review of existing approaches suggests an appropriate method for intake is as follows:



A dedicated individual or unit within the wider program team or intervention framework receives referrals (setting up **referral mechanisms** will be covered in a separate workshop). Who makes up this unit depends on the setting and model of the program. The Danish Aarhus model, for example, uses an "Info House" comprised of police and municipal representation to collect referrals. The UK Channel Program receives referrals through law enforcement or local Channel representatives. **Community liaisons** as such can raise awareness of targeted violence and terrorism at the local level and serve as a trusted community-based focal point for the intervention program.

This unit then either carries out a preliminary assessment* to determine relevance of referrals for intervention, or brings referrals straight to a larger assessment panel where this is determined. In any case, **intake assessments must be conducted by individuals with extensive subject-matter expertise**, and thresholding criteria should be provided to support decision-making. Where referrals are deemed eligible for intervention, a larger information-gathering exercise and needs assessment should follow.



***Did you know?** The Channel program uses "3 Ms" to determine relevance of a referral as part of the initial intake assessment: referrals must not be malicious, misinformed, e.g. where a political or religious stance is misperceived as a vulnerability, or misguided, where a referral has been mistaken for another type of safeguarding concern.

What do we mean by "risk, needs and threat assessment"?

Once an individual has been referred to a program and deemed eligible for intervention, they should undergo a thorough risk, needs and/or threat assessment to determine the types of support that would best safeguard them from (further) harm. The type of assessment will depend on the setting and objective of your program. For more on this, please see the first read ahead materials created for the US Prevention Practitioners Network.

Who should lead the assessment? The recommended approach for assessment is to use structured professional judgement, presently considered the preferred method for risk assessment as it accounts for the individuality of offenders or individuals at risk of offending, the invaluable experience of practitioners, while still providing guidelines and criteria per assessment. Given this, the risk assessment lead should have extensive knowledge of targeted violence and/or terrorism, of radicalization and recruitment processes, and should have experience with risk assessment and case work. They should also have the networks and professionalism required to **engage different stakeholders** (e.g. the family of the individual or other professional agencies) or to work collaboratively with members of a MDT as they gather information. Importantly, some assessment tools require training before use, so it is essential that any member of staff expected to use such tools have undergone these required trainings.

Other considerations should include:

- **Professional background** - most assessments require some form of face-to-face interaction, either with the individual concerned and/or their friends and family. In a pre-crime setting, it is therefore recommended that the risk assessment lead comes from a social work background rather than from law enforcement. This will avoid risks of stigmatizing and criminalizing the individual, which may negatively impact their and the wider community's perception of your program.

- **Remit** - the role of the risk assessment lead is simply to gather as much information as is feasible to inform the assessment and appropriate next steps. The risk assessment lead should not provide legal advice or counsel to the individual concerned or their family. Similarly, risk assessments should not be treated as prosecutorial nor as a criminal sanction.

- **Recognizing bias -** ideally, the risk assessment lead will be trained in recognizing and mitigating their own biases, in order to avoid unintentionally skewing the assessment and producing an inaccurate outcome. **Multi-disciplinary input and review of the assessment will also help mitigate this.**

Intervention planning, delivery and monitoring

Once an individual's vulnerabilities and needs have been assessed, the program team should identify the most appropriate response, as well as a lead intervention provider or case manager. Support packages developed for an individual should be tailored to their specific needs, and should prioritize their safety.

Who should lead the intervention? Depending on the vulnerabilities identified in the risk, needs and/or threat assessments, the assessment panel or program team might decide that a single-disciplinary intervention focused on attitudinal and ideological rehabilitation is sufficient. In this case, a trauma-informed social worker, mental health professional or former extremist may prove to be the appropriate intervention provider. Regardless of professional background, this person should have an extensive understanding of targeted violence, terrorism, radicalization and recruitment, both at a local and regional/global level. They should also be certified to serve as intervention providers or have undergone training as part of the intervention program.

