

Teleservices in 2020 and Beyond

New York Association of Treatment Court Professionals

January 2021

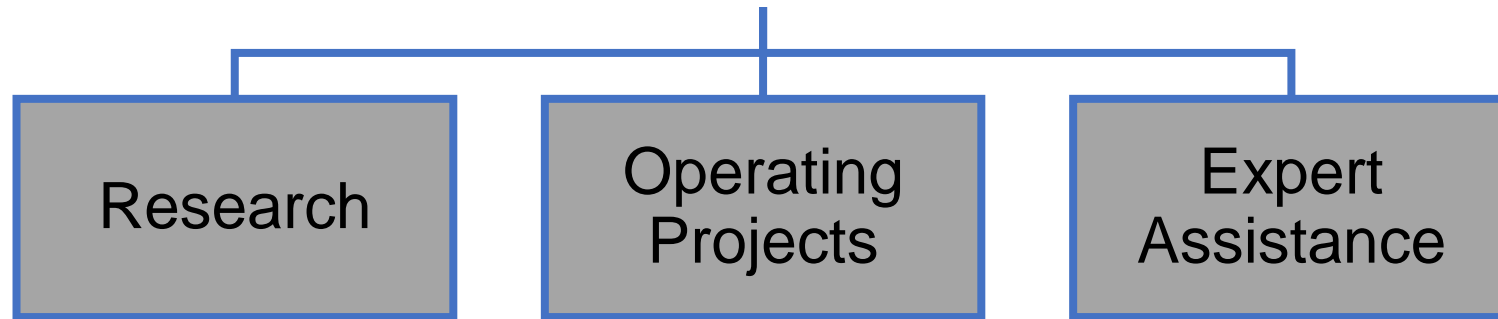
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Center for Court Innovation

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Mission

Reduce Crime and Incarceration
Aid Victims and Survivors
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The Future is Now

Enhancing Drug Court Operations Through Technology

by Annie Schachar, Aaron Arnold and Precious Benally



TELESERVICES: HAPPENING NOW!

Problem-solving courts are using technology to transform the way they operate. Drug courts, in particular, are embracing technologies like videoconferencing, smartphone apps, portable drug testing devices, and many others to deliver treatment services, supervise clients, and train staff. Collectively, these innovative uses of technology are known as "teleservices." In 2015, the Center for Court Innovation (the Center) published "The Future is Now: Enhancing Drug Court Operations Through Technology," a practitioner monograph that explores emerging uses of technology and highlights some of the early teleservices initiatives in problem-solving courts. The following year, the Center assisted four jurisdictions in planning and implementing pilot teleservices projects. This document offers an overview of the pilot projects, highlights promising practices, and offers recommendations for implementing teleservices initiatives in other jurisdictions.

1. USING TELESERVICES TO SERVE MORE PEOPLE IN NEED



Yellowstone County Veterans Court
Billings, Montana

Montana has one of the largest veteran populations in the United States. But the state also has one of the lowest population densities in the country, so these veterans tend to be spread across great distances and often are not within reach of needed services. This geographic isolation poses a challenge to the Yellowstone County Veterans Court—also known as CAMO (Court Assisting Military Officers)—which is one of only three veterans treatment courts in Montana. CAMO sought to use technology to reach more justice-involved veterans who live in isolated parts of the state.

The Center helped to kick off CAMO's ambitious pilot project by facilitating a two-day planning workshop. The CAMO team included the judge, a veterans justice outreach officer, a community outreach worker, and representatives from the prosecutor's office, defense bar,

probation, and treatment providers. The team planned a new teleservices track that allows for remote treatment, court appearances, and supervision. In addition, the team developed a remote screening and referral process for accepting cases from other counties. This process included a questionnaire for assessing potential participants' "technology readiness."

Today, CAMO uses Montana's statewide Polycam videoconferencing system to facilitate remote participation. When a defendant from another county wishes to be considered for CAMO, the court coordinator administers a comprehensive risk-need assessment via video.

Defendants also have the opportunity to observe court proceedings remotely before deciding to enter CAMO. Once a defendant has been accepted into the program, the court uses videoconferencing to conduct regular status hearings, and participants engage in one-on-one counseling sessions by video as well. There is even a Polycam app that allows participants to connect to the court and counselors using their phones. The project has been so successful that CAMO has purchased an additional Polycam unit to begin Moral Reconation Therapy (MRT) classes and statewide mentor training.

To enhance supervision of remote participants, CAMO uses the CheckBAC smartphone app to monitor alcohol use and track participants' location. The app notifies participants when they are required to submit a breath test. Within 20 minutes of receiving an

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10 Principles for Humane Justice Technology

As the use of technology in the justice system becomes more common, it is important that those designing and implementing new systems adhere to principles that support human dignity and advance best practices. These principles were developed by the Center for Court Innovation in collaboration with the Open Society Foundation and Blue Ridge Labs at the Robin Hood Foundation.

