

**COURT OF COMMON PLEAS  
OF  
BUTLER COUNTY**



**BEHAVIORAL HEALTH COURT  
*PARTICIPANT HANDBOOK***

**Established September 1, 2015**  
**Revised September 18<sup>th</sup>, 2024**

## **Table of Content**

◆ Table of Contents.....	1
◆ Introduction & Mission Statement.....	2
◆ BHC Location & Time.....	3
◆ BHC Team & Confidentiality.....	3-4
◆ Program Length & Graduation Requirements.....	4
◆ Aftercare & BHC Sessions.....	4
◆ Employment/Community Service.....	4-5
◆ Testing.....	5-6
◆ BHC Policy on Medication & Medical Marijuana.....	6-7
◆ Incentives, Therapeutic Adjustments & Sanctions.....	8
◆ Program Rules.....	9
◆ Important Phone Numbers.....	10
◆ Signature Page.....	11
◆ Appendices	
○ Appendix A: BHC Phase Advancement Forms	
○ Appendix B: Medication, M.A.T. & OTC Acknowledgement by Participant Form	
○ Appendix C: Medical Form	
○ Appendix D: Medical Marijuana/PCP/Psychiatric Practitioner Forms	

## INTRODUCTION

Welcome to the Butler County Behavioral Health Court (BHC) program. This manual is very important to your participation in the BHC program. ***You must follow the rules and expectations in this manual as well as the orders of the Judge and treatment providers in order to maintain compliance.*** If you do not follow these rules, you may be subject to sanctions including, but not limited to, dismissal from the program or incarceration in the Butler County Jail.

The purpose of this manual is to provide you with general program related information and outline your expectations while in the BHC program. If you have questions about this or any other part of the BHC program please contact the BHC Probation Officer. The PO will do their best to answer your questions and to help eliminate anything in the way of your success in this program.

## BHC PROGRAM DESCRIPTION & MISSION

Butler County BHC is a collaboration between the mental health and criminal justice systems. It was established in 2015 to address the growing number of individuals diagnosed with a mental health disorder who are involved in the criminal justice system.

The mission of the Butler County BHC is to find appropriate dispositions for individuals with serious mental illness who have criminal charges by giving careful consideration to the individual's need for mental health treatment and severity of the offense and then utilizing community treatment services to promote the participant's recovery, enhance public safety and reduce recidivism.

As an alternative, participants are required to report to PO, case management, and attend treatment appointments as directed/scheduled. The program is divided into four (4) phases and participants who successfully complete the program **may** have their current charges reduced or dismissed. The BHC program is voluntary and a participant can decide not to be involved at any time. However, if he/she chooses to remove themselves from the program (or obtains a sanction of termination) the traditional Court process will resume.

While in the program, the participant is required to receive ongoing mental health and/or substance use disorder treatment along with intensive PO supervision and attend BHC Sessions. The BHC holds participants accountable and assists them to achieve long-term stability, become law-abiding citizens and become successful family/community members.

# **BHC IS HELD IN COURTROOM #2 THE 1<sup>ST</sup> & 3<sup>RD</sup> TUESDAYS OF THE MONTH AT 1:00 P.M. UNLESS OTHERWISE DIRECTED**

## **BEHAVIORAL HEALTH COURT TEAM**

The BHC Team Members discuss client cases at the weekly BHC Team Meeting. Each member of the team plays an important role in helping the participant succeed.

### ***Behavioral Health Court Judge: The Honorable Joseph E. Kubit, Judge (2024)***

As a member of the Butler County Behavioral Health Court Team, the Judge will preside over the court proceeding and implement sanctions as well as incentives while maintaining the integrity of the court. The Judge attends all client staffing and judicial reviews.

### ***Adult Probation & Parole Department-Specialty Courts Coordinator: Amy Petricca (2024)***

As a member of the Butler County Behavioral Health Court 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: David Beichner (2024)***

The ADA reviews new cases for eligibility, including accessing an applicant's past criminal history and talking to victims, if any. The ADA attends all client staffing and judicial reviews.

### ***Public Defender: Joseph Smith (2019)***

The Public Defender Represents and advises the participant in all court proceedings. The Public Defender attends all client staffing and judicial reviews.

