

BUTLER COUNTY DTC

PARTICIPANT HANDBOOK



*This is the beginning of a new day. You have been given this day to use as you will. You can waste it or use it for good. What you do today is important because you are exchanging a day of your life for it. When tomorrow comes, this day will be gone forever; in its place is something that you have left behind...
Let it be something good.*

*Established January 1st, 2011
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“A journey of a thousand miles begins with a single step”

Lao Tzu

BUTLER COUNTY DTC MISSION STATEMENT

The mission of Butler County DTC (DTC) is to reduce the crime rate through a collaborative effort among the members of the community and the criminal justice system, resulting in a safer community and a better quality of life for all.

The vision of the Butler County DTC is to be achieved through the diversion of qualifying offenders into a program of comprehensive treatment, education, offender accountability, and intensive court supervision to assist participants to gain control of their lives and to stop the cycle of recidivism, caused by their addiction.

*Character cannot be developed in ease and quiet. Only through
experience of trial and suffering can the soul be strengthened,
ambition inspired, and success achieved.*

Helen Keller

WELCOME TO THE BUTLER COUNTY DTC

DTC is committed to breaking the cycle of drug dependency and to reducing recidivism by providing treatment, rehabilitation, education and life skills to participants.

This Participant Handbook provided complete information about Butler County's DTC. **DO NOT LOSE THIS HANDBOOK!** Review it often. (You must take it with you to all meetings, treatment sessions, case management appointments, and court dates)

We encourage you to share this handbook with your family and friends for support, understanding, and encouragement.

We look forward to seeing the positive changes in your life as a result of your dedication to completing DTC. The entire DTC Team is committed to providing you with support and encouragement as you work your way to a clean, sober, and productive life through DTC.

Every great achievement was once considered impossible.

Unknown

DTC PROGRAM DISCRIPTION

The Butler DTC program is a highly structured program, different from any prior supervision program with which you may be familiar. DTC combines drug and/or alcohol treatment, rehabilitation, and other support services with **more intense court supervision**.

DTC is for those individuals with a substance abuse problem which has led to their repeated, non-violent criminal behavior. DTC is unique because it encompasses a much closer working relationship between treatment and the criminal justice system. The end goal is the reduction of recidivism, participants remaining drug free and thus becoming productive members of the community benefiting all aspects of the criminal justice system and the community.

The length of participation in DTC will depend on the participant's ability to achieve program goals and remain drug free. The team reserves the right to review all cases in which individuals exceed 24 months in order to decide if continued participation in the program is appropriate.

Instead of giving myself reasons why I can't, I give myself reasons by I can

Unknown

BENEFITS OF DTC

You will be clean and sober
You will have more job and education opportunities
You will have better relationships with your family and friends
You will have a better understanding of yourself
You will have a positive outlook on life
You will be self-reliant
You will improve your physical and mental health
You will be a better role model for family and friends
You will live a more balanced life
You will have financial stability
You will have stable housing
You will be reliable
You will have the respect of your family and friends
You will have self-esteem
You will stay out of jail

YOU WILL HAVE A LONGER AND MORE FULFILLING LIFE

Experience is not what happens to you; it is what you do with what happens to you

Alex Huxley

RULES AND REGULATIONS OF DTC

I understand that if I enter this program and fail to complete it, I may be barred from future participation.

I understand that participation in DTC involves a minimum time commitment and at 18 months the DTC Team shall meet and discuss each case individually to talk about the case and the status of growth and dedication of the individual, and may include an aftercare component if the Team agrees that it is necessary.

I understand that during the entire course of the DTC Program, I will be required to attend court sessions, treatment sessions, submit to weekly random drug testing (minimum 2), attend self-help, peer support and/or AA or NA meetings as determined by the particular phase, remain clean & sober and be law-abiding.

I agree to abide by the rules and regulations imposed by the DTC Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.

I understand that sanctions may include time in custody, increased supervision sessions, increased drug testing, remaining in a particular phase, reduction to a previously completed phase, and/or **such other sanctions as may be deemed necessary by the DTC Team.**

I agree to cooperate in an assessment/evaluation for planning an individualized drug treatment program adequate to my needs; I understand that my treatment plan may be modified by the treatment provider or the DTC Team as circumstances arise. I agree to comply with the requirements of any such modifications and sign releases of information as necessary to facilitate my treatment.

I understand that I must pay all fines, costs, restitution and fees associated with my participation in DTC. I will do so by establishing a payment plan with the Clerk of Courts.

I understand that I will be tested for the presence of drugs in my system on a random basis according to procedures established by the DTC Team and/or treatment provider.

I understand that substituting, altering, or trying in any way to change my bodily fluids or testing specimen, including attempts to dilute the sample, may be grounds for sanction, including termination, imposed at the discretion of the DTC Team.

I understand that participating in DTC requires me to be drug and alcohol free at all times. I will not possess drugs or drug paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs are being used or possessed by others.

I agree to be drug tested at any time by a DTC officer, probation officer, treatment provider, or at the request of the Court or any agency designated by the Court.

I understand that I may dispute positive test results, but that **confirmation will be at my expense**, and that I may face a sanction if the test is confirmed.

I understand that I may not possess any weapons while I am in DTC, and disclose the presence of any weapons possessed by anyone else in my household. Failure to disclose may result in sanctions imposed by the DTC Team, including termination from the DTC program and possible prosecution for any illegal possession of any weapon.

