

Program Name: Laramie County Drug Court program

Program Contact: Kurt Zunker

### Section 1. Program Type, Mission, Goals

**Official Program Name:** Laramie County Drug Court program

**1. Program Type (if box doesn't let you check it, place an X where the box is):**

- ☒ Adult Drug Court  
☐ Juvenile Drug Court  
☐ DUI Court  
☐ Tribal Healing to Wellness Court  
☐ Reentry Drug Court  
☐ Veterans Treatment Court  
☐ Federal District Drug Court  
☐ Family Dependency Treatment Court  
☐ Back on TRAC  
☐ Other :

**2. Use the following space to share your Program Mission Statement and Goals (see W.S. §7-13-1603(b))**

**Program 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:**

**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.

### Section 2. Funding Request

Number of adult slots requesting state funds to support in FY20:	<u>25</u>
Number of juvenile slots requesting state funds to support in FY20:	<u>0</u>
Adult Slots X \$9,354.66 =	<u>\$233,866.50</u>
Juvenile Slots X \$14,716.84 =	<u>\$0</u>

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Total State Funds Request = \$233,866.50

### Section 3. Program Data to Support Request

WyCST database information will be provided to the funding panel which includes participant age range (adult, juvenile), admitted date, status (graduated, opted out, terminated, phase 1/2/3/4, monitoring), days of treatment, and number of positive drug tests. This information gives the panel a snapshot of the population you serve and your case load for the duration of July 1, 2017, through December 31, 2018. The funding panel will also be provided with recidivism and retention rates from WYCST.

**OPTIONAL: Use the following space to share any important information/circumstances regarding monthly average participant numbers and recidivism rates:**

The Drug Court program has vastly improved the retention numbers from the last application. In the last application the Drug Court program reported a retention rate of 28.57%. The program instituted a new policy to not accept applicants into the program if they had a history of absconding previously ordered probation, failing to appear for Court, and for escape. Although, we have allowed for some exceptions to that new rule, the policy change appears to have been effective. The retention rate for this year is 53.85%. However, the policy does not provide a 100% fix. In FY-18 50% of the terminations from the program was for absconding, which is down from 60% the year before. Thus far this fiscal year, of the three individuals that were terminated, one was for absconding and the other two were for being discharged unsuccessfully from residential treatment.

The biggest issue with the program this year is the lack of cooperation from the DA's office. They are directly responsible for refusing to allow eligible defendant an opportunity to participate in the program. Has an example, the Public Defender's office reported to me last week (12/7/18), that the DA's office would not allow at least 14 criminal defendants the opportunity to even apply for the program. More information concerning the Drug Court's plan to address the population issue will be addressed in a corrective action plan between the Drug Court and the DOH.

Recidivism Rates for the program remain impressive. Please see below:

<u>Year</u>	<u>In-Program Arrests</u>	<u>Post-Program Arrests</u>
FY-17	7.14%	6.25%
FY-18	5.88%	5.56%
Current FY	0%	0%

It is also worth noting that the effectiveness of the Drug Court is demonstrable over time as well. The three-year recidivism report shows that from the period of Jul 1, 2015 to July 1, 2018 there



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were only 5 in-program arrests for new crimes, resulting in a 6.02% recidivism rate and 11 post-program arrests out of 88 graduates for a 12.50% recidivism rate.

#### **Section 4. Funding Sources, Practices, Fiscal Agent**

##### Program Funding and Fees

1. Is your program currently receiving federal funds (for FY19)? ☐ Yes ☒ No  
a. If yes, list the name of the grant and amount you received:
2. Will your program apply for other/available federal funds in FY19? ☐ Yes ☐ No  
It would depend on what funds that may become available.
3. Does your program intend to ask for funding to aid in CARF accreditation? ☒ Yes ☐ No  
If your program's treatment provider receives other funds from the Division, you are not eligible to receive CARF funding.
4. If you will receive other supplemental funds (gifts, contributions, donations and/or grants) outside of the state grant and city/county match funds, list the funding sources and dollar amounts here:  
  
The Drug Court program does not anticipate receiving any additional funds outside of State, County, and participant fees for the upcoming FY.
5. How much will your program participants' pay in Court Supervised Treatment Program fees (designate if per phase, per year, per month, other)?  
  
