



TO: Office of California Governor Gavin Newsom

FROM: Ari Freilich and Mike McLively, Giffords Law Center to Prevent Gun Violence

DATE: February 15, 2019

RE: Effectiveness of CalVIP and Targeted Gun Violence Intervention Initiatives in CA

Giffords' top priority in California is to make the state a national leader in investing in effective violence intervention initiatives by appropriating significant new funding—at least \$39 million per year for at least three years—for the California Violence Intervention and Prevention (CalVIP) grant program. We believe this funding is critical to sustain and expand some of California's most effective efforts to prevent the loss of human life, and to achieve the sort of transformative reductions in gun violence states like New York and Massachusetts have experienced within the last decade.

Below, this memorandum will summarize objective data and evaluations regarding the effectiveness of three model violence intervention strategies. In contrast with overbroad, community-wide prevention programs or traditional law enforcement suppression efforts, these model strategies provide targeted, data-driven interventions to a small segment of the population that is determined to be at highest risk of shooting or being shot in the near future. **Unlike many other prevention or suppression approaches, these interventions have demonstrated effectiveness at reducing rates of gun violence.**

This memorandum will also summarize objective data and evaluations regarding the impressive progress multiple California cities have made by implementing CalVIP-funded violence intervention initiatives, as well as the significant progress states like New York and Massachusetts have made within the last decade by committing ongoing public funding to similar initiatives.

Overview

California has comprehensively strengthened its gun safety laws over the past 25 years and is now generally considered to have the strongest state regulations on firearm access and commerce in the nation.ⁱ This legislative activity has been associated with impressive reductions in gun violence that have transformed California within a generation from the state with the 3rd highest rate of gun homicides and 16th highest rate of gun deaths into the state with the 23rd lowest rate of gun homicides and 7th lowest rate of gun deaths overall.ⁱⁱ

However, significant challenges remain in California, particularly for young men of color who are vastly overrepresented among gun violence victims, and for whom murder is the leading cause of death.ⁱⁱⁱ Eighty percent of people murdered with a gun in California before the age of 30 are African American (28%) or Latino (52%) boys and men, though they comprise just 4% and 25% of their age group's total population.^{iv}

The states that have achieved the largest reductions in gun violence in recent years, (notably New York, Massachusetts, and Connecticut)^v have taken action to strengthen regulations on firearm access *and* commit significant ongoing funding toward targeted violence intervention initiatives, including hospital-based violence intervention programs (HVIPs), street outreach programs like Cure Violence, and Group Violence Intervention (GVI) strategies like Operation Ceasefire.^{vi}

These evidence-based strategies work to interrupt cycles of street violence by providing crisis intervention, mediation, counseling, and peer support to the relatively small number of individuals who are identified as having the greatest risk of perpetrating and/or being victimized by street violence in the near future. Some of these strategies also involve focused deterrence law enforcement components, but their emphasis on community violence as a preventable public health issue presents a stark contrast with the Trump Administration, which has proposed eliminating federal funding for community-based violence intervention initiatives in favor of harsher criminal penalties and enforcement strategies.^{vii}

Under President Obama, by comparison, the U.S. Justice Department awarded small Community-Based Violence Prevention demonstration grants to 16 cities to implement targeted violence intervention initiatives. These cities were required to implement trauma-informed intervention strategies targeted at preventing “the high-risk activities and behaviors of a small number of carefully selected members of the community who are likely to be involved in violent activities, specifically gang and gun violence, in the immediate future.”^{viii}

DOJ specifically encouraged replication of GVI and Cure Violence initiatives, finding that such programs “have demonstrated their efficacy through research and evaluation to high-risk, gang-affiliated violence.”^{ix} The Department later reported that “the 16 Community-Based Violence Prevention programs [funded through the grant] reported reductions in gun violence, increases in community engagement, and substantial impacts on community norms regarding gun violence.”^x

Numerous policy organizations have also recognized the effectiveness of these strategies and urged legislators to expand and replicate them, including Giffords,^{xi} Faith in Action (formerly the PICO National Network),^{xii} the Community Justice Reform Coalition,^{xiii} Everytown for Gun Safety,^{xiv} the National Urban League,^{xv} the Urban Institute,^{xvi} the Prevention Institute,^{xvii} Cities United,^{xviii} the American Public Health Association,^{xix} the American Hospital Association,^{xx}

Amnesty International,^{xxi} the Children’s Defense Fund,^{xxii} the Brady Campaign to Prevent Gun Violence,^{xxiii} the Coalition to Stop Gun Violence,^{xxiv} the Urban Peace Institute,^{xxv} the California Partnership for Safe Communities,^{xxvi} and many others.

