



# **VETERANS TREATMENT COURT PROGRAM PARTICIPANT HANDBOOK**



## **COURT OF COMMON PLEAS OF BUTLER COUNTY**

Presiding Judge  
Honorable Timothy F. McCune

Established 2012

Revised August 26, 2024

## Notes:

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## **WHAT IS THE BUTLER COUNTY VETERANS TREATMENT COURT PROGRAM?**

Butler County Veterans Treatment Court (VTC) was started in 2012 to address the growing number of Veterans involved in the criminal justice system. VTC promotes sobriety, recovery, and stability through a coordinated response involving Butler County's Judges, Court Administration, the District Attorney, Public Defender, Adult Probation, the Mental Health Program, Domestic Relations, County Veterans Affairs and the U.S. Department of Veterans Affairs. In addition, there are veteran volunteers, some of whom serve on the Treatment Team and others who serve as Mentors. The goal is to give each program participant the best possible chance of getting back on track as a healthy, productive Veteran and citizen.

Just as every Veteran is different, so is every criminal proceeding. There are some individuals who may not be able to participate in this program. Applications are reviewed on a case-by-case basis. VTC has no additional costs for the County or the program participants. We hope to offer our Veterans access to needed services, an opportunity to address their justice-related issues and a chance to get "squared-away."

## **VETERAN TREATMENT COURT MISSION STATEMENT**

To promote public safety and reduce recidivism in a cost-effective way by providing veteran offenders with intensive court supervision and a comprehensive, Veterans Administration driven treatment program.

## **WHAT IS A VETERAN MENTOR?**

The Veterans peer-to-peer mentoring program is an integral part of VTC. The ability to speak with a fellow Veteran who has "been there" offers VTC participants an informal way to ask questions, solicit feedback and discuss how they are feeling about their situation. Mentors are Court-trained volunteers, who have served in the US Military (including Guard and Reserves), and are assigned by Butler VTC to work with a specific Veteran as he or she progresses through their involvement with the Court. Mentors serve as liaison, advocate and guide to fellow Veterans as they work to address issues related to their criminal case.

## **VETERANS TREATMENT COURT MENTOR PROGRAM MISSION STATEMENT**

VTC Mentors support veterans in readjusting to civilian life, assist veterans in navigating through the court, treatment, and VA systems, and act as a friend and ally through this difficult time.

## **VETERANS TREATMENT COURT MENTOR PROGRAM VISION STATEMENT**

The motto of the Mentor Program is that no one is left behind. Mentors are paired with a veteran to provide support as they work through the VTC program. Mentors are present as an ally and friend to assist veterans through this difficult time. The shared experiences of the Mentors and veterans are critical in assisting the veterans regain control of their lives and successfully connect to and maintain treatment, leading to successful completion of the Butler County VTC Program.

## **PARTICIPANT UNDERSTANDING**

As a participant in the Butler County VTC, you will be required to follow the instructions and conditions given to you in Court by the Judge, and you will comply with the Participant Contract developed by the Butler County VTC team. The purpose of the Butler County VTC is to help you; 1) get the treatment you have rightfully earned and deserve, 2) help you get treatment quickly and without barriers, 3) stay engaged in treatment and 4) help you regain control of your life; so you can enjoy the quality of life and become a productive citizen. It is important that you review all of the information included in your Participant Contract with your attorney.

## **WHAT ARE THE EXPECTATIONS OF THE PARTICIPANT?**

The Butler County VTC team will develop treatment recommendations based on an assessment of your needs for treatment, services, resources, housing, case management, VA benefits & services and other needs. To participate in the VTC, you will agree to sign all necessary releases, comply with treatment recommendations, and comply with all terms and conditions of probation or pre-trial release. You must agree to sign the Participant Contract, which is an agreement between you and the program.

## **HOW LONG IS THE TERM OF BUTLER COUNTY VETERANS TREATMENT COURT PROGRAM?**

The Butler County VTC is a minimum two year commitment; however, the amount of time you spend in the Court is determined by your plea agreement and your individual progress in treatment. While participating in the Court, the Judge and representatives of the Butler County VTC Team will closely monitor your participation and progress in the recommended and agreed upon treatment. If you are on probation, you will be expected to meet with probation officer (PO) and follow all of the terms and conditions. Discharge, termination or involuntary withdrawal from the program will result in a sentence in accordance to the full range of punishment for your offense. Participant's successful completion of the program will receive a certificate of completion, given public recognition during graduation and have the opportunity to serve in the Court's peer Mentor Program. Peer Mentors are approved by the VTC Team.