All program participants are required to pay a participation fee of \$750.00. All fees have to be paid-in-full in order to graduate.
6. What other expenses will your participants be responsible for throughout their program (SCRAM bracelets, drug testing, other)?  
  
Participants may be required to pay for specialized urinalysis testing, such as for Spice or EtG if they test positive for those substances. Any participant that has been determined to be in need of residential treatment will be required to make payment to the residential treatment program they attend.
7. If participants are required to pay CST-related expenses directly to any organization holding a contract or MOU with the CST Program (treatment providers, drug testing services, etc.) how are those payments tracked and reported back to the CST Program?

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The Drug Court contracts with the Drug Testing Center of Cheyenne to provide additional drug testing and community supervision of program participants. Participants that are required to pay for their own drug testing are referred to this entity. The program coordinator communicates with the staff at the Drug Testing Center concerning costs and fees incurred by participants in regards to testing and the program requires those debts be paid in full before a participant is eligible to graduate.

8. Is your fiscal/fiduciary agent on your governing body or board? ☐ Yes ☒ No  
\*If they are not on your governing body/board, email a copy of the resolution, signed by your governing body, appointing the fiscal/fiduciary agent to [CSTProgram@wyo.gov](mailto:CSTProgram@wyo.gov) for us to keep with your records.
9. Submit with this application and its attachments the letters from the agency or agencies that committed in-kind contributions and local match funds for the upcoming year of FY20. These documents should be scanned into one document and submitted as one document.

#### **Section 5. Projected Budget and Justification (Attachment A)**

*Fill out the Budget and Budget Justification Attachment A and submit with this application. (The Budget tab and Budget Justification tab are both on same document.) Match funds must be at least 25% of your state funds request. Federal grants and any other state funds cannot be counted in your match funds.*

#### **Section 6. Magistrates**

1. Pursuant to W.S. 7-13-1606(d), "The application shall identify participating judges and contain a plan for the participation of judges. The plan shall be consistent with rules adopted by the department and the Supreme Court." Use the following space to provide your CST Program's plan for the participation of all judges/magistrates in this program:

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.



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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 rules and regulations adopted by the Wyoming Department of Health and the Wyoming Supreme Court and all other professional rules of conduct as required.

- 2. To aid the Supreme Court in compiling data to build their projected Court Supervised Treatment magistrate budgets, what is the average number of hours per week that a magistrate is utilized in your Court Supervised Treatment Program?**

The Drug Court does not anticipate using a Magistrate for the upcoming FY.

#### **Section 7. Risks/Needs Assessment Practices**

- 1. What participant risks/needs screening and assessment processes does your program currently use? (Explain process and list all tools used)**

The program uses the COMPAS R&N assessment, which is administered by the Drug Court Probation Agent, McKensie Wolter. The assessment is updated every 6 months, but can be updated sooner depending on program participants needs. However, this process may change. The Laramie County Veterans Treatment Court program has received funds from the Bureau of Justice Assistance FY-2018 Adult Drug Court Discretionary Grant Program. In the grant request was funding to purchase the COMPAS for the VTC program. However, I have been in negotiations with the developers of COMPAS to allow the R&N assessment be able to be used by all of the treatment court programs in Laramie County. Funds from that grant will become available on January 1, 2019.

- 2. What is the job title of the individual(s) conducting the screening of participants?**

The Drug Court Probation and Parole Agent, McKensie Wolter, currently conducts the COMPAS. However, this may change if the Drug Court can use the R&N. In that case the R&N may be conducted by Kurt Zunker during the screening process.

- 3. Use the following space to explain if your program opts to serve individuals with risk/need levels different than the best practice population and summarize this policy including if/how the groups are separated.**

#### **Section 8. Substance Use Treatment Services, Practices, Certifications**

- 1. Will your program hire in-house treatment providers? ☐ Yes ☒ No**
- 2. Will your program contract for treatment? ☒ Yes ☐ No**

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**If so, provide the name of the provider here.**

Foundations Counseling and Consulting of Wyoming  
515 E. Carlson Street Suite 104  
Cheyenne, WY 82009  
(307) 638-4092  
(307) 635-3967 (fax)  
<https://www.foundationswyoming.com>

**3. What is the date of expiration of your in-house program's or contracted treatment provider's STATE CERTIFICATION?** April 30, 2019