In a February 2019 report on urban gun violence in Illinois, the Johns Hopkins School of Public Health recommended that legislators make it a priority to “[p]rovide funding to support evidence-based local-level strategies to reduce gun violence such as focused deterrence and interventions with high-risk individuals that involve outreach, conflict mediation, and behavioral interventions proven to reduce violence.”^{xxvii} The Hopkins report specifically referenced the positive impact of Cure Violence and GVI, which was described as “[t]he approach with the most consistent evidence of reducing urban gun violence[.]”^{xxviii}

The philanthropic arm of Google also recently pledged \$2 million in donations to 10 cities for evidence-based violence intervention initiatives, largely based on the GVI model implemented in Oakland and Stockton, California.^{xxix}

Three Effective Violence Intervention Strategies

Three model violence intervention strategies have demonstrated remarkable success at interrupting chronic cycles of street violence and retaliation, including hospital-based violence intervention programs (HVIPs), street outreach programs like Cure Violence, and Group Violence Intervention (GVI) strategies like Operation Ceasefire in Oakland.

Hospital-Based Violence Intervention Programs (HVIP)

Many U.S. hospitals see a “revolving door” of gunshot injury, as patients who have been shot are at a very high risk of being violently reinjured and perpetrating retaliatory violence themselves. In some urban hospitals, over 40% of patients treated for violent injuries like gunshots return to the emergency department with new violent injuries within five years,^{xxx} and as many as 20% are victims of homicide within that time frame.^{xxxi} Being shot at or witnessing a shooting also roughly doubles young people’s likelihood of perpetrating violence themselves within two years.^{xxxii}

This is in part because social stigma, mistrust, and barriers to access prevent many victims of community violence from receiving mental health services or other victim services that are protective against reinjury and subsequent violence.^{xxxiii} Instead, many victims become perpetrators and victims again, embroiled in cycles of violence, trauma, and retaliation, especially in communities where deep mistrust between law enforcement and the community leads to shockingly low rates of arrest or conviction for shootings and vigilante justice is the

norm.^{xxxiv}

HVIPs work to break these cycles of violence by providing intensive counseling, case management, and social services to patients recovering from gunshot wounds and other violent injuries. Multiple case studies and controlled trials have shown that HVIPs are highly effective at reducing patients' rates of violence and reinjury.^{xxxv} For instance:

- An evaluation of the Wraparound Project, an HVIP at San Francisco General Hospital, found that violently injured patients who received HVIP services were four times less likely to be violently reinjured than patients in a control group.^{xxxvi}
- Researchers evaluating a Baltimore HVIP found that trauma patients who received HVIP services were about four times less likely to be convicted of violent crimes and five times less likely to be violently reinjured than patients in a control group.^{xxxvii}
- A randomized control trial of an HVIP program in Chicago found that 8% of violently injured patients who received HVIP interventions suffered a repeat injury within six months, compared to 20% of patients in the control group.^{xxxviii}
- Researchers found other positive results like decreased criminal recidivism and substance abuse from HVIPs in Oakland and Richmond, Virginia.^{xxxix}

By effectively reducing patients' likelihood of being re-hospitalized or perpetrating violence in the future, HVIPs have also been associated with substantial cost savings to health care systems.^{xl} A randomized control study of a Baltimore HVIP found that by providing intervention services to 100 high risk men over a six-month period, the program had resulted in savings of nearly \$600,000 in health care costs.^{xli} Another study estimated cost savings as high as \$4 million per year per hospital.^{xlii}

Two decades ago, the U.S. Department of Justice's Office for Victims of Crime, referring to an American Academy of Pediatrics' report on youth violence, "recommended that hospital-based counseling and prevention programs be established in medical facilities that provide services to gang violence victims."^{xliii} The Department of Justice's National Task Force on Children Exposed to Violence also recognized HVIPs' impact and recommended that "Hospital-based counseling and prevention programs should be established in all hospital emergency departments (EDs)— especially those that provide services to victims of violence."^{xliv} The American Hospital Association, the American College of Surgeons, and the American Public Health Association have also emphasized that HVIPs are effective at interrupting cycles of violence and reinjury.^{xlv}

Yet these programs are only currently operating in approximately five California hospitals.

Targeted Street Outreach Programs

Targeted street outreach programs like Cure Violence employ street outreach workers and professional violence interrupters to proactively engage the highest risk individuals in their community as mentees and clients, connect them with counseling, mentorship, case management, and social services, and identify and mediate potentially violent conflicts—often responding to the scene of a shooting incident to mitigate the likelihood of retaliatory violence and mobilize the community to oppose violence. Cure Violence is rooted in public health principles that treat violence like a contagion and is motivated by the fact that urban gun violence is often highly concentrated among specific social networks. An analysis by the City of Oakland, for instance, found that the vast majority of shootings and homicides in the city occurred within a small subset of groups—just 0.1% of the city’s population—at the highest risk for violence.^{xlvi}

The U.S. Justice Department’s National Council on Crime and Delinquency identified Cure Violence as a “promising national model” that has “been adapted and replicated in numerous cities,” and noted that “independent evaluations have demonstrated its success.”^{xlvii} The first rigorous study of the Cure Violence approach, funded by the research arm of the Justice Department, “found that the introduction of the program significantly decreased shootings in five of the seven sites” evaluated in Chicago.^{xlviii} And a more recent study of Cure Violence in Chicago found that its implementation in several targeted police districts was associated with a 38% greater decrease in homicides and a 15% greater decrease in shootings, compared to districts that did not implement the Cure Violence program.^{xlix}

