

# FAYETTE COUNTY PROBLEM-SOLVING COURTS

## MENTAL HEALTH COURT MANUAL

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### **Mission Statement**

The mission of the Fayette County Mental Health Court is to increase public safety and reduce the costs of Mental Illness and/or Mental Illness and Substance Abuse related crime on society by identifying and treating non-violent mentally ill defendants through an innovative, multi-disciplinary approach thus enabling these defendants to make positive lifestyle changes in order to save lives, preserve families, reduce recidivism rates, and promote community.

### **Program Description**

The Fayette County Mental Health Court is one of the two specialized Courts under the Fayette County Court of Common Pleas. It is part of the Problem-Solving Court (PSC) Program and is a pretrial diversionary program for defendants diagnosed with a Major Mental Health Disorder. Defendants are referred to the program by, but not limited to, Police Officers, District Justices, Attorneys, Probation Officers, Case Workers, Treatment Providers, The Fayette County Behavioral Health Administration, and Judges. The treatment team consisting of the Fayette County Problem-Solving Courts Manager, Fayette County Problem-Solving Courts Coordinator (PSCC), local providers, a representative from the District Attorney's office, Case Managers, and The Fayette County Behavioral Health Administration evaluates the appropriateness of the referrals at bimonthly treatment team meetings. The defendants are either accepted into Mental Health Court or referred back to the criminal justice system. In order for a defendant to participate in Mental Health Court they will be required to enter a guilty plea to the offense(s) with which they are charged.

Once a defendant is sentenced into Mental Health Court they are to immediately begin adhering to a treatment plan set forth by an approved mental health provider. The defendant is monitored closely by the Problem-Solving Court and the assigned Adult Mental Health Court Probation Officer. The Adult Probation Officer is responsible for monitoring defendant compliance with the court system while the PSCC is responsible for assisting defendants in accessing necessary services and providing advocacy as needed.

Participants in the program will be expected to honor an approximate 12-18 month commitment. The program consists of three phases. Phase I begins with weekly appointments with the Problem Solving Courts Coordinator (as deemed necessary by treatment team), bi-monthly appointments with their probation officer (as deemed necessary by treatment team) and bi-monthly reinforcement hearings. If the defendant is able to demonstrate compliance with their treatment plans for approximately 3-6 months they will be promoted to the next phase. Phase II consists of bimonthly appointments with the Problem Solving Courts Coordinator, monthly appointments with their probation officer, and monthly reinforcement hearings. If the defendant continues to comply for 6 months they will progress to the final phase which includes monthly appointments with the Problem Solving Courts Coordinator, monthly appointments with their probation officer and monthly reinforcement hearings for the final 3-6 months. Sanctions are ordered by the presiding Judge in the event of non-compliance. Clients will be issued certificates of completion of the program.

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## 10 Key Components of Mental Health Courts

WHEREAS, there are ten key components\* which basically define Mental Health Courts and under which the respective agencies will work cooperatively, and they are:

1. A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment and related systems and the community guides the planning and administration of the court.
2. Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.
3. Participants are identified, referred and accepted into Mental Health Courts, and then linked to community-based service providers as quickly as possible.
4. Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community and provide legal outcomes for those individuals who successfully complete the program.
5. Defendants fully understand the program requirements before agreeing to participate in a Mental Health Court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the Mental Health Court to address, in a timely fashion, concerns about defendant's competency whenever they arise.
6. Mental Health Courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use—and increase the availability of—treatment and services that are evidence-based.
7. Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.
8. A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps Mental Health Court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.
9. Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions and modify treatment as necessary to promote public safety and participants' recovery.
10. Data are collected and analyzed to demonstrate the impact of the Mental Health Court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized and support for the court in the community is cultivated and expanded.

\*Excerpted from “Improving Responses to People with Mental Illnesses” – The Essential Elements of a Mental Health Court, published by the Bureau of Justice Assistance.

## Qualifying Factors for Mental Health Court

The defendant must be a resident of Fayette County, Pennsylvania. Defendants must also have a major Axis I diagnosis verified by a licensed Mental Health Professional within the last 2 years. If a defendant does not have a diagnosis verified in the last 2 years they will have to undergo the appropriate assessment.

