

# LARAMIE COUNTY CLERK BOARD OF COUNTY COMMISSIONERS AGENDA ITEM PROCESSING FORM

1. DATE OF PROPOSED ACTION: January 20, 2015

2. AGENDA ITEM: Appointments Bids/Purchases Claims  
Contracts/agreements/leases Grants Land Use: Variances/Board App/Plats  
Proclamations Public Hearings/Rules & Reg's Reports & Public Petitions  
Resolutions **X** Other

3. DEPARTMENT: Drug Court& DUI Court programs

APPLICANT: Drug Court

AGENT: Kurt Zunker

4. DESCRIPTION: A resolution approving the submission of a grant application to the Wyoming Department of Health for FY-2016 Wyoming Court Supervised Treatment Program Grant the amount of \$233,866.50 with a cash match of \$36,500.00.

RECEIVED AND APPROVED AS  
TO FORM ONLY BY THE  
LARAMIE COUNTY ATTORNEY

5. DOCUMENTATION: 1 Original

Clerks Use Only:

Commissioner

Ash \_\_\_\_\_

Heath \_\_\_\_\_

Holmes \_\_\_\_\_

Kailey \_\_\_\_\_

Thompson \_\_\_\_\_

Action \_\_\_\_\_

Postponed/Tabled \_\_\_\_\_

Signatures

Co Attny \_\_\_\_\_

Assist Co Attny \_\_\_\_\_

Grants Manager \_\_\_\_\_

Outside Agency \_\_\_\_\_

**RESOLUTION** \_\_\_\_\_

**ENTITLED: "A RESOLUTION APPROVING SUBMISSION OF A GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR FY-2016 WYOMING COURT SUPERVISED TREATMENT PROGRAM GRANT IN THE AMOUNT OF \$233,866.50 FOR THE LARAMIE COUNTY DRUG COURT"**

**THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING RESOLVES;**

To submit an application to the Wyoming Department of Health for FY-2016 Wyoming Court Supervised Treatment Program Grant in the amount of \$233,866.50 to fund operations and programs of the Laramie County Drug Court; and

To commit \$36,500.00 in matching funds to be included in the Laramie County's FY-2016 budget; and

To appoint Sandra Newland, or her successor in the position of the Laramie County Grants Manager, as agent and grant contact for Laramie County to execute and submit applications, financial reports and certifications which may be necessary for this application and grant; and

To authorize Kurt Zunker, or his successor in the position of the Director of the Drug Court and DUI Court programs of Laramie County, to implement programs funded by this grant and to make programmatic and performance reports relating to this grant on behalf of the Laramie County Board of Commissioners.

**PRESENTED READ AND ADOPTED THIS 20<sup>TH</sup> DAY OF JANUARY, 2014**

\_\_\_\_\_  
**Amber Ash, Chairman, Laramie County Commissioners**

ATTEST:

\_\_\_\_\_  
Debbye K. Lathrop, Laramie County Clerk

\_\_\_\_\_  
Date

Received and Approved As to Form Only By:

  
\_\_\_\_\_  
Bernard Haggerty, Deputy County Attorney

  
\_\_\_\_\_  
Date

Thomas O. Forslund, Director

Governor Matthew H. Mead

## SFY 16 Wyoming Court Supervised Treatment Program Application

July 1, 2015-June 30, 2016

**\*\*IMPORTANT.** Check this box if you want a 5-10 minute phone call with the funding panel on March 4, 2015, between 8:30am and noon.

Yes, please schedule a call: **X**

- I. **General Information.** Please provide the name and type of the court supervised treatment program (CST Program); CST Program coordinator information; contract signatory information; and fiscal agent information. Pursuant to (W.S. 7-13-1602(ii)), applicant means "governing body of a city, town or county, a tribal government or a nonprofit organization recognized under 26 U.S.C. 501(c)(3)".

Official name of CST Program:	Laramie County Drug Court	Type of Program (see attached national definitions)	<input checked="" type="checkbox"/> Adult Drug Court <input type="checkbox"/> Juvenile Drug Court <input type="checkbox"/> DUI/DWI Court <input type="checkbox"/> Tribal Healing to Wellness Court <input type="checkbox"/> Veterans Treatment Court <p>If you serve more than one category, mark each one. These will be considered hybrid programs.</p>
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**\*Although we are not a Veteran's Treatment Court we have in the past and are currently treating Veterans.**

Person/people Completing Application	Kurt Zunker
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**CST Program Coordinator Information.** Please provide the name, address, telephone number and e-mail address of the person designated as Program Coordinator. If they are not the primary point-of-contact for your program, please list the person or people who should be communicated with regularly, their titles, and their contact information. This is who will be listed on the program shared CST Program contacts list.

Name and Title	Mailing Address	Telephone	Email
Kurt Zunker, Director	309 W. 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>



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**Contracting Agent and Contract Signatory Information.** Please provide the name, address, telephone number and e-mail address of the individual who will sign the state contract, and the individual who will attest their signature, if applicable.

Name and Title	Address	Telephone	Email
Amber Ash, Chairman Laramie County Commissioners	310 W. 19 <sup>th</sup> Street, Cheyenne, WY 82001	(307) 633- 4260	<a href="mailto:commissioners@laramiecounty.com">commissioners@laramiecounty.com</a>
Debbye Lathrop, Clerk, Laramie County	309 West 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633- 4264	<a href="mailto:dlathrop@laramiecountyclerk.com">dlathrop@laramiecountyclerk.com</a>

**Fiscal or Fiduciary Agent Information.** Please provide the name, address, telephone number and e-mail address for the fiduciary agent for this program. **If the fiduciary agent is not on the governing body, please provide a copy of the resolution signed by the governing body that appoints this individual.**

Name and Title	Address	Telephone	Email
Sandra Newland, Grants Manager, Laramie County	309 West 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4201	<a href="mailto:snewland@laramiecounty.com">snewland@laramiecounty.com</a>

**Governing Body.** Please provide the name, address, telephone number and e-mail address for the representative of the governing body for this program.

<b>Governing Body</b> Name (how it should be listed if a contract is awarded), and <b>Governing Body</b> <b>Representative's</b> <b>Name &amp; Title</b>	Address	Telephone	Email
Kurt Zunker, Director	309 West 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>

**II. Management Information.** Please provide the contact information for the Program Team, board members and staff. Please answer the training and staff related questions listed below.

**A. Program Team Member Contact Information** (as required by W.S. 7-13-1609(a)): Please provide the name and contact information for all Program Team members. If their title is not what is described, please add it after their name. Please do not alter the member column titles.



Member	Name and Title	Address	Telephone	Email
Participating Judge**	Honorable Denise Nau	309 W. 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4298	<a href="mailto:dn@courts.state.wy.us">dn@courts.state.wy.us</a>
Substitute Judge who sits in for the participating judge in his/her absence** - List all individuals your program uses.	Mark Hardee	2319 Pioneer Ave Cheyenne, WY 82001	(307) 433-0777	<a href="mailto:markhardee@hotmail.com">markhardee@hotmail.com</a>
Prosecuting Attorney	Leighanne Manlove	310 W. 19 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4360	<a href="mailto:leighanne@da.co.laramie.wy.us">leighanne@da.co.laramie.wy.us</a>
Defense Attorney or <i>guardian ad litem</i>	Ross McKelvy	309 W.20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 777-7137	<a href="mailto:ross.mckelvey@wyo.gov">ross.mckelvey@wyo.gov</a>
Monitoring Officer/Probation Officer	Jessica Herrera	1934 Wyott Drive Suite 100 Cheyenne, WY 82002	(307) 777-5931	<a href="mailto:jessica.herrera@wyo.gov">jessica.herrera@wyo.gov</a>
Treatment Provider Representative	Jim Nelson	213 W. 18 <sup>th</sup> Street Cheyenne, WY 82001	(307) 638-4092	<a href="mailto:jnelson1920@q.com">jnelson1920@q.com</a>
Program Coordinator	Kurt Zunker	309 W. 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>
Other (list title)	Mindy Inman	309 W. 20 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4298	<a href="mailto:minman@courts.state.wy.us">minman@courts.state.wy.us</a>

\*\*Can be only a District Court Judge, Circuit Court Judge or Magistrate, Municipal Court Judge or Tribal Court Judge (W.S. 7-13-1602(vii)).

- B. Staff, staffing team members, board members and all other individuals affiliated with the program not already listed above (e.g., case manager, secretary, law enforcement, DFS, Schools, etc.).**  
*Please provide the names and contact information.*

Role with Program	Name	Address	Telephone	Email
CPD Liaison	Guy Driver	2020 Capitol Avenue, Cheyenne, WY 82001	(307) 637-6500	<a href="mailto:gdriver@cheyennepd.org">gdriver@cheyennepd.org</a>


**C. Participating judge plan.** Pursuant to W.S. 7-13-1606(d), attach to this application, as **Attachment A**, a plan from the governing body for the participation of all judges/magistrates in this program. The plan must adhere to the Court Supervised Treatment Act, the Rules and Regulations of the Department of Health, Substance Abuse Division, Chapter 8, and the Rules Governing Judicial Participation in Court Supervised Treatment Programs promulgated by the Wyoming Supreme Court as of January 1, 2010.

**D. Program Team Training** (as required by *Chapter 8, Section 9, of the Department of Health, Substance Abuse Rules and Regulations*):

1. Will each member of the FY 16 Program Team have the U.S. Department of Justice, National Drug Court Planning Initiative Training, or other national drug court training, completed by December 31, 2014? \*Alternative training options (webinar, private trainer, etc.) to obtain national level information are acceptable. ☒ Yes ☐ No
2. Did each member of the program team complete at least six (6) hours of CST Program (Drug Court) specific training in the already completed FY 14? (*Chapter 8, Section 9*) ☒ Yes ☐ No
3. For each member of the program team that had not completed national training or the CST Program specific training in FY14, please provide their name and reason they were not able to meet this requirement.

N/A

4. Please attach to this application, as **Attachment B**, your completed training hours form for FY14 and completed/planned hours for FY15 (see separate form).

**III. Program Policies and Procedures.** *Please review the goals set out in 7-13-1603(b) prior to completion of this section.*

**A. Mission Statement, and Goals**

1. Please attach to this application, as **Attachment C**, a copy of any policy, procedure, goal, or mission statement that was updated in FY15?
2. Please state your current mission statement and goals.

The mission of the Laramie County Drug Court is to improve public safety and strengthen our community foundation. Through intervention, quality treatment, and intensive supervision we will interrupt the cycle of addiction for substance abusing offenders.

The Laramie County Drug Court has three goals:

1 Goal I: Use an outcome-based approach to provide a continuum of care for eligible substance abusing offenders.

2 Goal II: Decrease substance abuse related crime by interrupting the offender's cycle of substance abuse.

3 Goal III: Mobilize and effectively manage community resources and support services to encourage a productive, healthy lifestyle.

3. Are your mission statement and goals in compliance with the goals set out in W.S. 7-13-1603(b)?

X Yes ☐ No. If not, please explain how your program will work to bring the goals in compliance.

#### B. Screening Process and At Risk Assessments

1. Please outline the risk and needs screening processes your program currently uses, and provide the job title of all individuals who screen participants. This should be for both risk screening and needs screening.

All applicants are required to complete an admissions packet. Included in the packet are program related waivers, and basic information forms. All Drug Court Team members are required to use their agency-specific databases to research the applicant for suitability for placement. All potential applicants are also required to receive an ASI. The ASI can be completed by Jim Nelson, Drug Court Treatment Director, or we accept evals from other State certified agencies. The applicant is also screened and subject to an updated status through the COMPAS system used by the Drug Court Agent. If the applicant is determined to be acceptable for placement based on all of the provided information, then the applicant's attorney, the Director of the Parole Board, or the DOC Re-entry Coordinator is notified who then relays that information to the sentencing Judge or Parole Board who may or may not sentence the applicant into the program.

2. Is your program testing the Risk Assessment tool created by Dr. Cary Heck located in the WyCST database? X Yes ☐ No.

**Although we are using the Risk Assessment tool, no one from our Team has had any training to describe how it was created, what risk factors it measures, or what to do with the results of the tool once it has been completed.**

3. Please list the name of all risk assessment tools (risk of reoffending) you currently use. Further, a) provide the title of the all individuals in your program who administer the risk assessment tools; and b) the cost, if applicable, for all risk assessment tools you have purchased.



The program uses the COMPAS, which is administered by the Drug Court P&P Agent.

4. Please state how this program uses the risk assessment tool in conjunction with the need assessment tool when screening participants.

The program uses the COMPAS R&N assessment, which is administered by the Drug Court Probation Agent. The assessment is updated every 6 months, but can be updated sooner depending on program participants needs.

**C. Criminal History.**

1. Please list all agencies you will collaborate with in order to receive criminal background information for your in-program participants and all agencies you will collaborate with in order to receive criminal history information for your participants post program.

The Court Coordinator has access to the WyCJIS which he uses to check for criminal history, however, the Assistant DA, the Drug Court Agent, and the CPD Liaison can also provide information as deemed necessary.

2. Please attach to this application, as **Attachment D**, a plan that outlines ways your program will track incidents of recidivism occurring during and after completion of your program, as set out in W.S. 7-13-1613(a)(vi). The plan should explain which federal, state, and local agencies you will work with to gather recidivism information on your participants.

**IV. Program Funding and Fees.** Please complete the attached budget and budget justification, in addition to answering the following questions. The budget must include all funds or in-kind amounts that your program receives from each and every source. **Keep in mind that the total amount in the Local Funds and In-Kind columns must exceed 25% of the state funds you will receive in FY16 and that you cannot use state money to match state money.** The budget must also include the amount your program charges, collects or requires participants to pay in fees, treatment costs or other services; and that amount must be entered in the program participant fees column in the FY16 budget. Further, the budget must include the amount of federal funding you receive from each federal grant. Attach the budget/justification to this application, as Attachment E.

- A. Drug Court Magistrates.** Please identify funds needed for magistrates by determining the number of hours per week that a drug court magistrate is utilized. This information is being collected for the Wyoming Supreme Court Data Report due by the end of the fiscal year. It does not influence the funding formula or potential award amounts, but is beneficial to have for an overall picture of your program.

Average # of hours per week a Magistrate is utilized in CST Program: 2.5

**B. Federal Funding.**

1. Did your program apply for federal funding in FY15? ☐ Yes ☒ No
2. If you received federal funding for the FY15 budget year, please list the name(s) of the federal grant(s) and the amount you will receive:

N/A

**C. Local and State Funding.**

1. If you will receive grants from other sources, such as a city, county, or state grants, in FY15 (other than this grant), please list the name(s) of the grant(s) and the amount you will receive in FY15:

N/A

**D. Participant Fees.**

1. Will your CST Program require participants to pay for any treatment costs in FY16? ☒ Yes ☐ No
2. Please state the average amount you expect each participant will pay to your program (either in participant/offender fees or in treatment costs) in FY16? \$750.00 per participant.
3. Will your CST Program require participants to pay for other costs (SCRAM bracelets, drug testing, etc.) in FY16? ☒ Yes ☐ No.  
If so, please list what costs each participant will be required to pay and the estimated cost.

The Drug Court already charges each participant to pay \$2 per UA test, and the cost of confirmation if they deny, but the Drug Court just started a new policy that requires participant to pay for the costs associated with daily testing and/or SCRAM if they have had more than one relapse and have denied use each time.

4. Please describe the process by which your CST Program will collect, processes, and account for participant fees or treatment costs.

The Drug Court Clerk collects and tracks all participant fees, the Drug Court Coordinator reconciles those fees, and the administrative assistant for the Coordinator submits those fees to the Laramie County Treasurer's office. The Laramie County Clerk, and an outside auditing firm for the County audits those fees, along with all other related County expenses.

**E. Funding Formula Information.**

**Number of Active Participants.** *An active participant is defined as an adult or juvenile substance offender who (1) meets the criteria set out in Wyo. Stat. 7-13-1607(a); (2) has been referred to and accepted into a CST Program; and (3) has within the last thirty (30) days (a) been staffed or attended a status hearing, (b) received substance abuse treatment paid for by the CST Program; (c) will not be incarcerated in a correctional facility for 30 days or more (except when the correctional facility is considered the CST Program) or placed in a residential treatment facility for more than 30 days or more; and (d) received CST Program case management and/or other services from the CST Program. Active Participants are primary non-suspended participants documented in the WyCST System.*

*From the WyCST System, please list the number of active participants (adult 18 and over at time of admittance; juvenile 12 to 17 at time of admittance) served for each of the months listed below:*

**For FY14:**

Adult	Juvenile		Adult	Juvenile	
<u>  12  </u>	<u>      </u>	July 2013	<u>  16  </u>	<u>      </u>	January 2014
<u>  14  </u>	<u>      </u>	August 2013	<u>  15  </u>	<u>      </u>	February 2014
<u>  16  </u>	<u>      </u>	September 2013	<u>  15  </u>	<u>      </u>	March 2014
<u>  13  </u>	<u>      </u>	October 2013	<u>  15  </u>	<u>      </u>	April 2014
<u>  15  </u>	<u>      </u>	November 2013	<u>  15  </u>	<u>      </u>	May 2014
<u>  14  </u>	<u>      </u>	December 2013	<u>  11  </u>	<u>      </u>	June 2014

**For FY15 (as of December 31, 2014):**

Adult	Juvenile	
<u>  15  </u>	<u>      </u>	July 2014
<u>  16  </u>	<u>      </u>	August 2014
<u>  22  </u>	<u>      </u>	September 2014
<u>  20  </u>	<u>      </u>	October 2014
<u>  16  </u>	<u>      </u>	November 2014
<u>  16  </u>	<u>      </u>	December 2014

**1. Calculation for funding formula**

Please fill in columns to determine the dollar amount requested by your CST Program for FY16. Please refer to your budget and budget justification to ensure your local match exceeds 25% of the requested state funding. Please note: There is a limited amount of CST Program funding available, your program is **not** guaranteed the number of slots requested.