**4. What is the expiration date of your treatment provider's NATIONAL ACCREDITATION?**  
March 31, 2020.

**5. What location(s) are participants being seen for services?**

Most of the treatment services will take place at Foundations. However, participants that are enrolled in MAT will receive their medical care, screenings, injections, or other medications at Health Works, which is located at

2559 East Fox Farm Road  
Cheyenne, WY 82007  
(307) 635-3618  
<https://www.wyhealthworks.org/>

#### **Section 9. Mental Health Services, Practices, Certifications**

**6. If your program does not have a contract (or MOU) with a mental health treatment provider, do you refer participants to your local Community Mental Health Center? Use the following space to provide the name or names of the mental health treatment providers used by your program.**

Foundations will provide all substance abuse and mental health counseling. Mental health medication needs and management is generally referred to Healthworks.

**\*If you intend to use state funds to pay for mental health services, providers must be CARF accredited.**

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



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### How do they communicate this information?

Participants that are referred to Healthworks will work with Brittany Sullivan who is a case manager at Foundations. She is the primary contact for the services and participates in our Drug Court staffings.

### Section 10. Training Summary

1. List every program team member and every treatment provider, the training hours they have acquired in the last fiscal year (July 1, 2017-June 30, 2018), and the title of the training. If the training was not from an organization listed in Rule or Guideline and was not preapproved, it will not be counted for completed hours. If applicable, provide an explanation on why total required hours were not obtained and the plan for completion of these hours in the next contract year.

Member Position	Member Name	Title of Training	Hours Received	Member Start Date
Participating Judge	Judge Antoinette Williams	Different NADCP Webinars <a href="https://www.ndci.org/resources/training/e-learning/">https://www.ndci.org/resources/training/e-learning/</a>	6	7/3/16
Prosecuting Attorney				
Defense Attorney or <i>Guardian ad litem</i>	Anna Johnson	Standards Committee Meetings	10	7/1/18* Was on Team previously
Monitoring Officer/Probation Officer	McKensie Walter	2018 NADCP Conference	25	3/15/17
Treatment Provider Representative	Jim Nelson	2018 NADCP Conference	25	7/1/10
Program Coordinator	Kurt Zunker	Opioid Overdose Prevention, Recognition, and Response (WDOH) Different NADCP Webinars <a href="https://www.ndci.org/resources/training/e-learning/">https://www.ndci.org/resources/training/e-learning/</a>	2  6	1/3/2002

\*\*The Laramie County Drug Court program has applied with the Sublette County Drug Court and the Park County Drug Court to host a Operational Tune-Up training through NADCP. At the time of

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this grant submission locations selected to receive this training have not been made by NADCP staff.

### **Section 11. Recidivism, Retention, Sobriety**

**Court Supervised Treatment Programs have many components that contribute to the goals of reducing crime/reducing recidivism, retaining individuals for the full duration of the program, and increasing durations of sobriety prior to graduating a program. Goals for each of these three target areas are set in annual contracts and in site visit reports, and the goals are based on the functionality of existing programs and averages reported in national or regional studies.**

#### **1. What method(s) does your program utilize to track recidivism?**

The program tracks recidivism in two manners. The Court Coordinator tracks all arrest data on program participants and/or graduates on matters that are brought before the Laramie County Circuit Court and Cheyenne Municipal Court. The other mechanism for tracking recidivism is the Coordinator completes a yearly recidivism study using the WyCJIS system.

#### **2. What does your program do to retain participants in the program as long as possible?**

The Drug Court has worked hard to fix the program's retention program. One of the most significant changes made was to adjust admission criteria that does not allow for individuals with a history of absconding, failing to appear, and escape from the program. The other mechanism that the program uses to retain participants is to not terminate participants unless they (1) abscond from the program, (2) commit a new felony offense, (3), fail at all available treatment resources, (4) continued use of a banned substance that is designed to thwart drug testing, or (5) threaten violence, or commit an act of violence towards program staff or other participants. As stated previously, 50% of participants that are terminated from the program are terminated because they have absconded.

### **Section 12. Community Outreach**

**Discuss community outreach activities your program completed in FY19 to date:**

All program participants that reach level 4 are required to complete a community payback project. Projects that have been completed thus far include providing free haircuts to the residents of the Comea Shelter and conducting a food drive at Sam's Club for NEEDS, Inc.