### Referral Criteria

- Fayette County Resident (At time of offense & throughout program)
- Non- Violent Offense
- 18 or Older
- History of Mental Illness
- Limited Prior Record

### Disqualification

- Those who have committed the following crimes:
  - Murder
  - Voluntary Manslaughter
  - Assault by Life Prisoner
  - Drug Trafficking
  - Assault by Prisoner
  - DUI
  - Rape
  - Adam Walsh Act
  - Those who have an out of county or State Detainer
  - Aggravated Indecent Assault
  - Theft by Extortion w/ Threats of Violence
  - Involuntary Deviant Sexual Intercourse
  - Drug Trafficking to Minors
  - Escape
  - Kidnapping
  - Aggravated Assault

\*Please Note: The District Attorney at his/her discretion may waive charges for those who have committed a crime that is ineligible and make the defendant eligible to participate.

## Referral Process

### **STEP 1 – REFERRAL/ROUTING**

\*Please Note: The referral form, routing slip, service plan, and authorizations will be referred to as the Initial Referral Packet.

Defense counsel/defendant must obtain and complete the initial referral packet which is available from the Fayette County Problem Solving Court office, the Administrative Office of Fayette County Courts or the website of the Administrative Office at [www.co.fayette.pa.us](http://www.co.fayette.pa.us). (All forms must be signed and dated by the defendant and defense counsel). Please note that the initial referral packet must be accompanied by a psychological assessment that includes a psychological diagnosis.

The defendant must contact a licensed mental health outpatient facility and/or licensed mental health professional to obtain verification of a mental health diagnosis in the form of a psychological assessment. At the psychological evaluation, the defendant is required to sign the release to authorize release of information to the Fayette County Problem-Solving Courts. Other consent forms may also be necessary. It is the defendant's responsibility to provide a copy of the completed assessment/diagnosis to be attached to the initial referral packet. Assistance in obtaining a psychological assessment can be provided by the PSC.

Defense counsel/defendant forwards the initial referral packet which includes the referral form, the routing slip, the service plan, the authorizations and the psychological assessment (if obtained) to the PSC located on the 2<sup>nd</sup> floor of the Fayette County Courthouse.

Upon receiving the initial referral packet the PSC staff must ensure that the forms are correctly filled out and the information given on forms is accurate.

### **STEP 2 – CONFIRMATION OF MENTAL HEALTH DIAGNOSIS**

If no mental health diagnosis can be established, the District Attorney and defense counsel are notified that the defendant is ineligible by the PSC.

Upon confirmation of evidence of a mental illness/mental health diagnosis and eligible legal charges the defendant's packet is included in discussion at the next scheduled treatment team meeting.

### **STEP 3 – TREATMENT TEAM**

Once diagnosis and charges are deemed eligible the defendant's packet is added to the agenda for the next scheduled treatment team meeting. Here the team discusses charges, previous record, and psychiatric diagnosis/history. The assigned Assistant District Attorney (ADA) reviews the packet and makes a plea offer.

If the ADA and /or treatment team does not approve Mental Health Court, the PSC forwards a copy of declined referral back to defense counsel and /or defendant.

\*Please Note: If the Treatment Team objects to the defendant's participation in Mental Health Court for any reason those reasons will be put into writing and forwarded to the involved parties for further review and a final decision by the Judge.

#### **STEP 4 - DEFENDANT'S REVIEW**

If the District Attorney and treatment team approves Mental Health Court, the Problem Solving Courts Coordinator forwards the initial referral packet to defense counsel for review of plea offer.

The defense counsel/defendant review plea offer and signs any relevant forms.

#### **STEP 5 – NOTIFICATION OF VICTIM'S ADVOCATE**

The Problem Solving Courts Coordinator sends the referral form/routing slip to Victim's Advocate. The Victim's Advocate signature as well as the victim's approval or disapproval is obtained on the referral and any necessary notations are included.

#### **STEP 6 – MENTAL HEALTH COURT PLEA IS SCHEDULED**

The Problem Solving Courts Coordinator compiles a list of defendants ready for plea along with case numbers and defense counsel and forwards to all parties. The Court, by court order, schedules the plea dates. The Problem-Solving Court verifies all parties are notified and the defendant enters a plea before the Presiding Judge.

#### **STEP 7 – MENTAL HEALTH COURT SENTENCING DATE IS SCHEDULED**

The judge, by court order, schedules a sentencing date. The Problem-Solving Court verifies all parties are notified and the defendant appears for sentencing. (The Court will hear comments from the victim(s) at the time of the defendant's sentencing.)