I agree to inform any law enforcement officer who contacts me that I am in DTC with the Butler County Adult Probation Office.

I understand that I may not work as a confidential informant with any law enforcement agency while I am participating in the DTC program, nor may I be made or encouraged to work as a confidential informant, as a condition of my full participation in the DTC program.

I agree to inform the Butler County Domestic Relations Office and/or the Butler County Children & Youth Agency of my participation in DTC as long as I have open cases with such agencies.

I may not participate in DTC if I am currently an affiliated gang member.

I will not threaten, harass, intimidate or abuse in any way any member of the DTC team or its representative. Such behavior may result in a sanction, including termination.

I will inform all treating physicians that I am a recovering addict. Due to the high potential for certain prescription medications to interfere with treatment and recovery efforts, the Butler County DTC **prohibits** the use of all addictive medications. This includes a policy of prohibiting the use of narcotic pain medications (Vicodin, Percocet, Oxycontin, etc.), muscle relaxers (Flexeril, etc.), sleep aids (Soma, Ambien, etc.), caffeine pills, and the use of benzodiazepine medications (Xanax, Klonopin, Valium, etc.). 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 Treatment Court is strictly prohibited

Offenders seeking entry into DTC are expected to consult with their physician and/or psychiatrist to seek non-addictive medications with no abuse potential, to treat conditions such as chronic pain and anxiety. Participants using such medications while participating in the program are subject to sanctions. Exceptions to this policy will be made only in extremely rare instances where there is **documented medical emergency treatment by a primary care physician**. Participants who habitually seek exception to this policy are subject to increased sanctions and/or termination.

Additionally, **NO** participant of the Butler County DTC may take any dietary supplements or vitamins, 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, or any other dietary supplement.

The consumption of salvia, kratom, morning glory seeds, K2/Spice, or any other such mood altering, synthetic/designer or hallucinogenic substance is strictly prohibited. All cough medications must be pre-approved by a probation officer. Ingredients such as alcohol, codeine, and dextromethorphan (DXM) are also prohibited.

Any medication prescribed by a doctor must be approved by the Probation Officer prior to use. The only exception to this is in an emergency situation. All medication must be kept in its original container. Any non-approved medication will be confiscated by the Probation Officer. Probation Officer will immediately contact prescribing Physician to ensure medication is necessary.

If the participant is required to have surgery while he/she is enrolled in DTC and is prescribed an otherwise banned prescription, the Drug Treatment Probation Officer, must be immediately informed of any and all treatment decisions. These individuals shall have only have the prescription for a maximum of two (2) weeks, unless otherwise direction by a medical professional.

Any over the counter medication must be approved by the Probation Officer prior to use. This includes, but is not limited to, cold/flu medicine, headache medicine, antacids, etc. All medication must be kept in its original container. Any non-approved medication will be confiscated by the Probation Officer.

I may not take narcotic or addictive medications. If a treating physician wishes to treat me with narcotic or addictive medications, I must disclose this to my treatment provider and get specific permission from the DTC Team to take such medication.

I am responsible for what goes into my body. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. Prior to using such medication, prescribed or over-the-counter, I will register the medication with my treatment provider and with DTC. These participants will meet with the DTC Intensive Case Manager (ICM) who will monitor the individual's status in treatment and their compliance with reduction from these medications. These individuals shall have one (1) to three (3) months to be completely weaned off of the medication absent medical advice to the contrary. Failure to comply with the reduction within the expected time frame may result in defendant being rejected from admission into DTC. Participants are not allowed to take any dietary supplements or vitamins 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, weight loss aids, Red Bull, Monster or any

other energy drinks, or any other dietary supplement. Additionally, the consumption of poppy seeds is prohibited.

I will not leave any treatment program without prior approval of my treatment provider and the DTC Team. I understand that my individual course of treatment may include residential treatment, education, and/or self-improvement courses such as anger management, parenting or relationship counseling.

I understand that during the early phases of treatment and recovery, I may be precluded from working or from gaining employment. I further understand that within the time directed by the DTC Team, I will seek legitimate employment, job training and/or further education as approved by the DTC Team, and that failure to do so may result in sanctions or termination.

I agree to keep the DTC Team, treatment provider and law enforcement liaison, if any, advised of my current address and phone number at all times. My place of residence is subject to DTC approval, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required by a DTC Team member or representative.

I will not leave Butler County, Pennsylvania without prior permission from the DTC Team. Participants are to fill out a Butler County Drug Treatment Special Request Slip and turn it in the Thursday before DTC to have it approved. It is to be turned into Adult Probation Officer Adam Kummer.

I agree to follow and complete any treatment recommend.

I understand that my failure to successfully complete and graduate from the Butler County Court of Common Pleas DTC program will result in the imposition of the previously deferred sentence against me.

I understand that my failure to complete DTC cannot be a basis for the withdrawal of my previously entered guilty plea. I understand that any attempt to withdraw my guilty plea would be prejudicial to the Commonwealth.

I will not furnish any false statements, either written or oral, to the DTC Team, PO, potential or current employer, treatment provider, law enforcement official, or any other public official.

I will not violate any laws of the Commonwealth of Pennsylvania, the United States, or any local municipality.

I will report any new arrest or police contact to your PO within 48 hours.