### **Section 13. Master Contact List (Attachment B)**

*Fill out Attachment B, Master Contact List, to provide the most up-to-date contact information for all entities relating to your Court Supervised Treatment Program.*

### **Section 14. Assurances**



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Review all assurances and make sure all required attachments (A and B, and match fund letters) are provided with this application. **Initial each item for which you are in compliance.**

- 1. This application was reviewed and approved by the Program Team and the representative from the Governing Body:**
- 2. All attachments (Application, matching funds letters, Attachment A and Attachment B, Contracts or MOUs) were reviewed and approved by the Program Team and the representative from the Governing Body:**
- 3. Indicate here if your Court Supervised Treatment Program would like a 10 minute phone call with the funding panel on MONDAY, March 4<sup>th</sup>, 2019, between 9:00am and noon and who will be present for the call. Specific times will be determined after all applications are submitted. This is optional and allows you an opportunity to highlight progress in your program or circumstances influencing your funding request.**

The Drug Court would like to request a 10 minute phone call with the Funding Panel.

#### **Section 15. List of Required Attachments**

- 1. Letters from the agency or agencies that committed in-kind contributions and local match funds for the application year of FY20**
- 2. Attachment A, Budget and Budget Justification**
- 3. Attachment B, Master Contact List**



## CST Program Annual Budget

FY2020

CST Program Name:	Laramie County Drug Court
Remit Payment To:	Laramie County Drug Court
CST Program Address:	309 W. 20th Street # 2300
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

FUNDING SOURCES and AMOUNTS	Requested State Funds	Local Funds	In-Kind	City & County Funds	Federal Funds	Program Participant Fees	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)	\$43,991.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Benefits (Not including Treatment/Supervision)	\$20,304.00	\$0.00	\$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	\$0.00
Internet Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone/Cell Phone	\$910.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities	\$0.00	\$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	\$0.00
Office Supplies	\$448.00	\$0.00	\$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	\$0.00
Computer Software and/or Supplies	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Photocopier	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Postage	\$0.00	\$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	\$0.00
Equipment Maintenance	\$0.00	\$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	\$0.00
Office Space	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Construction Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grant Writing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Case Management System	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Audit Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services Contract (Please Specify)	\$14,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TRAVEL/TRAINING</b>								
Travel In-State	\$0.00	\$0.00	\$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	\$0.00
Training Fees	\$0.00	\$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	\$0.00
Client Transportation	\$0.00	\$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	\$0.00
<b>TREATMENT/SUPERVISION</b>								
Substance Abuse Treatment	\$145,913.50	\$0.00	\$33,388.66	\$36,500.00	\$0.00	\$0.00	\$0.00	\$69,888.66
Substance Abuse Treatment Salaries and Wages (if applicable)	\$0.00	\$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	\$0.00
Mental Health and/or Other Counseling Services	\$0.00	\$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	\$0.00
Educational Materials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing and Testing Supplies	\$0.00	\$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	\$0.00
Graduation and Incentives	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
National Accreditation	\$0.00	\$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	\$0.00
<b>MISCELLANEOUS EXPENSES (Please Specify)</b>								
A. Quality of Life Dollars	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. State Approved \$7500 for CARF	\$7,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. State UA Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Line Totals</b>	<b>\$233,866.50</b>	<b>\$0.00</b>	<b>\$33,388.66</b>	<b>\$36,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$69,888.66</b>

Total State Funds Request	\$	233,866.50
TOTAL MATCH USED AGAINST GRANT	\$	\$69,888.66

Total Budget	\$	303,755.16
Match Fund Percentage	\$	0.30

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.

Once a budget has been accepted, funds may NOT be moved from Treatment to Salary or Benefits



**Budget Justification***Please only type in peach colored boxes.*

Date Last Updated

Laramie County Drug Court
Laramie County Drug Court
309 W. 20th Street # 2300

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 finalized in June.

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

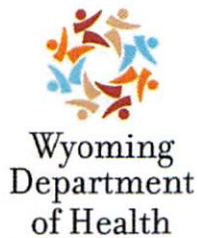
Note: To expand the box size, select "Home, Cells, Format, Autofit Row Height."