## **WHAT'S IN IT FOR ME?**

### ***Services***

The Butler County VTC Team will help you access identified treatment, counseling, case management, supportive housing and other services; services are contingent upon your specific needs, and treatment recommendations.

### ***Recognition of Progress***

As you progress through treatment and your involvement with the program, your achievements will be publicly recognized by the Court's Judge and the Court's Team. You will receive a Certificate of Completion to acknowledge and celebrate your accomplishments.

### ***Opportunities***

The program offers you a chance to address your problems or issues and to avoid incarceration on your current charge(s). You will have the opportunity to move forward in your life and potentially increase quality of life for you and your family. The Butler County VTC Team is there to assist you and wants to see you succeed. If you take advantage of the assistance offered, you will discover many ways to make a better life for yourself. Change is never easy; it will take

honesty, commitment, dedication, self-control, perseverance and hard work. The Butler County VTC Team will provide you with the support, opportunity, assistance and referrals necessary to help you begin making positive changes in your life.

### **WHAT ARE THE RULES OF THE BUTLER COUNTY VETERANS TREATMENT COURT PROGRAM?**

To remain in the Butler County VTC, you must follow all recommendations made by the team and the rules contained in your Participant Contract.

#### ***Appear at Scheduled VTC Sessions***

You will be required to appear in front of the Butler County VTC Judge on a regular basis; an initial bi-weekly appearance may be required. The Judge and the Butler County VTC Team will be given progress reports regarding your attendance and participation in your treatment program and the other components of your treatment plan, housing, case management, VA benefits, etc. The Judge and team will discuss your progress and address any issues/opportunities that you may have. As you make progress in treatment, your court appearances and treatment appointments will be reduced.

#### ***Follow Your Treatment Plan***

Your treatment plan will include some, all, but not limited to the following components (understand that your treatment recommendation may change as your treatment needs change.)

- Abstinence from illegal drugs and alcohol
- Medication compliance
- Participation in substance abuse treatment program
- Participation in behavioral health treatment program
- Participation in self-help group or program
- Intensive or Supportive case management services
- Supported or Structured housing
- Education services
- Employment or Vocation Rehabilitation
- Regular appointments with Veteran Justice Outreach (VJO) Coordinator/Specialist
- Regular appointments with a psychiatrist
- Psycho-social or Recreational program

Specific rules about areas of your treatment plan are outlined below:

#### ***Substance Abuse Treatment***

If your treatment plan requires that you participate in a substance abuse treatment program, you must follow through with recommendations. While in treatment, your treatment provider will regularly report to the Butler County VTC regarding your attendance, level of participation and overall compliance with the program. You must attend all scheduled treatment appointments and follow all rules of your treatment program.

#### ***Mental Health Treatment***

All participants of the Butler county VTC will be evaluated for mental illness. If mental health treatment is recommended, you must attend all scheduled appointments and follow the rules and policy of the program. Your mental health treatment provider will regularly report your status and progress.

### ***Supervision***

VTC requires intensive supervision. In the beginning, you will be required to have at least three (3) contacts a week. The Probation Officer is required to verify your employment, attendance of peer support, AA/NA or other self-help program meetings, attendance at counseling, interaction with sponsor, payment of financial obligations, and abstinence of drug use (via drug testing). Your initial appointment is somewhat longer than every other appointment because of the completion of required paperwork.

Your PO may visit you at your home, place of business or treatment program facility. Your PO will report back to the Court on progress, concerns and accomplishments outside of treatment. Both will assist you in obtaining a variety of VA & community services. The information is used to assist you to stay on the path of treatment and/or recovery.

### ***Veteran Justice Outreach Coordinator/Specialist***

VJO's will help you coordinate treatment services at the VA. If not eligible or available for services at the VA will assist finding treatment in the community. You will have a VJO who will follow up with you weekly (face to face or via telephone, connect you with VA services, monitor your progress in VA Treatment and prepare report on your progress for Butler County VTC Team.

### ***Housing***

Some participants of the Butler County VTC will be required to live in a particular type of housing or in a particular housing facility. If you are required to live in a specified residence such as a VA Domiciliary or a halfway house, you must reside there and follow all of the housing provider's rules.

## **TESTING**

**Purpose:** To provide the staff with a consistent policy and procedure for drug testing offenders.

**Policy:** All offenders under the supervision of Butler County Adult Probation shall be subject to random drug and alcohol testing at a minimum of twice per week during all phases of the program. The probation officer shall comply with the drug testing policy and procedure set forth by the Butler County Adult Probation Office.

