

Program Name: **Laramie County DUI Court program**

Program Contact: **Kurt Zunker**

Section 1. Program Type, Mission, Goals

Official Program Name: Laramie County DUI Court

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))

Mission Statement: 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 Goals Are:

- I. To provide sentencing options to Laramie County Circuit Court 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.

Section 2. Funding Request

| | |
|---------------------------------------------------------------------|--------------|
| Number of adult slots requesting state funds to support in FY20: | 30 |
| Number of juvenile slots requesting state funds to support in FY20: | 0 |
| Adult Slots X \$9,354.66 = | \$280,639.80 |
| Juvenile Slots X \$14,716.84 = | \$0 |

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Total State Funds Request = \$280,639.80

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 DUI Court program continues to be an effective program managing DUI offenders in our community. The program is able to retain participants and reduce their criminal behavior substantially, which equates to safer roads in Laramie County. Please see the below data concerning retention, recidivism and terminations:

| Year | Retention | Recidivism | | Termination | | | |
|---------|-----------|------------|--------------|-------------|-------------------|------------|-------|
| | | In-Program | Post-Program | Absconded | Treatment Failure | New Charge | Death |
| FY-17 | 62.86% | 3.70% | 1.54% | 5 | 6 | 2 | 0 |
| FY-18 | 73.91% | 0% | 1.35% | 2 | 3 | 0 | 1 |
| Current | 60.00% | 2.86% | 4.00% | 2 | 3 | 1 | 0 |

The effectiveness of the DUI 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 were only 5 in-program arrests for new crimes, resulting in a 5.26% recidivism rate and only 4 post-program arrests out of 91 graduates for a 4.40% 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

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The DUI Court applied for and received WyDOT Highway Safety Funds, which originate from the National Highway Traffic Safety Administration, to send at least 2 DUI Court Team members to the 2019 NDACP conference to be held in National Harbor, Maryland in July of 2019.

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 DUI Court program does not anticipate receiving any additional funds for the upcoming fiscal year under the category.

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 \$50 per month after their first 30 days in the program and the fee will continue regardless of phase until the month of their graduation.

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 SCRAM monitoring or urinalysis testing if they have had multiple relapses. 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?

SCRAM payments are paid directly to the program and are receipted noting the payments for SCRAM as opposed to regular program participation fees and all costs are tracked through an Excel spreadsheet maintained by the Court Coordinator. Fees collected for specialized drug testing charged to the participants by Pathfinder or the Drug Testing Center are recorded and tracked by the provider and available upon request.

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 for us to keep with your records.

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Program Contact: **Kurt Zunker**

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:**

Magistrate Christopher G. Humphrey will serve as the participating judge in the Court Supervised Treatment Program known as Laramie County DUI Court pursuant to Wyo. Stat. §§7-13-1601 - 7-13-1615 and pursuant to the Wyoming Supreme Court Rules governing judicial participation in Court Supervised Treatment Programs.

Specifically, as the participating magistrate, Magistrate Humphrey shall respect the separation of judicial rules as set out Wyoming Supreme Court Rules. As the participating magistrate, Magistrate Humphrey will be a member of the Laramie County DUI Court team. As a member of the DUI Court team, Magistrate Humphrey shall not perform any judicial duties, or perform any other legal services, in a criminal or civil case from which a current or former participant was, or is a party to, or in any subsequent criminal or civil case that arises directly from the participant's conduct in the treatment program.

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?**

It is estimated that Magistrate Humphrey average 4 hours per week serving as the DUI Court Judge.

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)**

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Program Contact: **Kurt Zunker**

The DUI Court program uses the COMPAS as the risk tool, which is administered by the DUI Court P&P Agent Salli Perryman. The DUI Court Case Manager, Fernando Muzquiz and DUI Court Coordinator, are trained in using the Computerized Assessment and Referral System (CARS) which is a mental health screen specifically designed to be used on Impaired Drivers. The DUI Court P&P Agent, Case Manager, and Court Coordinator are all trained to administer the Impaired Drivers' Assessment (IDA), but we are not currently using the IDA because of issues in how the IDA scores.