Cost Description	Total Amount	
<b>ADMINISTRATIVE</b>		
Salaries and Wages	\$43,991.00	Salaries for Kurt Zunker, Drug Court Coordinator and Cameo Keiffer, Administrative Assistant equals \$43,991.00 which be paid out of DOH dollars. Health benefits, dental insurance, life insurance, retirement, social security, medicare, and workers' comp equals \$20,304.00, of which the program will use DOH funds.
Employee Benefits	\$20,304.00	
Professional Services Fees (Please Specify)	\$0.00	N/A
Internet Service	\$0.00	N/A
Telephone/Cell Phone	\$910.00	The Drug Court program will have one landline phone which will cost, \$160.00, of which the program will use DOH funds. The program will have one cell phone which will cost \$750.00, of which the program will use DOH funds.
Utilities	\$0.00	N/A
Vehicle Expenses/Maintenance	\$0.00	N/A
Office Supplies	\$448.00	The program will use \$448.00 in DOH funds for office supply needs.
Computer Hardware	\$0.00	
Computer Software and/or Supplies	\$400.00	The program will use \$400.00 in DOH funds to pay for printer cartridges.
Photocopier	\$0.00	N/A
Postage	\$0.00	N/A
Advertising	\$0.00	N/A
Equipment Maintenance	\$0.00	N/A
Equipment Rental/Purchase	\$0.00	
Office Space	\$0.00	N/A
Construction Costs	\$0.00	N/A
Grant Writing	\$0.00	N/A
Case Management System	\$0.00	N/A
Audit Costs	\$0.00	N/A
Professional Services Contract (Please Specify)	\$14,400.00	The Drug Court program contracts with the Drug Testing Center of Cheyenne to provide drug testing support for the program. The program will use \$14,400.00 DOH funds to pay this contractor.
Program Evaluation	\$0.00	
<b>Total Administrative</b>	<b>\$80,453.00</b>	
<b>TRAVEL/TRAINING</b>		
Travel In-State	\$0.00	N/A
Travel Out-of-State	\$0.00	N/A
Training Fees	\$0.00	N/A
Miscellaneous Meeting Expenses	\$0.00	N/A
Client Transportation	\$0.00	N/A
Community Training	\$0.00	N/A
<b>Total Travel/Training</b>	<b>\$0.00</b>	
<b>TREATMENT/SUPERVISION</b>		
Substance Abuse Treatment	\$215,802.16	The County contracts with Foundations, LLC to provide all out-patient mental health and substance treatment services for program participants. The program will use \$145,913.50 in DOH funds, \$36,500.00 in County funds, and \$6,750 participant fees to pay for those services. Also, Foundations, LLC contributed \$33,388.66 in uncompensated treatment dollars to program participants.
Salaries and Wages (if applicable)	\$0.00	N/A
Employee Benefits (if applicable)	\$0.00	
Mental Health and/or Other Counseling Services	\$0.00	N/A
Educational Program	\$0.00	N/A
Educational Materials	\$0.00	N/A
Drug Testing and Testing Supplies	\$0.00	N/A
Monitoring (Electronic)	\$0.00	N/A
Graduation and Incentives	\$0.00	N/A
Family Activities	\$0.00	N/A
National Accreditation	\$0.00	N/A
Other Program Materials	\$0.00	N/A
<b>Total Treatment/Supervision</b>	<b>\$215,802.16</b>	
<b>MISCELLANEOUS</b>		

Attachment A	
A. Quality of Life Dollars	\$0.00
B. State Approved \$7500 for CARF	\$7,500.00
C. State UA Funding	\$0.00
Total Miscellaneous	\$7,500.00
TOTALS	\$303,765.16

The program is requesting \$7,500 in CARF funds for Foundations, LLC re-certification.





Behavioral Health Division  
6101 Yellowstone Road, Suite 220  
Cheyenne, WY 82002  
(307) 777-6494 • 800-535-4006  
Fax (307) 777-5849 • [www.health.wyo.gov](http://www.health.wyo.gov)



Thomas O. Forslund  
Director

Matthew H. Mead  
Governor

**SFY 20 Wyoming Court Supervised Treatment Program  
Master Contact List  
Attachment B to SFY 20 Application**

<b>Legal Name of CST Program:</b>	Laramie County Drug Court
<b>Organization Governing the Contract:</b>	Laramie County
<b>Mailing Address</b>	<b>Physical Address for FedEx of Contract</b>
	309 W. 20 <sup>th</sup> Street # 2300 Cheyenne, WY 82001

CST Program Coordinator Information: Provide contact information for the Program Coordinator.