<b>Average Number of Active Clients You Served Per Month in FY 14</b> (add number of active clients above in FY 14 only, then divide by 12)	14.25_ Adult _0_ Juvenile
<b>Average Number of Active Clients You Served Per Month in FY 14 and the first half of FY15 (July 2014-December 2014)</b> (add number of active clients above in FY14 & first 6 months of FY15 and divide by 18)	17.5_ Adult _0_ Juvenile
<b>Average Number of Secondary Clients (parent, guardian, sibling, grandparent, etc) you served in FY14.</b>	_0_
<b>Outside of actual numbers, and <u>based on current staffing levels</u>, what is the maximum # of participants <u>per month</u> for which your program could provide services?</b> This helps to see a broad picture of program's current capacity.	25_ Adult ___ Juvenile
<b>Requested Slots for FY16</b> <i>*if the requested number is more than a 5-person decrease or increase from requests in FY15, you may wish to include a letter explaining circumstances*</i>	_25_ Adult ___ Juvenile <b>Please see below explanation.</b>
<b>Requested State Funding</b> (Annual cost per client from funding formula) X (Requested # of slots for FY16) The Funding Formula uses the following: Adult participants (18 and over at time of admittance) enter <b>\$9,354.66</b> , and Juvenile participants (12 to 17 at time of admittance) enter <b>\$14,716.84</b> . <i>*For Juvenile participants the \$14,716.84 covers the participant and any family</i>	<b>\$233,866.50</b> Adult <b>\$0.00</b> Juvenile



member assisted for the year.	
<b>Total Match Amount</b> (Must exceed 25% of Requested State Funding)	\$58,466.63
<b>Other Funding</b>	\$0.00
Federal Grants	\$0.00
Projected Amount of Participant Fees	\$10,000.00
Other (donations, local grants or monies, including all in-kind salary amounts.)	\$0.00
<b>Total Budget for FY16</b> (Requested State Funding + Local Match Amount +Federal + participant fees + Other)	<b>\$302,333.13</b>

Currently, the main source for referrals to the program is the mental health staff at the jail. At one point earlier this year I had seven referrals from the jail staff and we accepted 5. I anticipate the jail mental health staff will continue to make referrals as the find them.

It is my hope that the policy created two years ago to increase referrals from P&P will become fruitful. That process is described as follows: Once an Agent has decided that their probationer (standard or ISP) is not compliant with their probation, primarily because of substance abuse, that Agent may refer to the Drug Court for screening. If the referral passes screening, the Drug Court Coordinator will facilitate a probation modification order that would require the probationer to participate in the Drug Court and everything else that entails. This process was intended for Agents to make referrals without having to go through the revocation process, which should save the time and energies of the Agent, the DA's office, the Public Defenders' office, and the Court. Also, this process is designed to take place in the community, which allows the referral to maintain employment and attend to other requirements that may be necessary. As of this grant submission, we have had 1 P&P referral using this process. It is the goal to continue to push for this process and get this program to have 25 participants on a consistent level.

- E. Attach to this Application, as **Attachment F**, a letter from all entities that provided your local match (in-kind donations and matching funds) in **FY15**. This letter must include the total amount they will provide to your program within **FY15**. If they know how much they will contribute to FY16, that should be included, although it is not required.

**V. Treatment Information.** Please list all **substance abuse** treatment provider information, including information on treatment providers employed by your program, treatment providers you contract with, any subcontractors, or any other treatment provider who your program sends participants to or which your participants use voluntarily, and answer the questions related to fees assessed to participants, and provider training. W.S. 7-13-1606(e).

**A. Treatment Provider(s) Information.**

- Will your program contract treatment services out to a local provider or will your program hire a provider in house? ☒ Contract ☐ Employ
- Please answer the following questions for all substance abuse treatment providers from whom your participants receive services. (W.S. 9-2-2701(c); Chapter 8 Section 8(e):

Name of Treatment Provider(s) or Contractors	Date/status of <b>National Accreditation</b> (REQUIRED)	Duration of current contract (start/end dates) (REQUIRED)	Total \$ Amount of Contract (REQUIRED)	Date/Status <b>State Certification</b> (REQUIRED)
Foundations, LLC	March 2017	Jul-14 to Jun-15	\$135,000	March 2017
CWCC (Residential Program)		No Contract	\$0	
Peak Wellness (TRP Program & Chrysalis House Residential Treatment Program)	June 2014	No Contract	\$0	June 2017

3. Will your substance abuse treatment provider(s) collect direct payments for treatment services from participants, other than what is paid for by the Division? ☐ Yes ☒ No. If yes, does your treatment provider(s) receipt all payments and provide records of those contributions to your program (*See Chapter 8, Section 8 (c)(iv)(F)*)? ☐ Yes ☐ No
4. Will the substance abuse treatment providers used by your participants be submitting claims for services rendered to participants to Medicaid and private insurance companies prior to billing this program for substance abuse treatment? (*See Chapter 8, Section 8 (c)(iv)(G)*) ☒ Yes ☐ No

**B. Treatment Provider Training** (as required by current/existing *Chapter 8, Section 8(e)(ii) and (iii)*):

1. Did **all** substance abuse treatment providers used by your participants complete the 40 hours of U.S. Department of Justice, National Drug Court Planning Initiative Training or other national drug court trainings by June 30, 2014? ☒ Yes ☐ No
2. Did **all** substance abuse treatment providers used by your participants complete at least six (6) hours of drug court specific training in FY15? ☒ Yes ☐ No
3. Do **all** substance abuse treatment providers used by your participants keep the program team fully informed of all matters relevant to the treatment and program progress of all participants? (*Chapter 8, Section 8(c)(iv)(H)*). ☒ Yes ☐ No
4. Attach to this application, as **Attachment G**, a copy of the conflict of interest policy your program has which purports to show how this program **and the substance abuse treatment providers** used by your participants are avoiding conflicts of interest. (*Chapter 8, Section 8(d)*).

**C. Treatment Services.**

1. Please list all non-substance abuse treatment services your program will offer to participants in FY 16.

Foundations LLC will provide the following treatment modalities:

- a. Group, Individual and Family Therapies
- b. Cognitive Behavioral Therapy
- c. Truthought Corrective Thinking Process
- d. Anger Management
- e. Co-Occurring Disorders Counseling
- f. Case Management Services (community connections)
- g. Drug and Alcohol Testing Services
- h. P&P Thinking for Change Classes

**VI. Ancillary and Community Services Information.** *Please list ancillary and community service provider information, including information on employed providers, subcontractors, contracts and answer any questions below.*

**A. Ancillary and Community Service Provider Information and Contract Information.**

1. Please list all ancillary and/or community service providers you worked or contracted with as of December 31, 2014 or will work or contract with in FY 16.

Name of Provider(s) or Contractors	Address / Telephone	Duration of current contract (start/end dates)	Description of Services Provided
Drug Testing Center of Cheyenne	205 W. 18 <sup>th</sup> Street Cheyenne, WY 82001 635-3730	Jul'14 to Jul'15	UA collection and additional community supervision
Wyoming Workforce Services	1510 E. Pershing Cheyenne, WY 82002 777-7341	N/A	Job Placement Assistance
Recover Wyoming	512 E. Lincolnway Cheyenne, WY 82001 (307) 421-7261	N/A	Recovery Support
Needs, INC	900 Central Ave Cheyenne, WY 82001 632-4132	N/A	Clothing and Food Assistance (Community Service Provider)
Goodwill	3301 Nationway Cheyenne, WY 82001 632-6455	N/A	Clothing Assistance (Community Service Provider)
University of Wyoming Family Medicine Residency Program	821 East 18th Street, Cheyenne, WY 82001 (307) 777-7911	N/A	UWFMRP will provide basic healthcare services, plus mental health medication management for Drug Court participants on a sliding scale



			fee method.

2. Please list any community outreach activities your program completed in FY14 or as of December 31, 2014.

I have presented about the Drug Court to the Intro to Criminal Justice class at LCCC every semester and plan to continue. I have also presented to a Rotary group recently, and I plan to do a community-wide presentation at the Library at a later date.

3. Please list all **mental health** provider information and answer the questions related to fees assessed to participants.

a. Please answer the following for all mental health providers used by your participants.

Name of Treatment Provider(s) or Contractors	Date of last competitive bid	Duration of current contract (start/end dates)	Total \$ Amount of Contact	Date of Last Certification
Foundations, LLC	2013	7/13 to 6/14	\$135,000	3/12
University of Wyoming Family Medicine Residency Program	N/A	N/A	\$0	

b. Will your mental health provider(s) collect direct payments for treatment services from participants, other than what is paid for by the Division? ☒ Yes ☐ No. If yes, does your mental health provider(s) receipt all payments and provide records of those contributions to your program? ☒ Yes ☐ No

c. Will your mental health provider submit claims for services rendered to participants to Medicaid and private insurance companies? ☒ Yes ☐ No.

d. Does the mental health provider keep the program team fully informed of all matters relevant to the treatment and program progress of all participants? ☒ Yes ☐ No

#### VII. Program Participants as a Condition of Parole (if applicable).

- Did your program accept any parolees into the program in FY15? ☒ Yes ☐ No
- If so, how many parolees did you accept through December 31, 2014? 3
- Did your program sign an MOU or other contract with the parole board in FY15? ☐ Yes ☒ No
- Please set out in detail all special services, (treatment, housing, etc.), if any, you provide to parole participants in your program?

- Refusal skills
- Vocational interest testing
- Finding affordable, clean, and safe housing
- Employment assistance programming offered through the Office of Workforce Services;
- Job retention skills
- Values and personal responsibility
- Effective decision making
- Managing money
- Self care
- Obtaining appropriate health care
- Intensive Case Management
- Continuing counseling both in a group and individual setting;
- Medication Assistance

## VIII. Drug and Other Testing for Participants.

### A. Drug Testing.

1. Provide the name of all outside entities that you have a contract with, or from whom you order alcohol and/or drug testing supplies, tests, or devices (SCRAM). Further, please provide the name of the testing supplies you order, how often these tests are administered and during what phase.

Contractor or suppliers name	Name of supply/device	How often administered	During what phase

2. If your program uses breathalyzers, please fill out the following chart.

How often administered	During what phase
Tests are administered randomly and frequently	All phases

3. Did your program send UA tests to the state lab for confirmation in FY 15? ☒ Yes ☐ No
4. Did your program send UA tests to the state lab for EtG confirmation in FY 15? ☐ Yes ☒ No  
If so, how many did you send per month, through December 31, 2014? \_\_\_\_\_

**It is my understanding that the State lab will not test for EtG or Spice for Drug Court programs, therefore we send program participants needing that type of testing to the Drug Testing Center.**

Who administers UA tests for your program (i.e. probation/parole, DFS, etc.)? \_ Probation and Parole Agents, Drug Testing Center of Cheyenne Staff, the Court Coordinator, and the staff of Foundations, LLC.

5. Who enters UA tests and other substance testing information into the WyCST System? Either the Drug Court Coordinator or the Drug/DUI Court Admin Assistant.

#### **IX. Accreditation.**

1. All applicants need to consider that the Legislative Session 2012 Original Senate File NO. 001 requires that reimbursements for substance abuse services shall only be paid to entities that are accredited by the Commission on Accreditation of Rehabilitation Facilities, the Joint Commission on Accreditation of Healthcare Organizations, or the National Integrated Accreditation for Healthcare Organizations, no later than December 31, 2013.
2. Attach to this application, as **Attachment M**, evidence of national accreditation of all substance abuse treatment providers utilized by the CST program, whether in-house or under contract, through the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission of Healthcare Organizations (JCAHO), or National Integrated Accreditation for Healthcare Organizations. If you will hire a new substance abuse treatment provider that is **NOT** currently accredited, attach the letter from the accrediting body indicating the intent to survey date, and/or the steps they have taken toward acquiring accreditation by July 1, 2015.

**X. Assurances and Attachments.** *Please review all assurances and make sure all required attachments are provided with your application.*



**A. Assurances.** Please click "yes" for all assurances listed below.

1. This application was reviewed and approved by the Program Team and the representative from the Governing Body. **X** Yes
2. All attachments, including the budget and budget justification, were reviewed and approved by the Program Team and the representative from the Governing Body. **X** Yes
3. This CST Program agrees to comply with the *Chapter 8, Section 10, Annual Reviews*, and will submit the following in FY 16: (1) A copy of the June, 2015 invoice signed by a representative of the governing body, by August 30, 2015; (2) A copy of the independent financial audit performed by your program no later than January 30, 2016; and (3) a copy of any self-evaluation, program evaluation, or SYNC review, that was performed in FY 15. **X** Yes
4. This CST Program agrees to participate in a random program review/site visit conducted by the Division in FY 16. **X** Yes

**B. Attachments.** Please include the following attachments, if applicable, with this application.

1. **Attachment A:** Pursuant to *W.S. 7-13-1606(d)*, this program shall attach to its application a plan for the participation of judge(s), which adheres to the *Court Supervised Treatment Act, Department of Health, Substance Abuse Rules and Regulations, Chapter 8*, and any rules promulgated by the Wyoming Supreme Court.
2. **Attachment B:** Copy of the training hours form for FY14 and FY15 (See Attached).
3. **Attachment C:** Copy of any policies, procedures, goals or mission statements that were updated in FY15.
4. **Attachment D:** Copy of the plan that outlines ways this program will track incidents of recidivism occurring before, during and after completion of your program.
5. **Attachment E:** Copy of FY16 Budget and Budget Justification;
6. **Attachment F:** Letter from the agency or agencies that provided the in-kind contributions and local match, which sets out the amount of local match they provided to your program in FY 15 pursuant to *Chapter 8, Section 7(b)*;
7. **Attachment G:** Copy of the conflict of interest policy that purports to show how the program and the treatment provider are avoiding conflicts of interest. (*Chapter 8, Section 8(d)*).
8. **Attachment H:** Copy of the inventory for all items purchased with CST Program grant funds, which exceeds \$500.00 through December 31, 2014.
9. **Attachment I:** This program, in conjunction with the fiduciary agent for their Governing Body, is required to incorporate a policy into their policy manual on vesting or accruing of vacation or sick time to ensure vacation and/or sick leave is invoiced monthly for all employees of the CST Program, if vacation and/or sick leave is a benefit of their employment. A copy of this policy will be sent to the Division with this application.
10. **Attachment J:** Written copy of any self-evaluation or Division approved evaluation performed in FY14 or FY15, which demonstrates the extent to which the evaluator's conclusions are supported by data. (*Chapter 8, Section 10(d)*).
11. **Attachment K:** Copies of all consent forms and releases which your program requires participants to sign.
12. **Attachment L:** Attach a copy of any resolution signed by the governing body that appoints a fiduciary agent who is not affiliated with the governing body, if applicable.
13. **Attachment M:** Attach evidence of national accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission of Healthcare Organizations (JCAHO), or National Integrated Accreditation for Healthcare Organizations. If **NOT** currently

accredited, attach the letter from the accrediting body indicating the intent to survey date, and/or the steps you have taken to obtain accreditation by July 2, 2015.

Attachment A  
Judges Participation Plan

The Laramie County Drug Court Team plans the following involvement for Judges and Magistrates:

The Drug Court Judge will be a member of the clients Staffing Team. As such, the Judge will take part in all necessary Drug Court training. The Judge will preside over the actual Drug Court sessions and impose sanctions or grant incentives as necessary. The determination of a client's progress or lack thereof within the program shall be determined at staffing by the program team, which includes the participating judge.

Should a client be terminated from the program or incarcerated for a sanction, the participating judge will provide notice to the client and give the client an opportunity to be heard.

The participating judge will NOT act on any motion to revoke a client's probation for failing to complete the Drug Court Program. The magistrate will assume the role of "participating judge" when the regular judge is unavailable. Both the participating judge and magistrate will adhere to all existing standards and rules regarding involvement and professional conduct.

## ATTACHMENT B

FY14 Completed Training Hours for Laramie County Drug Court

Member	Name	Title of Training	Hours Received	Carryover hours from previous year
Judge	Denise Nau	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	6
Magistrate	Mark Hardee	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	0
District Attorney Rep	Leighanne Manlove	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	0
Public Defender Rep	Ross McKelvy	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	0
P&P Agent	Jessica Herrera	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	0
Treatment Director	Jim Nelson	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	48
Coordinator	Kurt Zunker	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	40
Court Clerk	Mindy Inman	NDCI Operational Tune-Up: Retooling Your Program August 26-27, 2014	16	0
CPD Liaison	Guy Driver	NDCI Operational Tune-Up:	16	0



		Retooling Your Program August 26-27, 2014		
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**FY15 Training Hours Completed or Plans to Complete:**

Member	Name	Title of Training	Hours Received	Completed (C) Or Planned (P)

Attachment C:

The Drug Court adopted the following policy change for all Drug Court participants:

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**Drug Court Policy Notification**

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1. **EFFECTIVE IMMEDIATELY**, no Drug Court participant may go to the Emergency Room (ER) **for non-emergent care** without prior approval of Jim Nelson, Treatment Director, Laramie County Drug Court program. If for any reason, you cannot obtain permission from Jim prior to going to the ER for no-emergent care, **you are required** to notify Jim as soon as possible.
  
2. **EFFECTIVE IMMEDIATELY**, all Drug Court participants are required to report to the attending staff at the ER that you are a participant in the Laramie County Drug Court program, that you are actively enrolled in a drug treatment program, and that you are not allowed to take any narcotic medication without the prior approval of Jim.
  
3. **EFFECTIVE IMMEDIATELY**, all Drug Court participants are required to sign a *Release of Confidential Information Disclosure Form* between the Hospital that you are receiving emergency treatment and Foundations in order that Jim may confirm the reason(s) for your visit.
  
4. **EFFECTIVE IMMEDIATELY**, failure on your part to comply with this policy may result in you losing your violation-free days, sober days, and you may be regressed in level. Failure to follow this policy may result in other sanctions, to include a jail sanction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attachment D:

Recidivism Tracking Plan

The Drug Court Coordinator will use the WYCJIS database system which is administered by DCI to conduct arrest data research. The Coordinator will conduct a recidivism research project once yearly to track incidents of recidivism by program graduates and will enter any data that may produce into the WyCST. The Coordinator immediately enters new arrest data into the WyCST when those incidents occur for active participants.

## CST Program Annual Budget

FY2016

Attachment E:

CST Program Name:	Laramie County Drug Court
CST Program Address:	309 W. 20th Street
CST Program City, State, Zip:	Cheyenne, WY 82001
CST Program Contact:	Kurt Zunker
CST Program Contact Title:	Director
CST Program Email:	kzunker@laramiecounty.com
CST Program Contact Phone:	(307) 633-4530
CST Program Contact Fax:	(307) 633-4589

Please set out what portion is state funds, match funds and other funds, including federal grants.  
 \*\*\*DO NOT INCLUDE ANY INFORMATION ON MAGISTRATE FUNDING IN THIS BUDGET OR THE ACCOMPANYING WORKBOOKS\*\*\*  
 Remember state funds should not be used as match against this grant, they should be marked in the OTHER column. Local and in-kind will be used to calculate your match.  
 Please justify the budget in the appropriate tab.

