RESOLUTION NO.
RESOLUTION APPROVING AMERICAN RESCUE PLAN GRANT FUNDING IN AN AMOUNT NOT TO EXCEED \$7,000.00
WHEREAS, on or about May 17, 2021, Laramie County received \$19,326,709.00 of funding from the American Rescue Plan Act of 2021 (ARPA); and
<b>WHEREAS</b> , ARPA established the Coronavirus State Fiscal Recovery Fund and the Coronavirus Local Fiscal Recovery Fund (SLFRF); and
<b>WHEREAS</b> , effective April 1, 2022, the Secretary of the Treasury adopted the final rule implementing the SLFRF program, found at 31 C.F.R. Part 35; and
WHEREAS, the final rule implementing the SLFRF allows, among other things, the expenditure of ARPA funds to mitigate the negative public health and economic impacts of the COVID-19 pandemic, including the support of local agencies; and
WHEREAS, Laramie County accepted requests for the available grant funding; and
WHEREAS, Laramie County received an application from the Cheyenne Regional Medical Center Forensic Nursing Program requesting \$7,000; and
WHEREAS, the Board of Laramie County Commissioners reviewed the application to ensure compliance with applicable law and regulation and approved funding in the amount of \$7,000; and
<b>WHEREAS</b> , attached hereto as "Exhibit 1" is the Cheyenne Regional Medical Center Forensic Nursing Program ARPA grant application.
<b>NOW THEREFORE, BE IT RESOLVED</b> , that, the Board of Laramie County Commissioners hereby approve the grant request for the Cheyenne Regional Medical Center Forensic Nursing Program in conformance with "Exhibit 1."
DATED this day of, 2022.

DATED this	day of	, 2022.
		Troy Thompson
		Laramie County Commissioners
Debra Lee		
Laramie County Clerk		
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Reviewed and approved as to	TOTIII:	

Laramie County Attorney

Laramie County, Wyoming Application for Nonprofit Organizations Affected by the COVID-19 Pandemic-Applications are due 4/29/22.

1. Name of Nonprofit

Organization:

**Chevenne Regional Medical Center Forensic Nursing Program** 

2. Owner/Authorized Representative's

Barbara Horton, BSN, RN

3. If applicable, Federal Tax Identification

803-6000194

4. Physical Address of your nonprofit Organization:

214 E. 23rd Street Chevenne, Wyoming 82001

5. Primary Contact:

Person:

Barbara L. Horton, BSN, RN

6. Email address:

Barbara.horton@crmcwy.org

7. Telephone number:

307-633-3050

8. Provide mission statement/purpose:

We Inspire Great Health! Putting service before self, our family cares for your family with compassion, experience, and innovation. We Inspire Great Health!

9. Please describe how the COVID-19 pandemic has caused a negative impact

to your nonprofit organization and/or the population you serve.

COVID placed a fear on people of going to the hospital to receive care if it was not perceived as an emergency or COVID related which contributed to decreased number of victims served. COVID also stopped a lot of ongoing education needed for healthcare workers (non-COVID education). This lace of education contributes to decreased awareness to extremely important medical needs such as strangulation.

- 10. Program/Project
- a. Briefly describe the program/project you are requesting funds for:

Strangulation training for a multi-disciplinary approach to better and more effectively care for victims of strangulation.

b. Describe the need for your program/project.

Studies show strangulation occurs in 5-25% of sexual violence cases alone, but often go undetected. Due to the lethality risks associated with strangulation, first responders, law enforcement, and healthcare workers need education about strangulation (Alliance for Hope International, 2022).

c. Identify any other organizations in Laramie County that address this

need.

There are no other organizations that I am aware of that offer training on strangulation in Laramie County.

d. Is this a new, existing, or changed program?

This would be a new offering here, but the program through Alliance for Hope International has existed for many years (previously called Training Institution on Strangulation).

e. Specifically, what will you use ARPA funds for?

The ARPA funds will be used to pay for a one-day virtual training on strangulation for an unlimited number of attendees. This offering will be sent out to all members of the multi-disciplinary team in Laramie County including but not limited to: Chevenne Police Department, Laramie County Sheriff's Office, EMS, DFS, CRMC trauma services, CRMC Emergency Department/Forensic Nurses, Coroner's Office, Laramie County District Attorney's Office, etc.