I will not possess, carry, or transport any firearm or weapon as defined by Pennsylvania statutes.

If directed to do so by your PO or the Court: perform additional hours of community service, be subject to SCRAM monitoring for alcohol, be subject to house arrest with electric monitoring.

If directed to do so by your PO or the Court: reside in a recovery house.

I will enter and successfully complete a residential or partial residential treatment program if referred by Butler County Drug and Alcohol.

You will earn a GED if you do not have a high school diploma or equivalent.

I will not obtain any new tattoos or piercings or wear any piercing with the exception of ear piercings.

I will wear appropriate, non-drug related clothing.

I will not accept rides from any individual unless they are approved by the Probation Officer.

I will be reachable by Probation Officer and/or Intensive Case Manager at all times, such as by obtaining a cellular phone.

I will reside at an approved residence.

I will abide by all conditions of probation/parole/intermediate punishment, house arrest and SCRAM.

I will inform the Probation Officer, Case Manager and treatment provider of any relationships with the opposite or same sex.

I will not accept rides from any individual unless they are approved by the Probation Officer.

I will not permit visitors in my home unless previously approved by the Probation Officer.

I will not associate with any individuals on Probation or Parole with Butler County, any other county or with the Pennsylvania Board of Probation and Parole.

I will follow any other condition(s) the Court imposes.

I will comply with any other directives of the Court.

COURT/JUDICIAL SUPERVISION

You shall be required to appear regularly in DTC to discuss and review your progress. This is an integral part of treatment court. The DTC Judge will discuss with you your progress as well as any infraction that have occurred. Rewards/incentives as well as sanctions will be given as the DTC Judge decides is appropriate.

If you cannot attend court as scheduled, you **MUST** contact your Probation Officer and/or the DTC Coordinator as soon as possible to explain why you are unable to attend Court. This contact does not guarantee or ensure that your absence will be excused. If you do not appear for DTC as scheduled, the Judge may issue a Bench Warrant for your arrest.

When you feel like giving up, remember why you held on for so long in the first place

Unknown

SERVICES PROVIDED

The DTC will refer you to treatment

Providers for the following services:

- Substance abuse assessments
- Mental Health assessments
- Detox, inpatient, or outpatient treatment
- Individual counseling
- Group counseling
- Recovery support groups
- Drug testing

The DTC will also provide you with a Case Manager and probation officer to provide the following services:

- Employment counseling
- Training referrals
- Education and literacy assistance
- Referrals to social services
- Alternative housing services and/or placements
- Referral for health care services

"You only live once, if you do it right, once is enough."

Unknown

DTC PHASES

PHASE I- Acute Stabilization

Length: Approximately 4-12 weeks

The length of Phase I will depend upon participant's progress. Participants will be required to meet the following standards:

- Attend DTC sessions weekly, or as otherwise directed
- Attend all appointments with appropriate treatment agencies, such as Drug & Alcohol, Mental Health, and/or Medical Health Care.
- Attend peer support, AA/NA and/or self-help meetings, 90/90 and provide proof thereof. Proof must be provided showing all attendance.
- Remain substance free for **30** consecutive days prior to phase advancement
- Begin search for a permanent sponsor
- Begin search for a permanent support group
- Obtain photo ID and a social security card
- Begin search for stable housing
- Develop a service plan
- Probation Officer contact at least three (3) times per week, or as otherwise directed
- Comply with **ALL** drug testing (minimum 2 days)
- Maintain employment, community service, or a combination of both, as directed by the Probation Officer
- Comply with electronic monitoring and/or SCRAM monitoring, if applicable
- Remain crime free
- Submit application to advance to Phase II, when application is provided to participant

While the Butler County DTC Program does support participants furthering their education, participants in Phase I of the program may not initiate any type of college or trade school. Due to the intensive program requirements during Phase I and the need for participants to establish a firm foundation for their recovery, it is felt that the additional burden of schooling may conflict with program requirements or place undue stress on participants in early recovery. Participants, who enter the program as full time college students, may continue their schooling. However, if the participant appears to be struggling with program requirements or in establishing a strong recovery foundation, they may be required to withdraw from school.

The Probation Officer or Intensive Case Manager will make the initial recommendation for the participant to move to the next phase. The DTC Team, however, will make the final decision for advancement.

In circumstances where the participant has an exorbitant amount of community service required, the team may vote to advance him/her to Phase II, as long as he/she has completed at least 50% of his/her community service or has otherwise received DTC Team approval.

PHASE II- Clinical Stabilization

Length: Approximately 12-16 weeks

Length of Phase II will depend upon participant's progress. Participants will be required to meet the following standards for Phase II compliance:

- Attend DTC sessions weekly, or as otherwise directed
- Attend all counseling/therapy with appropriate treatment agencies, such as Drug & Alcohol, Mental Health, and/or Medical Health Care.
- Compliance with treatment plan
- Continue to attend peer support, AA/NA and/or self-help meetings, 90/90 and provide proof thereof. Proof must be provided showing all attendance. (Upon return to the community you must complete 90/90).
- Remain drug/alcohol free for **90** consecutive days before advancement
- Obtain and maintain permanent sponsor
- Obtain and maintain permanent home group
- Obtain stable housing and financial management skills through Community Resource Center (CCR).
- Begin process of obtaining G.E.D, if applicable
- Re-evaluate service plan
- Probation Officer contact a minimum of 3 times per week, or as otherwise directed
- Comply with **ALL** drug testing (minimum 2 days)
- Obtain or maintain employment, community service, or a combination of the both, as directed by the Probation Officer
- Provide proof of employment seeking activities, if applicable
- Comply with electronic monitoring and/or SCRAM
- Remain crime free
- Determine amount of fines/costs/restitution with PO.
(If receiving income, establish payment plan and begin making payments.)
- Submit application to advance to Phase III, when application is provided to participant

If relapse occurs in this phase the individual's phase will be extended for an additional 90 days & will be re-evaluated by Butler County Drug & Alcohol.