After all signatures are obtained, the original Service Plan is presented to the Presiding Judge at the time of sentencing for his/her signature. The Service Plan now becomes a binding document for the defendant to follow.

#### **STEP 8 – REINFORCEMENT HEARINGS**

Reinforcement hearings are scheduled on a bi-monthly basis (both positive and negative hearings are held) and all parties are notified of the date of the reinforcement hearings by the Problem-Solving Court staff.

Reinforcement hearing paperwork is sent to Presiding Judge, District Attorney, defense counsel and Adult Probation Office approximately two – three days prior to the hearing date by the PSC.

## Termination from Mental Health Court

Warrants, new arrests, or a violation of any aspect of the Mental Health Court service plan rules and regulations, may result in termination from the Mental Health Court Program. Specific violations which could result in termination include the following:

- Lack of progress due to failure to cooperate with treatment recommendations from the treatment team or treatment provider.
- Violence or threat of violence directed to the treatment team.
- Missed and/or positive drug tests or tampering with a drug test.
- Absconding from residence / treatment facility.

Participants terminated from Mental Health Court shall be returned to Court for sentencing on the original charge(s). Sentencing shall be within the sole discretion of the Sentencing Judge, limited only the maximum penalty allowed by law.

## Reconsideration Policy

Fayette County Mental Health Court will consider all appropriate referrals on a case-by-case basis. During the consideration process, a myriad of factors are considered. Major emphasis is placed upon the offense as charged, nature of the offense, prior record and likelihood of success.

If a relevant party to the defendant's case (attorney, judge, treatment provider, etc.) feels the Mental Health Court Team failed to consider a particularly important factor the Problem-Solving Court Manager may be contacted and asked to reconsider the application. Once the request for reconsideration has been made, the Problem Solving Courts Coordinator will forward the information to the District Attorney's Office. The decision by the District Attorney and the Mental Health Court Treatment Team will be final.

## Program Length

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

## Important Numbers

Problem-Solving Courts Program (Kate Vozar & Marlene Vignali)	(724) 430-4845
Fayette County Behavioral Health Administration	(724) 430-1370
Fayette County Adult Probation (Maggie Epley)	(724) 430-1251
District Attorney (Jack Heneks & Phyllis Jin, ADA)	(724) 430-1245
Fayette County Prison (Brian Miller)	(724) 430-1222
Court Administrator (Karen Kuhn)	(724) 430-1230
Public Defender (Jeff Whiteko)	(724) 430-1220
Crime Victims' Center (Linda O'Keefe)	(724) 438-1470

## Assessments and Treatment

In order for a Mental Health Court Applicant to be deemed eligible for the program they or their representation must present a Psychiatric Assessment completed by a licensed Mental Health Professional. The assessment must have been completed in the last 2 years and contain an eligible Axis I major mental health diagnosis as defined by the DSM IV-TR. These include:

- Schizophrenia
- Major Mood Disorder (Bipolar Disorder, Major Depressive Disorder)
- Psychotic Disorder (Schizoaffective Disorder)
- Borderline Personality Disorder

In the event the applicant has received conflicting diagnosis from two licensed Mental Health Professionals the Problem Solving Courts Coordinator will designate a third party licensed Mental Health Professional to determine diagnosis.

If the individual is accepted into the Mental Health Court Program they are referred to a mental health agency for the appropriate services. This may include psychiatry, individual therapy, group therapy, intensive outpatient programs, mobile nursing, peer support services, social rehabilitation, and case management services.

Progress is monitored by the Mental Health Court probation officer and Problem Solving Courts staff and discussed at monthly Treatment Team meetings.

## Prison Services

In the event that a Mental Health Court participant is incarcerated they are eligible to receive all available services in the prison. These include psychiatric assessments, medication management, and mental health therapy. If an individual appears to be symptomatic of their mental health disorder and prison services are not successful at stabilization an outside party may complete a psychiatric evaluation in the prison via Court Order to determine level of care and treatment recommendations.

**\*Please Note: The same process will be utilized to address any requests for inpatient drug and alcohol or mental health treatment. Level of Care and need must be determined by a licensed mental health or drug and alcohol professional.**

## Mental Health Court Reinforcement Hearings

Depending on what the phase of the program the participant is in the individual must attend a monthly or bimonthly reinforcement hearing. 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 hearing in the presence of the Mental Health Court Probation Officer and Problem Solving Courts Coordinator. Failure to appear to the scheduled hearings may result in a bench warrant and detention in jail until appearance before the Mental Health Court Judge can be arranged.