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

Kurt Zunker, DUI Court Coordinator
Fernando Muzquiz, DUI Court Case Manager
Salli Perryman, DUI Court P&P Agent

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.

The DUI Court program does not accept any individual that does not score out as being a high-risk high-need offender.

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

Cheyenne Community Drug Abuse Treatment Council (D/B/A "Pathfinder")
1920 Thomes Ave. #320
Cheyenne, WY 82001
(307) 635-0256
www.pathfinderwy.org

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

12/31/2019

4. What is the expiration date of your treatment provider's NATIONAL ACCREDITATION?

10/31/2019

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Program Contact: **Kurt Zunker**

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

1920 Thomes Ave. #320
Cheyenne, WY 82001

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.

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

We do make referrals to Peak Wellness for mental health services and men's residential treatment services as necessary.

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? Yes No

How do they communicate this information?

The DUI Court Case Manager is primarily responsible for communicating with all outside treatment entities to check on their progress of program participants that are not receiving services from our contracted provider.

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 |
|-----------------|-------------|-------------------|----------------|-------------------|
|-----------------|-------------|-------------------|----------------|-------------------|

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Program Contact: **Kurt Zunker**

| | | | | |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| Participating Judge | Christopher Humphrey | Different NADCP Webinars https://www.ndci.org/resources/training/e-learning/ | 6 | January 2017 |
| Prosecuting Attorney | Unknown at time of submission | | | |
| Defense Attorney or Guardian ad litem | Carol Serelson | Different NADCP Webinars https://www.ndci.org/resources/training/e-learning/ | 6 | January 2006 |
| Monitoring Officer/Probation Officer | Salli Perryman | Different NADCP Webinars https://www.ndci.org/resources/training/e-learning/ | 6 | March 2016 |
| Treatment Provider Representative | Rick Robinson | Different NADCP Webinars https://www.ndci.org/resources/training/e-learning/ | 6 | January 2006 |
| Program Coordinator | Kurt Zunker | Different NADCP Webinars https://www.ndci.org/resources/training/e-learning/ | 6 | January 2006 |
| Case Manager | Fernando Muzquiz | Different NADCP Webinars https://www.ndci.org/resources/training/e-learning/ | 6 | January 2006 |

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

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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?

Improving the retention rate was a priority for the DUI Court Team. The DUI Court Team continuously works with struggling participants in order to keep them in the program. The current retention rate is 60%, which is line for the previous year. In FY-2015 the retention rate was 64.29%, FY-16 the rate was 64.71%, FY-17 the rate was 62.86%, and FY-18 was 73.91%.

As with the Drug Court program, the DUI Court Team heavily scrutinized applicants with a history of absconding, failing to appear, and/or escape from an ACC program. Although applicants with these incidents in their history were not automatically excluded from the program, this type of information gave the Team more insight in the ability or capabilities of applicants to complete the program.

The program also narrowed the grounds for termination. Basically the DUI Court Team will work with struggling participants and only terminate participants from the program for absconding, treatment failure (unsuccessful discharge from residential treatment), or committing a new criminal offense. Out of these termination categories, absconding the program is still the leading cause for termination. Those who abscond from the program accounted for 38.5% of all terminations in FY-17, 40% of all terminations in FY-18, and 50% of all terminations in this current fiscal year.

Section 12. Community Outreach

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

Kurt Zunker and Fernando Muzquiz have both served on the Governor's Impaired Driving Council and both individuals do several community presentations.

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.