FUNDING SOURCES and AMOUNTS	Requested State Funds	Local Funds	In-Kind	Federal Funds	Program Participant Fees	Other (City & County Funds or Other State Funds/Salaries)	Total Match and Other Funds Available to the CST Program
<b>ADMINISTRATIVE</b>		<b>REQUIRED MATCH DOLLARS</b>					
Salaries and Wages (Not including Treatment / Supervision)	\$44,123.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Benefits (Not including Treatment/Supervision)	\$19,680.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services Fees (Please Specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Internet Service	\$0.00	\$0.00	\$786.25	\$0.00	\$0.00	\$0.00	\$786.25
Telephone/Cell Phone	\$990.00	\$0.00	\$1,136.88	\$0.00	\$0.00	\$0.00	\$1,136.88
Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Expenses/Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Supplies	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer Hardware	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computer Software and/or Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Photocopier	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00
Postage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Rental/Purchase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Space	\$0.00	\$0.00	\$7,500.00	\$0.00	\$0.00	\$0.00	\$7,500.00
Construction Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grant Writing	\$0.00	\$0.00	\$883.20	\$0.00	\$0.00	\$0.00	\$883.20
Case Management System	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Audit Costs	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
Professional Services Contract (Please Specify)	\$10,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Evaluation	\$7,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TRAVEL/TRAINING</b>							
Travel In-State	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel Out-of-State	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Miscellaneous Meeting Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TREATMENT/SUPERVISION</b>							
Substance Abuse Treatment	\$147,573.50	\$36,500.00	\$67,451.38	\$0.00	\$7,000.00	\$0.00	\$110,951.38
Substance Abuse Treatment Salaries and Wages (if applicable)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Substance Abuse Treatment Employee Benefits (if applicable)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health and/or Other Counseling Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Educational Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Educational Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing (On-site and Confirmation)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Monitoring (Electronic)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Graduation and Incentives	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Family Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>National Accreditation</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Program Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>MISCELLANEOUS EXPENSES (Please Specify)</b>							
A. Quality of Life Dollars	\$1,000.00				\$2,000.00		\$2,000.00
B.							\$0.00
C.							\$0.00
<b>Line Totals</b>	<b>\$233,866.50</b>	<b>\$36,500.00</b>	<b>\$79,007.71</b>	<b>\$0.00</b>	<b>\$10,000.00</b>	<b>\$0.00</b>	<b>\$125,507.71</b>

Total State Funds Request	\$	233,866.50
TOTAL MATCH USED AGAINST GRANT	\$	115,507.71

Total Budget	\$	359,374.21
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# Budget Justification

## Budget Justification

Date Last Updated

Laramie County Drug Court
309 W. 20th Street
Cheyenne, WY 82001

Justify what your budget will cover. Please explain how much within each item will be state funds, match funds or any other funds. With applications due early this year, all budgets are estimates until finalization in June.

\*\*\*DO NOT INCLUDE ANY INFORMATION ON MAGISTRATE FUNDING IN THIS BUDGET OR THE ACCOMPANYING WORKBOOKS\*\*\*

Note: To expand the box size, select "Home, Cells, Format, Autofit Row Height."

Cost Description	Total Amount	
<b>ADMINISTRATIVE</b>		
Salaries and Wages	\$44,123.00	Kurt Zunker, Coordinator's salary of \$3,005.92 (gross) per month (x) 12 months = \$36,071.00 Cameo Kieffer, Admin Assistant, salary of \$671(gross) per month (x) 12 months = \$8,052.00 TOTAL = \$44,123.00. Both salaries would be paid for from DOH grant funds.
Employee Benefits	\$19,680.00	The following figures cover all benefits received by the employees of the Drug Court. Benefits include health Insurance, life Insurance, dental, retirement, Social Security, Medicare, and Workers Comp TOTAL=\$19,680.00
Professional Services Fees (Please Specify)		N/A
Internet Service	\$786.25	Laramie County IT Dept. provided \$786.25 worth of services to the Drug Court as an in-kind donation.
Telephone/Cell Phone	\$2,126.88	Laramie County provides two phone lines valued at \$1,136.88 as an in-kind donation. Drug Court will use DOH funds to pay for cell phone service. TOTAL \$990.00
Utilities		N/A
Vehicle Expenses/Maintenance		N/A
Office Supplies	\$500.00	The program is requesting \$500.00 for misc. office supplies to be paid for by DOH funds.
Computer Hardware		
Computer Software and/or Supplies		N/A
Photocopier	\$250.00	The Drug Court program will use the photocopiers owned by Laramie County Circuit Court. The in-kind donation of paper and toner for the use of the machines is valued at \$250.00
Postage		N/A
Advertising		N/A
Equipment Maintenance		
Equipment Rental/Purchase		N/A
Office Space	\$7,500.00	The County provides the Drug Court with an office, shared with the DUI Court, included is the cost for maintenance, utilities, and janitorial services of an in-kind donation valued at \$7,500.00
Construction Costs		
Grant Writing	\$883.20	Technical grant support, reimbursement request and processing, compliance and fiscal management of the Drug Court program by the County Grants Manager and fiscal support, audit preparations and fiscal management provided by County Budget Office = \$883.20.
Case Management System		N/A
Audit Costs	\$1,000.00	The Drug Court will receive its financial audit in conjunction with the audit that the County receives. The Drug Court's portion of that audit will equate to a \$1,000.00 in kind donation.
Professional Services Contract (Please Specify)	\$15,000.00	The Drug Court has and will continue to contract with the Drug Testing Center of Cheyenne to provide additional community supervision and additional urine and breathe testing. The contract is valued at \$10,500.00 to be paid with by DOH grant funds.
Program Evaluation	\$7,500.00	The Drug Court would like to schedule and outside program evaluation. Estimated cost = \$7,500
<b>Total Administrative</b>	<b>\$99,349.33</b>	
<b>TRAVEL/TRAINING</b>		
Travel In-State	\$2,000.00	The Drug Court will use \$2,000.00 in DOH funds for the Team to attend the FY-16 State conference
Travel Out-of-State		N/A
Training Fees		N/A
Miscellaneous Meeting Expenses		N/A
Client Transportation		N/A
Community Training		N/A
<b>Total Travel/Training</b>	<b>\$2,000.00</b>	
<b>TREATMENT/SUPERVISION</b>		
Substance Abuse Treatment	\$258,524.88	The Drug Court contracts with Foundations, LLC located at 213 W. 18th Street Cheyenne, WY. The President of Foundations is Jim Nelson. The program The Drug Court will use \$147,573.50 in DOH grant funds. The County will provide for \$36,500.00 as a cash-match to the program and program participants will contribute \$7,000.00 for a total of \$191,073.50. Foundations also provided \$67,451.38 of compensated treatment services from January 1, 2014 to December 31, 2014.
Salaries and Wages (if applicable)		
Employee Benefits (if applicable)		N/A
Mental Health and/or Other Counseling Services		N/A
Educational Program		N/A
Educational Materials		N/A
Drug Testing Supplies		N/A
Drug Testing (On-site and Confirmation)		N/A
Monitoring (Electronic)		N/A
Graduation and Incentives	\$1,000.00	The Drug Court will use \$1,000 in Participant fees for graduation and incentive materials
Family Activities		
National Accreditation		

Other Program Materials		
<b>Total Treatment/Supervision</b>	<b>\$259,524.88</b>	Budget Justification
<b>MISCELLANEOUS</b>		
A. Quality of Life Dollars	\$3,000.00	The Drug Court will use \$1,000 in DOH funds and \$2,000 in Participant fees to pay for QOL items.
B.		
C.		
<b>Total Miscellaneous</b>	<b>\$3,000.00</b>	
<b>TOTALS</b>	<b>\$363,874.21</b>	

Attachment F:



**Foundations**  
Counseling and Consulting of Wyoming, LLC

Kurt Zunker  
Laramie County Drug Court  
309 West 20<sup>th</sup> Street  
Cheyenne, WY 82001

December 30, 2014

Dear Mr. Zunker,

It is my pleasure to inform you that during our last fiscal year January 1, 2014 through December 31, 2014, my company donated services in the amount of \$67,451.38 on supplies, food, and uncompensated therapy services. This figure represents the cost of items for which we were not compensated from any source.

Sincerely

A handwritten signature in dark ink, appearing to read "Ronnie Blanton", with a stylized, cursive script.

Ronnie Blanton  
Chief Financial Officer  
Foundations Counseling & Consulting of Wyoming, LLC

Laramie County  
Grants  
Department

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Sandra Newland-Grants Manager  
309 W. 20<sup>th</sup> Street, Suite 3100  
Cheyenne, WY 82001  
307-633-4201

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December 29, 2014

To whom it may concern;

The office of the Laramie County Grants Department supports the Laramie County DRUG Court Program. To ensure the program's success, the grants office provides the following in-kind contributions to the Laramie County DUI Court Program:

- Grants Office: Technical grant support in reimbursement requests, reporting, compliance and fiscal management of the program. Approximately 28 hours a year are spent at a rate of \$23.67 equaling \$662.76 annually.
- Finance Office: Fiscal grant support for filing and submitting all reimbursement requests, audit preparation and fiscal management. Approximately 12 hours a year are spent at a rate of \$18.37 equaling \$220.44 annually.

As the Grants Manager for Laramie County, I will act as the fiduciary agent for the DRUG Court Program to ensure compliance and continued success of the program.

If you have any questions or concerns, please feel free to contact me at 307-633-4201.

Sincerely,

Sandra Newland  
Laramie County Grants Manager  
[snewland@laramiecounty.com](mailto:snewland@laramiecounty.com)

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The Board of  
Laramie County  
Commissioners



*Amber Ash*  
Chairman

*K.N. Buck Holmes*  
Vice-Chairman

*Linda Heath*  
Commissioner

*Ron Kailey*  
Commissioner

*Troy Thompson*  
Commissioner

December 29, 2014

To whom it may concern;

Laramie County is in full support of the Laramie County Drug Court Program. To ensure its success Laramie County provides the following cash and in-kind contributions to the Laramie County Drug Court Program;

- Laramie County will provide **\$36,500** in a cash contribution for the substance abuse and mental health treatment of participants in the Drug Court Program.
- Laramie County provides office space to the Drug Court Program, which includes lights, heat, security, and janitorial services estimated at **\$7,500** yearly as an in-kind donation. The office space is also used by the DUI Court Program and is estimated at \$15,000 per year for that space so the cost is divided in two for the grant.
- Laramie County provides three phone lines and services for the Drug Court Program at a cost of **\$1,136.88** as an in-kind donation. The phone lines are also shared with the DUI Program at an estimated cost of \$2,273.75 so that was divided in two for the grant.
- Laramie County provides IT services and maintenance to the Drug Court Program which is estimated at **\$786.25** as an in-kind donation. Again the IT services and maintenance cost of \$1,572.50 was divided to accommodate both the Drug and DUI Programs.

All figures are estimated costs of operation and actuals will vary.

Cash Match=\$36,500.00

In Kind Match=\$9,423.13

The Grants Manager for Laramie County will act as the fiduciary agent for the Drug Court Program to ensure compliance and continued success.

Sincerely,

Amber Ash  
Laramie County Chairman

Attachment G  
Conflict of Interest Policy

The statement below comes from our contract with our treatment provider and is used in all other contracts related to this program.

14. Conflict of Interest: COUNTY and CONTRACTOR affirm, to their knowledge, no CONTRACTOR employee has any personal beneficial interest whatsoever in the agreement described herein. No staff member of CONTRACTOR, compensated either partially or wholly with funds from this Agreement and Addendum, shall engage in any conduct or activity which would constitute a conflict of interest relative to this Agreement and Addendum.

Attachment H  
Program Inventory over \$500.00

- Currently, the Drug Court does not own anything item of value over \$500.00

Attachment I  
Vacation or Sick time Policy

The following statement comes from the Laramie County Personnel Policy Manual concerning vacation and sick time:

Section 7. Compensation upon Separation

- a. Pursuant to Wyoming State Statute 27-4-104, an employee will be issued final paycheck with in five (5) working days of termination from county employment.
- b. Vacation Leave. A separated regular status employee shall receive payment for the current balance of unused vacation leave, computed on the employee's hourly compensation rate at the time of separation.
- c. Sick Leave. A separated regular status employee, vested with four continuous years of employment within Laramie County, shall receive payment for unused sick leave at the rate of one-half (1/2) of the total accrued hours not to exceed 240 hours total payout for 100% FTE, 180 total hours payout for 75% FTE or 120 hours total payout for 50% FTE, computed using the employee's hourly compensation rate at the time of separation. If separation occurs before four continuous years of employment, the employee is not eligible to receive payment for any accrued sick leave hours.
- d. Compensatory Time. A separated employee shall receive payment for the current balance of unused compensatory time, computed using the employee's hourly compensation rate at the time of separation.



Laramie County Drug Court  
&  
Laramie County DUI Court  
Recidivism Study and Program Evaluation

(December 1, 2011 to December 2014)

12/18/2014

*“What have you done for me lately?”*

*Part II*

This recidivism report and program evaluation is a follow-up on the status of the Laramie County Drug Court and the Laramie County DUI Court programs. As was noted in the first recidivism report, federal governmental budget deficits, State budget uncertainty, and the need to prioritize how governmental entities spend public dollars remains crucial to taxpayers. As with the first recidivism report, it remains appropriate and important to ask public servants; “*What have you done for me lately?*” **The answer remains: the Laramie County Drug Court and DUI Court programs continue to reduce crime and the subsequent financial costs that criminal activity places on our community.**

This report will expand beyond looking at recidivism<sup>1</sup> data and include reviewing performance measurements of Drug Court and the DUI Court programs. These performance measures were created by the National Drug Court Institute (NDCI) as a means to promote quality data collection and evaluation strategies for local programs<sup>2</sup>. The national performance measures for Drug Courts were created by a group of nationally recognized scholars brought together by the National Institute of Justice (NIJ) and NDCI<sup>2</sup>.

Through this research, NDCI has created four performance measurements designed to measure program activity<sup>2</sup>. The four performance measurements are:

**Retention Rate** – Defined as the number of people who complete the program divided by the number who enter the program during a particular time period.<sup>2</sup>

**Sobriety** – Defined as the continuous sobriety of program participants measured by clean drug tests<sup>2</sup>.

**Recidivism** – Defined as the rate at which program participants get rearrested<sup>2</sup>.

**Units of Service** – Defined as the activities and/or services that address the needs of program participants, to include; substance abuse treatment, mental health treatment, Alcohol Anonymous (AA) and Narcotics Anonymous (NA) attendance, church attendance, and/or other ancillary services<sup>2</sup>.

Beyond the performance measurements, this evaluation will also examine;

- The completion rate of program participants,
- The cause for termination
- The financial costs related to recidivism,
- The fines and fees paid for by program graduates,

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<sup>1</sup> **Recidivism** is defined as the rate at which Drug Court and/or DUI Court participants are rearrested.

<sup>2</sup> Heck, C. (2006). Local Drug Court Research: Navigating Performance Measures and Process Evaluations. *In National Drug Court Institute Monograph 6*: 1-43.

## Retention Rates

The terms retention rate and completion rate tend to be interchangeable. Regardless, determining retention rates is one of the more difficult areas to measure in Drug Court and DUI Court programs. The difficulty lies in the fact that no two program participants are the same. While it may take one participant 11 months to complete the Drug Court or DUI Court program, it may take another participant 22 months. However, it is important for policymakers to know, *“Are the people getting enrolled in the Drug Court or the DUI Court successfully completing the program?”*

### Method of Measurement:

The retention rate of the Drug Court and the DUI Court is defined as the number of participants that complete the program, divided by the number of individuals who enter the program during a given time period. In order to accurately find the retention rate as defined by NDCI, a cohort<sup>3</sup> of program participants needs to be created. The cohort for the Drug Court is defined as:

**The total amount of individuals who were admitted between July 23, 2009 (1<sup>st</sup> day in program for the first graduated) and December 1, 2014 (the last day of the latest graduate).**

After determining what participants fall into the cohort, the formula for determining the retention rate for the Drug Court is as follows:

**Participants that are still in the program, or who have graduated (58);**

**Divided By:**

**All participants who enter the program during the cohort (84);**

**Using this formula, the retention rate for the Drug Court is 69.05%.**

The cohort for the DUI Court is defined as:

**The total amount of individuals who were admitted between March 26, 2010 (1<sup>st</sup> day in program for the first graduated) and October 9, 2014 (the last day of the latest graduate).**

After determining what participants fall into the cohort, the formula for determining the retention rate for the DUI Court is as follows:

**Participants that are still in the program, or who have graduated (94);**

**Divided By:**

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<sup>3</sup> A cohort is defined as, “A group of individuals having a statistical factor in common in a study.”  
<http://www.merriam-webster.com/dictionary/cohort>



**All participants who enter the program during the cohort (111);**

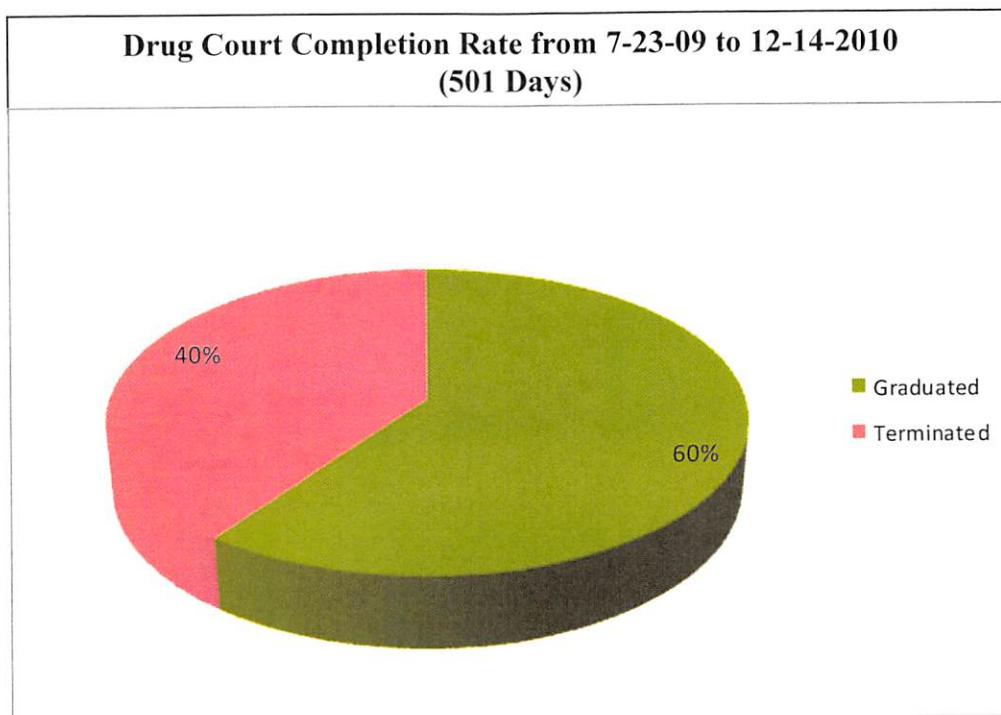
**Using this formula, the retention rate for the DUI Court is 84.68%**

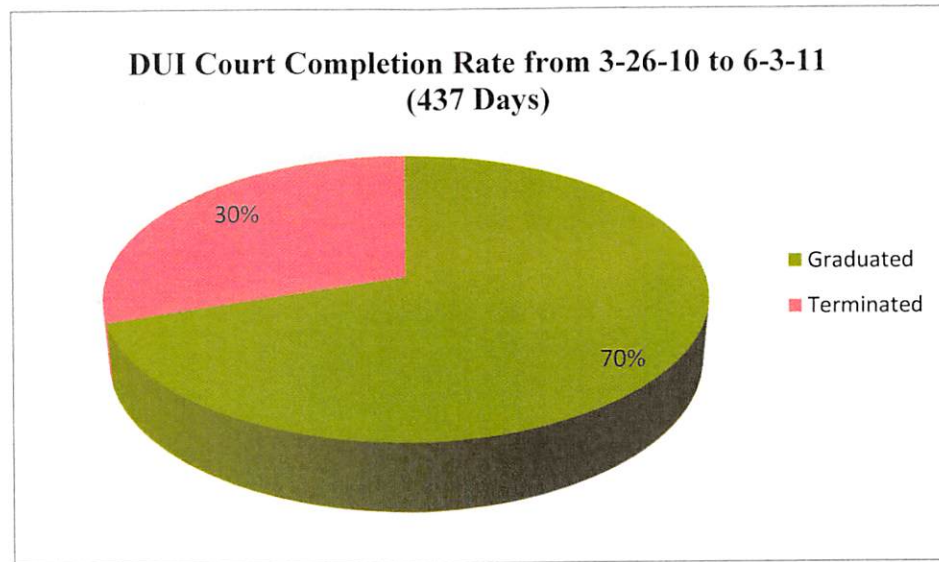
In addition to defining the retention rate as defined by NDCI, it is important to determine what the completion rate is for the Drug Court and the DUI Court programs.