## Medication Policy

Participants in the Mental Health Court Program may be prescribed medications during their involvement as part of their treatment plans issued by their approved mental health treatment provider. While these medications may be necessary and beneficial it is important that the potential for substance abuse is taken into consideration. Medication necessity will be evaluated on a case-by-case basis however the following policies will typically apply:

- Participants must provide copies of all prescriptions to their probation officer and the Problem Solving Courts.
- Participants may be limited or prohibited from taking narcotic-based or addictive medications.
- Participants may be limited or prohibited from taking certain over-the-counter medications.
- The use of non-prescribed or illegally obtained medications or controlled substances (as defined the Controlled Substance, Drug, Device, and Cosmetic Act), or any use of medications in violation of Mental Health Court Policy may result in sanctions or removal/termination from the Mental Health Court Program.

## Prohibited Medications

\*The following list is only the majority of medications not allowed in Mental Health Court.  
Please consult your probation officer before taking any medications.

Alprazolam	Butisol	Novopoxide
Alurate	Centrax	Novoridazine
Alzapam	Chloral Hydrate	Novoxapam
Ambien	Chloridazepoxide	Ormazine
Amobarbital	Chlorpromantyl	Ox-Pam
Amytal	Chlorpromazine	Oxazepam
Anafranil	Clomipramine	Oxycodone
Apo-Oxazepam	Clonazepoam	Oxycotin
Aprbarbital	Morphine	Paxipam
Aquachloral supprettes	Navane	Pemoline
Ativan	Nembutral	Pentazcine
Atzapam	Noctec	Pentobarbital
Barbia	Nova-Rectal	Pentogen
Benadryl	Novochlorhydrate	Pentothal
Biphedamine	Novodipam	Percocet
Brevital	Novoflurazine	Percodan
Butabarbital	Novolorazem	Permitil

Perphenazine  
Pethidine  
Clozaril  
Codeine  
D-Tran  
Dalmane  
Darvon  
Carvocet  
Demeral  
Desoxyn  
Dexedrine  
Diazepam  
Diazepam Intensol  
Dilaudid  
Diphenhydramine  
Dolophine  
Doral  
Doriden  
E-Pam  
Fluphenazine  
Flurazepam  
Fluazepam-Dalmane  
Glutethimide  
Halazepam  
Halcion  
Haldol  
Haloperidol  
Phenazine  
Phenobarbital  
Prazepam  
Prolixin  
Propoxyphene  
Quazepam  
Responsans  
Restoril

Roxicodone  
Secobarbital  
Secogen  
Seconal  
Secretin-Ferring  
Serax  
Serentil  
Skelaxin  
Solazine  
Solfoton  
Solium  
Soma  
Somnal  
Stadol  
Stelazine  
Stress-Pam  
Suboxone  
Supeudol  
Suprazine  
Talbutal  
Hydrocodone  
Hydromorphone  
Hydroxyzine  
Intensol  
Klonopin  
Loracet  
Libritabs  
Librium  
Loraz  
Lorazepam  
Lotusatec  
Loxitane  
Luminal  
Medililum  
Mellaril

Meperidine  
Methadone  
Methaqualone  
Methidate  
Methohexital  
Methylphenidate  
Meval  
Midazolam  
Mitran  
Moban  
Talwin  
Temazepam  
Terfluzine  
Thiopental  
Thioridazine  
Thorazine  
Tramadol  
Tranxene  
Triazolam  
Trifluoperazine  
Triflurin  
Trilafon  
Tylox  
Ultram  
Valium  
Valrelease  
Vazepam  
Vicodin  
Vistaril  
Vivol  
Xanax  
Zapax  
Zepex  
Zetian  
Zetran

## Chemical Testing

All participants are required to submit to random drug and alcohol screenings. Testing will be done at the Adult Probation Office by the designated Mental Health Court Probation Officer. Testing may occur during a regular check-in or a participant may be contacted and asked to appear for testing. All positive drug screens will be addressed during the participant's next reinforcement hearing which may result in a sanction by the Presiding Judge.