Drug and alcohol testing is an important component of the VTC Program. The VTC will utilize rapid urinalysis screens, patches, oral fluid testing and Portable Breath Testing equipment as approved methods of drug and alcohol testing for confirming abstinence from illicit substances. These devices are designed as a preliminary test. VTC utilizes a designated laboratory for confirmation of positive drug and alcohol test results. This confirmation will be at the cost to the VTC participant, if the results are confirmed as positive.

The VTC Program Probation Officer will be primarily responsible for administering the drug tests; however, any treatment provider involved with individual participants may also administer drug testing. All test results shall be reported to the VTC Team for review.

Incentives for consistent drug free samples may be provided. Sanctions will be imposed for positive drug test screens. Any refusal, alteration, or failure to provide a drug test, at the time of request, shall be viewed by the VTC as a ***positive test result*** and sanctions will be imposed. If a

defendant fails to provide a sample, fails to report for testing, provides an adulterated sample, utilizes a device that attempts to falsify a urine, (a prosthesis or device containing urine that does not come from the body of the defendant at the time of testing) sanctions will be imposed. Additionally, a new criminal charge may be filed in regards to attempting to falsify a urine sample and any sample collected will not be considered valid. If the specimen cup falls in the toilet, the specimen will be considered invalid. As designated pursuant to Adult Probation and Parole Services Rules, any attempt to alter/tamper with a urine specimen can be grounds for a violation. If an offender provides urine not produced from their own person and it is determined that the specimen provided is drug free, that offender may be prosecuted for the offense of Furnishing Drug Free Urine, pursuant to 18 Pa.C.S. § 7509. If at any time throughout the collection process it appears that the offender is attempting to conceal any device used to alter/tamper or provide an invalid specimen, the probation department reserves the right to conduct a search of said offender's person pursuant to 42 Pa.C.S. § 9912.

## **DEVIATION FROM POLICY**

**A)** Recognizing that the facts and circumstances of each case vary and present differing concerns and issues for consideration, probation officers may, upon showing of cause, deviate from this policy when said deviation can be demonstrated to serve the interests of justice, the Court, and the offender, without jeopardizing the safety of the public.

**B)** Deviation from this policy shall not be undertaken without prior approval from a member of the VTC Team. **Helpful Hints:**

- Adulteration (substitution, interference or dilution)
- Red flags: Neon-colored urine; very dark colored urine; clear (like water) urine; odor of bleach and/or chemical smell; urine not recording a temperature; greasy- like film on or bubbles in the urine; urinating over the fingers or dipping the fingers in the urine once in the cup.
- Offenders must remove large bulky coats and sweatshirts.
- Menstrual cycle will not affect the validity of a drug test

The VTC shall require, when applicable, random drug and alcohol testing, which may be nontraditional hours. If a participant commits a probation violation of any kind, the participant may promptly be arrested and a hearing shall be held as soon as the Court becomes available.

Expulsion from VTC may happen at any time by discussion from the VTC Team.

Confirmatory tests may be ordered upon request by the VTC Probation Officer. VTC's designated laboratory will be utilized for all confirmatory testing conducted.

## **VTC POLICY ON MEDICATION, MEDICALLY ASSISTED TREATMENT & OVER THE COUNTER MEDICATIONS**

The Butler County Specialty Courts prohibit the use of any addictive medications by participants during their involvement with the program. This includes, but is not limited to the use of the following:

- Narcotic pain medications (i.e. Vicodin, Percocet, OxyContin, etc.)
- Muscle relaxers & sleep aids (i.e. Flexeril, Soma, Ambien, etc.)
- Narcotic anxiolytic/benzodiazepine medications (i.e. Xanax, Neurontin, Klonopin, etc.)
- Stimulants (i.e. caffeine pills, Adderall, Dexedrine, etc.)
- Any over-the-counter medication that contains alcohol (i.e. cough medicine)

The use of Buprenorphine related products (i.e. Suboxone, Subutex, Sublocad, and Zubsolv), Methadone, and Medical Marijuana are not prohibited, but will be reviewed on a case-by-case basis once a competent physician with expertise in addiction deems a product medically necessary. The Courts Medical Marijuana Policy also includes strict guidelines outlined in the Specialty Courts Policy & Procedure Manuals that must be adhered to at all times. The participant must sign proper releases at the medical provider and medication must be obtained from an approved physician supervised program.