Method of Measurement:

For the purpose of this report, it was determined that the best way to measure the completion rate was to list all of the graduates of the Drug Court and DUI Court program from December 1, 2011 to December 1, 2014, calculate the number of days each graduate spent in the program, and then average those days. For the Drug Court the time period for review equaled 501 days and for the DUI Court the time period for review equaled 437 days. The next step is to determine when to start the time period for measurement. It was decided that the graduate who had the earliest enrollment date in either program, would be the starting date for measurement. From that specific point in time (July 23, 2009 for Drug Court participants and March 10, 2010 for DUI Court participants), all enrolled program participants were tracked to determine who graduated and who was terminated.

The findings are as follows:

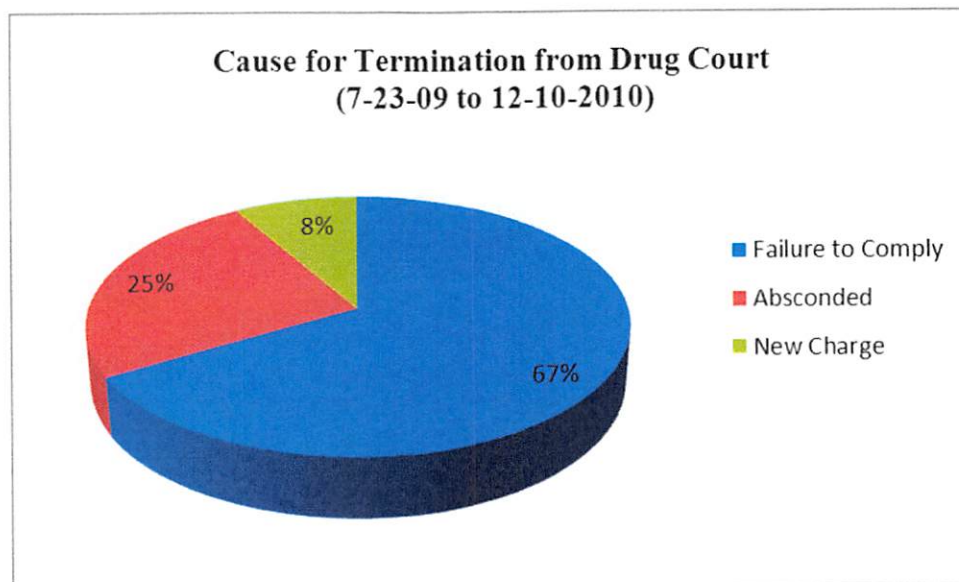




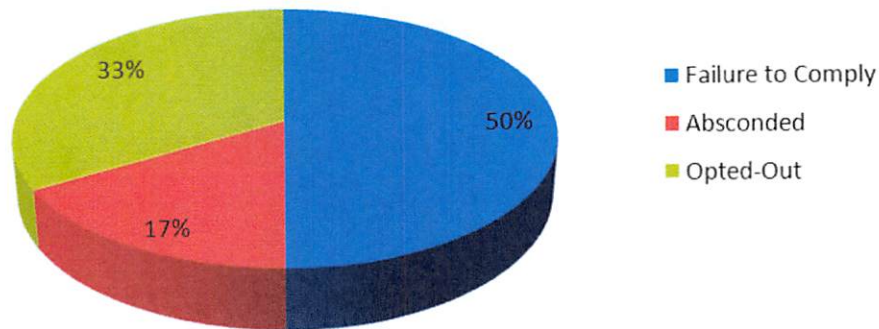
The data shows that both the Drug Court and the DUI Court program participants are spending a significant amount of time enrolled in the programs and that both the Drug Court and the DUI Court are graduating more participants than are being terminated.

For a criminal justice program to be deemed effective, it should examine why participants fail to complete the program. What does a participant do to get terminated from the Drug Court or the DUI Court program?

The findings are as follows:



**Cause for Termination from the DUI Court  
(3-26-10 to 6-3-11)**



Again, the findings show similarity in both the Drug Court and DUI Court programs. During the time period used to test retention rates, it was determined that participants who fail to complete the program are being terminated for failing to comply with program rules. Those rule infractions include, continuing to use prohibited substances, failing to complete recommended treatment, and failing to follow the directives of the Court.

### **Sobriety**

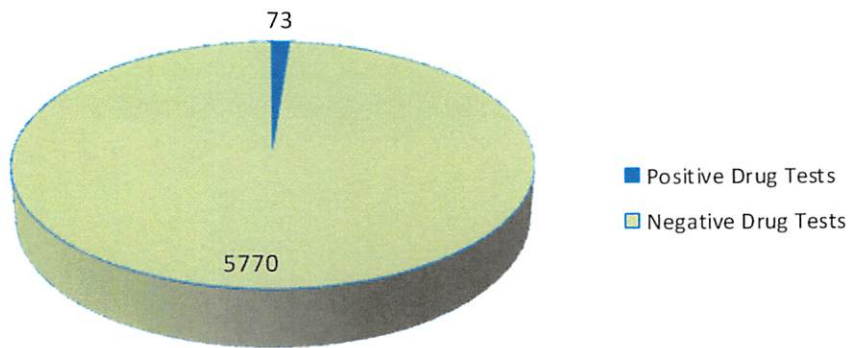
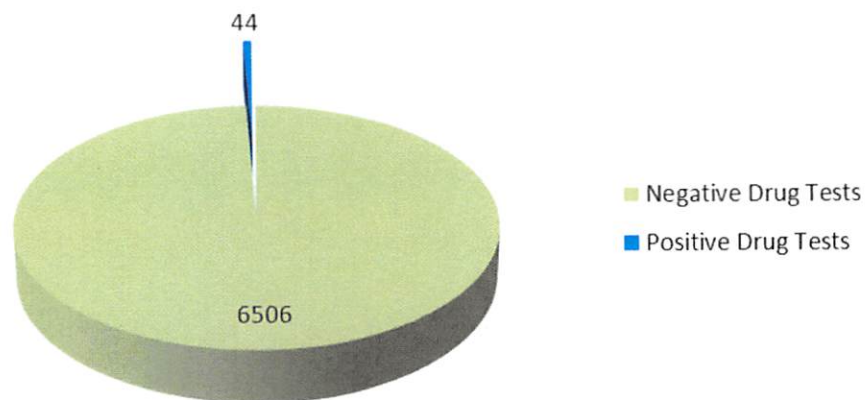
Being able to document the number of day of continuous sobriety is a key feature in any program evaluation.<sup>2</sup> After all, every Drug Court or DUI Court program should be designed and focused on managing substance abusing offenders.

Both the Drug Court and the DUI Court programs use a variety of technologies to test program participants for the use of banned substances. Banned substances include; any illegal narcotic, alcohol, the use of synthetic drugs, and the abuse of psychotropic medications or narcotic medication. The technologies used to drug test program participants include, urine testing, saliva testing, the use of SCRAM (continuous alcohol monitoring) ankle bracelets, and portable breath machines.

### Method of Measurement:

The best way to measure the continuous sobriety of the Drug Court and DUI Court participants is through frequent and random drug testing. Self-reported drug or alcohol use during the program without formal drug screen results is generally considered unreliable.<sup>2</sup> Both the Drug Court and the DUI Court conduct lots of drug testing. The results are as follows:



**The 25 Drug Court Graduates Provided 5,843 Drug Tests.****The 37 DUI Court Graduates Provided 6,580 Drug Tests.**

As demonstrated above, Drug Court and DUI Court participants are subject to copious amounts of drug testing. For the 25 Drug Court graduates, they average 6.27 drug tests per month per graduate from the time they enter the program until they graduate. For the 37 DUI Court graduates, they average 4.91 drug tests per month per graduate. One of the interesting findings in Drug Court research is that the certainty of frequent and random drug testing actually reduces banned substance use. This finding is supported when you calculate that 98.8% of drug tests taken from Drug Court participants test negative for banned substances, and 98.9% of drug tests taken from DUI Court participants test negative for banned substances.

### **Recidivism**

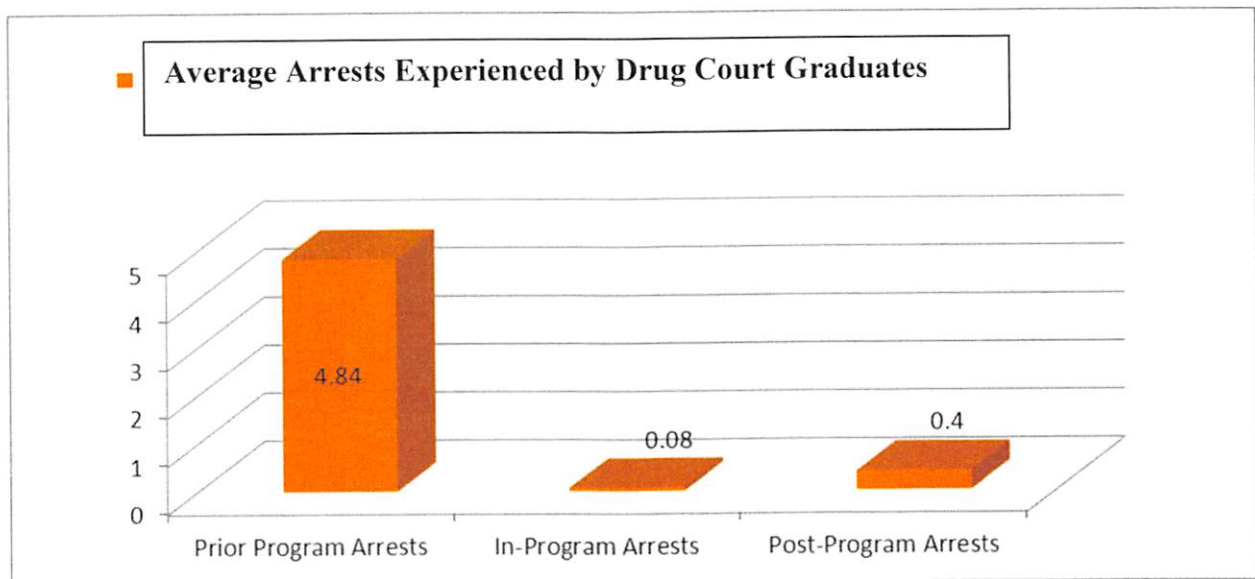
Recidivism is defined as any new arrest while either actively enrolled in the program or after successful completion of the program. The measurement is designed to see if participation in Drug Court or DUI Court has a reduction in criminal activity of participants. On a national

level, there is no doubt that Drug Court and DUI Court programs have proven to reduce crime. According to Dr. Doug Marlowe J.D., Ph.D, Chief of Science, Law, and Policy, for the National Drug Court Institute; *"More research has been published on the effects of adult Drug Courts than virtually all other criminal justice programs combined. By 2006, the scientific community had concluded beyond a reasonable doubt from advanced statistical procedures... that Drug Courts reduce criminal recidivism."*<sup>4</sup>

Why recidivism? According to the National Institute of Justice, *"Recidivism is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after receiving sanctions or undergoing intervention for a previous crime."*<sup>5</sup> The resumption of criminal behavior not only shows that those interventions were not effective, but the resumption of criminal behavior equates to dollars again being expended in arresting, housing, prosecuting, defending, and rehabilitating the repeat offender.

#### Method of Measurement:

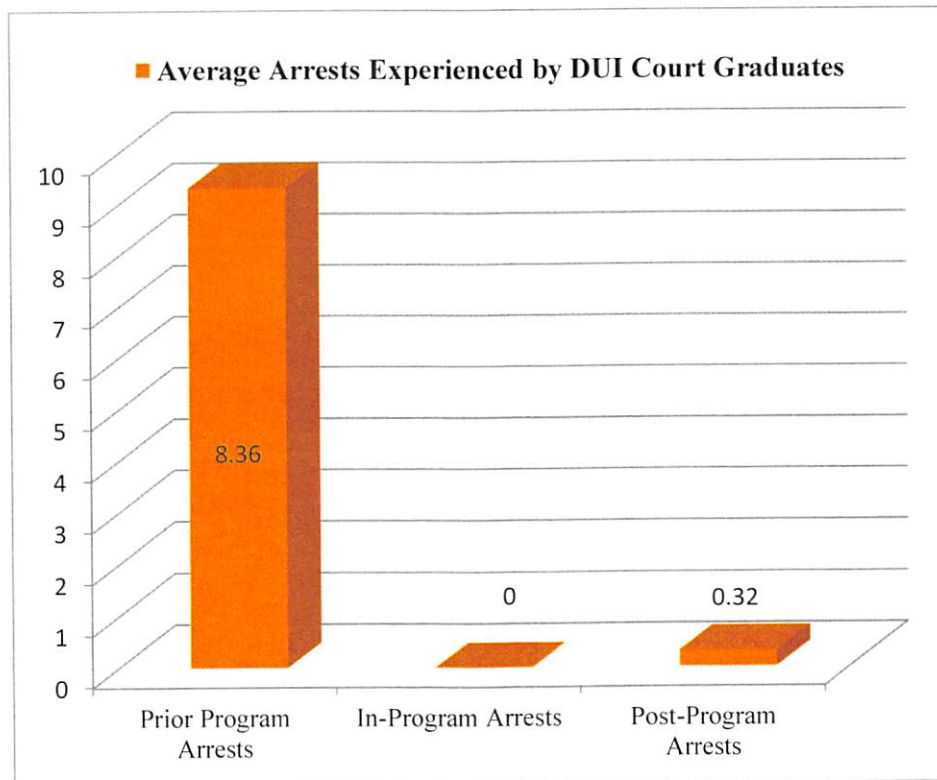
The staff of the Drug Court and DUI Court programs has been given access to the Wyoming Criminal Justice Information System (WyCJIS), which is administered by the Wyoming Division of Criminal Investigation. The WyCJIS is a secured database that collects arrest data made by any Wyoming peace officer anywhere in Wyoming. For the purpose of this report, the individuals who graduated the Drug Court or the DUI Court program between December 1, 2011 and December 1, 2014, are processed through the WyCJIS system for any new arrest. The results are as follows:



<sup>4</sup> Marlowe, D.B. (2010). Research Update on Adult Drug Courts. in National Association of Drug Court Professionals; Need to Know  
[http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Adult%20Drug%20Courts%20-%20NADCP\\_1.pdf](http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Adult%20Drug%20Courts%20-%20NADCP_1.pdf)

<sup>5</sup> Durose, M.R., Cooper, A.D., & Snyder, H.N. (2014). Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010. *Bureau of Justice Statistics Special Report*:  
<http://www.nij.gov/topics/corrections/recidivism/Pages/welcome.aspx>





The reduction in criminality experienced by graduates to the Drug Court and DUI Court program is by far one of the most impressive benefits these programs offer our community. The data would appear to indicate that there is a clear link between criminal behavior and addiction, and if the proper interventions are applied, the link can be broken and crime can be reduced.

Reducing continued criminal activity is an important trait that the Drug Court and the DUI Court offer the Laramie County community. But more importantly, taxpayers are not paying for continuing incarceration expenses for the program graduates. Again, on the national level, this issue has been subject to exhaustive research with the findings that show adult Drug Court and DUI Court programs are highly cost effective. Dr. Steven Belenko, Ph.D., Dr. Nicholas Patapis, Psy.D., and Dr. Michael French, Ph.D., have noted *"In line with their positive effects on crime reduction, Drug Courts have also proven highly cost-effective. A recent cost-related meta-analysis concluded that Drug Courts produce an average of \$2.21 in direct benefits to the criminal justice system for every \$1.00 invested."*<sup>6</sup> It is beyond the scope of this evaluation to make definitive statements on the dollars returned on dollars invested, but this evaluation will be able to estimate what is believed to be saved by the County by requiring qualified offenders to participate in these programs.