Page 3 of 5

f. Who will benefit and how (population served)?

The victims of strangulation will benefit through proper education to all that serve this high-risk population from the moment of occurrence.

g. How will you prevent the duplication of benefits to end users?

This has not been offered in this forum in Laramie County. We will continue to educate others and reach out with information over time after receiving the training to make sure it reaches those that did not attend the training. This information is essential in caring for victims of domestic violence and sexual assault. Often, victims of many of these crimes are not asked the right questions or assessed in a proper manner to detect for strangulation.

h. How many individuals/families will be served by this

program/project?

It's difficult to put a number to how many individuals or families would be served because the intention is to increase the education to everyone who cares for these victims and increase detection of the act

committed. Our hope is that through proper education to all involved, we would see an increase in the numbers of people served and increased quality of care given to those individuals. We know the victims are out there in our community. We need to reach them and care for them.

i. How will these funds help you respond to, or recover from COVID 19?

These funds will further educate everyone who potentially is in the chain of caring for victims of strangulation. We can utilize the funds to bring Alliance for HOPE International to our county in a safe manner through a virtual training opportunity. We have to think outside the box for education and use funds to reach as many people as possible. That is what I love about this virtual option is that it is unlimited in the number of attendees. We can invite everyone in the county to participate to spread the knowledge for our community.

#### 11. Project Outcomes

a. If this is a continuing activity, describe measurable outcomes of your previous years' work regardless of funding source.

This is a one-time educational offering for a tentative date in the fall of 2022.

b. Describe anticipated measurable outcomes for your proposed project/program.

Measurable outcomes would be to see an increase of the number of victims identified and cared for through our community. In the forensic nursing office as an example, we keep a spreadsheet to identify the type of patient served and the care they received. Additional measurable outcomes would be to see and increased number of patients brought in by EMS, and monitor for the recommended care received in the ED.

#### 12. Agency's Auditing and Fiscal Controls

a. Briefly describe your agency's financial oversight/internal controls to minimize opportunities for fraud, waste and mismanagement.

<u>CRMC</u> has an established financial department that manages our funds and ensures the funds received are used in the manner intended.

b. How does your agency plan to segregate ARPA funds from other agency funds for purposes of identification, tracking, reporting and audit?

CRMC has a financial set up specific to segregate ARPA funds from other agency funds to once again ensure proper use. These funds are kept separate and monitored closely by our compliance department.

13. If applicable, please list the grand total revenue collected by your nonprofit organization in calendar year 2019 (documentation is required to support

this figure).

Not applicable due to no other training opportunities in this specific area are given.

14. If applicable, please list the grand total of revenue collected by your nonprofit organization in calendar year 2020 (documentation is required to support this figure).

Not applicable due to no other training opportunities in this specific area are given.

15. If applicable, please list the grand total of revenue collected by your nonprofit organization in calendar year 2021 (documentation is required to support this figure).

Not applicable due to no other training opportunities in this specific area are given.

16. How much are you requesting in Laramie County ARPA funds? Please provide a detailed budget breakdown for requested items.

\$8,500

Alliance for Hope International Strangulation Training and Preparation 1 Day with 2 Speakers

- Faculty: Preparation and presentation \$3250
- 2. Faculty: Preparation and presentation \$3250
- 3. Project Director: course Coordination, Logistics, Preparation, and Materials \$1500.
- 4. Recording access and storage: Recording and storage for 2 years \$500

#### \*\*\*(Please see attached invoice also)

17. Is your organization facing any pending litigation or legal action? If yes, please explain.

No.

18. Is your organization registered in Sam.gov to be eligible to receive federal funds? Active Status will be required to be awarded ARPA funds.

Yes, we are.

Application Certification

By checking this box, you are certifying that the information provided herein is true and correct to the best of your knowledge.