New York City launched its first Cure Violence program in 2010 with funding from the Justice Department, the State of New York, and New York City. Independent evaluations of New York City’s program by the John Jay College of Criminal Justice Research and Evaluation Center found that “the presence of Cure Violence in a neighborhood is associated with significant reductions in the willingness of young men to use violence in conflict situations.”¹

Another evaluation by the John Jay Center found that, “[w]hen compared with similar areas of New York City, gun violence rates declined significantly in two neighborhoods operating programs inspired by the Cure Violence model.”^{li} More specifically, “gun injury rates fell by half in East New York while the matched comparison area for East New York (Flatbush) experienced only a 5% decline in the same time period. The area of the South Bronx served by Cure Violence experienced strong and significant declines in both measures of gun violence: a 37% decline in gun injuries and a 63% reduction in shooting victimizations, compared with 29 and 17% reductions in the comparison area (East Harlem).”

The Advance Peace model, first implemented in Richmond, California, is a violence interruption strategy modeled on Cure Violence. Operated out of a new public Office of Neighborhood Safety, the Advance Peace initiative recruits the city's highest risk individuals for an intensive 18-month mentorship and violence intervention program that has contributed to significant reductions in violence.^{lii} CalVIP provided critical funds to support this program in Richmond and supported the expansion of this violence reduction strategy to Stockton and Sacramento last year.

Group Violence Intervention (GVI)

A form of problem-oriented policing, (as opposed to traditional “incident-driven” policing), the GVI strategy coordinates law enforcement, service providers, and community engagement efforts to reduce violence among a small, identifiable segment of the population that is responsible for the vast majority of gun violence in most cities. The GVI model uses a carrot and stick approach that connects individuals at highest-risk to social services, mediation, education, and job training opportunities, while also communicating a strong anti-violence message that promises swift and sure accountability from law enforcement if shootings continue.

Based on multiple studies and evaluations, the U.S. Justice Department has awarded GVI the highest possible effectiveness rating in its review of known crime prevention strategies.^{liii} GVI was first piloted in the enormously successful Operation Ceasefire in Boston in the mid-1990s, where it was associated with a 61% reduction in youth homicide.^{liv} In other cities, GVI has also been associated with homicide reductions of between 30% and 60%.^{lv}

- In Oakland, a recent evaluation by Northeastern and Rutgers University found that Oakland Ceasefire, a strategy based on GVI, was “was associated with an estimated 31.5% reduction in Oakland gun homicides controlling for other trends and seasonal variations.” The city ended 2018 with its lowest number of homicides in nearly two decades. Gun violence is down more than 50% since 2012, when Oakland Ceasefire was first implemented.
- In Ohio, evaluations of the Cincinnati Initiative to Reduce Violence (CIRV) found that monthly shootings and group-related homicides among CIRV-treated groups fell by 21% and 35% respectively between 2004 and 2010.^{lvi}
- After the 2012 implementation of a GVI-based initiative in New Orleans, evaluations credited the strategy with a 17% reduction in overall homicides, a 32% decrease in group-involved homicides, and a 16% reduction in both lethal and nonlethal firearm violence.^{lvii} Additionally, homicide victimizations of young black men in the city

declined by 26%.^{lviii}

In New Haven, Connecticut, the state's GVI-based initiative, Project Longevity, has achieved particularly compelling results. In 2015, researchers at Yale University credited the program with a 37% decrease in the average number of shootings per month and a 73% decrease in group-related shootings.^{lix} After controlling for a number of variables, researchers concluded that, "Three years into its implementation, our results suggest that the decrease in group-related shootings and homicides are because of Project Longevity."^{lx} In 2017, New Haven experienced just seven homicides, its lowest total in 50 years and an incredible 80% reduction from 2011.^{lxi}

The CalVIP Grant Program

The California Violence Intervention and Prevention (CalVIP) grant program was created in the 2017 Budget Act and has been California's only dedicated source of state support for violence intervention initiatives like HVIPs, Cure Violence, and GVI programs.

Starting in 2007, California's Budget Acts appropriated roughly \$9 million per year from the State Penalty Fund to fund the California Gang Reduction and Intervention Program (CalGRIP), which provided matching grants to cities for programs to reduce youth and gang-related crime. The Budget Acts guaranteed \$1 million annually for the City of Los Angeles, with the remainder distributed to other cities of all sizes through a competitive application process, overseen first by OES, and more recently by the Board of State and Community Corrections (BSCC).

To address declining revenues in the Penalty Fund, Governor Brown's 2017 Budget proposal sought to eliminate the CalGRIP program that year. In response, Giffords organized dozens of organizations to advocate for transforming CalGRIP into a new program focused on evidence-based violence prevention and intervention strategies. The 2017 Budget Act language creating CalVIP also included language requiring BSCC to:

- Prioritize localities with the highest rates of violence and the greatest demonstrated need for additional resources;
- Authorize community-based organizations to apply directly for CalVIP grants and increase the portion of cities' grant awards that must be distributed through CBOs;
- Strengthen grantees' data reporting requirements; and
- Require BSCC to report to the Legislature on the effectiveness of CalVIP.