The use of the Naltrexone related products (i.e. Revia and Vivitrol) is permitted during the course of participation in the Specialty Court Programs. Participants receiving these medications must notify the Specialty Court Probation Officer. The participants must be sure to sign proper releases at the medical provider and medication must be obtained from an approved physician supervised program.

Participants are not to consume any food item containing poppy seeds. Positive drug tests for opiates will always be deemed positive for illegal substances. Consuming diet pills while in VTC is strictly prohibited

Additionally, **NO** participant of the Butler County VTC may take any vitamins, dietary supplements or natural supplements as they may contain substances that would alter the normal color of urine or cause a positive drug test for illegal substances. This includes but is not limited to specific vitamins, multivitamins, dietary supplements or any other natural supplements.

### **Medical Marijuana Policy**

The Butler County Specialty Courts do not prohibit the use of Medical Marijuana for participants. However, the use of Medical Marijuana will be reviewed on a case-by-case basis. Once approved by a physician supervised program, guidelines will be strictly enforced. To meet these requirements,

1. A participant must have an enumerated serious medical condition, met specified requirements for certification as well as documentation that they are not requiring treatment for a substance use disorder and/or serious mental illness which contraindicates the use of medical marijuana.

2. The participant that is receiving medical marijuana shall attend all physician supervised appointments and comply with the recommendations.
3. A Release of Information will be signed by the participant to obtain necessary information from the approved physician supervised program who certified the participant for medical marijuana. The information must include the physician's recommendation.
4. The participant will be subject to reasonable inquiries into whether the use of the participant's medical marijuana remains lawful including but not limited to providing receipts from the dispensary on a monthly basis and producing the medical marijuana in its original package that has not been used by the participant.
5. The participant is subject to sanction and revocation proceedings, where there is reasonable cause to believe that a participant has possessed or used medical marijuana in a manner that has not been made lawful by the Pennsylvania Medical Marijuana Act.
6. Participants often participate in substance us disorder and/or mental health treatment that is subsidized by Federal funds. The participant is advised that these funds may be compromised due to federal regulation. If compromised, the participant's treatment requirement is not vacated. The participant will assume all costs associated with any recommended treatment provided no other funding is available.
7. The participant understands that using medical marijuana restricts one's ability to legally operate a motor vehicle.

## **INCENTIVES, THERAPEUTIC ADJUSTMENTS AND SANCTIONS**

### ***INCENTIVES***

Participants who comply with program requirements (supervision, treatment, urinalysis, etc.) will be rewarded through the imposition of incentives. Incentives are including, but are not limited to:

1. Birthday Card
2. Candy
3. Journals
4. Calendars/Planners
5. Toiletries
6. Hand shake from the Judge
7. Verbal Praise from the Judge
8. Later Curfews
9. Travel Privileges
10. Removal from House Arrest
11. Permission to leave court early
12. Inspirational Sayings
13. Round of applause in court
14. Gift cards when moving phases
15. Permission to attend AA/ NA supported outings

### ***THERAPEUTIC RESPONSE***

Therapeutic responses (NOT sanctions) are used when a participant is not responding to treatment interventions but is otherwise in compliance with program requirements. Participants are not terminated from the program for substance use if they are otherwise compliant with program requirements. Therapeutic responses may include, but are not limited to:

1. Increased peer support, AA/NA and/or self-help meetings
2. Increase in urine testing and use of alcohol monitoring devices
3. Completion of workbook/assignments
4. Journaling
5. Motivational Interviewing exercises
6. Increased VTC appearances
7. Increased treatment intensity
8. Additional assessments or evaluations
9. Modification of VTC individual treatment plan
10. Residential Treatment

## ***SANCTIONS***

Participants who fail to comply with program requirements (supervision, treatment, urinalysis, etc.) will be held accountable through the imposition of sanctions. Sanctions demonstrate that there are immediate consequences to inappropriate behavior and may include, but are not limited to:

1. Verbal Admonishment from the Judge
2. Increased supervision and/or treatment
3. Increased drug testing
4. Community Service: additional hours from the Community Service Bank
5. Electronic Monitoring
6. Incarceration
7. SCRAM
8. Journaling
9. Demotion to previous phase
10. Delay graduation to next phase
11. Court room penalty box
12. Termination from VTC
13. Letters of apology
14. Essays
15. Increased Community Restrictions

\*The Butler County VTC will continue to examine the latest research and continue to modify these lists as necessary.