### ***Adult Probation and Parole Officer: Erin McGarrity (2015)***

As a member of the Butler County BHC 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 of cases and Court sessions and make recommendations to the Court as to the appropriate therapeutic response(s), sanction(s) and incentive(s). The Officer shall supervise participants in BHC, as well as the graduates of the program.

### ***Community Center for Resources- Behavioral Health Court Case Manager: Doug Lapusnak (2022)***

The BHC Case Manager (CM) will assist you in developing and working on an Individualized Support Plan (ISP). Your ISP will be tailored to your needs but will include specific goals identified to assist you in succeeding in BHC. This may include things such as housing, treatment, employment, or basic needs. The BHC CM attends all client staffing, judicial reviews and will keep up to date records on each participant.

### ***Forensic Services Manager: Tara Hamilton (2017)***

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.

***Prison Representative: Matt Clayton (2023)***

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.

**CONFIDENTIALITY**

Participants sign a waiver of confidentiality in order to participate in BHC so that all the BHC Team Members can participate in their treatment and involvement in BHC. This information will remain confidential within the BHC Team and details will not be shared outside the BHC Team Members or other agencies or person involved in the participants treatment and BHC participation.

**PROGRAM LENGTH**

The expected length of participation in the BHC Program is 12-18 months. However, this will depend on the participant's ability to remain drug-free, comply with recommendation, and achieve goals. Some participants will complete the program in 12 months, while other will exceed 18 months. The BHC Team reserves the right to review anyone's case that exceeds 24 months and decide if the participant remains appropriate for the program.

**GRADUATION REQUIREMENTS**

Any participant that successfully completes all four phases of BHC will be recognized during a graduation ceremony. The BHC Team will make the determination of when program requirements have been satisfied.

**AFTERCARE**

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 the program. The participant's prior sanction history will be removed and start over in Aftercare.

**BEHAVIORAL HEALTH COURT SESSIONS**

Depending on what phase of the program the participant is in, the individual must attend a monthly or bimonthly BHC session. At this time the Judge will address each participant individually asking them questions related to their recovery and treatment. For those who have not been compliant, the Judge will address the issues within the BHC session in the presence of the BHC Probation Officer and BHC Liaison/CM. Failure to appear to the scheduled hearing may result in a bench warrant and detention in jail until appearance before the BHC Judge can be arranged.

**EMPLOYMENT/COMMUNITY SERVICE**

Participants are required to obtain/maintain employment throughout their participation in the program, **unless** determined to be disabled by the Social Security Administration. If determined to be disabled, required employment and community service shall be determined on a case by case basis. Those who do not maintain employment for a two-week period may be required to complete **24 hours** of community service per week. Participants must also provide weekly proof of their job search efforts with their PO.

The BHC Team expects participants, who are able, to give back to their community in reparation for past conduct. Community service is structured as follows:

**Phase I- none**

**Phase II – 20 hours**

**Phase III – 20 hours**

**Phase IV – 20 hours**

**And/or**

### **Community Giveback Project**

The Community Giveback Project (CGP) is a program that requires BHC 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 BHC 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 BHC 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 BHC Team will review and approve the assignment.

The CGP must include a **minimum of 30 hours** over the course of the phases of BHC. 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.

### **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. 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 BHC Program. The BHC 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. BHC utilizes a designated laboratory for confirmation of positive drug and alcohol test results. This confirmation will be at the cost to the BHC participant, if the results are confirmed as positive.

The BHC 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 BHC 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 BHC 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 BHC 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 BHC 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 BHC may happen at any time by discussion from the BHC Team.

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

### **BHC 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 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 use disorder and/or mental health disorder 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.**

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 BHC is strictly prohibited

Additionally, **NO** participant of the Butler County BHC 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.



## **INCENTIVES, THERAPEUTIC ADJUSTMENTS & SANCTIONS**

Incentives and Sanctions may be implemented throughout the program. They are given to motivate participant's compliance with their treatment plan while active in Behavioral Health Court. If compliant, the participant receives encouragement or other incentives for doing well. If non-compliant, sanctions may include a reprimand or increased treatment/supervision.