Despite its promising track record, the CalVIP program has never been authorized by statute and relies on single-year appropriations to BSCC in the Budget. In light of recent funding uncertainties, BSCC has also cut its grant awards in half and shortened the grant period,

preventing grantees from relying on this funding to implement fully-funded, long-term violence reduction initiatives.

Data regarding CalVIP's Importance to California

In recent years, CalVIP has leveraged local funding matches to support some of California's most effective violence reduction initiatives. For instance, CalVIP has provided critical investments for:

- **The City of Los Angeles's Gang Reduction and Youth Development (GRYD) program**
 - In 2018, the number of homicides in Los Angeles reached a 50-year low; Los Angeles's Police Chief, Michel Moore, specifically credited GRYD's intervention teams, as well as law enforcement-led engagement efforts, for the City's 20% reduction in gang homicides between 2017 and 2018 alone.^{lxii}
 - A March 2017 evaluation by researchers at Cal. State University, Los Angeles, credited GRYD incident response teams—just one of many GRYD programs—with preventing an estimated 185 gang retaliations citywide in just two years, resulting in estimated savings of \$110.2 million.^{lxiii}
 - This 2017 evaluation also found that gang violence incidents were nearly half as likely to result in retaliatory violence in cases where the LAPD notified GRYD intervention specialists to respond, compared to notifying LAPD officers alone.^{lxiv}
 - A 2015 evaluation by the Urban Institute found that young people who received GRYD violence prevention services reported significant reductions in violent behaviors.^{lxv}
 - CalVIP has been providing at least \$1 million per year to Los Angeles since its initial inception as CalGRIP in 2007, and has also funded similar programs in nearby cities like Compton, Inglewood, and Long Beach. Since 2007, homicides in Los Angeles are down almost 30%.

- **The City of Oakland's Ceasefire Partnership**
 - The City of Oakland has experienced a 46% reduction in homicides and a more than 50% decline in non-fatal shootings since implementing the Oakland

Ceasefire in 2012, which is modeled on the GVI strategy.^{lxvi}

- Independent evaluators from Northwestern University accounted for other economic, crime, and demographic trends, and specifically credited Oakland Ceasefire with reducing homicides by 31.5%.^{lxvii}
- Additional research suggests this GVI strategy has also helped to reduce other violent crimes too. A report by the National Institute for Criminal Justice Reform noted that the number of armed robberies in the city fell by 65% from 2013 to 2017.^{lxviii}
- The City of Richmond’s Advance Peace initiative.
 - Richmond, California has experienced a 66% reduction in shootings causing injury or death since launching its comprehensive violence reduction initiative, Advance Peace, in 2010.^{lxix} Advance Peace is modeled after Cure Violence, though Richmond has also concurrently implemented law enforcement reform efforts modeled on GVI too.
 - A process evaluation of Richmond’s Advance Peace initiative by the National Council on Crime and Delinquency conceded that it was beyond the scope of its evaluation to measure outcomes regarding the program’s effectiveness, but nonetheless observed that “the evaluation did capture data that support the efficacy and promise of the strategies in place in Richmond.”^{lxx} The evaluation noted that violence had dropped precipitously in Richmond since Advance Peace was launched, and that the vast majority of high-risk individuals targeted by the program had not been killed or injured, and had also not been charged or arrested for gun-related offenses in their years since they started receiving violence intervention services.
 - The Advance Peace model was expanded with CalVIP dollars to Sacramento and Stockton last year. Stockton combined programs modeled on GVI and Cure Violence through its Office of Violence Prevention and witnessed a 40% reduction in homicides from 2017 to 2018.^{lxxi} In Sacramento, which was the recipient of multiple CalVIP awards in 2018, homicides are down 7% from 2017 to 2018, and last year, no one under the age of 18 was murdered in the city for the first time in 35 years.^{lxxii}

While CalVIP has made critical investments in some of the state’s most effective violence reduction initiatives, funding for this program is simply insufficient to meet the enormous, unmet

need in California for resources to address entrenched cycles of violence. This is particularly true after large recent increases in violent crime at the national level have also impacted our state.

In the most recent grant cycle, BSCC received CalVIP grant applications from over 120 cities and community-based organizations, but distributed its \$9.215 million appropriation in small grants to fewer than 20 applicants stretched over a two-year period. Due to limited funding and low caps on competitive CalVIP awards, no applicant could receive more than \$250,000 per year no matter how great their demonstrated need. This funding is simply inadequate to achieve the sort of transformative and sustained violence reduction outcomes other states have achieved. This deficit becomes clear when comparing per capita spending in California with leading states like Massachusetts and New York.

Learning from Other States' Success

California makes much smaller state-level investments in violence prevention programs than safer urban states like Massachusetts and New York. California spends roughly 23 cents per capita annually on CalVIP, while Massachusetts and New York have been spending about \$2 and \$1 per capita, respectively, on their highly successful statewide grant programs. That gap widened further last year, as both Massachusetts and New York increased their investment in violence prevention: Massachusetts appropriated over \$20 million for violence intervention programs for a state that has one-sixth of California's population and one-fourteenth as many fatal shootings.