If a participant commits a VTC violation of any kind, the participant may promptly be arrested and a hearing shall be held as soon as the Court becomes available.

Expulsion for VTC may happen at any time, for any violation, after review by the VTC Team. The amount of time for a sanction shall not count towards credit for time served if participant fails to successfully complete VTC.

## **What else is expected of you?**

Other expectations of the VTC Program:

- BE HONEST
- TRY HARD
- SHOW UP
- BE ACCOUNTABLE
- Treat others with the deepest respect; participants & VTC team
- Avoid ALL substances of abuse
- Be Law Abiding

## **PHASE I Requirements** **(Minimum 3 months)**

- Actively participate in probation supervision plan as developed by your PO.
- Actively participate in medical 90 day treatment plan and follow treatment recommendations as set up by VJO and Treatment Team.
- Consistently attend established/approved support groups (AA) as directed.
- Attend VTC sessions as directed.
- Attend other VTC classes, appointments or functions as directed. (Employment, housing, finance, driver's license, wellness, etc.)
- Determine amount of fines/costs/restitution with PO.  
(If receiving income, establish payment plan and begin making payments.)
- A minimum of two Probation Officer contacts per week is required. Contact method at PO discretion.
- Complete the Workbook Phase I assignments and any additional assignments as directed.
- Complete thirty (30) hours of Community Service.
- Take DD214 and meet with John Cyprian; record DD214.
- Communicate with Mentor as directed.
- Comply with ALL weekly drug testing (minimum of 2).
- Ninety (90) consecutive days of sobriety.

**PHASE II Requirements**  
**(Minimum 3 months)**

- Actively participate in probation supervision plan as developed by your PO.
- Actively participate in medical 90 day treatment plan and follow treatment recommendations as set up by VJO and Treatment Team.
- Consistently attend established/approved support groups (AA) as directed.
- Attend VTC sessions as directed.
- Attend other VTC classes, appointments or functions as directed. (Employment, housing, finance, driver's license, wellness, etc.)
- Obtain full-time employment, begin full time student status or an approved combination. (If applying for and/or receiving full time disability additional Community Service hours, as determined by the Team, must be completed.)
- Obtain stable housing.
- Meet with PO to determine status of driver's license.
- Continue payment plan of fines/costs/restitution.
- A minimum of one Probation Officer contact per week is required. Contact method at PO discretion.
- Complete the Workbook Phase II assignments and any additional assignments as directed.
- Complete thirty (30) hours of Community Service.
- Maintain contact with Mentor as directed.
- Comply with ALL weekly drug testing (minimum of 2).
- Ninety (90) consecutive days of sobriety.

**PHASE III Requirements**  
**(Minimum 3 months)**

- Actively participate in probation supervision plan as developed by your PO.
- Actively participate in medical 90 day treatment plan and follow treatment recommendations as set up by VJO and Treatment Team.
- Consistently attend established/approved support groups (AA) as directed.
- Attend VTC sessions as directed.
- Attend other VTC classes, appointments or functions as directed. (Employment, housing, finance, driver's license, wellness, etc.)
- Maintain full-time employment, full time student status or an approved combination. (If applying for and/or receiving full time disability additional Community Service hours, as determined by the Team, must be completed.)
- Maintain stable housing.
- Review status of driver's license with PO.
- Continue payment plan of fines/costs/restitution.
- A minimum of one Probation Officer contact per week is required. Contact method at PO discretion.
- Complete the Workbook Phase III assignments and any additional assignments as directed.
- Complete thirty (30) hours of Community Service.
- Maintain contact with Mentor as directed.
- Comply with ALL weekly drug testing (minimum of 2).
- Ninety (90) consecutive days of sobriety.

**PHASE IV Requirements**  
**(Minimum 3 months)**

- Actively participate in probation supervision plan as developed by your PO.
- Actively participate in medical 90 day treatment plan and follow treatment recommendations as set up by VJO and Treatment Team.
- Consistently attend established/approved support groups (AA) as directed.
- Attend VTC sessions as directed.
- Attend other VTC classes, appointments or functions as directed. (Employment, housing, finance, driver's license, wellness, etc.)
- Maintain full-time employment, full time student status or an approved combination. (If applying for and/or receiving full time disability additional Community Service hours, as determined by the Team, must be completed.)
- Maintain stable housing.
- Review status of driver's license with PO.
- Continue payment plan of fines/costs/restitution.
- A minimum of one Probation Officer contact per week is required. Contact method at PO discretion.
- Complete the Workbook Phase IV assignments and any additional assignments as directed.
- Complete the Graduation Assignment.
- Complete thirty (30) hours of Community Service.
- Maintain contact with Mentor as directed.
- Comply with ALL weekly drug testing (minimum of 2).
- Ninety (90) consecutive days of sobriety; no new arrests for 90 days.