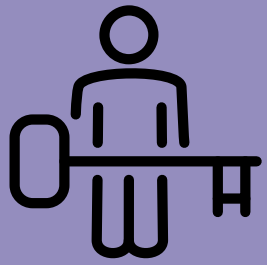
Importantly, **intervention providers should never try to provide a professional service they aren't qualified for.** Where multiple domains of need are identified, a multi-disciplinary intervention should be adopted. The types of support a MDT can offer to supplement the lead intervention provider depends on its make-up, but may include some of the following (future workshops will consider such approaches in greater depth):

- Life skills training
- Educational support
- Employability and job skills training
- Anger management and other specific behavioural issues
- Medical and mental health awareness (e.g. substance abuse rehabilitation, eating disorders, self-harm, depression, suicidal ideation)
- Housing support
- Family support
- Mentorship (general or specific e.g. to a career path, hobbies and interests, religious)

Where a specific need is identified that can't be supported by a member of the existing MDT, the program team should refer the individual to another external service.

Appointing a case manager:

- the case manager is usually the lead intervention provider
- even in a multi-disciplinary approach, there should be a single case manager responsible for collating information from all providers assigned to a case and for monitoring the overall progress and appropriateness of the support package being provided



What is "aftercare"?

Once the case manager and larger assessment panel or program team have decided the support package provided to an individual has met its objectives, an exit or aftercare strategy needs to be developed and implemented. Although this is an integral part of the intervention process, there is limited literature on how to structure this specifically in TVTP programs. However, a review of what this entails for other types of interventions (e.g. alcoholism, substance abuse) provides transferable insights. Aftercare strategies may include:

- the provision of a resource pack, including, for example, a list of local services (e.g. counseling, therapy, classes) that can support should they feel they need it, or guidance and tips for healthy coping mechanisms and maintaining a healthy routine.
- a communications plan - for example, if the intervention provider wants to check-in on the individual in a few months' time or if the individual wants to maintain the option to contact the intervention provider.
- expectations from the intervention program team and from other agencies if the individual received a multi-disciplinary support package. For example - attending x-number of Alcoholics Anonymous sessions in one year (if substance abuse was identified as an issue).
- counseling or mentorship led by a community-based organization, but geared towards overall well-being rather than ideological rehabilitation. **Identifying and training local partners and service providers in TVTP is therefore an important process to facilitate smooth transition from formal intervention to aftercare.**
- facilitation of alternative treatments. Aftercare strategies for individuals that have undergone alcoholism interventions often include referral to alternative therapies. Examples include art therapy, music therapy, meditation, exercise programs and regimes. This should be recommended based on the interests and hobbies of the individual. A young person, for example, might benefit from a team-based exercise program to harness important life skills like leadership, teamwork, collaboration, and to build a network of peers. This may also provide important structure to their personal life.

Who should design this strategy? The strategy should be designed by the lead intervention provider with input and sign-off, where possible, from a MDT. Feedback from the individual receiving the intervention is also important to manage expectations and to account for support they feel they will benefit from. Where family serves as a risk or protective factor, they too should be considered in the design of the aftercare strategy.

Key takeaways and considerations for program design

Designing and deploying an intervention program is no easy task. The complexities of radicalization to and mobilization for violent extremism, targeted violence and terrorism means rehabilitating individuals from those processes is an equally complex endeavour. Just like there is no single pathway into extremism, there is no "one size fits all" for disengagement and de-radicalization. However, a review of existing literature about TVTP intervention as well as insight from intervention providers gives us a series of considerations that program designers and implementers should keep in mind. These include:

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1) Setting up a multi-disciplinary team (MDT)

- What services should be included in a MDT? A mapping exercise is a good way to identify available and appropriate local services.

- Will members of the MDT be expected to support interventions, inform the risk and needs assessments, or do both? In any case, information-sharing agreements and Memorandums of Understanding will need to be developed and signed by all parties involved. These must abide by federal and state laws regarding confidentiality and data security.

- Ideally, the MDT will be trained by the lead organization or another subject-matter expert to ensure all members have the same level of awareness and understanding of targeted violence and related phenomena.

- It might be helpful to come up with guiding principles and codes of conduct that all members of the MDT are to abide by. This may help maintain transparency, professionalism, foster collaboration, and unite the panel with mutual expectations of one another.

Consider also practical structural questions:

- How frequently should the MDT meet to discuss existing case progress and new referrals? In what format? If virtual, be sure to use encrypted conferencing systems to guarantee privacy.

