

116TH CONGRESS
1ST SESSION

H. R. 4836

To build safer, thriving communities, and save lives by investing in effective violence reduction initiatives.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 23, 2019

Mr. HORSFORD (for himself, Ms. NORTON, and Ms. KELLY of Illinois) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To build safer, thriving communities, and save lives by investing in effective violence reduction initiatives.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Break the Cycle of
5 Violence Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Gun violence is a significant public health
2 and safety concern nationwide and is a leading cause
3 of death for people in the United States of nearly all
4 ages.

5 (2) From 2012 to 2017, over 105,000 people in
6 the United States were murdered. Nearly $\frac{3}{4}$ of these
7 victims were murdered with a gun. Hundreds of
8 thousands more were hospitalized or treated in
9 emergency departments after surviving life-changing
10 gunshot injuries.

11 (3) Gun violence has sharply increased in the
12 United States in recent years. Gun homicide rates
13 spiked by 30 percent between 2014 and 2017, driven
14 by large spikes in violence in some cities in the
15 United States.

16 (4) Shootings, homicides, and group-related vio-
17 lence are disproportionately concentrated in the
18 poorest and most segregated urban areas of the Na-
19 tion, and have an enormously disproportionate im-
20 pact on young people of color in particular. From
21 2012 to 2017, African-American children and teens
22 were 14 times as likely to be shot to death as their
23 White peers. Hispanic children and teens and Native
24 American children and teens were both nearly 3

1 times as likely to be shot to death as their White
2 peers.

3 (5) African-American men make up just 6 per-
4 cent of the population in the United States, but ac-
5 count for more than 50 percent of all gun homicide
6 victims each year.

7 (6) Violence is responsible for half of all deaths
8 among young African-American men, ages 15
9 through 24, as many as every other cause of death
10 combined.

11 (7) This violence imposes enormous human, so-
12 cial, and economic costs. Nationwide, the annual so-
13 cietal cost of firearm violence was estimated at
14 \$229,000,000,000 per year in 2012. Economists es-
15 timate that each firearm homicide generates hun-
16 dreds of thousands of dollars in direct public costs,
17 including medical care and criminal justice expenses.

18 (8) Several evidence-based violence intervention
19 strategies have demonstrated remarkable success at
20 interrupting entrenched cycles of violence, victimiza-
21 tion, and retaliation. These strategies reflect the im-
22 portant fact that in most cities, the vast majority of
23 violence is perpetrated by a relatively small number
24 of identifiable groups or individuals that comprise
25 less than 0.5 percent of the city's total population.

1 (9) When properly implemented and consist-
2 ently funded, coordinated, evidence-based strategies
3 focused on interrupting cycles of violence among in-
4 dividuals at highest risk can produce life-saving and
5 cost-saving results in a short period of time without
6 contributing to mass incarceration. Multiple cities
7 have substantially reduced community violence in re-
8 cent years by implementing such strategies, includ-
9 ing the following:

10 (A) Hospital-based violence intervention
11 programs (referred to in this section as
12 “HVIP”), which work to break cycles of vio-
13 lence by providing intensive counseling, peer
14 support, case management, mediation, and so-
15 cial services to patients recovering from gunshot
16 wounds and other violent injuries. Research has
17 shown that violently injured patients are at
18 high risk of retaliating with violence themselves
19 and being revictimized by violence in the near
20 future. Evaluations of HVIPs have found that
21 patients who received HVIP services were 4
22 times less likely to be convicted of a violent
23 crime and roughly 4 times less likely to be sub-
24 sequently reinjured by violence than patients
25 who did not receive HVIP services.

1 (B) Evidence-based street outreach pro-
2 grams, which treat gun violence as a commu-
3 nicable disease and work to interrupt its trans-
4 mission among community members. These
5 public health-centered initiatives use street out-
6 reach workers to build relationships with high-
7 risk individuals in their communities and con-
8 nect them with intensive counseling, mediation,
9 peer support, and social services in order to re-
10 duce their risk of violence. Evaluations have
11 found that these programs are associated with
12 significant reductions in gun violence, with
13 some sites reporting up to 70-percent reduc-
14 tions in homicides or assaults.