**Incentives** are used to assist the person in achieving treatment goals. Incentives may include:

- Verbal Reinforcement
- Tokens
- Applause
- Certificates of Achievement
- Less Restrictive Treatment
- Reduced appearances in Court
- Graduation

### **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 Adjustments 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. Electronic Monitoring
4. Completion of workbook/assignments
5. Journaling
6. Motivational Interviewing exercises
7. Increased BHC appearances
8. Increased treatment intensity
9. Additional assessments or evaluations
10. Modification of BHC individual treatment plan
11. Residential Treatment

**Sanctions** are used to assist the person in achieving treatment goals. Sanctions can be implemented at any time and may include:

- Reprimand by the Court
- Assignments
- Community Service
- Increased intensity of treatment and Court Appearances
- Jail
- Bench Warrant
- Termination

### PROGRAM RULES

- Appear in BHC Session as schedule or as directed by your BHC PO
- Must attend ALL scheduled appointments for probation, case management, treatment, etc. If you are unable to attend a scheduled appointment for any reason you **MUST CALL** the **BHC PO**.
- Must follow and participate in supervision plan, service plan & treatment plan: psychiatric services & medications, participation in mental health services such as group or individual counseling, psychosocial rehabilitation, and self-help/ support groups, substance abuse treatment, case management services & education and employment programs.
- At all times you must check with the BHC PO before staying overnight anywhere other than your primary residence.
- If able, you will earn a GED if you do not have a high school diploma or equivalent.

***It is important to keep in mind that successful completion of the BHC program is dependent upon compliance with SUPERVISION & TREATMENT PLAN.***

- Cannot use any illegal substances or drink any alcohol.
- Must comply with the BHC Policy on Medication, Medically Assisted Treatment (M.A.T) & Over the Counter Medications (Please review your BHC Policy & Procedure Manual for further details.)
- Cannot take medication **not prescribed** for you by your doctor, including family and friends medication
- **MUST** take **prescribed** medications as directed. You **MUST** report any changes in prescribed or over-the-counter medication to the BHC PO for compliance. Refusal or repeated failure to take the medications prescribed by your psychiatrist may result in sanctions from the BHC Judge. Again – DO NOT take anyone else's medication.
- Cannot abuse any over-the-counter medications
- Comply with **ALL** drug testing
- Tampering with a Drug Test **may** result in immediate program termination and/or additional charges
- Must obey all local ordinances, state laws and federal laws
- **MUST CALL the BHC PO immediately following any law enforcement contact, crisis assessment or hospitalization.**
- Cannot be in possession of a firearm or dangerous weapons of any type
- **Call BHC PO and notify of any changes of address, contact information or employment status immediately.**
- A Travel Request form must be filled out if you are seeking permission from the BHC PO to leave the County or state. Permission to leave the County/state may also be restricted.

## **IMPORTANT PHONE NUMBERS**

<b>CCR Crisis Toll Free 1-800-292-3866</b>	<b>Butler County Assistance Office 724-284-8844</b>
<b>CCR Butler County Main Office 724-431-0095</b>	<b>Career Link 724-431-4000</b>
<b>Adult Probation Office 724-284-5259</b>	<b>Erin McGarrity- Probation Officer Office:724-284-5268 / Cell: 724-679-0016</b>
<b>VOICe 1-800-400-8551</b>	<b>Doug Lapusnak- Case Manager 724-487-5728</b>
<b>Butler County Human Services 724-284-5114</b>	<b>Air Ride 1-866-638-0598</b>
<b>Alcoholic Anonymous 24 hours 724-679-5647</b>	<b>Alcohol Highway School 724-287-8952</b>
<b>Public Defenders Office 724-284-5335</b>	<b>OVR 724-656-3070</b>
<b>Children and Youth Agency 724-284-5156</b>	<b>Community Service-Jim Switzer 724-679-7891</b>
<b>Domestic Relations 724-284-5181</b>	

THE BEHAVIORAL HEALTH COURT BUSINESS HOURS ARE FROM 8:30 A.M. –  
4:30 P.M., MONDAY – FRIDAY (EXCLUDING HOLIDAYS).

CALLS RECEIVED OUTSIDE OF BUSINESS HOURS WILL BE RESPONDED TO THE  
FOLLOWING BUSINESS DAY.