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Section 14. Assurances

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: **KZ**
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: **KZ**
3. Indicate here if your Court Supervised Treatment Program would like a 10 minute phone call with the funding panel on MONDAY, March 4th, 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. **KZ**

Yes

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 DUI Court |
| Remit Payment To: | Laramie County DUI 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 |
|--------------------------------------------------------------|-----------------------|-------------------------------|--------------------|---------------------|-------------------|--------------------------|----------------------------|----------------------------------------------------------|
| ADMINISTRATIVE | | REQUIRED MATCH DOLLARS | | | | | | |
| Salaries and Wages (Not including Treatment/Supervision) | \$100,147.00 | \$0.00 | \$0.00 | \$0.00 | | | | \$0.00 |
| Employee Benefits (Not including Treatment/Supervision) | \$32,169.00 | \$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 | \$1,100.00 | \$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 | \$450.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Office Supplies | \$250.00 | \$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 | \$250.00 | \$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) | \$12,000.00 | \$0.00 | \$24,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$24,000.00 |
| Program Evaluation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TRAVEL/TRAINING | | | | | | | | |
| Travel In-State | \$300.00 | \$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 |
| TREATMENT/SUPERVISION | | | | | | | | |
| Substance Abuse Treatment | \$129,873.80 | \$0.00 | \$9,550.00 | \$38,500.00 | \$6,500.00 | \$0.00 | \$0.00 | \$54,550.00 |
| 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 | \$4,100.00 | \$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 |
| MISCELLANEOUS EXPENSES (Please Specify) | | | | | | | | |
| 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 |
| Line Totals | \$288,139.80 | \$0.00 | \$33,550.00 | \$38,500.00 | \$6,500.00 | \$0.00 | \$0.00 | \$78,550.00 |

| | | |
|--------------------------------|----|-------------|
| Total State Funds Request | \$ | 288,139.80 |
| TOTAL MATCH USED AGAINST GRANT | | \$78,550.00 |

| | | |
|-----------------------|----|------------|
| Total Budget | \$ | 366,689.80 |
| Match Fund Percentage | | 0.27 |

DO NOT INCLUDE ANY INFORMATION ON MAGISTRATE FUNDING IN THIS BUDGET OR THE ACCOMPANYING WORKBOOKS
 Please set out what portion is state funds, match funds and other funds, including federal grants.
 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 DUI Court |
| Laramie County DUI 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 | |
|-------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADMINISTRATIVE | | |
| Salaries and Wages | \$100,147.00 | Salaries for Kurt Zunker, DUI Court Director, Fernando Muzquiz, DUI Court Case Manager, and Cameo Kieffer, Administrative Assistant equals a total of \$100,147.00, of which \$68,040.57 in which DOH funds will be used. Benefits include Health insurance, dental insurance, life insurance, retirement, social security, medicare, and workers comp equals \$32,169 of which \$DOH funds will be used. |
| Employee Benefits | \$32,169.00 | |
| Professional Services Fees (Please Specify) | \$0.00 | N/A |
| Internet Service | \$0.00 | N/A |
| Telephone/Cell Phone | \$1,100.00 | The DUI Court will have two landline phones and one cell phone for a total of \$1,100, DOH funds will pay for phones. |
| Utilities | \$0.00 | N/A |
| Vehicle Expenses/Maintenance | \$450.00 | The DUI Court has a County vehicle that has a budget for fuel and maintenance for a total of \$450 of which DOH funds will be used |
| Office Supplies | \$250.00 | \$250 in DOH funds will be used for office supplies. |
| Computer Hardware | \$0.00 | |
| Computer Software and/or Supplies | \$250.00 | Printer cartridges will be purchased using \$250 in DOH funds will be used. |
| 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) | \$36,000.00 | The DUI Court uses the SCRAM bracelet on all DUI Court participants for a total of \$12,000.00 of which DOH funds will be used. Carol Serelson will provide \$24,000 in uncompensated services to the DUI Court program as the Defense Bar representative. |
| Program Evaluation | \$0.00 | N/A |
| Total Administrative | \$170,366.00 | |
| TRAVEL/TRAINING | | |
| Travel In-State | \$300.00 | In State travel expenditures will use \$300 in DOH funds for in-State travel. |
| 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 |
| Total Travel/Training | \$300.00 | |
| TREATMENT/SUPERVISION | | |
| Substance Abuse Treatment | \$184,423.80 | Substance Abuse treatment services are contracted to Pathfinder. Total funds used will be \$165,021.80 of which \$130,021.80 in DOH funds, \$38,500.00 in County funds, and \$6,500 in participant fees will be used. Pathfinder also estimates they will provide \$9,550.00 in uncompensated treatment to the DUI Court. |
| 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 | \$4,100.00 | 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 |
| Total Treatment/Supervision | \$188,523.80 | |
| MISCELLANEOUS | | |
| A Quality of Life Dollars | \$0.00 | |