Not coincidentally, these states' gun violence rates have fallen substantially in recent years, especially among youth, while they spiked across most of the US and increased modestly in California:

- Between 2010 and 2017, gun homicides spiked by 27% at the national level, and increased by 15% among young men aged 14-30.
- California outperformed the national trend, but still experienced a 5% increase in gun homicides over this period. California now has the 23rd lowest gun homicide rate among the 50 states.
- In New York, by comparison, gun homicides fell by a remarkable 41% over this period, driven by a 49% decline in gun homicides among young men aged 14-30.^{lxxiii} New York now has the 12th lowest gun homicide rate among the 50 states.

- Massachusetts's gun homicide rate decreased by 18% over this period, driven by a 36% reduction among young men aged 14-30.^{lxxiv} (Gun homicides among the total population had declined by 31% between 2010 and 2016 but increased moderately in 2017). Massachusetts now has the 10th lowest gun homicide rate among the 50 states.
- These investments were particularly critical for young people of color. Young black men and boys between 14-30 are now more than twice as likely to be shot to death in California than in New York, and 70% more likely in California compared to Massachusetts.^{lxxv}

An independent evaluation of Massachusetts's statewide grant program, SSYI, found that the program "had a statistically significant and positive impact on reducing the number of victims of violent crimes, aggravated assaults, and homicide."^{lxxvi} More specifically, evaluators found that after implementing their violence intervention initiatives, SSYI-funded cities had approximately 60 fewer victims of violent crime each year between the ages of 14 and 24 for every 100,000 citizens in their population.^{lxxvii} Research examining SSYI violence prevention initiatives also calculated that state taxpayers saved as much as \$7.35 for every dollar invested in the state's violence intervention grant program.^{lxxviii}

Conclusion:

While a \$39 million appropriation for implementation and evaluation of CalVIP would not match Massachusetts's enormous per capita investment (that would require well over \$100 million), this amount would approximately match New York, which has cut its gun murder rate by a remarkable 41% since 2010. In raw dollars, this would represent the largest investment any state has made in violence prevention to date, and would make a strong statement about California's leading role in treating gun violence as a preventable public health and safety issue.

A \$39 million appropriation would allow for more sustained and meaningful investments in violence intervention initiatives in more communities. Richmond's highly successful violence reduction initiative has an annual operating budget of \$3 million; a \$1.5 million per year grant award would, with CalVIP's local match requirement, allow other localities with similar levels of violence to begin to replicate Richmond's success. This increased investment in CalVIP would also be responsive to California voters' demand for bold action to reduce gun violence in our state and address egregious racial inequities in health and safety outcomes for young people of color in particular. This funding is also especially needed now, since the current presidential administration has proven unwilling to provide substantial federal support for effective violence intervention initiatives in urban America.

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- ⁱ See, e.g., Giffords Law Center to Prevent Gun Violence Annual Gun Law Scorecard, at <http://gunlawscorecard.org/>.
- ⁱⁱ Based on CDC Fatal Injury Reports data for 1993 to 2017, available at <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>.
- ⁱⁱⁱ National Council on Crime and Delinquency, “Process Evaluation for the Office of Neighborhood Safety” (Jul. 2015), at https://www.nccdglobal.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf.
- ^{iv} Based on CDC Fatal Injury Reports, available at <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>.
- ^v According to CDC Fatal Injury Reports for 2017, Massachusetts, New York and Connecticut’s gun homicide rates were 56%, 56%, and 39% below California’s, respectively.
- ^{vi} For a comprehensive discussion of these states’ violence prevention efforts, see Giffords Law Center to Prevent Gun Violence’s report, *Investing in Intervention: The Critical Role of State-Level Support in Breaking the Cycle of Urban Gun Violence*, available at <https://lawcenter.giffords.org/investing-intervention-critical-role-state-level-support-breaking-cycle-urban-gun-violence/>.
- ^{vii} See, e.g., Congressional Research Service, “FY 2018 Appropriations for the Department of Justice Grant Programs” (Jul. 18, 2017), at <https://fas.org/sgp/crs/misc/R44893.pdf> (noting that the Trump Justice Department proposed eliminating funding for the Community-Based Violence Prevention Initiative grant program).
- ^{viii} U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, “Community-Based Violence Prevention Demonstration Program Grant Solicitation,” at <http://grantoffice.com/GrantDetails.aspx?gid=28616&userid=996&token=74e18013-8e90-48ae-84c3-a8753da50f9c>.
- ^{ix} U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, “National Youth Violence Prevention Update 2010-2016,” at <https://www.ojdp.gov/pubs/250083.pdf>.
- ^x U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, “Community-Based Violence Prevention Grants Program Summary for FY 2017 Budget.
- ^{xi} See Giffords Law Center to Prevent Gun Violence and PICO National Network, “Healing Communities in Crisis: Lifesaving Solutions to the Urban Gun Violence Epidemic” (Mar. 2016), at <https://lawcenter.giffords.org/wp-content/uploads/2019/01/Healing-Communities-in-Crisis.pdf>; Giffords Law Center to Prevent Gun Violence, PICO National Network, and Community Justice Reform Coalition, “Investing in Intervention: The Critical Role of State-Level Support in Breaking the Cycle of Urban Gun Violence” (Dec. 2017), at <https://lawcenter.giffords.org/investing-intervention-critical-role-state-level-support-breaking-cycle-urban-gun-violence/>.
- ^{xii} *Id.*
- ^{xiii} *Id.*
- ^{xiv} Everytown for Gun Safety and National Urban League, “Strategies for Reducing Gun Violence in American Cities” (Jun. 2016), at <https://everytownresearch.org/documents/2016/06/strategies-reducing-gun-violence-american-cities.pdf>.
- ^{xv} *Id.*
- ^{xvi} See, e.g., Urban Institute, “Federal Actions to Engage Communities in Reducing Gun Violence” (Jan. 2017), at http://www.urban.org/sites/default/files/federal_actions_to_engage_communities-in-reducing-gun-violence.pdf, and “Put the Guns Down: Outcomes and Impacts of the Chicago Violence Reduction Strategy” (Aug. 2017), at <https://www.urban.org/research/publication/put-guns-down>.
- ^{xvii} Prevention Institute, “Gun Violence Must Stop. Here's What We Can Do to Prevent More Deaths,” at <https://www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury/preventing-violence-advocacy#Full%20Recommendations>.
- ^{xviii} See, e.g., Cities United, “Interventions for Reducing Violence and Its Consequences for Young Black Males in America” at <http://citiesunited.org/resources-for-cities/interventions-for-reducing-violence-and-its-consequences-for-young-black-males-in-america/>.
- ^{xix} American Public Health Association, “Violence is a Public Health Issue: Public Health is Essential to Understanding and Treating Violence in the U.S.” (Nov. 2018), at <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/28/violence-is-a-public-health-issue>.
- ^{xx} American Hospital Association, “Hospital Approaches to Interrupt the Cycle of Violence” (Mar. 2015), at <http://www.hpoe.org/Reports-HPOE/2015/2015-violence-prevention.pdf>.