IN CASE OF **AFTER HOURS EMERGENCIES CALL 911** OR FOR BEHAVIORAL HEALTH  
RELATED ISSUES CALL THE BUTLER COUNTY CENTER FOR COUMMUNITY  
RESOURCES (CCR), **24 HOUR CRISIS SERVICE LINE AT 1-800-292-3866**

**BEHAVIORAL HEALTH COURT PARTICIPANT MANUAL- SIGNATURE PAGE**

I have read and understand the contents of the Behavioral Health Court Participant Manual including the program rules, incentives and sanctions. I have been given a copy of the participant manual. I understand that in order to be successful in the BHC I must follow the rules of the program as well as all treatment recommendation.

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

Probation Officer \_\_\_\_\_ Date \_\_\_\_\_

**\*PLEASE KEEP A COPY FOR YOUR RECORDS.**

**Appendix A**  
**BHC Phase Advancement Forms**

## **BEHAVIORAL HEALTH COURT**

### **PHASE ADVANCEMENT FORMS**

This Behavioral Health Court (BHC) Phase Advancement forms & Assignment forms are intended to be completed by the BHC participants with the aid of their counselors, sponsors or support person(s) and integrated as part of **each** phase advancement application process for BHC participants.

The BHC Probation Officer (PO) will be responsible for distributing and collecting the completed Phase Advancement Checklist & Assignments for each BHC Participant for each phase. PO will check the Phase Advancement Checklist & Assignments to make sure the participant put thought and effort into the assignments and completed advance checklist. PO will keep copies of the assignments and phase checklists on file. The BHC Team will review the information as part of the process of promoting the participant from phase to phase. The participant should also keep a copy as a reference to help keep them on track. The participant will modify these assignments every time they phase advance.

Participants will move to the BHC Aftercare with approval of the BHC Team when they have consistently demonstrated the above requirements in all four Phases. Once the requirements are completed the participant will be scheduled for sentencing prior to Graduation. Graduation will occur after completion and review of the Graduation Application by the BHC Team.

### **Community Service**

Each BHC participant *may* be required to complete **twenty (20) hours** of approved community service in the last three phases, for a total of **sixty (60) hours**.

The Adult Probation Office has an existing community service program under the supervision of the Adult Probation Community Service Coordinator. There are other community service programs offered like the Grapevine that are available. These programs should be used and a weekly report given to the BHC Probation Officer to log and verify completed hours. In order to advance to the next Phase the required community service hours must be completed.

## Behavioral Health Court Phase I (3-6 months)

### Requirements

- Adhere to Probation Supervision plan developed by your BHC Probation Officer (PO).
- Probation Officer contact a minimum of three (3) times per week, or as otherwise directed
- Adhere to BHC Service Plan developed by BHC Case Manager (CM) & yourself.
- Meet with CM weekly.
- Attend EVERY BHC Session.
- Complete physical health exam (if necessary).
- Attend all scheduled treatment appointments and adhere to the recommendations.
- Take all medication as prescribed.
- Attend peer support, AA/NA and/or self-help meetings, 90/90 and provide proof thereof. Proof must be provided showing all attendance.
- Comply with **ALL** drug testing
- Comply with electronic monitoring and/or SCRAM monitoring, if applicable
- Remain substance free for greater than ninety (**90**) days prior to phase advancement.
- Obtain stable housing.
- Comply with any educational and/or employment goals.
- Complete assignments as directed.
- Determine amount of fines/costs/restitution with PO. (If receiving income, establish payment plan and begin making payments.)
- Other: \_\_\_\_\_

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

The Probation Officer will make the initial recommendation for the participant to move to the next phase. The BHC Team, however, will make the final decision for advancement.

## Behavioral Health Court Phase II (3-6 months)

### Requirements

- Comply with Probation Supervision plan as developed by your PO.
- Probation Officer contact a minimum of three (3) times per week, or as otherwise directed
- Actively comply with BHC Service Plan developed by CM & yourself.
- Meet with your CM weekly.
- Attend EVERY BHC Session.
- Continue to attend all scheduled treatment appointments and adhere to the recommendations.
- Continue to take all medication as prescribed.
- 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.
- Comply with **ALL** drug testing
- Remain substance free for greater than ninety (**90**) days prior to phase advancement.
- Demonstrate ongoing stability with regards to housing and finances.
- Continue to comply with any educational and/or employment goals.
- Complete assignments as directed.
- Complete Community Service hours as directed by PO.
- Continue to pay on all court costs, fines and restitution.
- Other: \_\_\_\_\_

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

The Probation Officer will make the initial recommendation for the participant to move to the next phase. The BHC Team, however, will make the final decision for advancement.