Phase I (3-6 months)

PARTICIPANT \_\_\_\_\_ ENTRY DATE \_\_\_\_\_

Requirements

Completed

- Report for intake \_\_\_\_\_
- Attend Mental Health Court bi-monthly \_\_\_\_\_
- Meet with probation officer bi-monthly \_\_\_\_\_
- Meet with Problem Solving Courts Coordinator weekly \_\_\_\_\_
- Adhere to approved supervision \_\_\_\_\_
- Attend all scheduled treatment appointments \_\_\_\_\_
- Obtain stable housing \_\_\_\_\_
- Take all medication as prescribed \_\_\_\_\_
- Complete physical health exam (if necessary) \_\_\_\_\_
- Attend approved drug and alcohol treatment if recommended \_\_\_\_\_
- Comply with drug and alcohol testing \_\_\_\_\_
- Remain drug free \_\_\_\_\_
- Pay on all fines \_\_\_\_\_

Participant: \_\_\_\_\_

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

Problem Solving Courts Coordinator: \_\_\_\_\_

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

Phase II (3-6 months)

PARTICIPANT \_\_\_\_\_ ENTRYDATE \_\_\_\_\_

Requirements

Completed

- Attend Mental Health Court monthly \_\_\_\_\_
- Meet with probation officer monthly \_\_\_\_\_
- Meet with Problem Solving Courts Coordinator bi-monthly  
\_\_\_\_\_
- Adhere to approved supervision \_\_\_\_\_
- Continue to attend all scheduled treatment appointments \_\_\_\_\_
- Maintain stable housing \_\_\_\_\_
- Continue to take all medication as prescribed \_\_\_\_\_
- Continue drug and alcohol treatment (if recommended) \_\_\_\_\_
- Comply with drug and alcohol testing \_\_\_\_\_
- Remain drug free \_\_\_\_\_
- Continue to pay on all fines \_\_\_\_\_

Participant: \_\_\_\_\_

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

Problem Solving Courts Coordinator: \_\_\_\_\_

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

Phase III (3-6 months)

PARTICIPANT \_\_\_\_\_ ENTRYDATE \_\_\_\_\_

Requirements

Completed

- Attend Mental Health Court monthly \_\_\_\_\_
- Meet with probation officer monthly \_\_\_\_\_
- Adhere to supervision \_\_\_\_\_
- Continue all treatment appointments \_\_\_\_\_
- Maintain stable housing \_\_\_\_\_
- Continue to take all medication as prescribed \_\_\_\_\_
- Continue drug and alcohol treatment (if recommended) \_\_\_\_\_
- Comply with drug and alcohol testing \_\_\_\_\_
- Remain drug free \_\_\_\_\_
- Continue to pay on all fines \_\_\_\_\_
- Identify and complete a graduation project \_\_\_\_\_

Participant: \_\_\_\_\_

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

Problem Solving Courts Coordinator: \_\_\_\_\_

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

## Informant Policy

Participants of the Fayette County Mental Health Court are prohibited from working as a confidential informant (CI) for any law enforcement agency. Agreeing to participate as a CI will deem the individual ineligible to participate in Mental Health Court.

MENTAL HEALTH COURT REFERRAL FORM

Kate Vozar, LPC, Problem-Solving Court Manager
Phone - (724) 430-4845 Fax - (724) 430-1001

Date of Referral: \_\_\_\_\_ Housing Needs? Yes No
Defendant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
Gender: M F Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Fayette County Prison? Yes No If yes, Date of Admittance: \_\_\_\_/\_\_\_\_/\_\_\_\_
If not in FCP, where does client reside? (Address) \_\_\_\_\_
Phone Number: \_\_\_\_\_

Criminal Charge(s): \_\_\_\_\_
Case #(s) \_\_\_\_\_
Trial Status: Preliminary Hearing Formal Arraignment Pre-trial Conference Trial
Date: \_\_\_\_\_
Is client currently receiving treatment? Y N If yes, where: \_\_\_\_\_
Alleged Mental Health Diagnosis: \_\_\_\_\_ Drug
and Alcohol Use: Y N
Referral Source: \_\_\_\_\_ Referral Source Phone #: \_\_\_\_\_