Print Name: Barbara L. Horton Title BSN RN
Signature Barbara L. Horton Date 4/28/2002

		Strangulation Training Budget	
Tra	Organization: Aliance for HOPE Inte	reparation Location: Location TBD  Consulting Fees  Description/Justification Total paration and presentation 3,256 paration a	
	Number of Training Days & Speakers	1 Day With 2 Speakers (virtual)	
		Consulting Fees	
Line	Faculty	Description/Justification	Total
1	Faculty	Preparation and presentation	3,250
2	Foculty	Preparation and presentation	3,250
3	Project Director	Course Coordination, Logistics, Preparation, and Materials	1,500
		Total Total	\$8,990
		Consulting Fees	
1	Recording access & storage	Recording and storage (for 2 years) of 2 days of virtual training	500.00
		Total	\$500
		Yreining Grand Total	\$8,500

<sup>\*</sup> Proposed faculty will be confirmed upon contractual agreement

### Strangulation Training — The Last Warning Shot — Course Descriptions and Objectives

#### Because We Didn't Know: Why Strangulation Matters So Much

Police and prosecutors are only recently learning what survivors of non-fatal strangulation have known for years — that many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they can kill them — any time they wish. Almost half of all domestic violence homicide victims have experienced at least one episode of strangulation prior to a lethal or near-lethal violent incident. Victims of one episode of strangulation are 750% more likely of becoming a homicide victim at the hands of the same partner than a woman is assaulted but not strangled. Today, 47 States have passed felony strangulation laws to hold offenders accountable for the crimes they are committing. In 2013, VAWA passed a felony strangulation/suffocation law requiring no visible injury understanding the significance of internal injuries and the risk of death. Subsequent federal sentencing guidelines now recommend up to 10 years in prison for strangulation and/or suffocation assaults. This session will provide a national overview of our current understanding of non-fatal strangulation assaults including the severity and lethality of strangulation, the risk to police officers, the link to other crimes including mass shootings, and resources from the Training institute on Strangulation Prevention.

Objectives: 1) Increase understanding of why strangulation and suffocation offenses must be treated as felonies and made our top priority; 2) Improve system response to the handling of non-fatal strangulation through multi-disciplinary teams; and 3) Increase awareness about current research, laws, best practices and resources.

# If We Only Knew: The Physiology of Strangulation - Medical 101

Strangulation is one of the most lethal forms of domestic violence. Minimal pressure on the neck can cause serious injury, death, delayed death and/or long-term consequences. Strangulation involves the application of pressure and/or blunt force trauma to the carotid and vertebral arteries and jugular veins. Unconsciousness can occur in seconds and death within minutes. Strangulation carries a risk of arterial damage, stroke, and delayed death. When an artery is damaged, the normal pathophysiology is for the body to create a blood clot. If the clot becomes large enough, the clot can completely obstruct the normal flow of blood within the artery. The time period from a patient's neck trauma to the time of presentation at a hospital with neurological symptoms, including strokes, can range from hours to years. Yet victims can look fine and say they are fine. This session covers the challenges in evaluating strangulation cases, reviews terminology, explains basic physiology, lists all the signs and symptoms of strangulation and suffocation cases as well as shares case studies, photos and new techniques used by clinicians to assess a strangled victim. This session will also explain why strangulation is great bodily injury and poses a substantial risk of death or impairment to the brain, lungs and heart.

Objectives: 1) Increase understanding of the signs and symptoms of strangulation; 2) Increase understanding of internal injuries, delayed death and long-term consequences; and 3) Improve identification and documentation by dispatchers, paramedics, nurses and police.

# How Do You Know: On Scene and Follow-up Investigations

Incidents of domestic violence account for the single largest category of calls-for-service that police agencies are called upon to investigate. Before strangulation laws were passed, most jurisdictions in America rarely prosecuted "choking" cases and when we did, most cases were prosecuted as misdemeanors. Strangulation cases were unintentionally being minimized due to the lack of visible injuries, lack of investigative training, and the absence of specific strangulation laws and formal investigative protocols. San Diego's study of 300 cases helped Maricopa County, Arizona realize more

could be done. Today, "choking" cases are called non-fatal or near-fatal strangulation and are now being successfully prosecuted as felonies in many states. Law enforcement officers in every jurisdiction — federal, state and tribal — need to be trained on the severity of strangulation and common misconceptions these officers hold need to be corrected. Officers must be aware that strangulation is a potentially lethal form of intimate partner violence and that it should not treated as abuse like a slap in the face. This session will put the medical symptoms and signs of strangulation into practice. If an officer suspects that strangulation has occurred, he/she must call for paramedics or at the least strongly encourage the victim to seek medical attention because swelling or other undetected injuries of the throat can be life threatening. All of this information is essential to the efforts of the prosecutor. This session also focuses on how to build a non-strangulation case for felony prosecution using a multidisciplinary approach, specialized training, specialized investigative forms and specific investigative questions for strangled victims. It will also explain how the use of trauma-informed interviewing techniques and forensic exams aid specially trained prosecutors.