## Behavioral Health Court Phase III (3-6 months)

### Requirements

- Attend BHC monthly or as scheduled
- Probation Officer contact two (2) times per week or as otherwise directed
- Meet with CM as directed
- Continue to adhere to approved conditions of supervision
- Continue to adhere to BHC Support Plan
- Continue to attend all scheduled treatment appointments
- Continue to take all medication as prescribed
- Continue drug and alcohol treatment (if recommended)
- Comply with **ALL** drug testing
- Remain substance free for greater than ninety (90) days prior to phase advancement
- Demonstrate ongoing stability with regards to housing and finances
- Continue to comply with any educational and/or employment goals
- Complete assignments as directed
- Complete Community Service hours as directed by PO.
- Pay all court costs, fines, and restitution in full

If relapse occurs in this phase the individual's phase will be extended for an additional 90 days and will be re-evaluated.

The Probation Officer will make the initial recommendation for the participant to move to the next phase. The BHC Team, however, will make the final decision for advancement.

## Behavioral Health Court Phase IV (3-6 months)

### Requirements

- Attend BHC monthly or as scheduled
- Probation Officer contact one (1) time per week, or as otherwise directed
- Meet with CM as directed (defendant is still required to report regularly)
- Continue to adhere to approved conditions of supervision
- Continue to adhere to BHC Support Plan
- Continue to attend all scheduled treatment appointments
- Continue to take all medication as prescribed
- Continue drug and alcohol treatment (if recommended)
- Comply with **ALL** drug testing
- Remain substance free for greater than ninety (90) days prior to phase advancement
- Demonstrate ongoing stability with regards to housing and finances
- Continue to comply with any educational and/or employment goals
- Complete assignments as directed
- Complete Community Service hours as directed by PO.
- Pay all court costs, fines, and restitution in full
- Complete BHC Graduation Application

**If relapse occurs in this phase the individual's phase will be extended for an additional 90 days and re-evaluated.**

**Graduation will occur after completion and review of the BHC Graduation Application by the BHC Team. The Participant will also have consistently demonstrated the ability to meet all program requirements. Participant will then graduate from BHC upon final approval of the BHC Team.**

## Aftercare Butler County Behavioral Health Court

Upon graduation from BHC participants will enter in to an Aftercare program. The length of Aftercare will last until the participant has completed the term of their sentence.

### Requirements

- Maintain employment/student status or an approved combination/accommodation if able
- Make regular payments on fines/costs
- Maintain housing
- Maintain sobriety/clean time
- Continue with Probation Officer supervision and Intensive Case Manager
- Continue treatment and/or support groups as directed
- Comply with **ALL** drug testing
- **Attend BHC Sessions as directed**

**Update any changes employment/address/or police contact**

I, \_\_\_\_\_, understand that my Aftercare will last for the term of my probation beginning \_\_\_\_\_, and that failure to comply with the above requirements may negatively affect my supervision. My anticipated completion date on \_\_\_\_\_ docket \_\_\_\_\_ is \_\_\_\_\_.

**Appendix B**  
**Medication & M.A.T Policy & Acknowledgement F**



# COUNTY OF BUTLER

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## **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.

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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

---

Probation Officer Signature

Date

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

MEDICATION	DOSE/FREQUENCY	DOCTOR PRESCRIBING	VERIFIED BY PO	PARTICIPANT INITIALS

**Appendix C**  
**Medical Form**



## MEDICAL FORM

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 Behavioral Health 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 Behavioral Health Court Participants may not take any mood altering chemicals, to include prescribed medicines, unless under extreme circumstances where all other remedies have been rules 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

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 Behavioral Health 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**  
**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  
724-431-2156 TDD Users 724-284-5473

**MEDICAL MARIJUANA FORM**

**SEND TO:** ERIN MCGARRITY APO- PO, EMCGARRI@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: \_\_\_\_\_

**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:** ERIN MCGARRITY APO- PO, EMCGARRI@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: \_\_\_\_\_