A. \*Who is ELIGIBLE for Fayette County Mental Health Court?
• A Defendant who has been unable to participate, remains engaged, or respond to traditional behavioral health services.
• Any Defendant who expresses voluntary interest in the Mental Health Court and;
• Is charged with committing a misdemeanor and/or felony in Fayette County and;
• An adult male/female in Fayette County awaiting trial (must be 18 years old or older) and;
• A Defendant with a documented present and/or past diagnosis of mental illness or mental disability (examples: Schizophrenia, Bipolar Disorder, Adjustment Disorder NOS, Depression, etc.) and;
• In addition to a mental health diagnosis, the defendant may or may not have drug and/or alcohol problems or dependence. B.
\*Who is NOT ELIGIBLE for Fayette County Mental Health Court?
• Those who have committed the following crimes:
Murder Aggravated Indecent Assault Assault by Prisoner
Voluntary Manslaughter Theft by Extortion w/Threats of Violence Escape
Assault by Life Prisoner Involuntary Deviant Sexual Intercourse DUI
Drug Trafficking Drug Trafficking to Minors Kidnapping
Rape
• Those who have an out of County or State Detainer
\*NOTE: The District Attorney at his/her discretion may waive charges for those who have committed a crime that is ineligible and make the defendant eligible to participate.

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defense Counsel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Problem Solving Courts Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Defendant is: Accepted Declined Reason: \_\_\_\_\_

**FAYETTE COUNTY MENTAL HEALTH COURT ROUTING SLIP**

Defendant's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Case No(s): \_\_\_\_\_ Charge \_\_\_\_\_  
Insurance: \_\_\_\_ yes \_\_\_\_ no      Provider: \_\_\_\_\_  
Incarcerated: \_\_\_\_ yes \_\_\_\_ no  
Attorney (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

\*\*\*\*\* Referral must be accompanied by a psychiatric evaluation \*\*\*\*\*

\*If you should have a problem in obtaining the psychiatric evaluation, please contact the Mental Health Court Coordinator at 724-430-1251

<b>District Attorney(Signature):</b> _____ <b>Date:</b> _____
<b>Accepts Mental Health Court Referral:</b> Y        N
<b>Mental Health Court Charge(s):</b> _____ _____
<b>Mental Health Court Plea Offer:</b> _____ _____

<b>Plea offer reviewed by Attorney (Signature)</b> _____ <b>Date:</b> _____
---

<b>Treatment Team Review:</b> _____ <b>Date:</b> _____
<b>Accepted:</b> _____ <b>Rejected:</b> _____

**Date Distributed to the Crime Victims Center:** \_\_\_\_\_ **TCC Initials:** \_\_\_\_\_

FAYETTE COUNTY MENTAL HEALTH COURT

Kate Vozar, LPC, Problem-Solving Court Manager
61 E. Main Street
Uniontown, PA 15401
Ph: 724-430-4845, Fx: 724-430-1001

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize: Fayette County Problem-Solving Courts
Kate Vozar, Problem Solving Courts Manager
61 East Main Street Uniontown, PA 15401
Uniontown, PA 15401

To release of the information of:
ADDRESS:
DOB: SSN:

Information to be released to: Fayette County District Attorney's Office
61 E. Main Street Uniontown PA 15401

For the Purpose of: Mental Health Court Eligibility

- Information to be released:
Psychological Evaluations Service Plans
Psychiatric Evaluations Outpatient Clinic Report
Intake / Social History Discharge Summary
Other:

I have been instructed that, in order to protect the limited confidentiality of records, my agreeing to obtain or release information is necessary and that this permission is limited for that purposes and to the person / facility / agency listed above, and will be effective during the dates listed below. I also understand that this consent is revocable at my written request except the extent that action has been taken in reliance thereon.

This consent shall be in effect from until
Cannot exceed one year (MM/DD/YR)

Date: Signature:

Date: Print Name:

Date: Parent / Guardian:

Date: Witness:

If you are legal representative of the person listed above, please check off the basis for your authority:
Power of Attorney (attach copy) Guardianship Order (attach copy)
Parent of owner Custody Order (attach copy)

I hereby authorize: Fayette County Problem-Solving Courts

FAYETTE COUNTY MENTAL HEALTH COURT

Kate Vozar, LPC, Problem-Solving Court Manager
61 E. Main Street
Uniontown, PA 15401
Ph: 724-430-4845, Fx: 724-430-1001

CONSENT FOR RELEASE OF INFORMATION

Kate Vozar, Problem Solving Courts Manager
61 East Main Street, Uniontown PA 15401
Uniontown, PA 15401

To release of the information of:
ADDRESS:
DOB: SSN:

Information to be released to: Fayette County Behavioral Health Administration
Uniontown, PA 15401

For the Purpose of: Mental Health Court Eligibility

- Information to be released:
Psychological Evaluations
Psychiatric Evaluations
Intake / Social History
Other:
Service Plans
Outpatient Clinic Report
Discharge Summary

I have been instructed that, in order to protect the limited confidentiality of records, my agreeing to obtain or release information is necessary and that this permission is limited for that purposes and to the person / facility / agency listed above, and will be effective during the dates listed below. I also understand that this consent is revocable at my written request except the extent that action has been taken in reliance thereon.