Name	Title	Mailing Address	Telephone	E-mail	Specific requests
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>	

Contracting Agency and Contract Signatory Information: Provide the name, address, telephone number and email address of the individual who will sign the state contract and the individual who will attest their signature, if applicable. (Add rows as needed)

Name	Title	Mailing Address	Telephone	E-mail
Linda Heath	Chairman, Laramie County Commissioners	310 W. 19 <sup>th</sup> Street Cheyenne, WY 82001	(307) 633-4260	<a href="mailto:lheath@laramiecounty.com">lheath@laramiecounty.com</a>

The Attorney General and WDH Director would like to limit the number of contracts with two signature pages. If you are required legally to provide an original signature to a department or attorney, list below:

☒ Yes, I need an Original Signature for:

Name	Purpose
Debra Lee, Laramie County Clerk	The County requires an original copy of all contracts to be on file with the Clerk's office to be in compliance with financial auditing practices.

☐ No, I do not need an Original Signature; an email copy will be fine.

Fiscal or Fiduciary Agent Information: Provide the name, address, telephone number, and e-mail address for the fiduciary agent for this program. (Add rows as needed)

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

Governing Body: Provide the name, address, telephone number, and e-mail address for the representatives of the governing body for this program. (Add rows as needed)

General Governing Body Information			
Governing Body Members			
Name	Title	Telephone	E-mail
Linda Heath	Chairman	(307) 633-4260	<a href="mailto:lheath@laramiecounty.com">lheath@laramiecounty.com</a>
Troy Thompson	Commissioner	(307) 633-4260	<a href="mailto:tthompson@laramiecounty.com">tthompson@laramiecounty.com</a>
Linda Heath	Commissioner	(307) 633-4260	<a href="mailto:bholmes@laramiecounty.com">bholmes@laramiecounty.com</a>
Amber Ash	Commissioner	(307) 633-4260	<a href="mailto:aash@laramiecounty.com">aash@laramiecounty.com</a>
Gunnar Malm	Commissioner	(307) 633-4260	<a href="mailto:gmalm@laramiecounty.com">gmalm@laramiecounty.com</a>

Program Team Member Contact Information (as required by W.S. 7-13-1609(a)): Provide the name and contact information for all Program Team Members. If their title is not what is described, add the title after their name. You must have someone for each position unless otherwise specified. If you do not have all required team members, you must provide a plan for recruiting any missing members. Do not alter the member column titles. (Add rows as needed)



<b>Member</b>	<b>Name &amp; Title</b>	<b>Mailing Address</b>	<b>Telephone</b>	<b>E-mail</b>	<b>% Weekly Staffings attended last year</b>
<b>Participating Judge *</b>	Honorable Antoinette Williams	309 W. 20 <sup>th</sup> Street #2300 Cheyenne, WY 82001	(307) 633-4298	<a href="mailto:awh@courts.state.wy.us">awh@courts.state.wy.us</a>	100%
<b>Substitute Judge * (who sits in for Participating Judge)</b>					
<b>Prosecuting Attorney</b>					
<b>Defense Attorney or Guardian ad litem</b>	Anna Johnson	316 W. 22 <sup>nd</sup> Street Cheyenne, WY 82002	(307) 638-6431	<a href="mailto:Anna.johnson@wyo.gov">Anna.johnson@wyo.gov</a>	100%
<b>Monitoring Officer/Probation Officer</b>	McKensie Walter	1934 Wyott Drive Cheyenne, WY 82007	(307) 777-5931	<a href="mailto:mckensie.walter@wyo.gov">mckensie.walter@wyo.gov</a>	100%
<b>Treatment Provider Representative</b>	Jim Nelson	515 E. Carlson St. # 104 Cheyenne, WY 82009	(307) 635-4092	<a href="mailto:james@foundationswyoming.com">james@foundationswyoming.com</a>	100%
<b>Program Coordinator</b>	Kurt Zunker	309 W. 20 <sup>th</sup> Street # 2300 Cheyenne, WY 82001	(307) 633-4530	<a href="mailto:kzunker@laramiecounty.com">kzunker@laramiecounty.com</a>	
<b>Law Enforcement</b>					
<b>Other (List Title)</b>					