15 (C) Strategies, including group violence
16 interventions (referred to in this section as
17 “GVI”), which are a form of problem-oriented
18 policing that provides targeted social services
19 and support to individuals at highest risk for
20 involvement in community violence, and a proc-
21 ess for community members to voice a clear de-
22 mand for the violence to stop. This approach
23 coordinates law enforcement, service providers,
24 and community engagement efforts to reduce
25 violence among a small, identifiable segment of

1 the population that is responsible for the vast
2 majority of gun violence in most cities. In one
3 evaluation of the GVI program in Boston, re-
4 searchers found a 63-percent reduction in youth
5 homicides and a 25-percent decline in monthly
6 gun assaults across the city. Other studies have
7 found that GVI programs were associated with
8 homicide reductions of up to 60 percent.

9 (10) These strategies are often most effective
10 when local officials and dedicated staff work to co-
11 ordinate stakeholders, relevant public agencies, and
12 service providers. Mayors in cities like Los Angeles
13 and New York have established city departments
14 that are primarily dedicated to violence prevention,
15 and their offices have played a critical role in ensur-
16 ing cross-agency collaboration and information-shar-
17 ing.

18 (11) These strategies are also most effective
19 when they receive consistent funding. For example,
20 large cuts in funding for violence prevention pro-
21 grams in Chicago in 2008, 2012, and 2015 through
22 2016 corresponded with large spikes in homicides in
23 those years. Similarly, the city of Stockton, Cali-
24 fornia, saw an increase in homicides after dis-
25 continuing funding for its highly successful GVI pro-

1 gram. When Stockton’s funding was restored, homi-
2 cides decreased.

3 (12) A national strategy for reducing gun vio-
4 lence must include substantial and targeted Federal
5 funding to expand and replicate the most effective
6 strategies in communities most impacted by violence.

7 (13) At present, however, these strategies are
8 implemented in only a handful of cities and are
9 funded through an unreliable patchwork of discre-
10 tionary grant programs. The current level of Federal
11 funding to support the scaling of these strategies is
12 woefully inadequate.

13 (14) Intentional and sustained investments in
14 evidence-based violence reduction strategies can re-
15 verse recent crime trends, help to heal impacted
16 communities, and reduce the enormous human and
17 financial costs of violence, without contributing to
18 mass incarceration.

19 **SEC. 3. COMMUNITY-BASED VIOLENCE INTERVENTION**
20 **PROGRAM GRANTS.**

21 (a) DEFINITIONS.—In this section:

22 (1) DIRECTOR.—The term “Director” means
23 the Director of the Bureau of Justice Assistance.

1 (2) ELIGIBLE UNIT OF LOCAL GOVERNMENT.—

2 The term “eligible unit of local government” means
3 a unit of local government that—

4 (A) for not less frequently than two out of
5 the 3 years preceding the grant application, ex-
6 perienced twenty or more homicides per year
7 and had a homicide rate that was not less than
8 double the national average; or

9 (B) demonstrates a unique and compelling
10 need for additional resources to address gun
11 and group-related violence within the commu-
12 nity of the unit of local government.

13 (b) GRANTS.—The Director shall award Community-
14 Based Violence Intervention Program grants to support,
15 enhance, and replicate coordinated violence reduction ini-
16 tiatives in units of local government that are dispropor-
17 tionately impacted by gun and group-related violence.

18 (c) ELIGIBILITY.—The Director shall award grants
19 under this section on a competitive basis to—

20 (1) eligible units of local government; and

21 (2) community-based organizations that serve
22 the residents of an eligible unit of local government.

23 (d) USE OF FUNDS.—

24 (1) IN GENERAL.—A grant awarded under this
25 section shall be used to implement coordinated vio-

1 lence reduction initiatives, through strategies such
2 as hospital-based violence intervention, evidence-
3 based street outreach, and group violence interven-
4 tion.

5 (2) REQUIREMENTS.—A coordinated violence
6 reduction initiative implemented using grant funds
7 awarded under this section shall—

8 (A) be primarily focused on providing com-
9 munity-based violence intervention services to
10 the small portion of a grantee’s community who
11 are, regardless of age, identified as having the
12 highest risk of perpetrating or being victimized
13 by gun or group-related violence in the near fu-
14 ture; and

15 (B) use strategies that are evidence-based
16 and have demonstrated effectiveness at reduc-
17 ing violence.