This consent shall be in effect from until
Cannot exceed one year (MM/DD/YR)

Date: Signature:

Date: Print Name:

Date: Parent / Guardian:

Date: Witness:

If you are legal representative of the person listed above, please check off the basis for your authority:
Power of Attorney (attach copy)
Guardianship Order (attach copy)
Parent of owner
Custody Order (attach copy)

I hereby authorize (Legal representative)
Name of facility, school, agency, or person

FAYETTE COUNTY MENTAL HEALTH COURT

Kate Vozar, LPC, Problem-Solving Court Manager

61 E. Main Street

Uniontown, PA 15401

Ph: 724-430-4845, Fx: 724-430-1001

CONSENT FOR RELEASE OF INFORMATION

Address

To release the information of: \_\_\_\_\_

Address

Date of Birth

Social Security Number

Information to be released to: Fayette County Problem-Solving Courts  
Kate Vozar, Problem Solving Courts Manager  
61 East Main Street  
Uniontown, PA 15401

For the Purpose of: Mental Health Court Eligibility

Information to be released:

Psychological Evaluations

Service Plans

Psychiatric Evaluations

Outpatient Clinic Report

Intake / Social History

Discharge Summary

Other: \_\_\_\_\_

I have been instructed that, in order to protect the limited confidentiality of records, my agreeing to obtain or release information is necessary and that this permission is limited for that purposes and to the person / facility / agency listed above, and will be effective during the dates listed below. I also understand that this consent is revocable at my written request except the extent that action has been taken in reliance thereon.

This consent shall be in effect from \_\_\_\_\_ until \_\_\_\_\_  
Cannot exceed one year (MM/DD/YR)

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

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_

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

If you are legal representative of the person listed above, please check off the basis for your authority:

Power of Attorney (attach copy)

Guardianship Order (attach copy)

Parent of owner

Custody Order (attach copy)

I hereby authorize (place of last Psychiatric evaluation) \_\_\_\_\_

Name of facility, school, agency, or person

Address

FAYETTE COUNTY MENTAL HEALTH COURT

Kate Vozar, LPC, Problem-Solving Court Manager

61 E. Main Street

Uniontown, PA 15401

Ph: 724-430-4845, Fx: 724-430-1001

CONSENT FOR RELEASE OF INFORMATION

To release the information of: \_\_\_\_\_

Address

Date of Birth

Social Security Number

Information to be released to: Fayette County Problem-Solving Courts

Kate Vozar, Problem Solving Courts Manager

61 East Main Street, Suite #3

Uniontown, PA 15401

For the Purpose of: Mental Health Court Eligibility

Information to be released:

Psychological Evaluations

Service Plans

Psychiatric Evaluations

Outpatient Clinic Report

Intake / Social History

Discharge Summary

Other: \_\_\_\_\_

I have been instructed that, in order to protect the limited confidentiality of records, my agreeing to obtain or release information is necessary and that this permission is limited for that purposes and to the person / facility / agency listed above, and will be effective during the dates listed below. I also understand that this consent is revocable at my written request except the extent that action has been taken in reliance thereon.

This consent shall be in effect from \_\_\_\_\_ until \_\_\_\_\_

Cannot exceed one year (MM/DD/YR)

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

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Parent / Guardian: \_\_\_\_\_

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

Witness: \_\_\_\_\_

If you are legal representative of the person listed above, please check off the basis for your authority:

Power of Attorney (attach copy)

Guardianship Order (attach copy)

Parent of owner

Custody Order (attach copy)

**FAYETTE COUNTY MENTAL HEALTH COURT**  
**Kate Vozar, LPC, Problem-Solving Courts Manager**  
**61 East Main Street**  
**Uniontown, PA 15425**  
**Ph: 724-430-4845**  
**Fx: 724-430-1001**