\*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))

List staff, staffing team members, board members and all other individuals affiliated with the program not already listed above (e.g., case manager, peer specialist, secretary, law enforcement, DFS, schools, etc.) Provide the role, name, and contact information. (Add rows as needed)

<b>Role with Program</b>	<b>Name</b>	<b>Mailing Address</b>	<b>Telephone</b>	<b>E-mail</b>
N/A				

**Treatment Provider(s) Organization Information: (Add rows as needed)**

<b>Name</b>	<b>Title</b>	<b>Mailing Address</b>	<b>Telephone</b>	<b>E-mail</b>

**Ancillary and Community Services Information: List all ancillary and community service provider information including information on employment providers, subcontractors, and contractors. (Add rows as needed)**

<b>Name of Provider(s) or Contractors</b>	<b>Address/Telephone</b>	<b>Duration of current contract (start/end dates)</b>	<b>Description of services provided</b>
Wyoming Workforce Services	1510 E. Pershing Cheyenne, WY 82002 777-7341	Referred as Needed	Employment Assistance
Needs INC	900 Central Ave Cheyenne, WY 82001 632-4132	Referred as Needed	Clothing and Food Assistance
Goodwill	3001 Nationway Cheyenne, WY 82001 632-6455	Referred as Needed	Clothing Assistance
Recover Wyoming	512 E. Lincolnway Cheyenne, WY 82001 (307) 421-7261	Referred as Needed	Recovery Support
Community Action	200 W. 17 <sup>th</sup> Street Cheyenne, WY 82001	Referred as Needed	Housing Assistance

**Mental health provider contact information: (Add rows as needed)**

<b>Name of Treatment Provider(s) or Contractors</b>	<b>Address</b>	<b>Duration of current contract (start/end dates)</b>	<b>Total \$ Amount of Contract</b>	<b>Certification Expiration Date if Applicable</b>	<b>National Accreditation Expiration Date if Applicable</b>
Healthworks for MAT	2508 East Fox Farm Road Cheyenne, WY 82007	Referrals made as needed.			





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

January 7, 2019

Dear Mr. Zunker,

It is my pleasure to inform you that during our last fiscal year January 1, 2018 through December 31, 2018, our company donated services in the amount of \$33,388.66 on supplies, food, and uncompensated therapy services. This figure represents the cost of items for which we were not compensated from any source.

Sincerely



James Nelson, MA LPC  
Clinical Director



Ronnie Blanton  
Executive Director



Laramie County  
Grants  
Department



Sandra Newland-Grants Manager  
310 W. 19<sup>th</sup> Street, Suite 140  
Cheyenne, WY 82001  
307-633-4201

December 21, 2018

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 in-kind contributions to the Laramie County Drug Court Program.

The Laramie County Grants Office provides technical grant support in reimbursement requests, reporting, compliance, record keeping, audit preparation and fiscal management of the program. The Grants Office spends an average of 1.50 hours per month working on these items at a rate of \$40.59 per hour (salary + benefits), times twelve months for an estimated total of \$730.62 per fiscal year on the Drug Court Program.

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.

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

Sincerely,

Sandra Newland  
Laramie County Grants Manager



**RESOLUTION NO.**

**A RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR THE FY-2020 WYOMING COURT SUPERVISED TREATMENT PROGRAM ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING TO REQUEST FUNDING FOR THE LARAMIE COUNTY DRUG COURT PROGRAM IN THE AMOUNT OF \$233,866.50.**

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

To submit a grant application to the Wyoming Department of Health for FY-2020 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 in matching funds to be included in the Laramie County's FY-2020 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.

**PASSED, APPROVED AND ADOPTED THIS 22<sup>nd</sup> DAY OF JANUARY, 2019.**

By: \_\_\_\_\_

Date: \_\_\_\_\_

Linda Heath, Chairman

ATTEST:

\_\_\_\_\_

Date: \_\_\_\_\_

Debra Lee, Laramie County Clerk

Received and Approved as to Form only By:

 FOR

Date: 1/14/19

Mark Voss, County Attorney