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- ^{xxi} Amnesty International, “In the Line of Fire: Human Rights and the US Gun Violence Crisis” (Sep. 2018), at https://www.amnestyusa.org/wp-content/uploads/2018/09/Gun-Report-Full_16.pdf.
- ^{xxii} See CalVIP Budget Request Letter submitted to Dr. Shirley Weber and Senator Skinner (Mar. 14, 2018), available on request.
- ^{xxiii} Id.
- ^{xxiv} Id.
- ^{xxv} Id.
- ^{xxvi} Id.
- ^{xxvii} Cassandra Crifasi, et al, Johns Hopkins Bloomberg School of Public Health, “Policies to Reduce Gun Violence in Illinois Research, Policy Analysis, and Recommendations” (Feb. 2019), at <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/publications/jhsph-gun-violence-in-illinois.pdf>.
- ^{xxviii} Id. at 9.
- ^{xxix} See Jackson Knapp, “Google Gives \$2 Million to Curb Gun Violence,” *The Trace* (Jun. 30, 2017), at <https://www.thetrace.org/2017/06/google-gives-2-million-curb-gun-violence/>.
- ^{xxx} Jonathan Purtle, et al, “Hospital-Based Violence Intervention Programs Save Lives and Money,” Journal of Trauma Acute Care Surgery, Vol. 75, No. 2, 331 (2013), available at <http://www.youthalive.org/wp-content/uploads/2016/03/JoT-2013-Purtle-HVIPs-Save-Lives-and-Money.pdf> (citing Stewart, et al, “Seven Hundred Fifty-Three Consecutive Deaths in a Level I Trauma Center: The Argument for Injury Prevention,” Journal of Trauma, 54, 66-71 (2003); Kennedy, et al, “Geographic and Temporal Patterns of Recurrent Intentional Injury in South-Central Los Angeles,” Journal of the National Medical Association, 88, 57-72 (1998); Morrissey, et al, “The Incidence of Recurrent Penetrating Trauma in an Urban Trauma Center,” Journal of Trauma, 31, 1536-38 (1991)).
- ^{xxxi} DW Sims, et al, “Urban trauma: a chronic recurrent disease,” Journal of Trauma (1989).
- ^{xxxii} Bingenheimer, et al, “Firearm violence exposure and serious violent behavior,” Science, Vol. 308, 1323-26 (2005).
- ^{xxxiii} See, e.g., LH Jaycox, et al, “Use of mental health services by men injured through community violence,” Psychiatric Services (Official Journal of the American Psychiatric Association) (2004).
- ^{xxxiv} See, e.g., John A. Rich, et al, “Pathways to Recurrent Trauma Among Young Black Men: Traumatic Stress, Substance Use, and the “Code of the Street,” American Journal of Public Health (2005); Olivia Li, “The Vicious Cycle of Everyday Gun Violence and Eroding Police Relations,” *The Trace* (Jul. 22, 2016), at <https://www.thetrace.org/2016/07/vicious-cycle-everyday-gun-violence-police-misconduct/>.
- ^{xxxv} See Law Center to Prevent Gun Violence and PICO National Network, *Healing Communities in Crisis: Lifesaving Solutions to the Urban Gun Violence Epidemic*, 40, available at <http://smartgunlaws.org/wp-content/uploads/2016/11/Healing-Communities-in-Crisis-URL.pdf>.
- ^{xxxvi} Smith, et al, “Hospital-based Violence Intervention: Risk Reduction Resources That Are Essential for Success,” Journal of Trauma Acute Care Surgery (2013).
- ^{xxxvii} Carnell Cooper, et al, “Hospital-based Violence Intervention Programs Work,” Journal of Trauma, Vol. 61, 534-40 (2006).
- ^{xxxviii} L. Zun, et al, “The Effectiveness of an ED-based Violence Prevention program,” American Journal of Emergency Medicine (2006).
- ^{xxxix} Jonathan Purtle, et al, “Hospital-Based Violence Intervention Programs Save Lives and Money,” Journal of Trauma Acute Care Surgery, Vol. 75, No. 2, 332 (2013).
- ^{xl} Jonathan Purtle, et al, “Hospital-Based Violence Intervention Programs Save Lives and Money,” Journal of Trauma Acute Care Surgery, Vol. 75, No. 2, 332 (2013).
- ^{xli} Carnell Cooper, et al, “Hospital-based Violence Intervention Programs Work,” Journal of Trauma, Vol. 61, 534-40 (2006).
- ^{xlii} Jonathan Purtle et al. “Cost–benefit analysis simulation of a hospital-based violence intervention program,” American Journal of Preventive Medicine, 48.2 (2015): 162-169.
- ^{xliii} Naneen Karraker, et al, “Violence is Preventable: A Best Practices Guide for Launching & Sustaining a Hospital-based Program to Break the Cycle of Violence,” (2011).
- ^{xliv} U.S. Department of Justice, Report of the Attorney General’s National Task Force on Children Exposed to Violence,” p. 13 (2012), at www.justice.gov/defendingchildhood/cev-rpt-full.pdf.
- ^{xlv} See, e.g., American Hospital Association, “Webinar: Combating Violence Using Hospital-based Violence Intervention Programs” (May 2017), at <http://www.aha.org/advocacy-issues/violence/170531webinar.shtml>; Milliman Research Report for the American Hospital Association, “Cost of Community Violence To Hospitals and