#### Method of Measurement:

According to the Laramie County Sheriff's Department, in 2009 it cost, on average, \$83.58 to house one person per day in the Laramie County Detention Center. If we estimated that each graduate spent 3 days in jail each time they were arrested, the savings for participating in

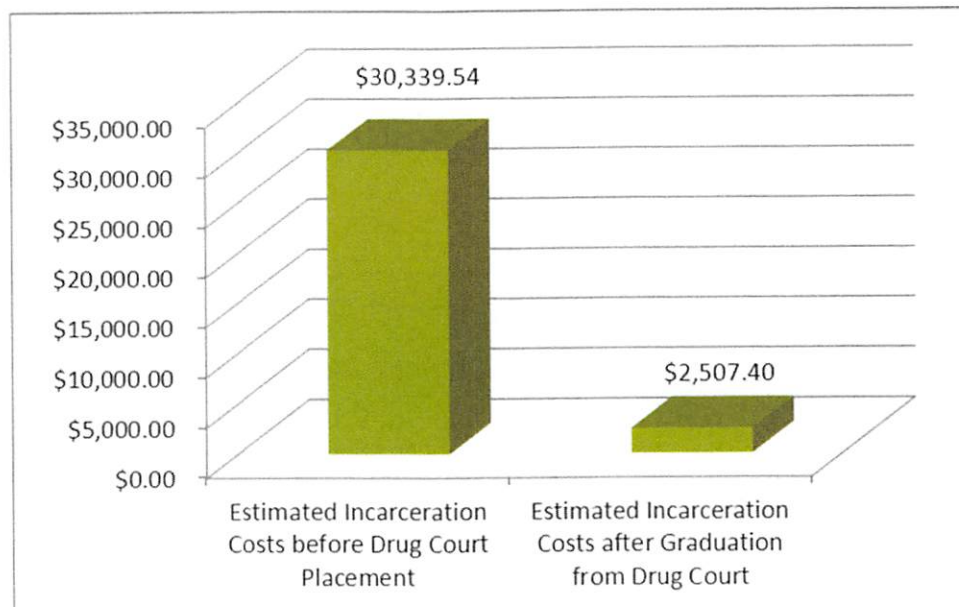
<sup>6</sup> Belenko, S., Patapis, N., & French, M.T. (2005). Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policymakers. [http://www.fccmh.org/resources/docs/EconomicBenefits\\_of\\_Drug\\_Trx\\_02.05\\_.pdf](http://www.fccmh.org/resources/docs/EconomicBenefits_of_Drug_Trx_02.05_.pdf)

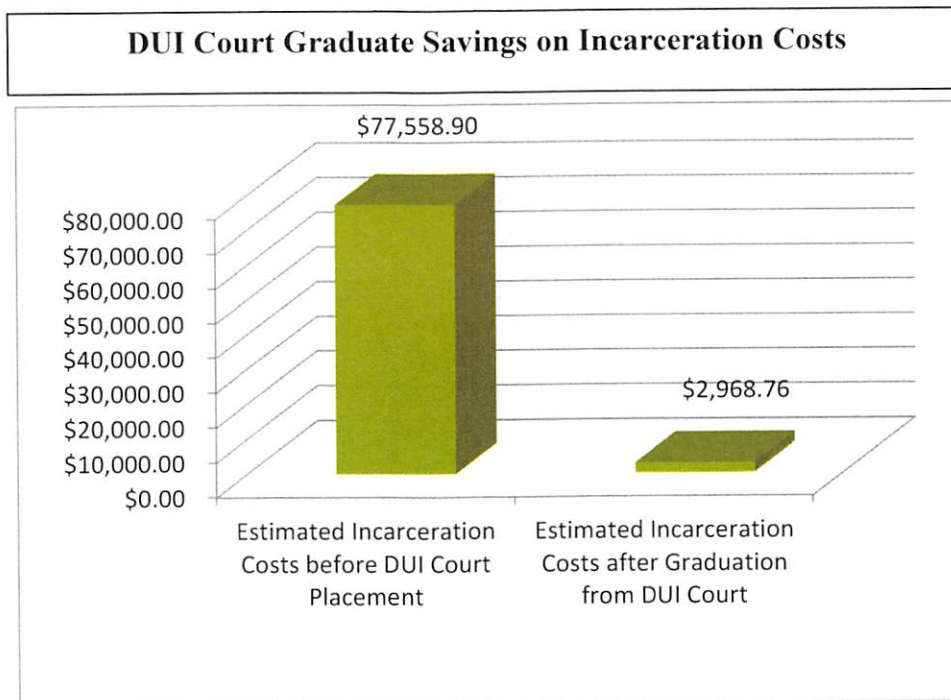
either the Drug Court or the DUI Court would be substantial. The formula for cost savings estimation is as follows:

$$\begin{array}{c}
 \text{Number of Program Graduates} \\
 (x) \\
 \text{Average Arrests Experienced by Program Graduates Prior to Entering the Program} \\
 (x) \\
 \$83.58 \text{ (Daily Incarceration Rate)} \\
 (x) \\
 3 \text{ Days} \\
 \text{Compared to} \\
 \text{Number of Program Graduates} \\
 (x) \\
 \text{Average Arrests Experienced by Program Graduates after Graduation} \\
 (x) \\
 \$83.58 \text{ (Daily Incarceration Rate)} \\
 (x) \\
 3 \text{ Days}
 \end{array}$$

The results are as follows:

#### Drug Court Graduate Savings on Incarceration Costs

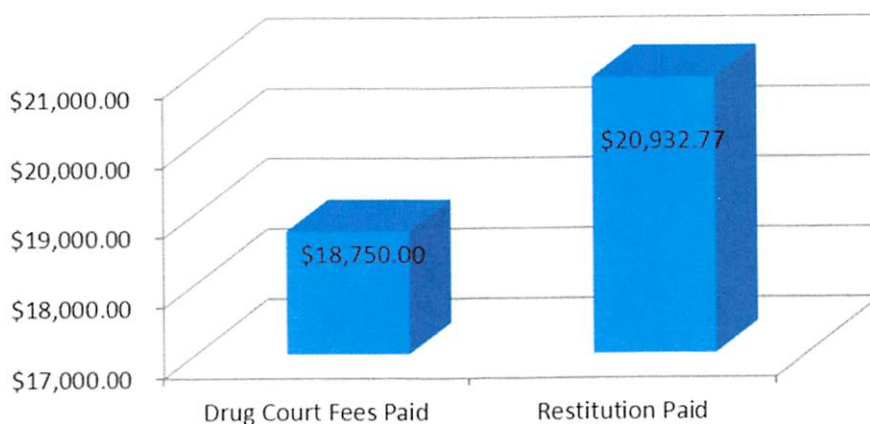
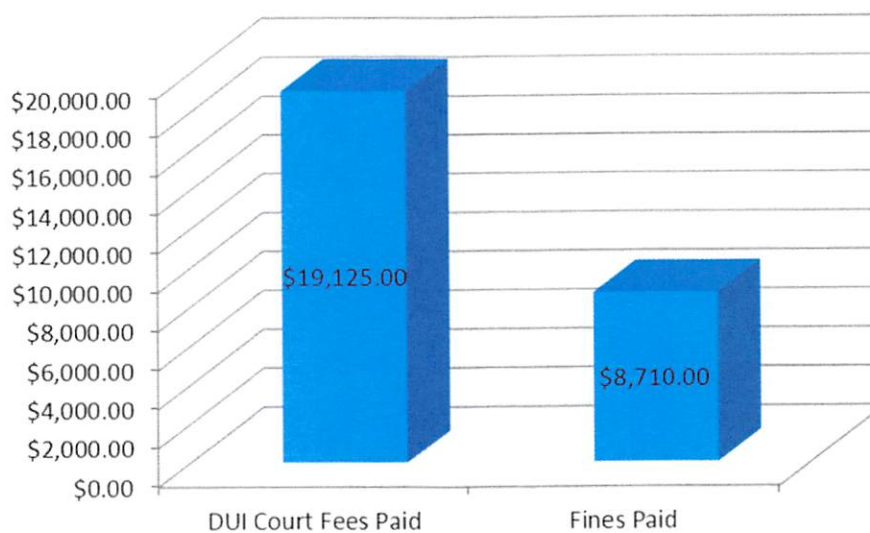




The limitations in this report will not allow for a full scale cost-benefit analysis of the Drug Court and the DUI Court program, however, the logical estimations shown above demonstrate the effectiveness of these programs at reducing incarceration costs.

### **Program Fees, Costs, and Restitution**

Not only do Drug Court and DUI Court participants save taxpayer dollars by participating in these programs, program participants are required to financially contribute to the programs. One of the requirements for the Drug Court program is to make financial contributions on a monthly basis towards their restitution. For DUI Court participants, they are required to make payments towards their fines established by a fine payment schedule. Both Drug Court and DUI Court program participants are required to pay for a portion of the services they receive through Drug Court fees and DUI Court fees. It cost each Drug Court participant \$750.00 to participate in the program and DUI Court participants are required to pay \$50.00 per month from enrollment until graduation. The following graph shows what the Drug Court and DUI Court graduates paid towards their program fees, restitution and/or fines.

**12-1-11 to 12-1-14 Drug Court Graduate Program Fees and Restitution Payments****12-1-11 to 12-1-14 DUI Court Graduate Program Fees and Fine Payments****Units of Service**

One of the primary functions of any Drug Court or DUI Court program is to provide substance abuse treatment services. In addition to substance abuse treatment, best practice strategies for Drug Court and DUI Court programs call for a more holistic approach to rehabilitation. Following this best practice strategy, the Drug Court and DUI Court programs

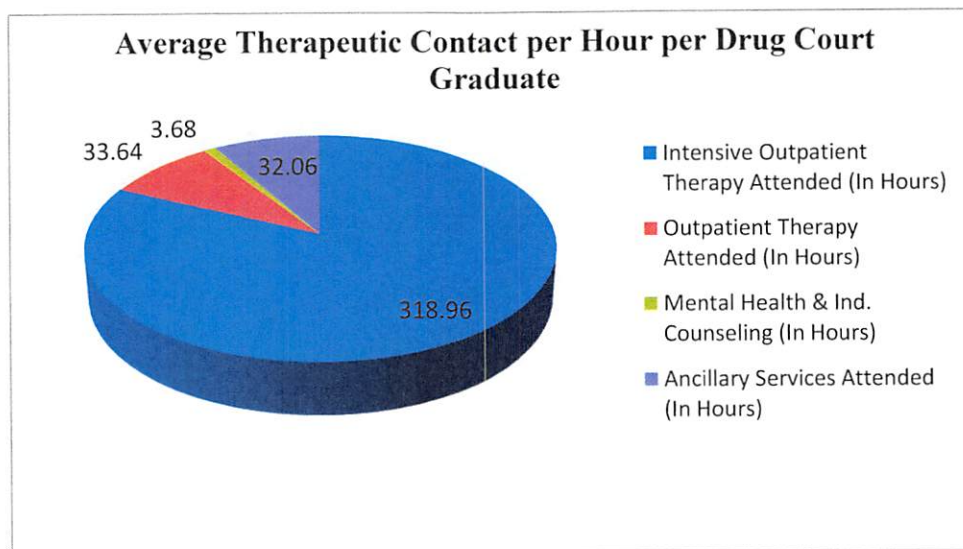


also offer mental health counseling, marriage counseling, individual counseling, criminal thinking classes, mental health medication management, and recently the programs have established a relationship with the University of Wyoming Family Practice of Cheyenne to provide primary medical care on a sliding fee basis for program participants.

The Drug Court and DUI Court programs also make referrals for program participants to CLIMB Wyoming, Dads Making a Difference, Wyoming Workforce Services, Department of Family Services, Recover Wyoming, Needs Inc., the Salvation Army, Goodwill Services, Peak Wellness, Cheyenne Regional Medical Center, Central Wyoming Counseling Center, Southwest Counseling, and Drug Testing Center of Cheyenne.

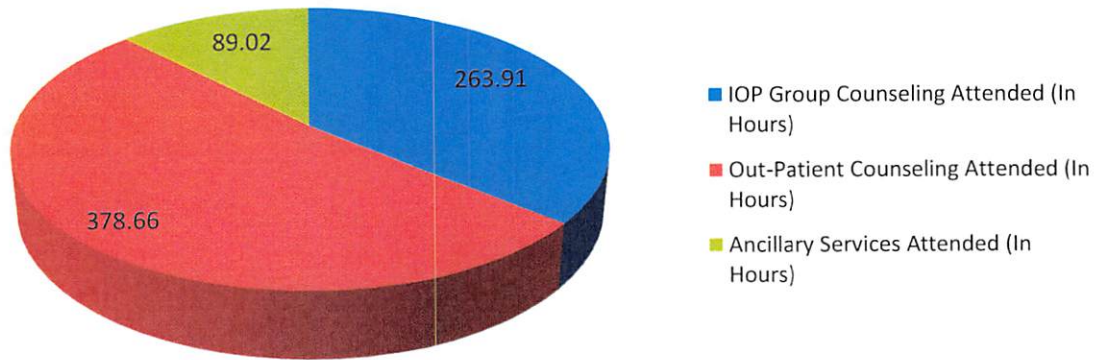
Method of Measurement:

All Drug Court and DUI Court participants are required to enroll in the Intensive Outpatient Treatment (IOP) program either through Foundations, the contracted treatment provider for Drug Court, or Pathfinder, which is the contracted treatment provider for DUI Court. The Wyoming Department of Health, Behavioral Health Division, requires that participants in IOP have nine to twenty hours of therapeutic contact per week. However, most program participants have additional therapeutic needs and participate in other programming. The following graphs highlight the average amount in hours each program graduate had in therapeutic contact.





### Average Therapeutic Contact per Hour per DUI Court Graduate



As the charts demonstrate, both Drug Court and DUI Court graduates receive over 730 hours of therapeutic contact while they are enrolled in the program.

### *What's Going on Now?*

The Drug Court and the DUI Court are revolving programs, meaning that the services offered can be accessed at anytime. The following data shows what the current populations look like for both programs.

### *Drug Court Numbers*

Total Current Population	20
Average Sobriety Days	87.35
Average Days in Program	208.20
Total Restitution Amount Owed	\$46,536.83
Total Drug Court Fees Owed	\$9,810.00
Average Age	24.75
Gender	Men: 18 Women: 2

***DUI Court Numbers***

Total Current Population	24
Average Sobriety Days	145
Average Days in Program	336.13
Total Court Ordered Fines Owed	12,000.00
Total DUI Court Fees Owed	\$8,400
Average Age	37.79
Gender	Men: 17 Women: 7

***The Future of the Laramie County Drug Court and the Laramie County DUI Court*****Laramie County Drug Court**

The mission of the Laramie County Drug Court is to improve public safety and strengthen our community foundation. Through intervention, quality treatment, and intensive supervision we will interrupt the cycle of addiction for substance abusing offenders.

The Laramie County Drug Court has three goals:

Goal I: Use an outcome-based approach to provide a continuum of care for eligible substance abusing offenders.

Goal II: Decrease substance abuse related crime by interrupting the offender's cycle of substance abuse.

Goal III: Mobilize and effectively manage community resources and support services to encourage a productive, healthy lifestyle.

The Laramie County Drug Court program was originally designed for felony probation cases that were either being considered for revocation and underlying sentences imposed or deferral cases where the participant must successfully complete the program in order to not have a felony conviction entered in to their permanent criminal record. As of this time, we continue to serve that population. The program continues to strive to serve the Courts in Laramie County when they deal with substance-addicted offenders.

The Drug Court program has developed two key relationships this year that have been very helpful for the program and its participants. First, through the extraordinary effort of the Drug Court probation agent, the Drug Court program has established a relationship with the

University of Wyoming Family Practice Clinic (UWFPC). UWFPC has agreed to see Drug Court participants as their primary care physicians, which relieves the burden the participants have placed on the emergency room at Cheyenne Regional Medical Center. More importantly, UWFPC has a mental health nurse practitioner that has agreed to be the primary care provider for any mental health medication needs for the program participants. UWFPC has agreed to charge program participants on a sliding scale and on their ability to pay. This relationship has been really beneficial to the Drug Court program and to the participants.

Secondly, the Drug Court program has begun to work much more closely with the mental health staff at the Laramie County Detention Center. The staff at the detention center has been able to identify and refer participants to the program, as well as, expedite substance abuse assessments. Also, they are a key ally in getting all of the paperwork and other essentials together when residential treatment is necessary for the participants. Currently, the mental health staff at the detention center is the main source of referral to the Drug Court program.

### **Laramie County DUI Court**

The mission of the Laramie County DUI Court is to use a comprehensive, coordinated, and pro-active approach in order to reduce the threat impaired drivers place on our community. By utilizing a wide-ranging and dynamic approach, we will effectively reduce the number of repeat impaired driving offenders on our streets.

The Laramie County DUI Court has three goals:

- I. To provide sentencing options to the Courts in Laramie County to administer certain cases stemming from Driving Under the Influence convictions and utilize continuing judicial oversight, supervised probation, and comprehensive treatment.
- II. To reduce alcohol related offenses in Laramie County while promoting offender accountability and responsibility.
- III. To promote effective agency interaction and coordination of resources among criminal justice agencies, governmental agencies, and community organizations.

The DUI Court still has a mix of felony offenders and misdemeanor offenders. Currently, felony offenders make up 30% of the DUI Court population. The current population of 24 participants account for a total 100 prior DUI arrests, which averages 4.16 prior DUI convictions per participant. There are two DUI Court participants that have 6 prior DUI convictions, and two participants with 7 prior convictions.

The DUI Court is establishing better relationships with the Cheyenne Municipal Court. Currently, the DUI Court program has created referral documentation on behalf of the Municipal Court in order for the Court to make referrals to the program. Also, the DUI Court program has accepted a case from Juvenile Court. This particular participant is 18 years old and has 4 DUI arrests. The DUI Court has established a great working relationship with the Department of Family Services Probation and Parole department in order to provide community supervision for this participant. With that being said, the DUI Court has program participants from the Laramie County District Court, the Laramie County Circuit Court, the Cheyenne Municipal Court and the

Juvenile Court of Laramie County. The DUI Court program also has plans to initiate dialogue with the Federal Magistrate Court for possible referrals to the program.

### **Conclusions**

This evaluation looked at recidivism, estimated costs savings the Drug Court and DUI Court provide to Laramie County, and national performance measures for Drug Courts. The data in this report clearly shows that investments into these programs pay off. Drug Courts and DUI Courts are proven money savers not only for federal agencies, or State agencies, but more importantly they save money and resources at the local level where those resources tend to be more limited.

The findings include:

- **60% of the individuals who enroll in the Drug Court graduate the program and 70% of the individuals who enroll in the DUI Court graduate the program.**
- **As a performance measurement gauging retention rate, the Drug Court surpasses the nation average with a 69.05% retention rate and the DUI Court surpasses the national average with a 84.68% retention rate.**
- **Collectively, the Drug Court and DUI Court graduates examined for this report submitted 12,276 drug tests.**
- **Drug Court graduates saw a 92% reduction between their pre-program arrests and post-graduation arrests and the DUI Court saw a 96% reduction between their pre-program arrests and post-graduation arrests.**
- **The cost savings to Laramie County taxpayers is estimated to be over \$100,000 for these program graduates.**
- **Drug Court and DUI Court graduates have paid \$37,875 towards their own treatment, Drug Court graduates have paid \$20,932.77, and DUI Court graduates have paid \$8,710.00 in Court ordered fines.**
- **Drug Court and DUI Court graduates have participated in 1,119.93 hours of therapeutic contact.**

Clearly, the impact of participating in these programs is beneficial to the participant, but it is also beneficial to the taxpayers of Laramie County, and the criminal justice system. However, there are struggles that continue to plague the Drug Court and the DUI Court programs. And it revolves around funding.