Objectives: 1) Improve the identification, investigation and documentation of strangulation cases; 2) Increase felony prosecutions and accountability; and 3) Increase use of multi-disciplinary teams and illustrate the framework of the implementation of new investigative protocols.

## **How Do You Prove It: All Things Legal**

Prosecuting domestic violence and sexual assault cases are some of the most difficult cases to prove. Strangulation cases, especially with the lack of visible injury, are even more challenging. This session will focus on making good use of the evidence collected at the scene and during follow investigations to build a successful strangulation case for trial. Such evidence includes the use of prior domestic violence incidents, 911 recordings, victim and witness follow-up interviews, the use of experts when a victim recants and to explain the subtle signs and symptoms of strangulation, demonstrative evidence for your opening and closing arguments, and using emerging laws to your benefit. This session will discuss successful techniques employed by different jurisdictions around the country in successfully prosecuting strangulation and suffocations without injuries and without the victim's testimony. This session will also provide an overview of emerging strangulation laws, and how to successfully overcome common defenses in strangulation cases, especially self-defense. Because most strangulation victims do not have visible external injuries, non-fatal strangulation cases are frequently minimized by law enforcement, medical advocacy, mental health professionals, and even courts. Seeing is believing. Jurors may expect to see visible external injuries to believe a victim was strangled or suffocated. It is important to develop and utilize medical experts in the prosecution of non-fatal strangulation cases in order to explain the lack of injuries, the subtle signs and symptoms of strangulation, the vulnerability of the neck, loss of consciousness, delayed consequences and life-threatening injuries.

Objectives: 1) Increase the prosecution of felony strangulation cases with or without the victim's participation; 2) Increase offender accountability for the crimes they commit; 3) Reduce the number of strangulation cases being dismissed or reduced to misdemeanors simply because the victim recants or doesn't appear in court; and 3) Improve victim safety through early intervention.

#### They Have a Right to Know: The Hidden Hurt of Strangulation - ADVOCACY

Most victims do not understand the seriousness of strangulation including the immediate, delayed and long term consequences of strangulation. Many victims may not even remember they were strangled. The lack of oxygen to the brain will impact the brain's ability to record information. The trauma of being

strangled will likely cause memories to be jumbled. The myriad of physical and emotional issues may cause the victim to appear uncooperative and reluctant to prosecute. While they fear their partner, they also love them and rely on them not only emotionally but often times financially as well. If their abuser is prosecuted and sentenced to jail or prison, that affects the family's income and leads to financial hardship. Also, imprisonment only offers temporary peace to the victim. The abuser will eventually be released and victims fear the retribution that will follow. Retribution is also a concern if the prosecution is unsuccessful. Because of that fear, studies show that 80-85 percent of abused women will deny allegations of abuse after the incident and will refuse to testify. How professionals approach, interview and support a traumatized victim is the key to breaking the cycle of abuse and improving our investigation, prosecution and advocacy. The use of an advocate is critical to a victim's emotional state and ability to heal from the violence. This session will address how all professionals can help victims understand the trauma they have experienced, the seriousness and lethality of non-fatal strangulation, how to make good use risk assessment tools, better use of the power & control wheel, how to convince victims to seek medical attention and promote their health and safety. This session will also share practical tips when working with reluctant victims, new research and new tools.

Objectives: 1) Increase victim awareness and education about the risk of strangulation; 2) Increase the use of risk assessment tools and other resources, and 3) Improve advocacy for the strangled victim/patient among all disciplines.

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	Wyaming Joint Symposium Child & Adolescents	52.08	52.08	52.08	52.08	52.08	52.08	52.08	52.08	52.08	52.08	52.08	233.37 52.12	2,80
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	Advanced Strangulation Training  IAFN Conference	133.33 208.33	133.33 208.33	133.33 208.33	133.33 208.33	133.33	133.33	133.33	133.33	133.33	133.33	133.33	133.37	1,60
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