Health Systems” (Jul. 2017), at <http://www.aha.org/content/17/community-violence-report.pdf>; American College of Surgeons, Committee on Trauma, “Violence Intervention Programs: A Primer for Developing a Comprehensive Program within Trauma Centers,” at <https://www.facs.org/quality-programs/trauma/ipc/firearm-injury/hvip-primer>; American Public Health Association, “Violence is a Public Health Issue: Public Health is Essential to Understanding and Treating Violence in the U.S.” (Nov. 2018), at <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/28/violence-is-a-public-health-issue>.

^{xlvi} See City of Oakland, “Ceasefire Oakland,” at

<http://www2.oaklandnet.com/government/o/OPD/s/Ceasefire/index.htm>.

^{xlvii} National Council on Crime and Delinquency, “Process Evaluation for the Office of Neighborhood Safety” (Jul. 2015), at http://www.nccdglobal.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf.

^{xlviii} Jeffrey Butts, et al, “Cure Violence: A Public Health Model to Reduce Gun Violence,” *Annual Review of Public Health* (2015).

^{xlix} See Giffords Law Center to Prevent Gun Violence and PICO National Network, *Healing Communities in Crisis: Lifesaving Solutions to the Urban Gun Violence Epidemic*, 34.

ⁱ Sheyla A. Delgado, et al, “Young Men in Neighborhoods with Cure Violence Programs Adopt Attitudes Less Supportive of Violence,” John Jay College of Criminal Justice Research and Evaluation Center (Mar. 2017).

ⁱⁱ Sheyla A. Delgado, et al, “The Effects of Cure Violence in the South Bronx and East New York, Brooklyn,” John Jay College of Criminal Justice Research and Evaluation Center (Oct. 2017).

ⁱⁱⁱ National Council on Crime and Delinquency, “Process Evaluation for the Office of Neighborhood Safety” (Jul. 2015), at http://www.nccdglobal.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

ⁱⁱⁱⁱ See, e.g., Office of Justice Programs, National Institute of Justice, “Gun Violence Programs: Operation Ceasefire” (Jun. 25, 2008), at <https://www.nij.gov/topics/crime/gun-violence/prevention/pages/ceasefire.aspx>; Program Profile: Operation Ceasefire (Boston, Mass.),” at <https://crimesolutions.gov/ProgramDetails.aspx?ID=207>; “Program Profile: Group Violence Reduction Strategy (New Orleans, Louisiana),” at <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=490>; “Program Profile: Operation Peacekeeper” (Stockton, Cal.), at <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=51>.

^{lv} Id. at 19.

^{lv} Id. at 14.

^{lvi} Robin S. Engel, Nicholas Corsaro, and Marie Skubak Tillyer, “Evaluation of the Cincinnati Initiative to Reduce Violence (CIRV),” University of Cincinnati Policing Institute, 2010, https://www.researchgate.net/publication/268415906_Evaluation_of_the_Cincinnati_Initiative_to_Reduce_Violence_CIRV.

^{lvii} Nicholas Corsaro and Robin S. Engel, “Most Challenging of Contexts Assessing the Impact of Focused Deterrence on Serious Violence in New Orleans,” *Criminology & Public Policy* 14, no. 3 (2015): 471–505, doi: 10.1111/1745–9133.12142.