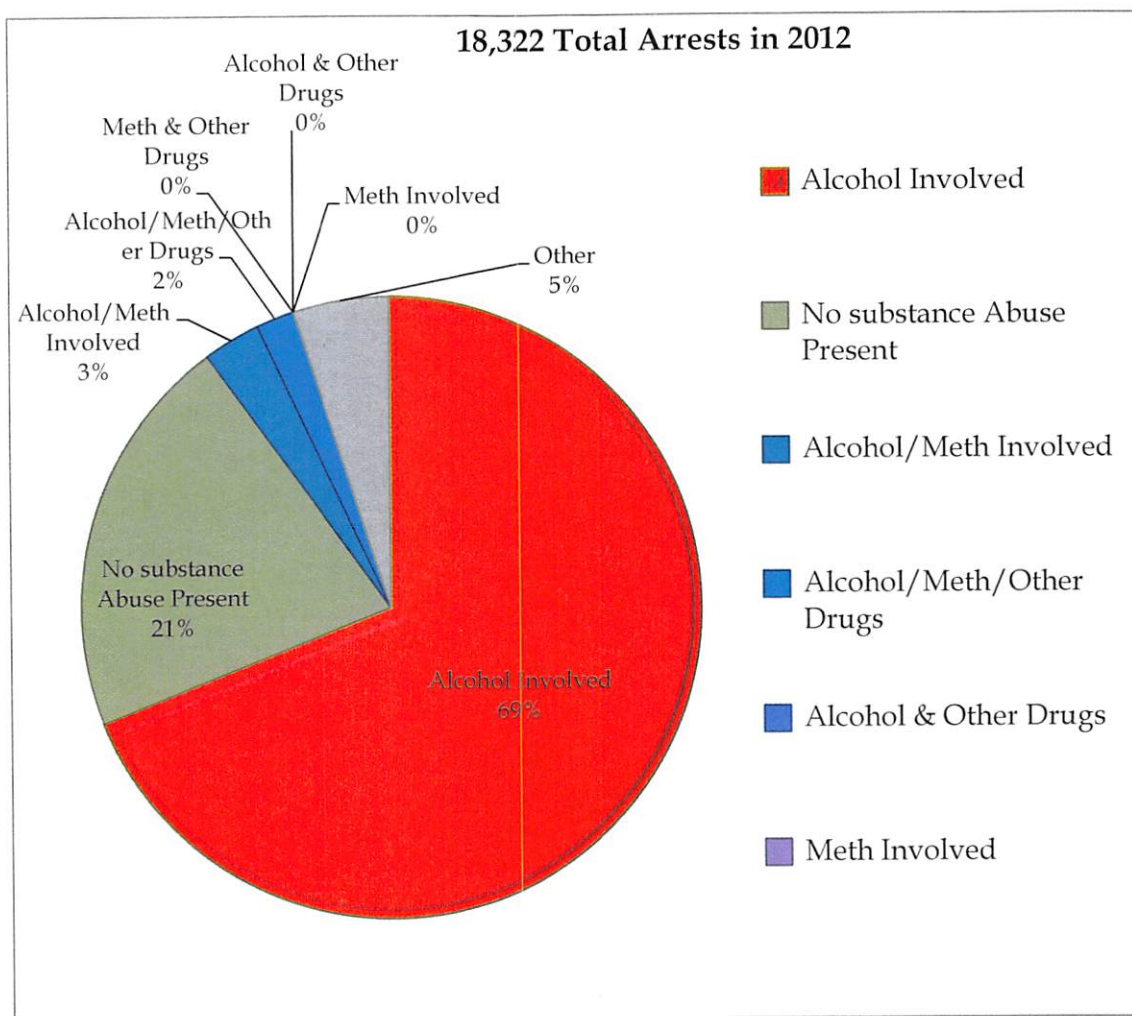
Lack of long-term funding strategies is not only harmful to the Drug Court and the DUI Court, it is harmful to all Wyoming Drug Court programs. The Laramie County Drug Court has been operational for nearly 15 years, but is still required to apply for funding each year to continue to operate. The DUI Court has been operational since 2006 and nearly closed down in 2014 due to funding cuts.

Funding for all Wyoming Drug Courts continues to be given through a grant application process, which seems counter-intuitive. The grant application process is generally designed to test a theory or an approach to address specific problems. If the theory or approach proves to be successful at addressing the problem, in this case managing drug or alcohol addicted offenders;



then policymakers generally find ways to incorporate these programs into the daily operations of the criminal justice system. If theory does not work, then the funding is cutoff and new approaches are looked for. It is well past the time to create long-term and stable funding for these programs.

After all, drug and alcohol use and abuse remain inextricably linked to criminal behavior. The following figures are collected by the Wyoming Association of Sheriffs and Chiefs of Police (WASCOP) in regards to crime in Wyoming in 2012:



The WASCOP report concluded the following:

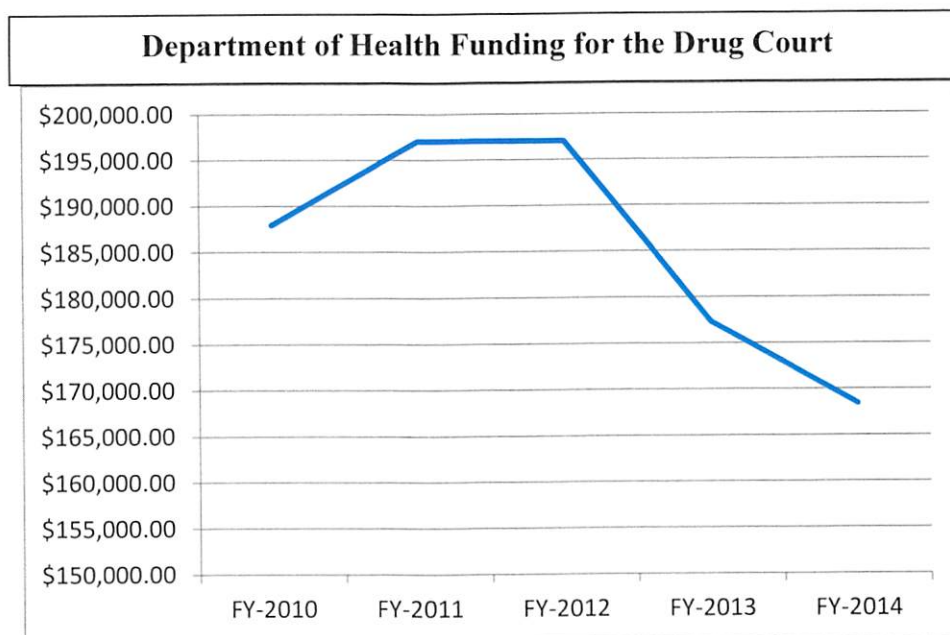
- Alcohol was involved in 72.12% of all custodial arrests. **(71.7% in Laramie County)**<sup>7</sup>
- Methamphetamine was involved in 2.42% of the 18,322 reported arrests. **(3.2% in Laramie County)**<sup>7</sup>
- Other drugs were involved in 9.52% of the reported arrests. **(10.1% “Drug Involved” in Laramie County)**<sup>7</sup>

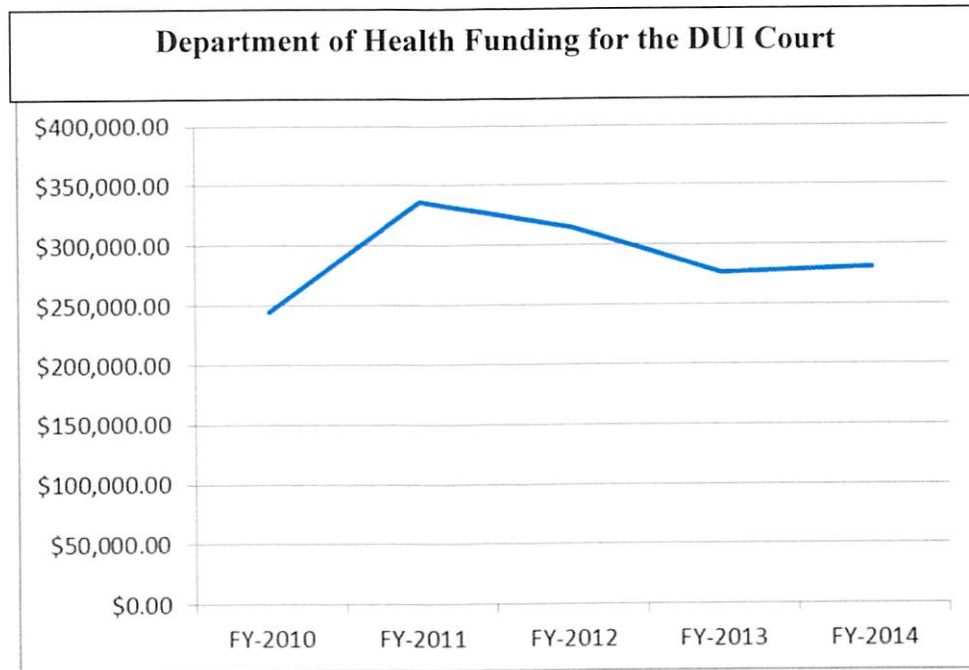
<sup>7</sup> Johnson, E.L. (2013). Alcohol and Crime in Wyoming. *Wyoming Department of Transportation, Highway Safety Office*: [http://jandaconsulting.com/uploads/Alcohol\\_and\\_Crime\\_in\\_Wyoming\\_-\\_2012.pdf](http://jandaconsulting.com/uploads/Alcohol_and_Crime_in_Wyoming_-_2012.pdf)



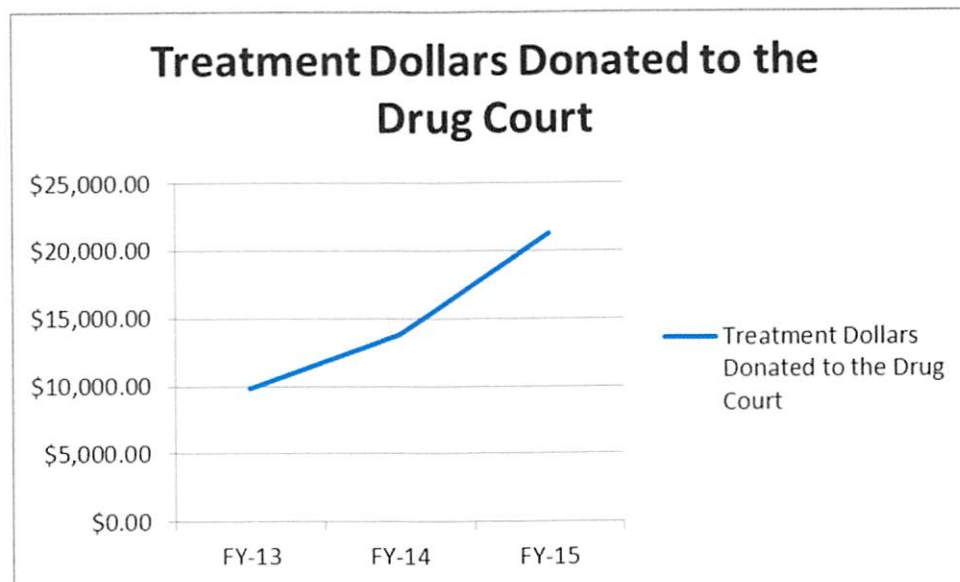
- Arrests for public intoxication accounted for 18.78% of all arrests. **(23.2% in Laramie County)**<sup>7</sup>
- The average blood alcohol content for persons arrested for public intoxication was 0.267.<sup>7</sup>
- **Driving under the influence arrests accounted for 32.89% of all arrests. (28.76% in Laramie County)**<sup>7</sup>
- The average reported blood alcohol content for DUI arrests statewide was 0.156. **(.145 BAC for Laramie County)**<sup>7</sup>
- **48% of persons arrested for DUI had a reported BAC level above 0.16 and 10% had a BAC of 0.24 or greater.**<sup>7</sup>
- The average reported BAC for 627 persons who were arrested for DUI after being involved in a traffic crash was 0.16.<sup>7</sup>
- **85% of ALL arrests in Laramie County involve alcohol and/or drugs.**<sup>7</sup>

Clearly, alcohol and drug addiction and crime are linked in Wyoming and in Laramie County. The data is abundant. The Drug Court and the DUI Court programs clearly have a positive impact on reducing alcohol and drug related crime, but the funding for both programs have continued to decrease instead of increase. The following graphs show Department of Health funding for the Drug Court and the DUI Court for the last five fiscal years.

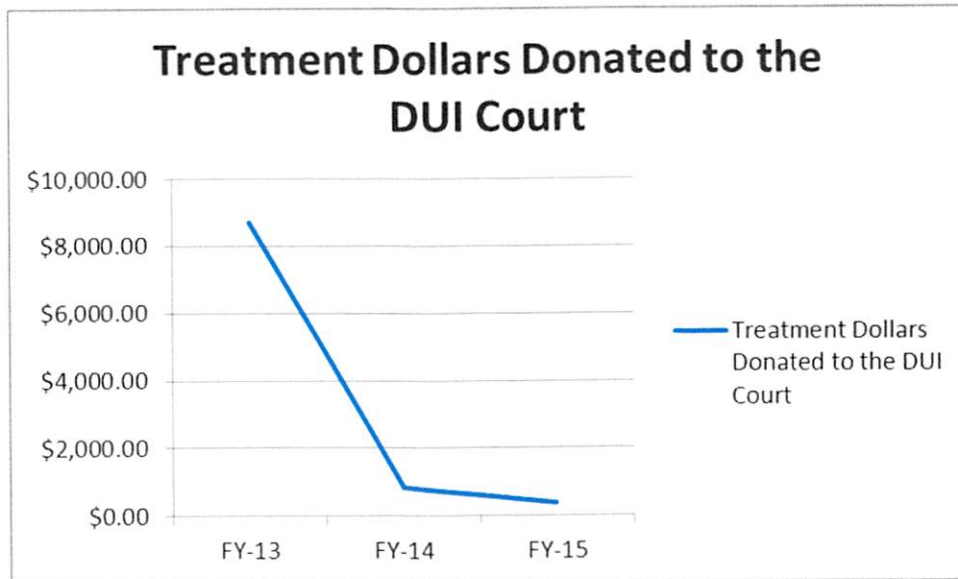




For the Drug Court to continue to operate at its current capacity despite the budget cuts, Foundations, LLC, has been continuing to provide treatment services without compensation. In essence, Foundations, LLC is donating their services to the program. Over the last three years Foundations has donated over \$44,000 in uncompensated services to the Drug Court and every year the donated dollar amount continues to increase.



Unlike the Drug Court treatment provider, Pathfinder, the DUI Court treatment provider has been able to absorb the budget cuts better. However, Pathfinder also has to provide for services that they do not receive compensation. Although Pathfinder's last three year contribution has been decreasing, when the DUI Court first became operational, Pathfinder donated over \$50,000 in uncompensated treatment.



The future of the Drug Court and DUI Court continues to look bright. The Drug Court will continue to address addicted criminal behavior in Laramie County. With more funding, the Drug Court could conceivably double in population.

It is possible that the DUI Court maybe the only problem solving Court in Wyoming that will have participants from a Municipal Court, a Circuit Court, a District Court, and a federal Magistrate Court. As with the Drug Court, funding stability is crucial for the DUI Court. Clearly the crime data for Wyoming shows there is a need for programs that focus on the impaired driver.

The Drug Court Team and the DUI Court Team look forward to continuing to serve our community and could not have had the success these programs have had without the continued support of the community.

**Laramie County Drug Court Team Members**

Honorable Mark Hardee.....Drug Court Magistrate  
Kurt Zunker.....Drug Court Coordinator  
Mindy Woodhouse.....Drug Court Clerk  
Leighanne Manlove.....Asst. District Attorney  
Ross McKelvy.....Asst. Public Defender  
Jim Nelson.....Treatment Director  
Jessica Herrera.....Probation Agent  
Guy Driver.....CPD Liaison

**Laramie County DUI Court Team Members**

Honorable Thomas Lee.....DUI Court Judge  
Kurt Zunker.....DUI Court Coordinator  
Fernando Muzquiz.....DUI Court Case Manager  
Ben Sherman.....Asst. District Attorney  
Carol Serelson.....Defense Bar Representative  
Rick Robinson.....Treatment Director  
Leslie Hearn.....Probation Agent

Attachment K:

# **Laramie County Drug Court Application Packet**

(Updated 6/16/14)



### ***What is the Laramie County Drug Court?***

The Laramie County Drug Court is a treatment-focused program targeted to offer intensive rehabilitation services to individuals involved with the criminal justice system and which have been identified by drug treatment professionals as being substance abusers addicts. The Drug Court program creates an environment with clear, certain and definite rules that are easy to understand, based on the participant's performance, and measurable results. Compliance is wholly within the participants' control.

### ***Elements of the Laramie County Drug Court***

- Rapid Intervention
- Immediate Access To Treatment
- Systematic and Coordinated Approach To Treatment
- Judicial Leadership
- Frequent and Direct Contact With Drug Court Team Members
- Use of Incentives and Sanctions

### ***What is including in the referral packet?***

- Program Qualification Information
- Drug Court Questionnaire
- Consent to release confidential information for referral purposes
- Program Understanding, Waivers, and Agreements

Please read and sign any and all paperwork in this packet and turn it into either the Laramie County Drug Court Coordinator, the Laramie County Circuit Court Clerk's Office, your Probation and Parole Agent, your DOC Case Manager, or Detention Center staff. The packet must be completed in its entirety or the person requesting admission may not be reviewed.

## **Laramie County Drug Court** **Program Qualification Information**

In order to qualify for the Laramie County Drug Court program, the referred person must demonstrate a significant drug and/or alcohol problem. The referred person must also be willing to undergo a substance abuse evaluation, an initial interview by any member of the Laramie County Drug Court Team, and consent to a background check. All final decisions for acceptance into the Laramie County Drug Court program will be made by the Team.

### **Who does qualify for the Laramie County Drug Court program?**

- **Felony Drug Charges** – Any person who may be charged with possession of a controlled substance in the amount prescribed as a felony according to Wyoming State statute. May also include persons charged with 3<sup>rd</sup> time simple possession in which that charge is a felony, and/or any person charged with prescription fraud.
- **Felony Probation or Parole Revocation** – Any person whom is on felony probation or parole who is facing possible revocation for continued drug use, positive urinalysis tests, drug possession, and in some instances new criminal charges.
- **Felony Property Crime(s)** – Any person who is charged with crimes against another person's property when those crime(s), or associated criminal behavior is/are related to supporting a drug addiction. Felony property crimes may include; burglary, felony theft, check fraud, credit fraud, forgery, etc.
- **Persons eligible for Parole** – Any person who may be eligible for parole that may be either in the ITU program, or who can demonstrate that their original crime or subsequent probation revocation was due to substance abuse.