PHASE III- Pro-Social Habilitation

Length: Approximately 16-18 weeks

Length of Phase III will depend on participant's progress. Participants will be required to meet the following standards for Phase III compliance:

- Attend DTC session every two weeks
- Participate in substance abuse treatment as recommended
- Maintain attendance at peer support, AA/NA and/or self-help meetings at least 4 times per week and provide proof thereof. Proof must be provided, showing attendance of all 4 meetings.
- Remain drug/alcohol free for **120** consecutive days prior to phase advancement
- Maintain permanent sponsor
- Maintain permanent home group
- Participate in a social activity that supports your recovery
- Obtain GED, if applicable
- Maintain compliance with service plan
- Probation Officer contact at least 2 times every week, or as otherwise directed
- Comply with **ALL** drug testing (minimum 2 days)
- Maintain employment, community service, or a combination of the both, as directed by the Probation Officer
- Provide proof of job/employment seeking activities, if applicable.
- Maintain payment schedule for program fees, court costs, fines, restitution, etc.
- Remain crime free
- Submit application to advance to Phase IV, when application is provided to participant

If relapse occurs in this phase the individual's phase will be extended for an additional 90 days or as determined by the DTC Team & will be re-evaluated by Butler County Drug & Alcohol.

PHASE IV- Adaptive Habilitation

Length: Approximately 6 months

Length of Phase IV will depend on a defendant's progress. Defendants will be required to meet the following standards in order to graduate from DTC:

- Attend DTC session every 2 weeks
- Continue to participate in, and complete recommended substance abuse treatment
- Maintain attendance at peer support, AA/NA and/or self-help meetings at least 3 times per week and provide proof thereof. Proof must be provided, showing attendance of 3 meeting.
- Remain drug/alcohol free for a minimum of **6** consecutive months
- Maintain permanent sponsor
- Maintain permanent home group
- Continue participation in a social activity that supports your recovery
- Re-evaluate service plan, making any needed changes
- Probation Officer contact(s) 1 time per week, or as otherwise directed
- Comply with **ALL** drug testing (minimum 2 days)
- Maintain full time employment, community service, or a combination of the both, as directed by the Probation Officer.
- Maintain payment plan for fees, costs, fines and restitution
- All costs/fines must be current in order to apply for graduation
- Remain crime free
- Submit application/essay to graduate DTC, when application is provided to participant

If relapse occurs in this phase the individual's phase will be extended for an additional 90 days or as determined by the DTC Team & will be re-evaluated by Butler County Drug & Alcohol.

The timeframes/frequencies in the above phase charts are to be used as guidelines only. Discretion to increase or decrease frequency of appointments remains with the DTC Team, specifically the Probation Officer.

DTC AFTERCARE- CONTINUING CARE

Following graduation, the defendant will enter the Aftercare portion of the program. Aftercare is the length of probation that the participant was sentenced to after successfully completing and graduating the program.

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 peer support, AA/NA and/or self-help meetings
- Attendance at DTC Session as directed by PO
- Attend Alumni Group meetings/events as directed by Probation Officer
- Comply with ALL Drug Testing
- Probation Officer contacts as directed

Update Probation Officer of any address and/or employment changes or any police/law enforcement contact

Fall seven times, stand up eight
Japanese proverb

Note: These policies and procedures may be amended at any time.

TERMINATION

Participants who refuse or who are unable to comply with any program goal(s) or who have become a supervision risk will be terminated from the DTC Program.

If the Drug Treatment Team recommends termination the participant shall be given written notice of violation. The court shall schedule a termination hearing.

The court shall put the participant on notice that each probation violation, including missed appointments (up to and including but not only with Probation Officer, DTC ICM, and/or treatment services), and positive drug tests, will result in jail time. (*further explanation available under Drug Testing heading).

GRADUATION

Participants who have achieved ALL program goals, remained drug free and have participated in the program are eligible to apply for graduation. Upon successful graduation, a participant is eligible to have the terms and conditions of their plea agreement imposed by the court. Graduation ceremonies will take place outside the normal court session and all participants are required to attend, unless excused from attendance. Upon graduation, all participants shall complete an exit interview with a designated outside agency.

If a violation occurs after Graduation you will be placed on Special Conditions and Services will need to be arranged with Butler County Drug and Alcohol and CCR.