18 (e) APPLICATION REQUIREMENTS.—Each applicant
19 for a grant under this section shall submit a grant pro-
20 posal, which shall, at a minimum—

21 (1) describe how the applicant proposes to use
22 the grant to implement a coordinated violence reduc-
23 tion initiative in accordance with this section;

24 (2) describe how the applicant proposes to use
25 the grant to promote or improve coordination be-

1 tween relevant agencies and community organiza-
2 tions in order to minimize duplication of services
3 and achieve maximum impact;

4 (3) provide evidence indicating that the pro-
5 posed violence reduction initiative would likely re-
6 duce gun and group-related violence; and

7 (4) in the case of a unit of local government ap-
8 plicant, demonstrate strong support within the unit
9 of local government for the proposed violence reduc-
10 tion initiative, such as letters of support from—

11 (A) the mayor or chief executive officer;

12 (B) the chief of police;

13 (C) the local health department director;

14 and

15 (D) the director of one or more commu-
16 nity-based organizations that provide services to
17 individuals at high risk of violence in the area.

18 (f) PRIORITIZATION.—In awarding grants under this
19 section, the Director shall give preference to applicants
20 whose grant proposals demonstrate the greatest likelihood
21 of reducing gun and group-related violence in the commu-
22 nity of the applicant without contributing to mass incar-
23 ceration.

24 (g) GRANT DURATION.—A grant awarded under this
25 section shall be for a 5-year period.

1 (h) GRANT AWARD.—The amount of funds awarded
2 to an applicant under this section shall be commensurate
3 with the scope of the proposal of the applicant and the
4 demonstrated need for additional resources to effectively
5 reduce gun and group-related violence in the community
6 of the applicant.

7 (i) MATCHING FUNDS REQUIRED.—

8 (1) IN GENERAL.—Except as provided in para-
9 graphs (2) and (3), the Federal share of each grant
10 awarded under this section shall be 75 percent of
11 the eligible costs incurred by the grant recipient.

12 (2) EXEMPTION FROM REQUIREMENT.—Para-
13 graph (1) shall not apply to a grant awarded to
14 community-based organization under subsection
15 (c)(2).

16 (3) WAIVER.—The Federal share of a grant
17 awarded to a unit of local government under sub-
18 section (c)(1) may be up to 100 percent if the Direc-
19 tor determines there is good cause to waive the Fed-
20 eral share requirement in paragraph (1) of this sub-
21 section.

22 (j) COMMUNITY PARTNERSHIPS.—Each unit of local
23 government awarded a grant under this section shall dis-
24 tribute not less than 50 percent of the grant funds re-
25 ceived under this section to—

1 (1) one or more community-based organizations
2 that provide services to individuals at high risk of
3 perpetrating or being victimized by violence; or

4 (2) a public agency or department that is not
5 a law enforcement agency, but that is an agency or
6 department primarily dedicated to the prevention of
7 violence or community safety.

8 (k) REPORTS.—Not later than 1 year after the date
9 on which the first 5-year grant period under this section
10 ends, the Director shall publish a report identifying best
11 practices for cities implementing evidence-based violence
12 intervention initiatives.

13 (l) REWARDING SUCCESS.—

14 (1) IN GENERAL.—The Director may reserve
15 not more than 10 percent of the funds appropriated
16 for a fiscal year under subsection (o) for supple-
17 mental incentive funds to be distributed to grantees
18 outside the competitive grant process in accordance
19 with paragraph (2).

20 (2) DISTRIBUTION OF ADDITIONAL FUNDS.—

21 The Director may distribute amounts reserved under
22 paragraph (1), in the discretion of the Director, to
23 a grantee under subsection (b) that has—

24 (A) implemented the grant for not less
25 than 2 years;

1 (B) demonstrated exceptional commitment
2 and progress toward implementing the violence
3 reduction initiatives of the grantee; and

4 (C) shown that the grantee would likely
5 achieve more substantial reductions in violence
6 with additional Federal funding.

7 (3) FEDERAL SHARE.—Subsection (i) shall not
8 apply to any amounts distributed to a grantee under
9 this subsection.

10 (4) EXPLANATION OF DISTRIBUTION.—Upon
11 distributing supplemental incentive funds to a grant-
12 ee, the Director shall publish a statement on the
13 website of the Bureau of Justice Assistance that
14 clearly explains the basis for the decision to award
15 these funds to a particular grantee.

16 (m) EVALUATION AND TECHNICAL ASSISTANCE.—
17 The Director may reserve not more than 8 percent of the
18 funds appropriated for a fiscal year under subsection (o)
19 for the purpose of—

20 (1) contracting with or hiring technical assist-
21 ance providers with experience implementing com-
22 munity-based violence reduction initiatives; and

23 (2) contracting with independent researchers to
24 evaluate the performance and impact of selected ini-
25 tiatives supported by the Community-Based Violence

1 Intervention Program grant, and such evaluations
2 shall be made publicly available on the website of the
3 Bureau of Justice Assistance.