**SERVICE PLAN FOR:** \_\_\_\_\_

Identifying Information:

D.O.B.: \_\_\_\_\_

SS#: \_\_\_\_\_

CC#: \_\_\_\_\_

CHARGES: \_\_\_\_\_

I, \_\_\_\_\_ agree to the following service plan as a condition of my Probation/Parole. I will abide by these stipulations throughout the course of my bond/parole/probation. I understand that non-compliance with this service plan may result in further legal action to include incarceration. I fully agree to the following stipulations:

1. I will attend and cooperate with mental health treatment services which are deemed appropriate by the Fayette County Mental Health Court Treatment Team. This includes weekly, individual psychotherapy, group therapy, medication monitoring and case management service with the Community Treatment Team.
2. I will attend and cooperate with all Drug and Alcohol treatment deemed appropriate by a licensed outpatient Drug and Alcohol facility. I will not consume alcohol or non-prescription controlled substances or medication, nor visit places where alcohol or drugs are sold, dispensed or used. I further understand that I am not to enter bars, liquor stores, taverns, clubs, parties or places where alcohol is the main item for sale or consumption.
3. I must submit to urinalysis, or such testing that may be required, upon the request of a probation/parole officer, mental health worker, or duly appointed representative of the Fayette County Mental Health Court. This testing may include blood level testing for medication compliance. If I refuse or fail to provide a urinalysis, at the time of request, or I provide an altered urine sample, this will be viewed by the Mental Health Court as a positive test and a potential for relapse and will result in sanction(s) being imposed.
4. I agree to take all medication currently prescribed for me by a psychiatrist and any medication that may be prescribed for me by a psychiatrist during my entire course of treatment. This includes any IM medication that may be prescribed for me during my entire course of treatment.
5. I will meet with my Probation/Parole Officer at a minimum of once a month unless otherwise specified.

**SERVICE PLAN FOR: \_\_\_\_\_**

- 6. I will make every effort to obtain and maintain competitive employment in the community.
- 7. If already not obtained, I will make every effort to obtain a high school diploma or GED.
- 8. I will attend all reinforcement hearings scheduled by the Fayette County Mental Health Court treatment team.
- 9. I will attend all scheduled / required meetings with the Fayette County Problem Solving Courts Coordinator.
- 10. I agree to ongoing communication between and among Fayette County Mental Health Court staff, Mental Health and/or Drug and Alcohol Treatment Facilities, and Adult Probation for the duration of my sentence.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE CONDITIONS WILL BE REPORTED TO THE COURTS AND/OR PROBATION/PAROLE OFFICE AND MAY RESULT IN REINCARCERATION.

Signature of Defendant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Defense Attorney (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Presiding Judge \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Judge (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Problem Solving Courts Manager \_\_\_\_\_ Date \_\_\_\_\_

FAYETTE COUNTY MENTAL HEALTH COURT  
Defendant Plan of Care

Defendant Name: \_\_\_\_\_

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

AXIS I: \_\_\_\_\_ Problem: \_\_\_\_\_ AXIS

II: \_\_\_\_\_

AXIS III: \_\_\_\_\_ Long Term Goal: \_\_\_\_\_ AXIS

IV: \_\_\_\_\_

GAF: \_\_\_\_\_ Goal Achieved: \_\_\_\_\_

Date	Short Term Goal	Approach 1	Approach 2	Approach 3
[Redacted]				

[Redacted]

[Redacted]

[Redacted]

FAYETTE COUNTY MENTAL HEALTH COURT  
Kate Vozar, Problem-Solving Courts Manager  
61 East Main Street  
Uniontown, PA 15425  
Ph: 724-430-4845  
Fx: 724-420-1001

Request for Reconsideration Form

Defendant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

OTN/Case Number: \_\_\_\_\_

Type of Crime (circle): **Felony Crime of Violence** **Felony Drug** **DUI**  
**Non-Violent Felony** **Violent Misdemeanor** **Non-Violent Misdemeanor**

Charges as Filed: \_\_\_\_\_  
\_\_\_\_\_

Person Requesting Reconsideration (Include relationship to the defendant):  
\_\_\_\_\_

Please Include Supportive Reasoning for Reconsideration (Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, a diagnosis established after initial rejection, past records of treatment previously unavailable, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please attach all supportive documentation that is believed not to have originally been considered.  
Forward to the Problem Solving Courts Coordinator.