*Be thankful that you don't have everything you desire, If you did what
would there be to look forward to?*
-unknown author

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 ADJUSTMENTS

Therapeutic adjustments (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 Adjustments may include, but are not limited to:

Increased peer support, AA/NA and/or self-help meetings

1. Increase in urine testing and use of alcohol monitoring devices
2. Electronic Monitoring
3. Completion of workbook/assignments
4. Journaling
5. Motivational Interviewing exercises
6. Increased DTC appearances
7. Increased treatment intensity
8. Additional assessments or evaluations
9. Modification of DTC 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 DTC
13. Letters of apology
14. Essays
15. Increased Community Restrictions

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

If a participant commits a DTC Treatment 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 DTC may happen at any time, for any violation, by discussion from the DTC team. Any time served shall be for the instant violation, thus, should the participant be terminated from DTC. He or she shall not be entitled to any credit for time served towards the sentence alternately imposes.

The court shall put the participant on notice that each probation violation, including missed appointments (up to and including but not only with Probation Officer, DTC ICM, and/or treatment services), and positive drug tests, may result in jail time. (*further explanation available under Drug Testing heading).

SUBJECT: Drug 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 officers shall comply with the drug testing policy and procedure set forth by the Butler County Adult Probation Office.

A) Deviation from Policy- 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 management team.

PROCEDURE:

I: OBTAINING A URINE SPECIMEN FOR DRUG TESTING

A) The offender will be escorted to the drug testing bathroom by the supervising officer or designee and will be provided with a specimen cup. The probation officer will maintain possession of the specimen cup until the offender indicates he/she is prepared to provide a urine specimen at which time the seal on the cup will be broken.

Female: A female probation officer will accompany a female offender into the drug testing bathroom. The officer will hand the specimen cup to the offender. The offender will then lower any clothing from the waist down, including undergarments, to ankle height. The offender may sit or stand during the collection of the sample, but may not obstruct the probation officer's view of the sample entering the cup. To clarify: The offender must lower the specimen cup several inches from their body so the probation officer may see the stream of urine that the offender is voiding collect in the cup. At no time may the offender place their free hand in front of their body to block the officer's view. The officer will witness the urine specimen enter the cup. Once the specimen has been collected, the lid will be placed on the cup by the offender and the specimen will be placed on the back of the toilet in view of the probation officer. Once the offender is fully clothed and ready to exit, she will be permitted to wash her hands.

Male: A male probation officer will accompany a male offender into the drug testing bathroom. The officer will hand the specimen cup to the offender. Before providing the specimen, the offender will make sure no clothing is obstructing the officer's view of the stream of urine leaving the offender's body and collecting in the specimen cup. The officer will witness the urine specimen entering the cup. For the specimen to be considered valid, the probation officer must see the stream of urine enter the cup. Upon completion of the collection specimen, the offender must place the lid on the cup and place the specimen cup on the back of the toilet. Once fully clothed and ready for exit, the offender may wash his hands.

Regardless of gender, a urine specimen will not be considered valid if the urine collected entering the cup is not witnessed by an officer. The probation officer may end the collection process at any time if the offender does not comply with his/her instructions regarding the collection. Any specimen 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.

B) The probation officer will conduct the test. If the test is negative, the officer will empty the urine specimen in the toilet and dispose of the used urine cup in the designated infectious waste box. If the test is positive and the offender disputes the results, the officer will fill out the required paperwork and box up the urine sample to be sent to the drug testing lab for further analysis.

II: ACTUAL SUBMISSION OF THE URINE SPECIMEN

A) The offender will be questioned about his/her ability to provide a urine specimen.

B) In the event the offender is unable to provide a urine specimen by the end of the work day:

1. The offender will be scheduled to return to the office on the next day or next business day. In some instances, the offender may be detained in the Butler County Prison until he/she provides a urine specimen. Every effort shall be made to meet with the offender within 24 hours to obtain a urine specimen.

2. The offender will be put on notice that the purpose in returning to the office is for providing a urine specimen for a drug test.

C) In the event the offender fails to return to the office as directed:

1. Follow protocol for a missed appointment.

2. If court ordered, first missed appointment or first refusal will be a violation.

D) In the event the offender provides urine specimen, tests positive for an illicit substance, and denies use:

1. The urine specimen will be sent to the laboratory designated by Adult Probation and Parole Services, for further testing.

- a. To ensure the viability of the chain of custody, the probation officer conducting the test must fill out the specified laboratory form. After placing the label sealing the urine specimen on top of the lid of the cup, the form and urine specimen shall be placed in the designated biohazard pouch. The biohazard pouch shall then be placed in the designated Fed Ex bag and delivered to the proper mail receptacle.

2. If it is determined that the specimen is in fact positive, the current fee for the laboratory test will be added to the offender's outstanding fines and costs balance.

E) In the event a probation officer witnesses the offender substituting or attempting to substitute a specimen in place of his own with the use of an internal or external device:

1. The probation officer will direct the offender to remove said device and place it in the custody of the witnessing probation officer. If the offender will not voluntarily remove said device the testing procedure shall be terminated and a supervisor shall be contacted.

2. If the offender removes the device and there is enough urine to be tested, the probation officer may test the urine as standard practice. If the specimen tests negative for all illicit substances, a supervisor shall be contacted for purposes of determining whether to proceed with prosecution of charges for Furnishing Drug Free Urine. If the specimen tests positive, standard drug testing procedures shall be followed and a supervisor shall be contacted to determine whether to proceed to a violation.

3. To ensure the chain of custody, the urine specimen and/or device may not be left unattended at any time. If it is determined that charges should be filed, the specimen must be bagged and labeled in an evidence bag, sealed and stored in a small refrigerator in the drug testing area in the event it would be needed as evidence in court.