**AFTERCARE  
BUTLER COUNTY  
VETERANS TREATMENT COURT**

**Upon successfully completing all four phases of VTC, a participant is eligible to have the terms and conditions of their plea agreement imposed by the Court. Once the participant has been Sentenced they enter the Aftercare portion of the program. Aftercare is the length of probation they were Sentenced to. Once a period of Aftercare is complete, participants shall complete an exit interview.**

**PARTICIPANT** \_\_\_\_\_ **START DATE** \_\_\_\_\_

**Requirements:**

- **Maintain full-time employment/full-time student status or an approved combination/accommodation**
- **Make regular payments on fines/costs**
- **Maintain sobriety/clean time**
- **Continue support groups as directed**
- **Attendance, as directed, of Alumni Group meetings/events (if any)**
- **Comply with ALL weekly drug testing (minimum 2 days)**
- **Meet with Probation Officer at least monthly or more often as directed**
- **Attend VTC sessions at least quarterly or more often as directed**
- **Update Probation Officer of any address and/or employment changes or any police/law enforcement contact**
- **No new arrests**
- **Other: \_\_\_\_\_**

**I, \_\_\_\_\_, understand that my Aftercare phase will be the length of my Sentenced Probation and that failure to comply with the above requirements may negatively affect my supervision as well as result in a sanction(s), imposition of the previously deferred sentence against me and/or the finding of a violation of probation or parole and the imposition of a sentence up to the maximum penalty allowed at the sole discretion of the presiding judge. My anticipated completion date on docket \_\_\_\_\_ is \_\_\_\_\_.**

**Participant Signature:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**PO Signature:** \_\_\_\_\_ **Date Verified:** \_\_\_\_\_

## IMPORTANT PHONE NUMBERS

<b>Veteran Crisis Line</b>	1-800-273-8255 press 1
<b>CCR Crisis Toll Free</b>	1-800-292-3866
<b>CCR Butler County Main Office</b>	724-431-0095
<b>Adult Probation Office</b>	724-284-5259
<b>VOICe</b>	1-800-400-8551
<b>Butler County Human Services</b>	724-284-5114
<b>Alcoholic Anonymous 24 hours</b>	724-679-5647
<b>Public Defenders Office</b>	724-284-5335
<b>Children and Youth Agency</b>	724-284-5156
<b>Domestic Relations</b>	724-284-5181
<b>Butler County Assistance Office</b>	724-284-8844
<b>Career Link</b>	724-431-4000
<b>Tammy Courson- Probation Officer</b>	724-431-2158
<b>Christie Lucas- Butler VA VJO Coordinator</b>	878-271-6161
<b>Kelly Fulmer- Butler VA VJO Specialist</b>	878-271-6155
<b>Air Ride</b>	1-866-638-0598
<b>Alcohol Highway School</b>	724-287-8952
<b>OVR</b>	724-656-3070
<b>Community Service-Jim Switzer</b>	724-679-7891

**VTC PARTICIPANT HANDBOOK**  
**SIGNATURE PAGE**

**Signature of Acceptance of Participant Handbook:** \_\_\_\_\_

**Printed name of Participant:** \_\_\_\_\_

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

**Probation Officer Signature:** \_\_\_\_\_

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

**\*Note: For complete VTC Policy & Procedure requirements, review the entire VTC Policy & Procedure Manual.**

(Provide Copy of signature page to Participant.)

APPENDIX A  
Medical Form

**50TH JUDICIAL DISTRICT COURT OF COMMON PLEAS  
VETERANS TREATMENT COURT**



**Butler County**

124 W. Diamond Street :- PO Box 1208 :- Butler, PA 16003-1208  
724-431-2158 TDD Users 724-284-5473

**MEDICAL FORM**

**SEND TO:** TAMMY COURSON APO- PO, TCOURSON@CO.BUTLER.PA.US, FAX: 724-285-8762

Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*\*\*\*To be Filled Out By Medical or Treatment Staff ONLY\*\*\*\*\*

To: Medical Provider

I have been informed that the above named individual is a participant in the 50<sup>th</sup> Judicial District Veterans Treatment Court and they have admitted to history of substance abuse. I understand that any relapse by the patient may well result in a jail sanction and possibly a term of years in the State Penitentiary for this client. I also understand that Veterans Treatment Court Participants may not take any mood altering chemicals, to include prescribed medicines, unless under extreme circumstances where all other remedies have been ruled out. If this is found to be the case, the court will work specifically with the participant and health care provider until treatment is no longer necessary.