- How should data and meeting notes be shared? Consider setting up encrypted messaging systems and secure servers to store data.

- How should members of the MDT involved in intervention report progress? Providing templates may help ensure a consistent baseline of information is received per member.

- Who at the lead organization holds the relationships with the various agencies involved in the MDT? Is this one person or several?

2) Intake and escalation processes

- There are multiple ways to receive referrals or safeguarding concerns from the public and from other professional agencies. This includes hotlines, online reporting mechanisms, direct messaging with a program point of contact (e.g. a community liaison) or law enforcement. However referrals are received, consider how these are stored and where. Equally important is having an appropriate **public communications strategy** that facilitates trust and an understanding of your service and how to use it amongst the wider community.

- What do you do with referrals that aren't deemed relevant to TVTP intervention? Where a referral is not relevant to TVTP intervention but does have vulnerabilities that need to be supported, these should be referred to appropriate external services. Ideally, TVTP intervention programs will therefore have both mechanisms for receiving referrals and for re-referring these externally to relevant intervention providers.

- Should the intake assessment expose potential immediate danger, the referral should be redirected to law enforcement. To inform this decision-making, intake assessment teams should have clear criteria for escalation and have procedures in place to easily, quickly and securely share the necessary information with law enforcement.

- Record-keeping is very important. Keeping appropriate records of how many irrelevant referrals are received may help identify a need for broader communal awareness raising about targeted violence and terrorism.

3) Intervention

- Is the provision of interventions mandatory or voluntary? How will the service be communicated to the individual being supported and to their family, especially where parental or guardian consent is required?

- How will the intervention provider be introduced to the individual? Where multi-disciplinary support is required, how will this be facilitated and at what pace will this support be delivered? Consider the well-being of the individual - overwhelming them with too much information and support may prove counter-productive.

- How frequently will the intervention provider and individual meet and where? Will this be at a structured, regular pace in the same location or ad hoc and with flexibility? The intervention provider will need to find balance between maintaining boundaries as well as availability to support when needed. Meetings should always take place in a safe space that allows for privacy. Importantly, **interventions are long-term commitments**, so the long-term capacity of providers should be kept in mind when one is assigned to a new case.

For considerations related to risk, needs and threat assessment, please see the first read ahead materials developed for the US Prevention Practitioners Network.

- How will progress be monitored and reported? Where will all this be stored and who will have access?

- Who decides when an intervention has met its objectives and can be ended? Many existing models, like Channel and the Aarhus model, make this a joint decision by a multi-disciplinary assessment panel. This allows for insight and experience from various disciplines to inform what is a very important decision.

- Will the family be supported throughout this process? If so, by who? Consider leveraging local social and child services to support, but be sure to have appropriate agreements in place if you involve external agencies (see structuring MDTs above).

4) Aftercare

- As with the design of a tailored intervention package, the exit strategy should be informed by a multi-disciplinary panel and account for the individuality and specific long-term needs of the person concerned.

- All decision-making in this regard should be recorded and justified with sufficient evidence. Conducting the same risk and needs assessment as was done to inform the support package may help determine how efficient the intervention was, as well as highlighting any needs that may benefit from some form of continued support.

- Parents or guardians of minors must be adequately and proactively informed when support provision will end. Ideally, they will also have been supported throughout the intervention process. In any case, providing resources to families may help them feel confident and empowered to facilitate the aftercare process.

5) Financial, Legal and Other Considerations

- Although multi-disciplinary capacity for interventions comes highly recommended, it may bear significant implications on the capacities of agencies involved. For example, where funding TVTP initiatives remains an obstacle, many of these agencies will have to add TVTP to their existing remits of work without additional funds to increase internal resourcing. Supporting TVTP intervention programs is also a long-term commitment, thus prompting additional questions around long-term strategies of relevant agencies.

- The sensitive nature of this work brings with it significant legal and liability concerns. For example, should an intervention prove unsuccessful or inefficient and the individual commits a violent offense, what does this mean for the intervention providers? Consider also the emotional impact of such a scenario on the program team. Legal considerations will form the basis of the next workshop.

Further Reading

Below are a few useful resources for further reading. These resources were also used to inform the contents of this document.