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.

DTC 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 this manual and the Medication, Medically Assisted Treatment and Over the Counter Medications Acknowledgment form 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.

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 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 drug and alcohol 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.

The participant understands that using medical marijuana restricts one's ability to legally operate a motor vehicle.

Community Service

The DTC Team expects all participants to give back to their community in reparation for past conduct while actively engaged in addiction. Community service is structured as follows:

Phase I- none

Phase II – 15 hours

Phase III – 25 hours

Phase IV – 25 hours

And/OR

Community Giveback Project

The Community Giveback Project (CGP) is a program that requires DTC participants to provide unpaid work that is aimed at giving something back to the local communities and repay the community for the wrongs they have done, in a positive way. The CGP is not merely the completion of community service hours, but rather a project that is chosen by one or more DTC participants to contribute their skills and/or labor to help improve the community.

CGPs must be directed to assisting the **non-profit** community in Butler County, PA. Participants must contact the agency of their choosing to confirm if their services

are needed prior to submission of their proposal. All CGPs must be approved by the DTC Team prior to starting. After completion of the CGP, the participant must submit a **CGP Assignment** to their PO. The assignment should include: where they completed their CGP, their contribution to the project, and describe the positives they got out of it as well as the community after completion. The DTC Team will review and approve the assignment.

The CGP must include a **minimum of 30 hours** over the course of the phases of DTC. If a participant is unemployed, and are in Phase II or later, they will be required to complete a minimum of **15 additional hours** towards their project per week until they gain employment or enroll in an education program.

Community service hours imposed as the result of a sanction can **NOT** be completed as part of the CGP.

DTC Team-Participant Relationships

The relationship between team members and participants will be professional, with all interactions based on adopted county standards of professional conduct. Team members will always maintain professional and objective personal conduct between himself/herself and the participant's family and close associates. DTC Team Members should have a personal concern within the bounds of their professional responsibilities, so as to safeguard the welfare of the participant both during and after enrollment in DTC. DTC Team Members are prohibited from developing personal obligations with participants including: sexual or romantic relationships, employment of clients or engaging in business relationships with clients who are active in DTC. The relationship with participants should never include behaviors on the part of the DTC Team Member which would be abusive or damaging to the participant. DTC Team Members must disclose pre-existing social ties or relationships with a participant prior to the individual's placement into DTC.

Personal Relationships Between Participants

In order to ensure that each DTC Participant has the optimal opportunity to succeed, each participant's primary focus shall be on his/her recovery. Support, particularly support from other DTC participants, is a vital component of recovery. However, personal relationships that go beyond support of recovery, such as dating and/or sexual relationships, are prohibited. This also includes all other Specialty Court participants. If there is in fact a relationship that's not going to change, specific guidelines will be discussed between the Specialty Court Teams.

In Phase 1 and 2, intimate personal relationships outside of DTC are also strongly discouraged as these relationships are detrimental to recovery. Participants' focus must remain on recovery and healing of oneself.

In Phase 3 and 4, if a participant is stable in his/her recovery, DTC wants to be able to facilitate healthy personal relationships. Therefore, DTC will utilize any and all available services (such as, but not limited to, counseling, health classes), that will help participants maintain healthy personal relationships.

Participants are also **prohibited** from the lending and borrowing of money to and from other DTC participants.

Inappropriate relationships will result in sanctions as the DTC determines which includes the possibility of termination.

TEAM MEETING

The DTC team shall meet once weekly at 1:00 p.m. prior to court sessions or as otherwise scheduled. During these meetings the team will discuss the progress of those participants scheduled to appear in court that week. Problem areas will be discussed and alterations in case management and treatment plans will also be addressed. Additionally, at this time, sanctions and incentives will be determined. The DTC team will also discuss any problem cases that are not in court the week of the team meeting. Lastly, the team will review the pending client list.

DTC HEARINGS

DTC hearings will be held weekly in open court to monitor the participants' compliance, progress, and participation in the DTC program. Participants who are receiving treatment at an inpatient or residential program may not be required to attend weekly Court sessions, at the discretion of the Judge.

The Court will review with the participant his/her progress leading to that week's court appearance. At this time any alterations to case management and treatment plans will be reviewed with participant. Also, incentives and sanctions will be distributed during DTC sessions.

Court sessions will be held on Thursday of each week, at 2:00 p.m., in Courtroom No. 2.

COMMONWEALTH OF PENNSYLVANIA FIFTIETH JUDICIAL DISTRICT DTC UNDERSTANDING OF JOB DESCRIPTIONS

The Fiftieth Judicial District having united in purpose with the Butler County District Attorney's Office, Butler County Public Defender's Office, the Butler County Adult Probation and Parole Department, Butler County Drug and Alcohol services, the Center for Community resources and the Detectives of the Butler County's District Attorney's Office agree to collaborate in an effort to address substance abuse and drug related criminal activity in Butler County. In an effort to support a comprehensive program of services to meet the needs of qualified participants; the team members, commit to the following:

TREATMENT COURT JUDGE: The Fiftieth Judicial District of Common Pleas agrees to provide a Judge who will preside over the DTC. The DTC Judge is responsible for adhering to the Butler County Pennsylvania, DTC Rules and all revisions to the rules with special consideration being given to the promulgation of any community –based rules deemed necessary for the success of Butler County's DTC. As a member of the Butler County DTC, the assigned Judge will actively participate in staffing of cases; preside over the court proceedings and monitor application of disciplines, sanctions and incentives while maintaining the integrity of the Court.