| | | |
|-----------------------------------|---------------------|---------------------------------------------------------------------------------------------------------|
| B. State Approved \$7500 for CARF | \$7,500.00 | The DUI Court Treatment provider will be requesting \$7,500 in CARF funds for the upcoming fiscal year. |
| C. State UA Funding | \$0.00 | |
| Total Miscellaneous | \$7,500.00 | |
| TOTALS | \$366,689.80 | |



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



Thomas O. Forslund
 Director

Matthew H. Mead
 Governor

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

| | |
|---------------------------------------------|-----------------------------------------------------------------|
| Legal Name of CST Program: | Laramie County DUI Court |
| Organization Governing the Contract: | Laramie County |
| Mailing Address | Physical Address for FedEx of Contract |
| | 309 W. 20 th Street Suite 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 th Street Cheyenne, WY 82001 | (307) 633-4530 | kzunker@laramiecounty.com | |

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. 19th Street Cheyenne, WY 82001 | (307) 633-4260 | lheath@laramiecounty.com |

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. 20th Street Cheyenne, WY 82001 | (307) 633-4201 | snewland@laramiecounty.com |

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 | lheath@laramiecounty.com |
| Amber Ash | Commissioner | (307) 633-4260 | aash@laramiecounty.com |
| Buck Holmes | Commissioner | (307) 633-4260 | bholmes@laramiecounty.com |
| Troy Thompson | Commissioner | (307) 633-4260 | tthompson@laramiecounty.com |
| Gunnar Malm | Commissioner | (307) 633-4260 | gmalm@laramiecounty.com |

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)

| Member | Name & Title | Mailing Address | Telephone | E-mail | % Weekly Staffings attended last year |
|---------------------------------------------------------------------|----------------------------------|---------------------------------------------------------|------------------|--------------------------------------------------------------------------|----------------------------------------------|
| Participating Judge * | Christopher Humphrey, Magistrate | 217 W. 18 th Street Cheyenne, WY 82001 | (307) 222-4918 | cghumphrey@wyojustice.com | 100% |
| Substitute Judge * (who sits in for Participating Judge) | | | | | |
| Prosecuting Attorney | | 310 W. 19 th Street Cheyenne, WY 82001 | (307) 633-4360 | | 100% |
| Defense Attorney or Guardian ad litem | Carol Serelson | 1623 Central Ave Cheyenne, WY 82001 | (307) 635-4365 | carolserelson@gmail.com | 80% |
| Monitoring Officer/Probation Officer | Salli Perryman | 1934 Wyott Drive Cheyenne, WY 82001 | (307) 777-5931 | salli.perryman@wyo.gov | 100% |
| Treatment Provider Representative | Rick Robinson | 1920 Thomes # 320 Cheyenne, WY 82001 | (307) 635-0256 | rick@pathfinderwy.org | 100% |
| Program Coordinator | Kurt Zunker | 309 W. 20 th Street Cheyenne, WY 82001 | (307) 633-4530 | kzunker@laramecounty.com | 100% |
| DUI Court Case Manager | Fernando Muzquiz | 309 W. 20 th Street Cheyenne, WY 82001 | (307) 633-4588 | fmuzquiz@laramecounty.com | 100% |