I am prescribing the following non-narcotic, non-addictive and non-mood altering medication to this patient.

**OR**

I have ruled out all non-narcotic, non-addictive and on-mood altering medication and understand the consequences may include relapse on said medication. However, due to the nature of this patient's illness, I am prescribing the following narcotic, addictive and or mood altering medication(s) for this patient.

Listings of Medications that were given or prescribed on this office visit:

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Refills? Y / N

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Refills? Y / N

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Refills? Y / N

I am a licensed physician in the State of Pennsylvania, the above named person is my patient and I have seen him/her for the following medical reason:

---

Doctor's Signature: \_\_\_\_\_ Treatment Facility Name: \_\_\_\_\_

This patient is also required to sign a MEDICAL RELEASE FORM for this encounter. The client's specific Probation Officer, along with "50<sup>th</sup> Judicial District Veterans Treatment Court" should be included on the original release as to retrieve any and all medical information concerning this particular visit if need be.

03/29/2021 Butler County Specialty Courts reserves the right to make changes/updates at any time, without notice.

**APPENDIX B**  
Medication & M.A.T. Policy



## COUNTY OF BUTLER

### PRESIDENT JUDGE

DR. S. MICHAEL YEAGER

### JUDGE

TIMOTHY F. McCUNE

### ADULT PROBATION & PAROLE

DOUGLAS E. RITSON, CHIEF COUNTY PROBATION OFFICER

### SPECIALTY COURTS

AMY PETRICCA, SPECIALTY COURTS COORDINATOR

### MEDICATION & MEDICALLY ASSISTED TREATMENT POLICY & ACKNOWLEDGEMENT BY PARTICIPANT

The Butler County Specialty Courts prohibit the use of **any addictive medications** by participants during their involvement with the program. This includes, but is not limited to the use of the following:

- Narcotic pain medications (i.e. Vicodin, Percocet, OxyContin, etc.)
- Muscle relaxers & sleep aids (i.e. Flexeril, Soma, Ambien, etc.)
- Narcotic anxiolytic/benzodiazepine medications (i.e. Xanax, Neurontin, Klonopin, etc.)
- Stimulants (i.e. caffeine pills, Adderall, Dexedrine, etc.)
- Any over-the-counter medication that contains alcohol (i.e. cough medicine)

The use of Buprenorphine related products (i.e. Suboxone, Subutex, Sublocad, and Zubsolv), Methadone, and Medical Marijuana are not prohibited, but will be reviewed on a **case-by-case basis** once a competent physician with expertise in addiction deems a product medically necessary. The Specialty Courts Medical Marijuana Policy also includes strict guidelines outlined in the Specialty Courts Policy & Procedure Manuals that must be adhered to at all times. The participant must sign proper releases at the medical provider and medication must be obtained from an approved physician supervised program.

The use of the Naltrexone related products (i.e. Revia and Vivitrol) **is permitted** during the course of participation in the Specialty Court Programs. Participants receiving these medications must notify the Specialty Court Probation Officer. The participants must be sure to sign proper releases at the medical provider and medication must be obtained from an approved physician supervised program.

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I, \_\_\_\_\_, a participant in the Butler County Specialty Court Program, hereby acknowledge that I have been informed of the Program's policy on Medication, Medically Assisted Treatment, and Medical Marijuana. I understand that I may not be prescribed and/or recommended any of the aforementioned medications, without consulting with my Specialty Court Probation Officer. I understand that violation of this policy makes me subject to sanctions, up to and possibly including incarceration and subsequent removal from the Specialty Court Program. I also understand that I must bring all medications with me upon reporting to the Adult Probation Office.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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**--PLEASE LIST ALL CURRENT MEDICATIONS--**

MEDICATION	DOSE/FREQUENCY	DOCTOR PRESCRIBING	VERIFIED BY PO	PARTICIPANT INITIALS

03/29/2021 Butler County Specialty Courts reserves the right to make changes/updates at any time, without notice.