General:

- Introductory Guide: Countering Violent Extremism; Countering Violent Extremism: A Guide to Good Practice; De-radicalization Programs: Introductory Guide
  A series of guides by the Centre for Research and Evidence on Security Threats (CREST) for designing counter-extremism intervention programs. This touches on primary to tertiary interventions.

- Understanding Referral Mechanisms in Preventing and Countering Violent Extremism and Radicalization That Lead to Terrorism
  By the Organization for Security and Co-operation in Europe - *an overview of key concepts, challenges and considerations for TVTP referral mechanisms.*

- Lessons Learnt from Mental Health and Education: Identifying Best Practices for Addressing Violent Extremism
  By the National Consortium for the Study of Terrorism and Responses to Terrorism at the University of Maryland - *a very useful resource that looks at the integration of mental health and educational professionals with TVTP.*

- De-radicalization of Terrorists: Theoretical Analysis and Case Studies
  By the International Centre for Political Violence and Terrorism Research - *a thematic overview of interventions in counter-terrorism. Also provides short summaries of different approaches.*

- Knowing What to Do: Academic and Practitioner Understanding How to Counter Violent Radicalization
  By the Terrorism Research Initiative - *an overview of learnings from TVTP academia and practice.*

- Enhancing Civil Society Engagement
  By the Global Center on Cooperative Security - a useful resource for learning more about how civil society can support TVTP programs.

- The Role of Formers in Countering Violent Extremism
  By the International Centre for Counter-terrorism - *a run through of the support former extremists can provide for TVTP initiatives.*

- Planning for Prevention: A Framework to Develop and Evaluate National Action Plans to Prevent and Counter Violent Extremism
  By the Global Center on Cooperative Security - *guidance for national authorities on implementing TVTP programs. Has useful transferable learnings.*

- Understanding the needs of children returning from formerly ISIS-controlled territories through an emotional security lens: Implications for practice
  By Heidi Ellis, Emma Cardeli, Mia Bloom, Zachary Brahmbatt and Stevan Weine - *a useful and important look at support for children in rehabilitation and reintegration.*

- The Challenge and Promise of a Multidisciplinary Team Response to the Problem of Violent Radicalization
  By Heidi Ellis, Alisa B. Miller, Ronald Schouten, Naima Y. Agalab and Saida M. Abdi - *a helpful resource about the potential of multidisciplinary responses to violent radicalization.*

Further Reading

Below are a few useful resources for further reading. These resources were also used to inform the contents of this document.

- An Imprecise Science: assessing interventions for the prevention, disengagement, and de-radicalization of left and right-wing extremists
  By the Institute for Strategic Dialogue (ISD) - *research based on interviews with online and offline intervention providers.*

- Women, Girls and Islamism - A Toolkit for Intervention Providers
  By ISD - *highlights effective practices and processes for intervention provision, based on insights from intervention providers in the UK and the Netherlands.*

Program-specific:

- Channel Duty Guidance
  By the UK Government - *statutory guidance for Channel Panel members and partners of local panel.*

- Countering Violent Extremism: Lessons on Early Intervention from the UK's Channel Program
  By Talene Bilazarian of George Washington University's Program on Extremism - *a useful run through of the Channel Program.*

- A list of disengagement practices compiled by the Radicalization Awareness Network. See also this document for more practices.

- The Danish Aarhus Model
  By the European Forum for Urban Security - *an overview of the highly regarded Aarhus multi-disciplinary intervention model.*

From other disciplines:

- Evaluating Alternative Aftercare Models for Ex-Offenders
  By Jason Leonard, Bradley Olson and Ron Harvey - *a study examining different types of aftercare for ex-offenders.*

- Programs for Recovering Alcoholics in Aftercare
  By American Addiction Centers - *a useful example of how aftercare is approached in other fields.*

- Response to Intervention (RTI)
  By RTI Action Network - *early identification and support for students with learning and behavioural needs.*

- Behavioural Intervention Teams (BTI)
  By the State Board for Community and Technical Colleges - *a compilation of resources for BTIs. See also NABITA.*

- Multi-disciplinary gang intervention teams
  By the National Gang Center - *a useful run-through of how multi-disciplinary teams for gang intervention can operate.*