### **Who may not qualify for the Laramie County Drug Court program?**

- **Violent Offenses** – Any person who's underlying charge(s) involves any use of violence in the commission of their crime. The Laramie County Drug Court defines violence as follows: A person who is charged with, or convicted of, an offense during the course of which; (1) The person carried, possessed, or used a firearm or other dangerous weapon. (2) The person used force against another person. (3) Death, or serious bodily injury, occurred to any person, without regard to whether any of the circumstances described above is an element of the offense, or conduct of which, or for which the person is charged with or convicted of. It may also include persons whom have been convicted of violent crimes in the past, regardless if those violent offenses were misdemeanors or felonies.
- **Severe Mental Illnesses or Diminished Mental Capacity** – Any person who may suffer from severe mental illness in which treatment requires regulated, consistent, and/or intensive drug therapy. It may also include persons who may not have the cognitive ability or awareness to properly participate in the intense

probationary requirements of the program and/or the intensive nature of the drug treatment program.

- Felony Drug Trafficking Offenses – Any person who is charged with, or been convicted of felony drug trafficking offenses. A felony drug trafficking offense may be defined as any person who was selling, in possession of, or distributing narcotics in which a reasonable inference may be made that those activities go beyond the scope of personal use.

All persons seeking placement in the Laramie County Drug Court program must have a residence that is free of drugs and/or alcohol, firearms, or other dangerous weapons. The residence must also be free of any person(s) who may use drug and/or alcohol, or being in possession of firearms, or other dangerous weapons. The Laramie County Drug Court reserves the right to determine what may be or may not be an acceptable residence.

The Laramie County Drug Court reserves the right to change any qualifying or disqualifying criteria without notice. If you believe that your client may be a possible client for the Laramie County Drug Court program, please feel free to contact the Laramie County Drug Court Coordinator at (307) 633-4530.

**Confidentiality of Laramie County Drug Court Participant's  
Drug and/or Alcohol Treatment Records**

I understand that the confidentiality of my drug and/or alcohol treatment records maintained by the Laramie County Drug Court, the Laramie County Drug Court Team, and its designees are protected by federal law. The Laramie County Drug Court, the Laramie County Drug Court Team, and its designees may not discuss to any person outside of the Laramie County Drug Court program any information identifying me as a participant in the Laramie County Drug Court program unless:

- (1) You submit in writing your consent.
- (2) The disclosure is allowed by a Court Order.
- (3) The disclosure is made to medical personnel in a medical emergency
- (4) The disclosure is for designated personnel for research, audit, or program evaluation.

I understand that any violation of the confidentiality of drug and/or alcohol treatment records disclosure requirements is a federal crime. I understand that I am obligated to report suspected violations to the appropriate authorities in accordance with federal regulations.

I understand that federal laws and regulations concerning confidentiality of drug and/or alcohol treatment records does not protect any information about crime(s) committed by me, or any other Laramie County Drug Court program participant, when such crime(s) is/are committed at the program location(s), or against the staff of the Laramie County Drug Court, or its designees.

I understand that federal laws and regulations concerning drug and/or alcohol treatment records does not protect any information concerning suspected child abuse and/or neglect and I understand that any credible allegations made to the Laramie County Drug Court, the Laramie County Drug Court Team, and its designees will be reported to the proper authorities for further investigation. (For further information please refer to 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal law and 42 C.F.R. Part 2 for regulations.)

By signing this acknowledgement concerning the confidentiality of my drug and/or alcohol treatment records, I understand all of the above requirements concerning the release of such information, and/or I have had it explained to me by my attorney to my satisfaction.

---

Printed Name

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Date

---

Signature

**Drug Court Referral:**  
**Consent to Release Confidential Substance Abuse Treatment Information**

I understand that the purpose of this disclosure is to inform the Laramie County Drug Court Team which includes; the Judge, the Drug Court Coordinator, Assistant District Attorney, Assistant Public Defender, Law Enforcement Personnel, Probation and Parole personnel, the treatment provider, and other persons designated by the Laramie County Drug Court Team of your suitability and eligibility for drug and/or alcohol treatment through the Laramie County Drug Court program.

I understand that my eligibility for treatment through the Laramie County Drug Court program may be discussed in Laramie County Drug Court staff meetings, or in open Court. I also understand that your eligibility for the Laramie County Drug Court program may involve a drug and alcohol evaluation, background check, placement investigation, or other criteria decided upon by the Laramie County Drug Court Team.

I understand that this consent to release confidential information will remain in effect and cannot be revoked by me until there has been a formal termination of my involvement with the Laramie County Drug Court program, such as, the discontinuation of all Court supervision, my successful completion of all the criteria of the Laramie County Drug Court program, or my unsuccessful termination from the Laramie County Drug Court program.

I understand that any disclosure of confidential information concerning me to other outside agencies by the Laramie County Drug Court, and/or the Laramie County Drug Court Team, must be in compliance with federal laws 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 concerning confidentiality of substance abuse patient records.

I have read and understand all of the above requirements concerning the release of confidential substance abuse treatment information and/or I have had the contents of this document explained to me to my satisfaction. By signing this consent, I give the Laramie County Drug Court, the Laramie County Drug Court Team, and its designees, permission to my confidential substance abuse treatment information for referral purposes.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## **Laramie County Drug Court/DUI Court Treatment Program Basic Understanding, Waivers and Agreements**

Defendant Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

### **I UNDERSTAND:**

Before I can be accepted into the Drug/DUI Court Treatment Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Drug/DUI Court Treatment Program as enumerated below (If you agree, please write your initials in the parentheses after each paragraph) .

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Drug/DUI Court Judge, the District Attorney's Office, Law Enforcement personnel, Department of Corrections Probation & Parole, the Drug/DUI Court Staff, the Drug/DUI Court Team, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Drug/DUI Court Program, and the Drug/DUI Court Team and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Drug/DUI Court Program. (    )
  
2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my drug treatment program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court and the Drug/DUI Court Team and between the Drug/DUI Court Team and my treatment provider. Any such information may be considered by the Court in deciding whether I remain in the Drug/DUI Court Treatment Program. (    )
  
3. **PROGRAM LENGTH:** The Program is developed to last twelve months but could last 18 months or longer to achieve six months of monitored sobriety and meet program objectives. (    )

4. **GENERAL REQUIREMENTS:** I must attend all Drug/DUI Court sessions and treatment sessions, pass repeated drug screens which include breathalyzers, and address problems such as criminal thinking that contributes to my addiction. I must reduce risk factors which may include improving my family situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution, fees for participation and fines. I must make suitable progress towards controlling my addiction, and the Program will set individual requirements that I must meet ( )
5. **INDIVIDUALIZED TREATMENT PLANS:** The Clinical Director of the Drug/DUI Court program, or other treatment professional designated by the Court, will set my individual treatment plan requirements, which will then be reviewed by the Drug/DUI Court Team. The final decisions regarding my progress, compliance with program requirements and continued participation are in the Judge's sole discretion. I have no right to appeal the Court's decisions. ( )
6. **SELF-TERMINATION:** I may withdraw from the Program at any time, but I must meet and confer with the Defense Attorney for the Drug/DUI Court and discuss my reasons for this decision. The Drug/DUI Court Judge may delay my withdrawal from the Program for up to one week to make sure your decision is firm. If I quit the Program, my case will be sent back to the sentencing Court for further proceedings. ( )
7. **FEES:** If you are a Drug Court participant you must pay \$750.00 by the completion of the program . If you are a DUI Court participant you will be required to pay \$50.00 per month upon your sentencing into the Program. You may also have to pay for other fees in the Program including fines, Court costs, SCRAM fees, UA testing fees, and/or restitution. Money that you pay into the Program is not refundable. ( )
9. **SANCTIONS:** If I do not fully comply with the Program, the Drug/DUI Court Judge may impose sanctions at her sole discretion. Additionally, my Probation Agent may impose administrative sanctions if I violate the terms of my probation. I will have to complete the sanctions to continue in the Program. The sanctions could include community service, a return to jail, additional substance abuse treatment, or anything deemed appropriate by the Drug/DUI Court Judge, which can include termination from the Program. ( )
10. **INCENTIVES:** If I meet certain program requirements in a satisfactory manner, I maybe eligible for an incentive. The use of incentives is designed to award positive behaviors demonstrated by me. Incentives may include, but are not limited to; fine waivers, gift certificates, Buy Cheyenne certificates, fee waivers, or other items determined to be appropriate. ( )
11. **COURT PROCEEDINGS.** The Drug/DUI Court proceedings will be informal and performed in open court. However, appropriate dress is required for all court appearances; no cut-offs, tank tops, inappropriate slogans and/or language on shirts. I will address the Judge as your Honor and be respectful to other participants and Drug/DUI Court Team members. ( )

12. **SEARCHES:** I will submit to random searches of my person, vehicle or residence at the request of Probation and Parole, law enforcement personnel, supervision specialists, Case Managers, or other Drug/DUI Court Team Members, for controlled substances, alcohol, and/or any paraphernalia. I will comply with all other rules of the Program, or probation program administered by Probation and Parole, and I am aware that law enforcement will be conducting random home visits, with or without my probation agent as a part of my participation in the program, and I will be subject to searches of person and property by my treatment provider while participating in treatment programming or while on treatment provider property. Failure to comply with these requirements may result in sanctions. ( )
13. **RIGHT TO COUNSEL:** I can talk to the Drug/DUI Court Defense Attorney at any time. However, the Drug/DUI Court Defense Attorney may refer me to another Attorney as deemed appropriate. ( )
14. **WAIVER OF PRIVACY:** The Drug/DUI Court Team may require me to provide very personal information. This may include, but will not be limited to: my criminal record, education and work history, family history, medical and psychiatric information. While the Drug/DUI Court Team will try to avoid unnecessary embarrassment to me, I understand and agree that these things may be discussed in open Court proceedings, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering, sharing, and dissemination of this information. ( )
15. **DUTY TO NOTIFY:** I must notify my Probation Agent prior to any change in my residence, the names of individuals that are residing with me, my mailing address, any change or disconnection of my phone number, or any change in employment. ( )
16. **RE-ARRESTS:** I must obey all laws and notify my Probation Agent, or Case Manager, of any criminal charges that are made against me, including any driving violations or minor offenses and I will provide notification to my Probation Agent and/or Case Manager of any law enforcement contact regardless of its nature. ( )
17. **NO VIOLENCE:** The Drug/DUI Court maybe subject to federal requirements that may exclude persons who have ever been convicted of a violent offense. Violent offenses may include charges that are not classified as violent under Wyoming law. I have disclosed to the Drug/DUI Court Team all my previous arrests and all of my previous convictions. ( )
18. **NO ALCOHOL, ILLEGAL NARCOTICS, OR BANNED SUBSTANCES:** I understand that I cannot drink, use, possess or otherwise ingest alcohol illegal narcotics, or banned substances, nor may I associate with those who do, I also understand that I may be prohibited from entering any establishment where alcohol is sold and/or served. I also may not use any substance that may be banned by the Dr/DUI Court program to include medical and hygiene products that may contain

alcohol, or other medicinal products that may be abused. I may also not use any synthetic products that are designed to mimic illegal substances. ( )

19. **MEDICATIONS:** I understand that I will be required to provide frequent and random urine, breath, or other samples as a condition of my participation in the Drug/DUI Court program. I agree that I will not take any medications, including cold, cough and any other over-the-counter medications, unless prescribed by a licensed physician. I will notify my Drug/DUI Court Probation and Parole Agent or Case Manager, and my treatment provider of any medication that I may be taking. A complete list of medications will be provided to my treatment provider and Probation Agent. ( )
20. **SEXUAL HARRASSMENT POLICY:** It is the policy of the Drug/DUI Court Program that all participants be entitled to an atmosphere that is free from any sexual harassment. Sexual harassment is the unwanted comments, gestures, writings, physical contact and innuendo that are sexual in nature. Any participant who sexually harasses another participant or service provider will be subject to a disciplinary review and could face severe consequences including termination from the program. ( )
21. **FRATERNIZATION:** It is also the policy of the Drug/DUI Court Program that program participants are not to engage in any romantic, dating, and/or sexual relationships with other program participants. This type of fraternization is not conducive to a healthy treatment environment and will not be tolerated by the Court. ( )
22. **WAIVER OF RIGHT TO REMAIN SILENT:** I give up my right to remain silent. I agree to fully and honestly participate in all Drug/DUI Court meetings. ( )
23. **PHOTOGRAPH:** I agree to have my photograph taken for Drug/DUI Court files. ( )
24. **FREE, VOLUNTARY, KNOWING AGREEMENT:** My participation in the Drug/DUI Court Program requires that I waive very important rights. I am satisfied that I understand how my participation in the Drug/DUI Court Program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Drug/DUI Court Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Drug/DUI Court Treatment Program as established by the Court and the Treatment Provider. ( )
25. **LAW ENFORCEMENT NOTIFICATION:** I understand and agree that my voluntary participation in the Drug/DUI Court program will subject me to searches, home visits, schedule verification, and other actions as necessary by Cheyenne Police Officers and Laramie County Sheriff Deputies. My name, address, phone number, place of employment, and the names of persons I may reside with will be shared with the Officers of the Cheyenne Police Department and Deputies of the Laramie County Sheriffs Department to help in facilitate those said duties. I understand and agree to cooperate fully with any and all lawful requests made to me by any Officers, and Deputies and I understand that my failure to comply could result in the Drug/DUI Court imposing

sanctions which could include termination. I also understand that any information that I may disclose in treatment will not be shared with any law enforcement personnel except where specific provisions are made by law. I understand that this waiver of notification is valid until my completion of the program or otherwise ordered by the Drug/DUI Court. ( )

26. **SUCCESSFUL COMPLETION:** If I successfully complete Drug Court/DUI Court Treatment Program, I will be allowed to ask the court for an early discharge from my probation. However, early discharge will be at the sole discretion of the Judge. ( )

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



**DRUG/DUI COURT PARTICIPANT PERSONAL INFORMATION SHEET**

DATE:\_\_\_\_\_ REFERRED BY:\_\_\_\_\_

NAME:\_\_\_\_\_ DOB:\_\_\_\_\_

WHERE WERE YOU BORN:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

PHONE:\_\_\_\_\_ SSN:\_\_\_\_\_

GENDER:\_\_\_\_\_ RACE/ETHNICITY:\_\_\_\_\_

CURRENTLY IN JAIL:\_\_\_\_\_ DEFENSE ATTORNEY:\_\_\_\_\_

CURRENTLY ON PROBATION OR PAROLE?\_\_\_\_\_, IF SO WHO IS  
YOUR AGENT:\_\_\_\_\_

PLEASE LIST ALL CURRENT CHARGES (Include and convictions which you are currently on  
probation/parole for):\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE**  
**AS THOROUGHLY AS POSSIBLE.**

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**Residential Status**

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How long have you lived at your current residence?\_\_\_\_\_

In the past two years how many places have you lived?\_\_\_\_\_

List all persons with whom you will live with to include your relationship to each person:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do the other persons with whom you will reside know that you may be a participant in the Drug/DUI Court  
program? **Yes**\_\_\_**No**\_\_\_

Do the other residents that you plan to live with know that you, your residence, and/or your vehicles shall  
be subject to search at anytime by Probation and Parole Agents, Law Enforcement, or any other member of  
the Drug/DUI Court team members? **Yes**\_\_\_**No**\_\_\_

Do you agree that your **entire** residence and the people who live there may not possess any alcohol and/or  
illegal drugs? **Yes**\_\_\_**No**\_\_\_

Do the individuals you plan to reside with agree to keep the residence free of alcohol, illegal drugs and or  
other substances that may be prohibited by your Probation and Parole Agent (*Products include but are not  
limited to; medication or other products that contain alcohol, certain over-the-counter-medication that can  
be abused if used inappropriately, SPICE, or other products that may contain synthetic THC*) ?  
**Yes**\_\_\_**No**\_\_\_

Do you consent that the Drug/DUI Court Team may restrict person(s) with whom you may reside if that person(s) uses or possesses alcohol, illegal drugs, or banned substances? **Yes**\_\_\_**No**\_\_\_

Do you consent that the Drug/DUI Court Team may require you to change your residence because of alcohol, illegal drug, or prohibited substance use that may take place by other residents? **Yes**\_\_\_**No**\_\_\_

Are there guns, decorative knives, or other items that could be reasonably construed as a weapon in your residence? **Yes**\_\_\_**No**\_\_\_ Do you agree to remove those items if requested by your Probation and Parole Agent? **Yes**\_\_\_**No**\_\_\_

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### Education History

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What is the highest level of education you have completed? \_\_\_\_\_

What is the last grade you completed in school? \_\_\_\_\_

Do you have a high school diploma: **Yes**\_\_\_ **No**\_\_\_ or GED: **Yes**\_\_\_ **No**\_\_\_

What is the name of the school and the year you graduated from high school? \_\_\_\_\_

What is the name of the program and what year did you get your GED? \_\_\_\_\_

Have you ever been diagnosed as having a learning disability? **Yes**\_\_\_ **No**\_\_\_, If so, what was the diagnosis? \_\_\_\_\_

Are you currently in school: **Yes**\_\_\_ **No**\_\_\_ If Yes, where: \_\_\_\_\_

Have you ever been diagnosed with a learning disability? \_\_\_\_\_ If yes, what disability? \_\_\_\_\_

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### Employment Status

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Are you currently employed? **Yes**\_\_\_**No**\_\_\_ If so, who is your employer and what is there address? \_\_\_\_\_

If you are employed, how much to you make monthly? \_\_\_\_\_

Do you consent that the Drug/DUI Court Team may restrict the locations where you may work to the City of Cheyenne or Laramie County? **Yes**\_\_\_**No**\_\_\_

Do you consent that your employment may not interfere with your participation in the Drug/DUI Court program and that you will notify your employer of your participation in the Drug/DUI Court program? **Yes**\_\_\_**No**\_\_\_

Do you consent that any member of the Drug/DUI Court Team may conduct a work verification on you at anytime and that those checks may be completed by law enforcement? **Yes**\_\_\_**No**\_\_\_

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### Clinical History

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Within the past year, have you had a mental health assessment? **Yes**\_\_\_**No**\_\_\_ If so, who completed the assessment? \_\_\_\_\_ Do you consent to sign whatever releases that may be

necessary so the Drug/DUI Court Team can receive and review that assessment? **Yes**\_\_\_**No**\_\_\_

Have you ever been diagnosed with a mental health disorder? **Yes**\_\_\_**No**\_\_\_ If so, what was the diagnosis? \_\_\_\_\_

Are you currently taking any medication for a mental health disorder? **Yes**\_\_\_**No**\_\_\_ If so what are those medications? \_\_\_\_\_

In the last year, how many times have you been treated for a psychological or an emotional problem? \_\_\_\_\_

Do you feel like you are in need of detox services? **Yes** \_\_\_ **No** \_\_\_

Are you currently under the care of a physician? **Yes** \_\_\_ **No** \_\_\_ If so, for what? \_\_\_\_\_

Do you consent to sign a waiver of confidentiality with this provider so that the Drug/DUI Court Team may communicate with your provider? **Yes** \_\_\_ **No** \_\_\_

Are you currently receiving mental health services? **Yes** \_\_\_ **No** \_\_\_ If so, with whom are you receiving services? \_\_\_\_\_