- Technology should be humane first.** Technology should consider the people using it and its impact on them.
 - Make technology comfortable, minimally-intrusive, and non-stigmatizing.
 - Ensure technology adds to quality of life rather than diminishes it.
 - To the extent possible, use technology to reinforce positive behavior rather than punish.
- Technology should be inclusive.** Technology should be used to enhance systems, not deepen existing inequality.
 - Defendants should not be charged to use technology.
 - To promote true accessibility, implementers should consider different languages; abilities; levels of technical and language literacy; and access to technology, such as phones, computers, and the internet.
- Technology should be implemented with true consent.** Court-involved individuals are at a vulnerable moment in their lives. Their consent must be truly informed. A consent form must be easy to understand so that individuals know what they are agreeing to, how it will impact their lives, and how their data will be shared and stored.
- Explain technology to court-involved users using simple language—ideally in multiple formats—detailing the impact it will have on their lives.**
- Problems should drive technology.** Technology should solve problems—rather than be a solution in search of a problem. It is important to first assess the needs of an organization, team, and potential individual users and then find technologies that help meet these needs.
 - Include all stakeholders and roles in defining and implementing technology.
 - Define specific objectives before selecting or creating technology.
 - Define what success looks like for each stakeholder.
 - Use technology to facilitate and strengthen relationships and processes rather than replacing them.
- Less is more.** Technology should achieve its objectives in the simplest and least intrusive way possible.
 - Make technology flexible and customizable so that users are given and asked to do only what is necessary for their circumstances.
 - Collect only the data required to achieve the end goal—too much data is both inefficient and raises ethical concerns.

REMOTE JUSTICE Communication in the Virtual Courtroom



The public health crisis that began in early 2020 forced courts across the country to close their physical doors and rely exclusively on video for all essential courtroom proceedings. As courts begin re-opening, numerous jurisdictions are weighing whether to make the use of video permanent. However, there is little empirical research documenting the impacts of video in the criminal courtroom context, which relies heavily on verbal and non-verbal cues. Academic scholarship and social science research on video communication in other contexts offer important insights and sound an alarm: video is unable to achieve the same level of effective communication as in-person interactions. This could be especially problematic for incarcerated individuals. Policy makers and criminal justice stakeholders must be hypervigilant when making decisions about video's continued use following the public health crisis.

NON-VERBAL COMMUNICATION AND PERCEPTIONS
Communication is more than just the words we say. Eye contact, body language, and tone of voice are crucial cues affecting how we judge and are judged by others.

1. Eye Contact	2. Body Language	3. Tone of Voice
<p>IN PERSON: Frequent eye contact makes you appear more attentive, friendly, cooperative, confident, mature, and sincere.</p> <p>OVER VIDEO: Eye contact is not possible.</p>	<p>IN PERSON: An important component of building trust and empathy between parties.</p> <p>OVER VIDEO: Gestures and posture may not be visible or captured due to lags in technology.</p>	<p>IN PERSON: Emotion is often expressed through low and high pitches.</p> <p>OVER VIDEO: Low and high pitches may be lost as video software tends to prioritize mid-range frequencies.</p>

HOW VIDEO CAN AFFECT PERCEPTION AND ENGAGEMENT, AND CHANGES IN DECISION-MAKING
Human interactions include perception, engagement, and decision-making. All three are intertwined, and the use of video carries significant implications for each.

- Perception** is how you are seen by others. Empathy is easier to generate among people who know each other and during longer interactions. Over video, interpersonal connections may take longer to develop and strangers perceive each other as less likeable and less intelligent than they do in-person.
- Engagement** is how you experience an interaction. Seeing oneself over video leads to self-consciousness, which can limit the cognitive space available to complete a task and reduces satisfaction with the overall process. Local

