



April 16, 2021

Dear Congressman Crow,

I am writing this letter in support of University of Colorado Hospital Trauma Service's proposal for expansion of the At-Risk Intervention and Mentoring (AIM) Program from pilot to full implementation. The At-Risk Intervention and Mentoring Program is a hospital-based violence intervention program that identifies patients at risk of repeat violent injury and utilizes the "teachable moment" to link them with hospital and community-based resources aimed at addressing underlying risk factors for violence. The program utilizes culturally competent outreach workers to connect with patients in the hospital and follow them into the community for wrap-around service connection including education, mental health services, resources for job training/acquisition, and interfacing with the criminal justice system.

From 2010 to 2018, Aurora has seen striking increases in violent crime. The City of Aurora Major Index Crime Data has shown an increase in total violent crime of about 20% each year. Meanwhile the Crude Death Rate by Assault for Adams County has nearly doubled in the last 10 years, rising from 4.1 (Colorado 3.4) to 7 (Denver 7.9, Colorado 4.6). We know that hospital-based violence intervention programs have demonstrated effectiveness in reducing violence recidivism. There is a unique window of opportunity to make contact and engage with victims of violent injury while they are recovering in the hospital. This program provides another avenue to address the growing problem of gang-related violence and intentional injury in Aurora and surrounding communities in Colorado. Because we believe in the efficacy of these programs we committed 50% of the funds to implement a pilot program. Additional funding would allow for expansion and full implementation of this program which includes providing additional outreach workers, a mental health navigator, and increased community engagement to address the public health crisis of violence in our communities.

Through the support of this initiative as the one being proposed, there will be a greater ability to improve the health and safety of Aurora and surrounding communities.

Respectfully,

A handwritten signature in blue ink that reads "Jason D. Batchelor".

Jason Batchelor
Deputy City Manager
City of Aurora

Program for Injury Prevention, Education & Research (PIPER)

April 16, 2021

Dear Representative Crow,

We write to you as Director of the Program for Injury Prevention, Education & Research (PIPER) and Director of its Firearm Injury Prevention Initiative. We give our full support to the University of Colorado Hospital Trauma Service's proposal for expansion and full implementation of the At-risk Intervention and Mentoring (AIM) Program after successful initiation of the pilot program.

As a hospital-based violence intervention program (HVIP) that follows the best practices guideline for wrap-around service programs, it utilizes the "teachable moment" to identify those at risk of re-injury and death, and utilizes culturally competent outreach workers to 1) connect with patients in the hospital, 2) identify needs and factors that trap them in a cycle of violence (particularly in regard to education, mental health issues, job and home stability, and thoughts around retaliation), and then 3) continue as mentors/navigators into the community for wrap-around service connection. This creates not only support for the individual, but also for their families and the community.

The Health Alliance for Violence Intervention (HAVI), formerly the National Network for Hospital Violence Intervention Programs (NNHVIP), fully supports these programs as the best practices model for addressing the public health crisis of violence at the individual, relationship, community, and societal levels, aligning with all levels of the Centers for Disease Control and Prevention Social-Ecological Model: Framework for Prevention.

Programs such as AIM – University at Aurora address multiple levels of violence, whether individual or systemic, thus are more likely to have direct, sustainable impact to the community. We fully support these efforts and encourage broad community, state, and federal support of these programs as well.

Respectfully,

Ashley Brooks-Russell, PhD, MPH



Assistant Professor, Community and Behavioral Health
Director, Program for Injury Prevention, Education & Research
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April 28, 2021

My name is Michelle McDaniel and I am currently the program manager for the At-Risk Intervention and Mentoring Program at Denver Health. I am writing on behalf of the AIM at UCH program and their request for support to increase their efforts of providing hospital based violence intervention work.

As an HVIP (hospital-based violence intervention program), AIM directly serves historically underserved communities of color - communities who disproportionately suffer high morbidity and mortality rates. HVIPs comprise an interdisciplinary team of doctors, health administrators, researchers, and violence intervention specialists. Violence intervention specialists are highly trained paraprofessionals who often come from the communities in which they serve and are able to swiftly engage violently injured patients at the bedside. Because of their trauma-informed approach, violence intervention specialists uniquely connect with patients and their families and build trusting relationships.

Speaking from my own experience as a Violence Intervention Specialist, or as I often refer to as an Outreach Worker, with GRASP (Gang Rescue and Support Project) I remember the initial stages of developing the AIM at Denver Health program and can attest to the challenging and continuous process of developing and maintaining such a unique program. One of the biggest challenges we encountered was only having 2.5 FTE for outreach to respond to trauma activations that presented at Denver Health. Although we were successful in providing services to hundreds of individuals, it wasn't until two years ago that we were able to secure funding and expand our program by hiring additional outreach workers and increasing the number of individuals we serve. Last year alone, the AIM at Denver Health Program provided bedside interventions to almost 500 individuals and to thousands in the community. Let's imagine what it would look like for Denver and Aurora communities if we had more outreach workers providing those services.

Public health research has shown that HVIPs save lives and help stop the revolving door of violent injuries in emergency departments. It is our goal to improve and expand mental health support for program clients and staff and promote the use of trauma informed care in the hospital to serve victims of violence as well as communities of color. We need your support and are humbly asking for that today.

AIM is on the frontline of the violence epidemic, promoting healing and creating more equitable systems of care. We need you to help us continue our efforts. I thank you for your time and consideration into this matter and encourage you to contact me with any questions you may have.

With Respect,

Michelle McDaniel

Outreach Worker, GRASP
(Gang Rescue and Support Project)
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