4 (n) NONSUPPLANTING CLAUSE.—A grantee receiving
5 a grant under this section shall use the grant to supple-
6 ment, and not supplant, the amount of funds the grantee
7 would otherwise dedicate to reducing gun and group-re-
8 lated violence in the community of the grantee.

9 (o) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to the Bureau of Justice
11 Assistance, in addition to any amounts otherwise author-
12 ized to be appropriated or made available to the Bureau
13 of Justice Assistance, \$65,000,000 for each of fiscal years
14 2020 through 2029.

15 **SEC. 4. HOSPITAL-BASED VIOLENCE INTERVENTION**
16 **GRANTS.**

17 (a) GRANTS.—The Director of the National Insti-
18 tutes of Health (referred to in this section as the “Direc-
19 tor”) shall award grants on a competitive basis to support
20 hospital-based or hospital-linked violence intervention pro-
21 grams that work to interrupt cycles of violence and reduce
22 risk of violent injury and retaliation among patients iden-
23 tified as being at highest risk for involvement in commu-
24 nity violence.

1 (b) ELIGIBILITY.—Grants shall be made available
2 under this section to private and public hospitals that
3 treat at least 250 patients annually for firearm assault
4 or stabbing injuries, and to community-based organiza-
5 tions that operate violence intervention programs in such
6 hospitals.

7 (c) PRIORITY.—In awarding grants under this sec-
8 tion, the Director shall give priority to nonprofit hospitals
9 that serve communities with the highest incidence of vio-
10 lent injury and injury recidivism, and community-based
11 organizations that operate violence intervention programs
12 in such hospitals.

13 (d) GRANT REQUIREMENTS.—

14 (1) IN GENERAL.—Each grant awarded under
15 this section shall be used to implement or enhance
16 a hospital-based or hospital-linked violence interven-
17 tion program, to reduce risk of violent injury and re-
18 taliatory violence among patients identified as being
19 at highest risk for involvement in community vio-
20 lence.

21 (2) OTHER REQUIREMENTS.—Any program
22 supported by this grant shall be evidence-informed
23 and implemented in accordance with standards pre-
24 scribed by the Director, in consultation with the
25 Health Alliance for Violence Intervention.

1 (e) APPLICATION REQUIREMENTS.—Each application
2 for a grant under this section shall describe—

3 (1) how the applicant proposes to use the grant
4 to implement or enhance a hospital-based or hos-
5 pital-linked violence intervention program in accord-
6 ance with this section; and

7 (2) how the applicant plans to coordinate its vi-
8 olence intervention program with other relevant
9 stakeholders or violence intervention programs in the
10 community, if any, to maximize impact and mini-
11 mize duplication of services.

12 (f) GRANT DURATION.—A grant awarded under this
13 section shall be for a 5-year period.

14 (g) EVALUATION AND TECHNICAL ASSISTANCE.—
15 The Director may reserve not more than 10 percent of
16 the funds appropriated under subsection (i) for the pur-
17 pose of contracting with or hiring technical assistance pro-
18 viders with experience implementing hospital-based or hos-
19 pital-linked violence intervention initiatives, and for the
20 purpose of contracting with independent researchers to
21 evaluate the performance and impact of selected programs
22 supported by grants awarded under this section. Such
23 evaluations shall be made publicly available on the internet
24 website of the National Institutes of Health.

1 (h) NONSUPPLANTING CLAUSE.—An entity receiving
2 a grant under this section shall use such grant to supple-
3 ment, and not supplant, funds otherwise available to sup-
4 port violence intervention programs of the entity.

5 (i) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there is authorized to be appropriated,
7 in addition to any amounts otherwise made available to
8 the National Institutes of Health, \$25,000,000 for each
9 of fiscal years 2020 through 2029.

10 **SEC. 5. SENSE OF CONGRESS REGARDING SERVICES FOR**
11 **VICTIMS OF VIOLENT CRIME.**

12 It is the sense of Congress that—

13 (1) hospital-based and hospital-linked violence
14 intervention programs have shown effective results
15 as a strategy in reducing violently injured crime vic-
16 tims' risk of injury recidivism and retaliation; and

17 (2) young men of color are disproportionately
18 victimized by violent crime and gun and group-re-
19 lated violence in particular, but are frequently un-
20 derserved by the victim services field.

○