ADULT PROBATION AND PAROLE DEPARTMENT- SPECIALTY COURT COORDINATOR

As a member of the Butler County DTC Team, the assigned coordinator is responsible for the administration, management and coordination of problem-solving court services and operations. This includes overseeing problem-solving court staff activities, ensuring the court's compliance with best practices, developing/editing problem-solving court policies and procedures, managing provider contracts and team member memoranda of understanding, facilitating team meetings, trainings and serving as a liaison to local service providers and community groups. Attend weekly staffing and Court sessions to take meeting minutes and complete data entry.

ASSISTANT DISTRICT ATTORNEY: As a member of the Butler County DTC Team, the assigned Assistant District Attorney (ADA) will review all potential participants for eligibility, actively participate in staffing of cases, and interact in a positive manner to address pleas and application of sanctions and incentives as they apply to the participant. Additionally, prior to a defendant's plea into the program, the ADA will determine what appropriate misdemeanor or felony offense will reduce upon the defendant's graduation from DTC.

PUBLIC DEFENDER: As a member of the Butler County DTC Team, the assigned Chief Public Defender will complete orientations on all defendants accepted into the program and actively participate in staffing of cases to address pleas and application of

sanctions and incentives as they apply to the participant. In addition, will attend Court sessions and ensure the offenders' legal rights are appropriately protected.

ADULT PROBATION AND PAROLE DEPARTMENT-PROBATION OFFICER:

As a member of the Butler County DTC Team, the assigned officer will monitor accountability of social activities and home environment of all participants, as well as maintain up to date records on each participant. In addition, provide frequent and random drug testing, attend weekly staffing and Court sessions, and make recommendations to The Court as to the appropriate sanctions and incentives. The Officer shall supervise participants in DTC, as well as the graduates of the program.

INTENSIVE CASE MANAGER- CENTER FOR COMMUNITY RESOURCES:

As a member of the Butler County DTC Team, the designated Case Manager will conduct case management screenings on all program participants; if a participant is found in need of services, the Case Manager will provide information and referral to resources within the community. The Case Manager will assist the participant in becoming engaged in services with referral agencies. The Case Manager and the participant will develop a goal plan with action steps in place to reach their identified goals. The Case Manager will monitor the progress of the participant until all goals are achieved. Additionally, the Case Manager will participate in weekly staffing and Court sessions and make recommendations to the Court.

LAW ENFORCEMENT- BUTLER COUNTY DETECTIVE: As a member of the Butler County DTC Team, the County Detective will provide background information, current intelligence as to drug trends, individuals involved in the drug trade, and locations of high drug activity to assist Adult Probation and the DTC Treatment Team. In addition, will staff cases, interact in a positive manner and have input into the application of sanctions and incentives as they apply to the participant.

BUTLER COUNTY DRUG AND ALCOHOL PROGRAM- DIRECTOR OF DRUG AND ALCOHOL CASE MANAGEMENT PROGRAM: As a member of the Butler County DTC, the Director of the Drug and Alcohol Case Management Program coordinates all of the screenings and assessments/re-assessments conducted on incarcerated and as non-incarcerated participants, monitors funding/authorizations for treatment and continued stay reviews with providers, participates in weekly staffing, and makes treatment recommendations to the Court. In addition, the Director of the Drug and Alcohol Case Management Program will identify and make available a continuum of care for participants while advocating on behalf of the client and for the integrity of the Court.

PRISON REPRESENTATIVE:

The Prison Representative provides for the care, custody and control of all Behavioral Health individuals who have been incarcerated due to sanctions or as part of the mandatory restriction in sentencing. The Prison Representative attends all client staffing and judicial reviews.

FORENSIC SERVICES MANAGER

The Forensic Services Manager assures the access to a continuum of Behavioral Health related treatment and rehabilitation services. They also assure the use of effective screening and assessment tools to ensure placement of the most appropriate offenders in the treatment court. The Forensic Services Manager recommends and reviews evidence based treatment modalities and attends all client staffing and judicial reviews.

NOTE: Each team member will be responsible for dissemination of information to their respective agency with regard to confidentiality laws that apply specifically to the DTC participants. Likewise, the sharing of information between team members is a vital part of working as a team. Team members will also be charged with the education of peer professional on the program community linkage's which enhance the effectiveness of the program.

In creating this partnership and uniting in a single goal of addressing our community, we pledge to enhance communication between the courts, law enforcement and treatment programs. Through this linkage of services, we expect wider participation and greater effectiveness in addressing clients with drug, alcohol and/or mental health issues that are involved in the Criminal Justice System.

CONFIDENTIALITY, ETHICS AND HIPAA AGREEMENT WITH DTC MEMBERS

I understand that any information, verbal or written regarding clients of DTC is strictly confidential. All client information is protected by Federal Regulations (42 CFR Part 2) and state confidentiality regulations (4 PA Code 255.5) which prohibits any disclosure unless expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. All personal client information that I hear today in both the DTC Team meeting and the DTC is confidential information and I will not re-disclose it further, per federal, state, and HIPAA laws, rules, and regulations.