Do you consent to sign a waiver of confidentiality with this provider so that the Drug/DUI Court Team may communicate with your provider concerning your treatment? **Yes** \_\_\_ **No** \_\_\_

Have you ever attempted suicide? \_\_\_\_\_ Have you ever been hospitalized for attempting to commit suicide? \_\_\_\_\_ Have you ever received any counseling because of a suicide attempt? \_\_\_\_\_

Within the past year, have you experienced a significant period time coping or managing with the following symptoms:

Serious depression **Yes** \_\_\_ **No** \_\_\_

Serious anxiety **Yes** \_\_\_ **No** \_\_\_

Trouble understanding or concentrating **Yes** \_\_\_ **No** \_\_\_

Hallucinations **Yes** \_\_\_ **No** \_\_\_

Trouble controlling violent behavior **Yes** \_\_\_ **No** \_\_\_

Serious thoughts of suicide **Yes** \_\_\_ **No** \_\_\_

Attempted suicide **Yes** \_\_\_ **No** \_\_\_

Within the past year, have you been prescribed medication for a psychological or emotional problem? \_\_\_\_\_ If so, what medication(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **Substance Use History**

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Do you smoke cigarettes? **Yes** \_\_\_ **No** \_\_\_

Do/Did you consume alcohol? **Yes** \_\_\_ **No** \_\_\_ When was the last time you drank? \_\_\_\_\_

Do/Did you consume drugs? **Yes** \_\_\_ **No** \_\_\_ When was the last time you used? \_\_\_\_\_

How often do you drink? **Daily** \_\_\_ **Weekly** \_\_\_ **Monthly** \_\_\_ **Other** \_\_\_\_\_

How often do you do drugs? **Daily** \_\_\_ **Weekly** \_\_\_ **Monthly** \_\_\_ **Other** \_\_\_\_\_

Where do you drink/use drugs? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who do you drink or do drugs with? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used drugs or alcohol with your parents? **Yes** \_\_\_ **No** \_\_\_ Spouse? **Yes** \_\_\_ **No** \_\_\_

Siblings? **Yes** \_\_\_ **No** \_\_\_ Children? **Yes** \_\_\_ **No** \_\_\_

How much drugs would you use you do on each occasion? \_\_\_\_\_

How much do you drink on each occasion? \_\_\_\_\_

What age were you when you started drinking? \_\_\_\_\_

What age were you when you started using drugs? \_\_\_\_\_

When did alcohol become a problem? \_\_\_\_\_

When did drugs become a problem? \_\_\_\_\_

Have you ever used needles to get high? **Yes** \_\_\_ **No** \_\_\_

What drug(s) would you say has caused you the most trouble? (Please list as many as you want)

Have you ever used;

<u>Substance:</u>	<u>Have you Ever</u> <u>Used (Y/N):</u>	<u>Age First</u> <u>Used</u>	<u>How Often:</u>	<u>Number of</u> <u>Years Used:</u>
<u>Last Use:</u>				
Marijuana				
Cocaine				
Methamphetamines				
Mushrooms				
Ecstasy				
PCP				
Abused Prescription pills				
Spice				
Other (Please specify)				

How much do/did you spend on alcohol/drugs per month? \_\_\_\_\_

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#### **Treatment History**

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Are you currently receiving substance abuse treatment? **Yes** \_\_\_ **No** \_\_\_ If so, where at? \_\_\_\_\_

Do you consent to signing a waiver of confidentiality in order for the Drug/DUI Court Team to communicate with your current treatment provider? **Yes** \_\_\_ **No** \_\_\_

How many times have you received treatment for substance abuse? \_\_\_\_\_ What substances to did you seek treatment for? \_\_\_\_\_ What was the name of your previous treatment providers? \_\_\_\_\_

Have you ever been detox? **Yes** \_\_\_ **No** \_\_\_ If so, how many times? \_\_\_\_\_ When was the last time you were in detox? \_\_\_\_\_

Have you ever been hospitalized for substance abuse? **Yes** \_\_\_ **No** \_\_\_ If so, how many times? \_\_\_\_\_

Have you ever been in a residential substance abuse treatment facility? **Yes** \_\_\_ **No** \_\_\_ If so, how many times? \_\_\_\_\_

When was the last time you were in a residential substance abuse treatment facility? \_\_\_\_\_

Have you ever participated in the Intensive Treatment Unit (ITU) program through the Wyoming Department of Corrections? **Yes** \_\_\_ **No** \_\_\_ If so, when? \_\_\_\_\_

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#### **Hospital Stays**

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Have you ever been a patient in a hospital? **Yes** \_\_\_ **No** \_\_\_ If yes, how many times? \_\_\_\_\_

What for? \_\_\_\_\_

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### **Criminal History**

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Are you currently under the supervision of the Wyoming Department of Corrections? **Yes**\_\_\_ **No**\_\_\_, If so, who is your P&P Agent? \_\_\_\_\_

If you are on probation, what is your charge? \_\_\_\_\_

Are there any new charges pending? **Yes** \_\_\_ **No** \_\_\_ If so, what are the charges? \_\_\_\_\_

How many times have you been arrested in your lifetime (please be specific, i.e. 2,5 10 times) ? \_\_\_\_\_

How old were you when you were first arrested? \_\_\_ What were you arrested for? \_\_\_\_\_

Please list all cities and states, charges, convictions, sentences and how old you were, for all arrests in your lifetime:

<u>Location:</u>	<u>Charge(s):</u>	<u>Conviction(s) (Yes or No):</u>	<u>Sentence:</u>	<u>Age:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of a violent offense? **Yes** \_\_\_ **No** \_\_\_ If so for what? \_\_\_\_\_

Have you ever been sent to prison? **Yes** \_\_\_ **No** \_\_\_ If so, when and where? \_\_\_\_\_

How much total time did you serve in prison? \_\_\_\_\_

Have you ever served time in a County jail? **Yes** \_\_\_ **No** \_\_\_

If so, how much total time have you served? \_\_\_\_\_

What was the conviction for that you served County jail time? \_\_\_\_\_

Have you ever been on probation or parole? **Yes** \_\_\_ **No** \_\_\_ If so in what State? \_\_\_\_\_ What other States have you been on probation or parole? \_\_\_\_\_

How much total time have you served on probation or parole? \_\_\_\_\_

Did you successfully complete your time on probation or parole? \_\_\_\_\_

Have you ever had your probation or parole revoked? **Yes** \_\_\_ **No** \_\_\_ If so, for what reason \_\_\_\_\_

How many times has your probation or parole been revoked? \_\_\_\_\_

Have you ever escaped from a prison, jail, or halfway house? **Yes** \_\_\_ **No** \_\_\_

Have you ever absconded from your probation or parole? **Yes** \_\_\_ **No** \_\_\_ If so, what was your reason for absconding? \_\_\_\_\_

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### **Family History**

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Please complete the following information as completely as possible.

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_



Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have your parents been married? \_\_\_\_\_ If divorced, how long? \_\_\_\_\_ How old were you when your parents got divorced? \_\_\_\_\_ Who did you live with? \_\_\_\_\_ Did either of your parents ever get remarried? \_\_\_\_\_ If so, please complete the following:

Step-Father's Name \_\_\_\_\_ Age: \_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Step-Mother's Name: \_\_\_\_\_ Age: \_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How do/did you get along with parents and/or stepparents? \_\_\_\_\_

Do parents/stepparents consume alcohol or drugs? \_\_\_\_ If so, how often? \_\_\_\_\_

Have your parents/stepparents ever received substance abuse treatment? \_\_\_\_\_

Where/When \_\_\_\_\_

Have your parents/stepparent ever been abusive to you? \_\_\_\_ If so, please describe: \_\_\_\_\_

Have your parents/stepparents ever been abusive to other family members? \_\_\_\_ If so, whom? \_\_\_\_\_

Have your parents/stepparents ever been in trouble with the law? \_\_\_\_ If so, please explain: \_\_\_\_

Have you ever spent any time in a foster home? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever spent any time in a youth group home? \_\_\_\_\_ If yes when? \_\_\_\_\_

Please list all of your brothers and sisters to include half/step siblings.

Name: \_\_\_\_\_ Age: \_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relation to you: \_\_\_\_\_

Do any of your siblings have problems with Drugs or Alcohol \_\_\_\_ If so with whom? \_\_\_\_\_

Have any of your siblings been in legal trouble? \_\_\_\_ If so whom? \_\_\_\_\_

How would you describe your relationship with your siblings? \_\_\_\_\_

Marital or Significant Other:

Are you married, single, divorced, or widowed? \_\_\_\_\_

Current Spouse/Significant Other Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you been married or together with your Significant Other? \_\_\_\_\_

Do they consume alcohol? \_\_\_\_ If so how often? \_\_\_\_\_ Do they use drugs? \_\_\_\_ If so how

often? \_\_\_\_\_

Has your wife or significant other ever received substance abuse treatment? \_\_\_\_\_ If yes, when?

\_\_\_\_\_ Where did they receive treatment at? \_\_\_\_\_

Have they ever been abusive to you/others? \_\_\_\_\_ If so please describe: \_\_\_\_\_

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**Children:**

Please list all names of your children and step-children.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

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**Medical History**

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Do you have health insurance? \_\_\_\_\_ If yes, who with? \_\_\_\_\_

What is your policy number? \_\_\_\_\_

Are you on Medicaid or Medicare? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Are you on disability? \_\_\_\_\_ If so for what? \_\_\_\_\_

Do you have any chronic medical problems that interfere with your life? \_\_\_\_\_ If yes, please specify;

\_\_\_\_\_ Do you take  
prescribed medication on a regular basis for a physical problem? \_\_\_\_\_ If yes, please specify;

\_\_\_\_\_ Do you receive financial compensation (pension, disability, etc.) for a physical disability? \_\_\_\_\_

If yes, please specify; \_\_\_\_\_

Have you experienced medical problems in the past 30 days? \_\_\_\_\_ If yes, please specify; \_\_\_\_\_

\_\_\_\_\_ Do you have any vision problems? \_\_\_\_\_ If yes, please specify; \_\_\_\_\_

\_\_\_\_\_ Do you have any dental problems? \_\_\_\_\_ If yes, please specify; \_\_\_\_\_

\_\_\_\_\_ How would you describe your overall health? \_\_\_\_\_

\_\_\_\_\_

**Instructions: Please answer the questions below by either checking YES or NO.**

**(D)**

During the last year, did you notice that the same amounts of drugs or alcohol didn't have the same affect they used too, and that you had to use more in order to get the same affect?

**YES \_\_\_\_ NO \_\_\_\_**

During the past year, have you experienced any physical distress when you quit drinking or taking drugs, or have you found yourself using more to avoid withdrawal symptoms such as hangovers or other physical symptoms?

**YES \_\_\_\_ NO \_\_\_\_**

During the past year, have you used more alcohol or drugs, or used over a longer period of time than you had originally planned?

**YES \_\_\_\_ NO \_\_\_\_**

During the past year, have you given up any work, family or leisure time activities due to your use of alcohol or drugs?

**YES \_\_\_\_ NO \_\_\_\_**

During the past year, have you tried unsuccessfully to control or cut down your use of substances?

**YES \_\_\_\_ NO \_\_\_\_**

During the last year have you continued to use alcohol or drugs despite knowing that you have a physical or emotional problem that is caused or made worse by your use of substances?

**YES \_\_\_\_ NO \_\_\_\_**

**(A)**

During the past year, has your use of alcohol or drugs contributed to difficulty or inability to meet your responsibilities at home, work, or school?

**YES \_\_\_\_ NO \_\_\_\_**

During the past year, have you used alcohol or drugs, even when your use could be putting yourself in danger (such as when driving, participating in sports, or operating heavy machinery)?

**YES \_\_\_\_ NO \_\_\_\_**

During the past year, has your drug or alcohol use led to problems with the legal system, such as DUI, Drunk and Disorderly arrests, being picked up for drug possession, etc.?

**YES \_\_\_\_ NO \_\_\_\_**

During the past year, have you continued to use alcohol or drugs even though this use has contributed to problems in relationships with others, such as arguments with friends or family, physical fights, etc.?

**YES \_\_\_\_ NO \_\_\_\_**

DEFENDANT Please fill this out as completely as possible and return it with you Drug Court Application

## Proposed Residence for Drug Court Supervision

Your Name: \_\_\_\_\_

Proposed Address #1 \_\_\_\_\_  
\_\_\_\_\_

Contact Person for this address: \_\_\_\_\_

Contact Person's phone number: \_\_\_\_\_

Your relationship with this person: \_\_\_\_\_

Names and Ages of other People in the Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Address #2 \_\_\_\_\_  
\_\_\_\_\_

Contact Person for this address: \_\_\_\_\_

Contact Person's phone number: \_\_\_\_\_

Your relationship with this person: \_\_\_\_\_

Names and Ages of other People in the Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sentencing Date if Scheduled: \_\_\_\_\_

\*\*\*Drug Court Team Please Remove from Application Packet and give to Drug Court Agent\*\*\*

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## Letter of Application

The Laramie County Drug Court program is a volunteer program and the Drug Court Team reserves the right to accept, or deny, your application for placement into the program for any reason. This page is your opportunity to explain to the Drug Court Team the reasons why you want placement into Drug Court and what you hope to gain from participating in the Drug Court program. You may attach additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**State of Wyoming**  
**Department of Health**  
**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

Updated April 09, 2008

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is available in alternate formats that meet guidelines for the Americans with Disabilities Act (ADA). Contact the Wyoming Department of Health at: Phone, 307.777.7656, TTY 307.777.5648 or FAX 307.777.7439.

The Wyoming Department of Health (WDH) provides many types of health related services, such as Public health plans, Public Health Nursing, and Preventative Health. WDH is required to protect the information we collect by Federal and State law. This information is called, "protected health information" or PHI. This Notice of Privacy Practices will tell you how WDH may use or disclose protected health information. Not all situations will be described. WDH is required to give you a notice of our privacy practices. WDH is required to follow the terms of the notice currently in effect. In the future, WDH may change its Notice of Privacy Practices. Any changes will apply to information WDH already has, as well as any information WDH receives after changes have been made. A copy of the new notice will be posted at the WDH facility as required by law. You may ask for a copy of the current notice anytime you visit a WDH facility, or get it on-line at: [www.health.wyo.gov](http://www.health.wyo.gov).

**WDH May Use and Disclose Information Without Your Authorization**

- **For Treatment.** WDH may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** WDH may use or disclose information to receive payment or to pay for the health care services you receive. For example, WDH may provide PHI to bill your health plan for health care provided to you.
- **For Health Care Operations.** WDH may use or disclose information in order to manage its programs and activities. For example, WDH may use PHI to review the quality of the services you receive.
- **Appointments and Other Health Information.** WDH may send you reminders for medical care or checkups. WDH may send you information about health services that may be of interest to you.
- **For Public Health Activities.** WDH is the public health agency that keeps and updates vital records and tracks some diseases.
- **For Health Oversight Activities.** WDH may use or disclose information to inspect or investigate health care providers.

- **As Required by Law and For Law Enforcement.** WDH will use and disclose information when required or permitted by federal or state law or by a court order.
- **For Government Programs.** WDH may use and disclose information for public benefits under other government programs.
- **To Avoid Harm.** WDH may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** WDH uses information for studies and to develop reports. These reports do not identify specific people.
- **Disclosures to Family, Friends and Others.** WDH may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

### **Other Uses and Disclosures Require Your Written Authorization**

- **For other situations.** WDH will ask for your written authorization before using or disclosing information. You may cancel this authorization in writing at any time. WDH cannot take back any uses or disclosures already made with your authorization.
- **Other Laws Protect PHI.** Many WDH programs have other laws for the use and disclosure of information about you. For example, you must give written authorization for WDH to use and disclose your mental health and chemical dependency treatment records.

### **Your PHI Privacy Rights**

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct or Update Your Records.** You may ask WDH to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request. WDH is not required to agree to the request.
- **Right to Get a List of Disclosures.** You have the right to ask WDH for a list of disclosures of your PHI, made after April 14, 2003. You must make the request in writing. This list will not include information that was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask WDH to limit how your information is used or disclosed. You must make the request in writing and tell WDH what information you want to limit and to whom you want the limits to apply. WDH is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you may cancel the authorization at any time. You must make the request in writing. This will not affect information already shared by WDH.
- **Right to Choose How We Communicate with You.** You have the right to ask WDH

to share information with you in a certain way or in a certain place. For example, you may ask WDH to send information to your work address instead of your home address. You must make this request in writing. You do not need to explain the basis for your request.

- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how WDH has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

### **How to Contact WDH to Review, Correct, or Limit Your Protected Health Information (PHI)**

You may contact your local WDH program office to:

1. Ask to look at or copy your records.
2. Ask to correct or change your records.
3. Ask to limit how information about you is disclosed.
4. Ask for a list of the times WDH disclosed information about you.
5. Ask to cancel your authorization to disclose information.
6. File a complaint.

WDH may deny your request to look at, copy or change your records. If WDH denies your request, WDH will send you a letter that tells why your request is being denied and how to ask for a review of the denial. You will also receive information about how to file a complaint with WDH or with the U.S. Department of Health and Human Services.

### **How to File a Complaint or Report a Problem**

You may contact any of the people listed below if you want to file a complaint or to report a problem with how WDH has used or disclosed your information. Your benefits will not be affected by any complaints you make. WDH cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

#### **For More Information**

If you have any questions about this Notice or need more information, please contact the WDH Compliance Officer.

De Anna Greene, CIPP/G

HIPAA Compliance Officer

Wyoming Department of Health

401 Hathaway Building

Cheyenne, WY 82002

Phone: (307) 777-8664

Fax : (307) 777-7439

Email: [deanna.greene@health.wyo.gov](mailto:deanna.greene@health.wyo.gov)

### **Acknowledgement of Receipt**

I, \_\_\_\_\_, acknowledge that I have received the "Notice of Privacy Practices" as outlined by the Wyoming Department of Health.

I also understand that if I have any questions about the "Notice of Privacy Practices" I can either speak to Kurt Zunker, Director, Laramie County Drug Court at (307) 633-4530, or I may contact De Anna Greene, of the Wyoming Department of Health at (307) 777-8664.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# carf INTERNATIONAL

*A Three-Year Accreditation is awarded to*

## *Foundations Counseling and Consulting of Wyoming, LLC*

*for the following programs:*

*Court Treatment: Integrated: AOD/MH  
(Adults)*

*Intensive Outpatient Treatment: Integrated: AOD/MH  
(Adults)*

*Outpatient Treatment: Integrated: AOD/MH  
(Adults)*

*This accreditation is valid through  
March 2017*

*The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.*



*This accreditation certificate is granted by authority of:*

Kayda Johnson  
Chair  
CARF International Board of Directors

Brian J. Boon, Ph.D.  
President/CEO  
CARF International

carf

carfccac

carf CANADA