^{lviii} Id.

^{lix} Michael Sierra-Arevalo, Yanick Charette, and Andrew V. Papachristos, “Evaluating the Effect of Project Longevity on Group-Involved Shootings and Homicides in New Haven, CT,” working paper, Institution for Social and Policy Studies, 2015, http://isps.yale.edu/sites/default/files/publication/2015/10/sierraarevalo_charette_papachristos_projectlongevityassessment_isps15-024_1.pdf.

^{lx} Michael Sierra-Arevalo and Andrew V. Papachristos, “Focused Deterrence Strategy Reduces Group Member Involved Shootings in New Haven, CT,” Institution for Social and Policy Studies, Yale University and the Justice Collaboratory, Yale Law School (2015), https://isps.yale.edu/sites/default/files/publication/2015/10/sierra-arevalo_papachristos_projectlongevitybrief.pdf.

^{lxi} David Kennedy, “Forum: Project Longevity is Working,” *New Haven Register*, March 20, 2018, <https://www.nhregister.com/opinion/article/Forum-Project-Longevity-is-working-12767497.php>.

^{lxii} Cindy Chang, “Crime is down in Los Angeles for the first time in five years,” *Los Angeles Times* (Dec. 29, 2018), at <https://www.latimes.com/local/lanow/la-me-lapd-crime-stats-20181229-story.html>.

^{lxiii} P. Jeffrey Brantingham, et al, “GRYD Intervention Incident Response & Gang Crime,” GRYD Research and Evaluation Team, 23 (Mar. 30, 2017), at http://www.jj-research.com/docs/IR%20and%20Gang%20Crime_GRYD%20Symposium%202017.pdf.

^{lxiv} Id.

^{lxv} Meaghan Cahill, et al, “Evaluation of the Los Angeles Gang Reduction and Youth Development Program: Year 4 Evaluation Report,” *Urban Institute*, 35-37 (Sept. 2015), at

<http://www.urban.org/sites/default/files/publication/77956/2000622-Evaluation-of-the-Los-Angeles-Gang-Reduction-and-Youth-Development-Program-Year-4-Evaluation-Report.pdf>.

^{lxvi} Darwin Bond Graham, “Study Finds Significant Reduction in Gun Homicides in Oakland Via Ceasefire Strategy,” *East Bay Express*, Aug. 22, 2018, accessed Feb. 11, 2018, at <https://www.eastbayexpress.com/SevenDays/archives/2018/08/22/study-finds-significant-reduction-in-gun-homicides-in-oakland-via-ceasefire-strategy>.

^{lxvii} Anthony A. Braga, et al, “Oakland Ceasefire Impact: Key Findings” (Aug. 10, 2018), at https://p.eastbayexpress.com/media/pdf/oakland_ceasefire_impact_evaluation_key_findings.pdf.

^{lxviii} David Muhammad, “Oakland’s Successful Gun Violence Reduction Strategy,” National Institute for Criminal Justice Reform, (Jan. 2018), accessed Feb. 12, 2019, at <http://nicjr.org/wp-content/uploads/2018/02/Oakland%E2%80%99s-Successful-Gun-Violence-Reduction-Strategy-NICJR-Jan-2018.pdf>.

^{lxix} Advance Peace, Our Impact, at <https://www.advancepeace.org/about/the-solution/>.

^{lxx} National Council on Crime and Delinquency, “Process Evaluation for the Office of Neighborhood Safety” (Jul. 2015), at https://www.nccdglobal.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf.

^{lxxi} Mugo Odigwe, “Stockton Reports 40 Percent Reduction in Homicides In 2018,” *CBS Sacramento* (Jan. 1, 2019), at <https://sacramento.cbslocal.com/2019/01/01/homicide-stockton-crime-2018/>.

^{lxxii} Aristos Georgiou, “No Children Were Murdered in Sacramento Last Year for the First Time in 35 Years,” *Newsweek*, Jan. 22, 2019, <https://www.newsweek.com/sacramento-youth-violence-homicide-california-community-outreach-1299914>.

^{lxxiii} Based on CDC Fatal Injury Reports, available at <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>.

^{lxxiv} Based on CDC Fatal Injury Reports.

^{lxxv} Based on CDC Fatal Injury Reports for 2016-2017.

^{lxxvi} Anthony Petrosino, et al, “The Impact of the Safe and Successful Youth Initiative (SSYI) on City-Level Youth Crime Victimization Rates,” *Journal of Multidisciplinary Evaluation* (Sep. 21, 2017), at http://journals.sfu.ca/jmde/index.php/jmde_1/article/view/464/434.

^{lxxvii} *Id.*

^{lxxviii} Patricia E. Campie, et al., “Massachusetts Safe and Successful Youth Initiative, Benefit-to-Cost Analysis of Springfield and Boston Sites,” American Institutes for Research and WestEd, Nov. 26, 2014, <http://www.air.org/sites/default/files/downloads/report/Benefit%20to%20Cost%20Analysis%20of%20Boston%20and%20Springfield%20SSYI%20Programs.pdf>.