*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)

| Role with Program | Name | Mailing Address | Telephone | E-mail |
|--------------------------|-------------|------------------------|------------------|---------------|
| | | | | |
| | | | | |
| | | | | |

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

| Name | Title | Mailing Address | Telephone | E-mail |
|-------------|--------------|------------------------|------------------|---------------|
| | | | | |
| | | | | |
| | | | | |

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)

| Name of Provider(s) or Contractors | Address/Telephone | Duration of current contract (start/end dates) | Description of services provided |
|-------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|
| 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 th Street Cheyenne, WY 82001 | Referred as Needed | Housing Assistance |

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

| Name of Treatment Provider(s) or Contractors | Address | Duration of current contract (start/end dates) | Total \$ Amount of Contract | Certification Expiration Date if Applicable | National Accreditation Expiration Date if Applicable |
|-----------------------------------------------------|----------------|-------------------------------------------------------|------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Laramie County
Grants
Department



Sandra Newland-Grants Manager
310 W. 19th 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 DUI Court Program. To ensure the program's success, the grants office provides in-kind contributions to the Laramie County DUI 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 DUI Court Program.

As the Grants Manager for Laramie County, I will act as the fiduciary agent for the DUI 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,

A handwritten signature in blue ink, appearing to be "S. Newland", written in a cursive style.

Sandra Newland
Laramie County Grants Manager

Cheyenne Community Drug Abuse Treatment Council, Inc.
Pathfinder

January 9, 2019

Mr. Kurt Zunker, Director
Laramie County DUI Court
309 W. 20th Street
Cheyenne, WY 82001

RE: Pathfinder's Projected In-Kind Match for FY2019

Dear Kurt,

In reviewing Pathfinder's records for FY2018 to date, it is estimated that Pathfinder will provide approximately \$9,550.00 in unreimbursed treatment and other services to Laramie County DUI Court clients during FY2018.

If I can be of any further help in this matter, please feel free to contact me.

Sincerely,



Rick Robinson, M.A., LAT-006
Executive Director

2



Law Office of
CAROL A. SERELSON

1623 CENTRAL AVENUE, CHEYENNE, WYOMING 82001
TEL: 307-635-4365 – FAX: 307-635-4332
EMAIL: carolserelson@gmail.com

January 14, 2019

Kurt Zunker
Laramie County DUI Court Program
309 W. 20th Street
Cheyenne, WY 82001

Dear Kurt:

I have provided at least a minimum of eight hours per month of criminal defense and other legal advice in support of the Laramie County DUI Court program. My billing rate is \$250.00 per hour. The estimate for uncompensated services to the DUI is at least \$24,000.00 per year.

Sincerely,

A handwritten signature in blue ink that reads "Carol Serelson".

Carol A. Serelson

The Board of
Laramie County
Commissioners



Linda Heath
Chairman

Amber Ash
Vice-Chairman

K.N. Buck Holmes
Commissioner

Troy Thompson
Commissioner

Gunnar Malm
Commissioner

January 10, 2019

To Whom It May Concern:

On January 22, 2019, the Laramie County Commissioners will approve a resolution authorizing the submission of a grant application for Drug and DUI Court for Laramie County.

Laramie County recognizes that we will be required to match 25%. Laramie County has identified in-kind and cash match available for this project from internal sources. The county may provide an additional match of \$10,000, which may be required based upon the DOH grant award, the match committed by our resolution, and other financial considerations that may come up in the County's budgeting process for FY-2020.

If you should need additional information, please do not hesitate to contact us.

Thank you,

Handwritten signature of Linda M. Heath in cursive script.

Linda Heath
Laramie County Chairman

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 DUI COURT PROGRAM IN THE AMOUNT OF \$288,139.80.

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 \$288,139.80 to fund operations and programs of the Laramie County DUI Court; and

To commit \$28,500 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 22nd 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