By signing below, I acknowledge and understand the importance of keeping information confidential and agree to follow all applicable federal, state, and HIPAA laws, rules and regulations. I further agree to maintain ethical boundaries while discussing clients in the Butler County DTC.

Every great achievement was once considered impossible.

Unknown

IMPORTANT PHONE NUMBERS

CCR Crisis Toll Free	1-800-292-3866
CCR Butler County Main Office	724-431-0095
Adult Probation Office	724-284-5259
VOICe	1-800-400-8551
Butler County Human Services	724-284-5114
Alcoholic Anonymous 24 hours	724-679-5647
Public Defenders Office	724-284-5335
Children and Youth Agency	724-284-5156
Domestic Relations	724-284-5181
Butler County Assistance Office	724-284-8844
Career Link	724-431-4000
Adam Kummer- Probation Officer	724-284-1455
Michael Flick- Case Manager	724-384-3529
Air Ride	1-866-638-0598
Alcohol Highway Safety School	724-287-8952
OVR	724-656-3070
Community Service-Jim Switzer	724-679-7891

*Just for today I will keep my focus on the positive things in my life and have
gratitude for them*

Author Unknown

DTC PARTICIPANT HANDBOOK
SIGNATURE PAGE

Signature of Acceptance of Participant Handbook: _____

Printed name of Participant: _____

Date: _____

Probation Officer Signature: _____

Date: _____

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

(Provide Copy of signature page to Participant.)

APPENDIX A



50th JUDICIAL DISTRICT – COURT OF COMMON PLEAS
DTC

Butler County

124 W. Diamond Street :- PO Box 1208 :- Butler, PA 16003-1208
724-431-2156 TDD Users 724-284-5473

The Honorable Joseph E. Kubit, Judge

David Beichner, Assistant District Attorney Charles Nedz, Public Defender

Donna Jenereski, Drug and Alcohol Program Director Tim Fennell, Butler County Detective, District Attorney's Office

Adam Kummer, Probation Officer Michael Flick, Center for Community Resources, Case Manager

Amy Petricca, Specialty Courts Coordinator Matt Clayton, Prison Representative

Tara Hamilton, Forensic Services Manager

Electronic Policy While in Inpatient or Halfway House

The Butler County DTC is including in our policy and procedure the usage of electronics. While DTC participants are in an inpatient or a halfway house facility, electronics are not going to be allowed. When a DTC participant is in an inpatient or a halfway house they will need to surrender the use of all electronics, however a tract phone is acceptable once you reach a certain phase. Some treatment facilities allow the use of them, but our DTC is forbidding the use until placed into a ¾ house.

When you enter a treatment facility, your chances of recovery will be better if you do not have many distractions around. While electronics can be very useful and can provide needed entertainment, they can sometimes act as a source of distraction for you. We also do not want the DTC participant to violate anyone's privacy by taking photos or sharing on social media while they are in treatment. Restrictions on not bringing electronics with you to inpatient or a halfway house or use of the treatment electronics are in place for a reason.

The focus of an inpatient or a halfway house is your psychological, emotional, and mental growth. This growth might be hindered if you're constantly in touch with other people through your cell phone, computer or distracted by other electronics. Taking a break from electronics will decrease distraction in order to help you focus on this issue at hand, your RECOVERY.

If electronics and including input on social media are found to be used in an inpatient or a halfway house this will be a violation of DTC and sanction(s) will be imposed.

Participant

Date

Probation Officer

Date

APPENDIX B

50TH JUDICIAL DISTRICT COURT OF COMMON PLEAS
DRUG TREATMENT COURT



Butler County

124 W. Diamond Street :- PO Box 1208 :- Butler, PA 16003-1208
724-431-2156 TDD Users 724-284-5473

MEDICAL FORM

SEND TO: ADAM KUMMER APO- PO, AKUMMER@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 50th Judicial District Drug 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 Drug 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 "50th Judicial District Drug Treatment Court" should be included on the original release as to retrieve any and all medical information concerning this particular visit if need be.

APPENDIX C



COUNTY OF BUTLER

PRESIDENT JUDGE

DR. S. MICHAEL YEAGER

ADULT PROBATION & PAROLE

DOUGLAS E. RITSON, CHIEF COUNTY PROBATION OFFICER

JUDGE

TIMOTHY F. MCCUNE

SPECIALTY COURTS

AMY PETRICCA, SPECIALTY COURTS COORDINATOR

JUDGE

JOSEPH E. KUBIT

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.

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

--PLEASE LIST ALL CURRENT MEDICATIONS--

MEDICATION	DOSE/FREQUENCY	DOCTOR PRESCRIBING	VERIFIED BY PO	PARTICIPANT INITIALS

APPENDIX D

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

Butler County

124 W. Diamond Street :- PO Box 1208 :- Butler, PA 16003-1208
724-431-2156 TDD Users 724-284-5473

MEDICAL MARIJUANA FORM

SEND TO: ADAM KUMMER APO- PO, AKUMMER@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 50th 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 "50th 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: _____

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

Butler County

124 W. Diamond Street :- PO Box 1208 :- Butler, PA 16003-1208
724-431-2156 TDD Users 724-284-5473

Primary Care Physician/Psychiatrist FORM

SEND TO: ADAM KUMMER APO- PO, AKUMMER@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 50th 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 "50th 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: _____