Teleservices

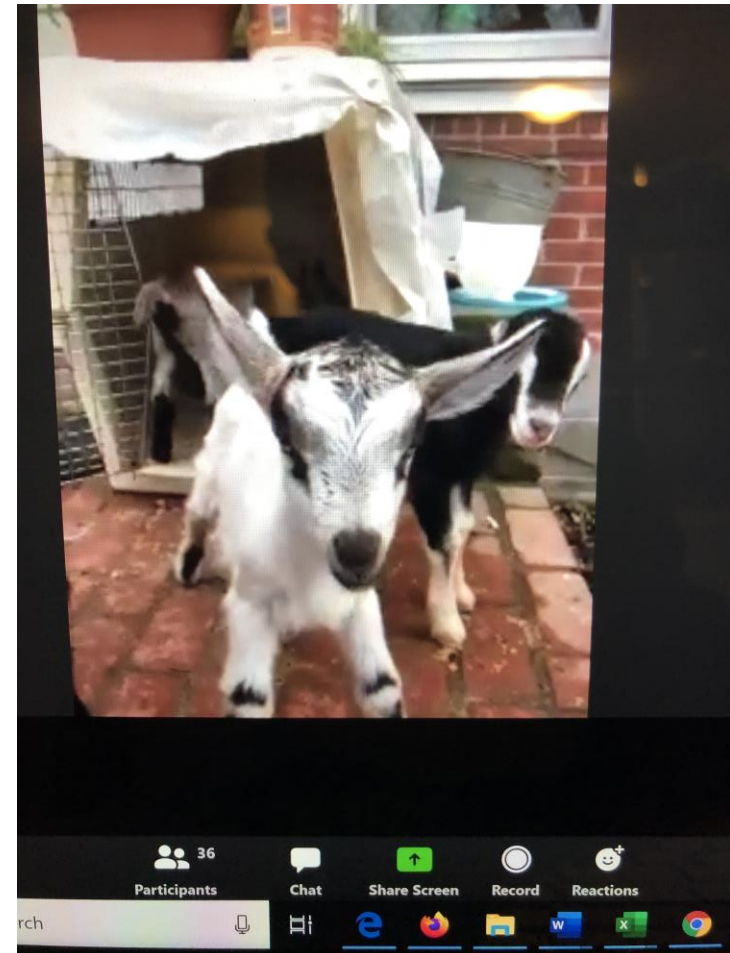
Teleservices = Using Technology for...

 Treatment

 Supervision & Monitoring

 Training

Zoom calls in 2019 vs 2020

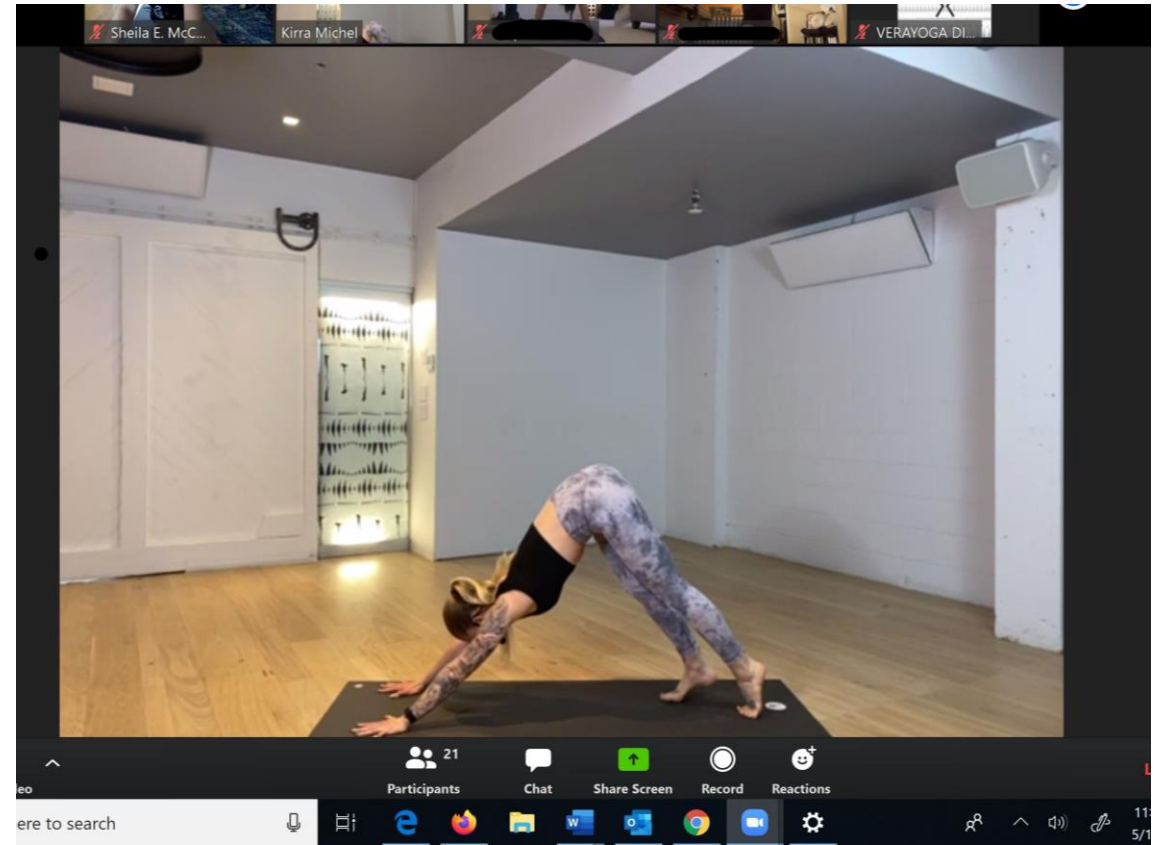


Virtual self-care for you and your staff

Almost everything will
work again if you unplug
it for a few minutes...
Including you.