**APPENDIX C**  
Medical Marijuana & PCP/Psychiatrist Practitioner Forms

**50TH JUDICIAL DISTRICT COURT OF COMMON PLEAS  
SPECIALTY TREATMENT COURT  
Butler County**

124 W. Diamond Street -:- PO Box 1208 -:- Butler, PA 16003-1208  
724-431-2158 TDD Users 724-284-5473

**MEDICAL MARIJUANA FORM**

**SEND TO:** TAMMY COURSON APO- PO, TCOURSON@CO.BUTLER.PA.US, FAX: 724-285-8762

Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*\*\*\*To be Filled Out By the Medical Marijuana Practitioner ONLY\*\*\*\*\***

**To: Medical Marijuana Practitioner (please check all)**

- I have been informed that the above named individual is a participant in the 50<sup>th</sup> Judicial District Specialty Treatment Court and they have admitted to history of substance abuse and/or mental health. I understand that any relapse by the patient may well result in a jail sanction and possibly a term of years in the State Penitentiary for this client. I also understand that Specialty Treatment Court Participants may not take any mood altering chemicals, to include prescribed medicines, unless under extreme circumstances where all other remedies have been ruled out. If this participant is certified for medical marijuana the court will work specifically with the participant and certified medical marijuana Practitioner while they are certified.
- I am a Department of Health Medical Marijuana (MM) practitioner approved to certify patients to participate in Pennsylvania's MM Program.
- This patient signed a MEDICAL RELEASE FORM for this encounter. The client's specific Probation Officer, along with "50<sup>th</sup> Judicial District Specialty Treatment Court" is included on the original release as to retrieve any and all medical information concerning this particular visit if need be.
- My certification and recommendation for MM for my client will not contraindicate their treatment for substance use disorder and/or a serious mental health diagnosis.
- I have completed a full medical and mental health history check on my client
- I have consulted the Prescription Drug Monitoring Program database to review whether the client has been recently dispensed any medications that would prohibit or pose a risk for the patient to obtain MM.
- I have made a medical determination as to the patient's serious medical condition(s) as there are no viable alternative approaches available for treating the patient that can produce similar or better outcomes – with all factors considered:

- I have NOT certified my client for medical marijuana. Please list reason:

**OR**

- I have certified my client for MM. Please list serious medical condition(s)

- Recommended form of MM client is to receive at the dispensary:

Medical Marijuana Facility Name: \_\_\_\_\_ Practitioner's Signature: \_\_\_\_\_

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SPECIALTY TREATMENT COURT  
Butler County**

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724-431-2158 TDD Users 724-284-5473

**Primary Care Physician/Psychiatrist FORM**

**SEND TO:** TAMMY COURSON APO- PO, TCOURSON@CO.BUTLER.PA.US, FAX: 724-285-8762

Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*\*\*\*To be Filled Out By the Practitioner ONLY\*\*\*\*\***

**To: Practitioner (please check all)**

- I have been informed that the above named individual is a participant in the 50<sup>th</sup> Judicial District Specialty Treatment Court and they have admitted to history of substance abuse and/or mental health. I understand that any relapse by the patient may well result in a jail sanction and possibly a term of years in the State Penitentiary for this client. I also understand that Specialty Treatment Court Participants may not take any mood altering chemicals, to include prescribed medicines, unless under extreme circumstances where all other remedies have been ruled out. If this participant is certified for medical marijuana (MM) the court will work specifically with the participant and certified MM Practitioner while they are certified.
- This patient signed a MEDICAL RELEASE FORM for this encounter. The client's specific Probation Officer, along with "50<sup>th</sup> Judicial District Specialty Treatment Court" is included on the original release as to retrieve any and all medical information concerning this particular visit if need be.
- I have completed a full medical and mental health history check on my client.
- My client that has been certified and recommended for MM that **would not** contraindicate treatment for substance use disorder and/or a serious mental health diagnosis.

**OR**

- My client that has been certified and recommended for MM that **would** contraindicate treatment for substance use disorder and/or a serious mental health diagnosis.
- I have consulted the Prescription Drug Monitoring Program database to review whether the patient has been recently dispensed any medications that would prohibit or pose a risk for the patient to use their MM.
- I have made a medical determination as to the patient's serious medical condition(s) as there are no viable alternative approaches available for treating the patient that can produce similar or better outcomes – with all factors considered:

- **I approve** of my client to remain on their certified medical marijuana. **OR**
- **I disapprove** of my client to remain on their certified medical marijuana while under my care.  
Please list reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

Facility Name: \_\_\_\_\_ Practitioner's Signature: \_\_\_\_\_