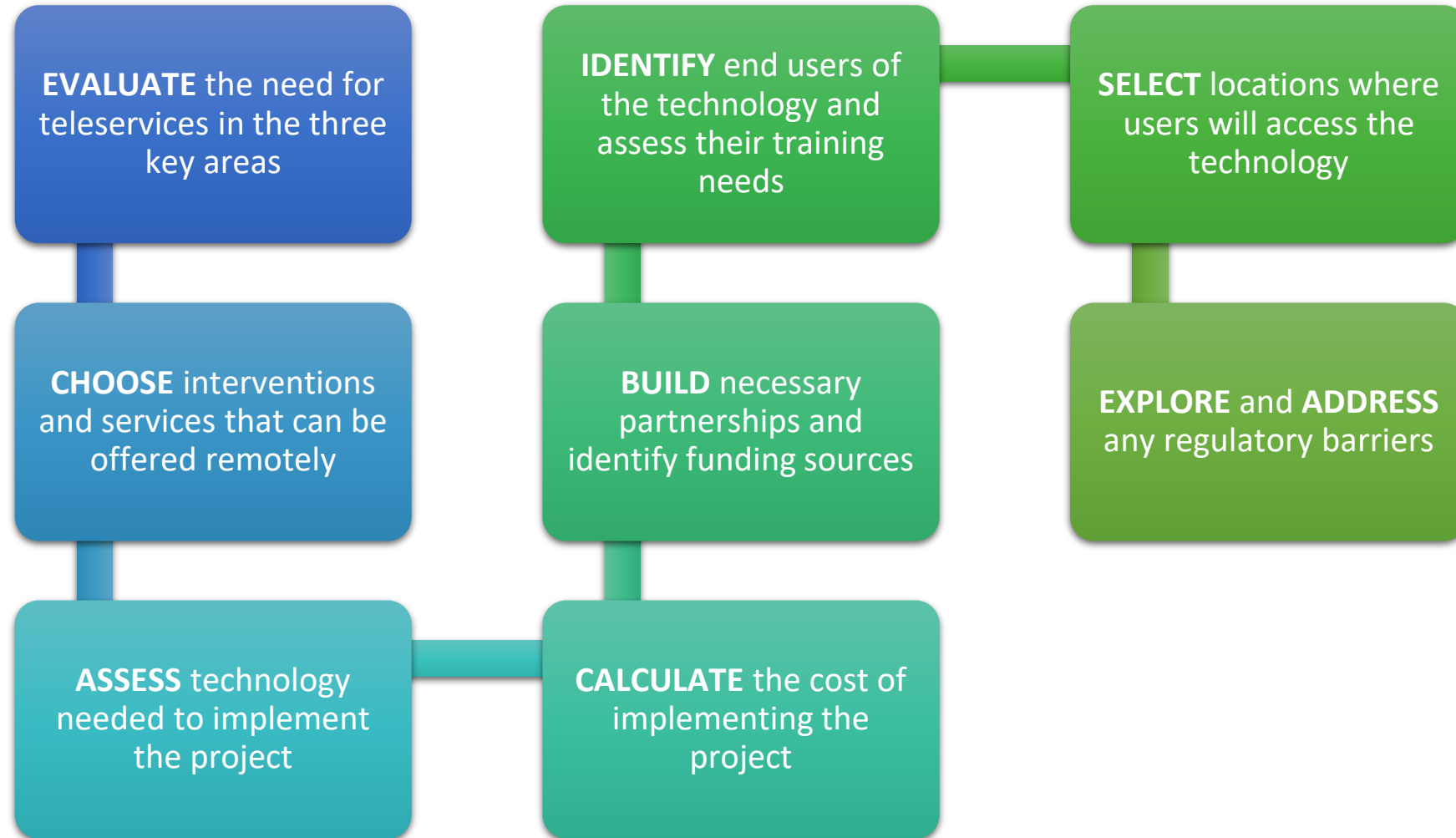
Anne Lamott

@donhornsby



Treatment Court Operations: Staying Connected

Process





Remote court operations

In alignment with state and local directives, use technology for:

- **Remote court appearances**
- **Individual clinical check ins**
- **Staffing participation with treatment providers**
- **Interventions**
- **Screening/assessment to treatment**
- **Monitoring/compliance**
- **Connection with peers/alumni**
- **Part of aftercare plan**

Long-term planning

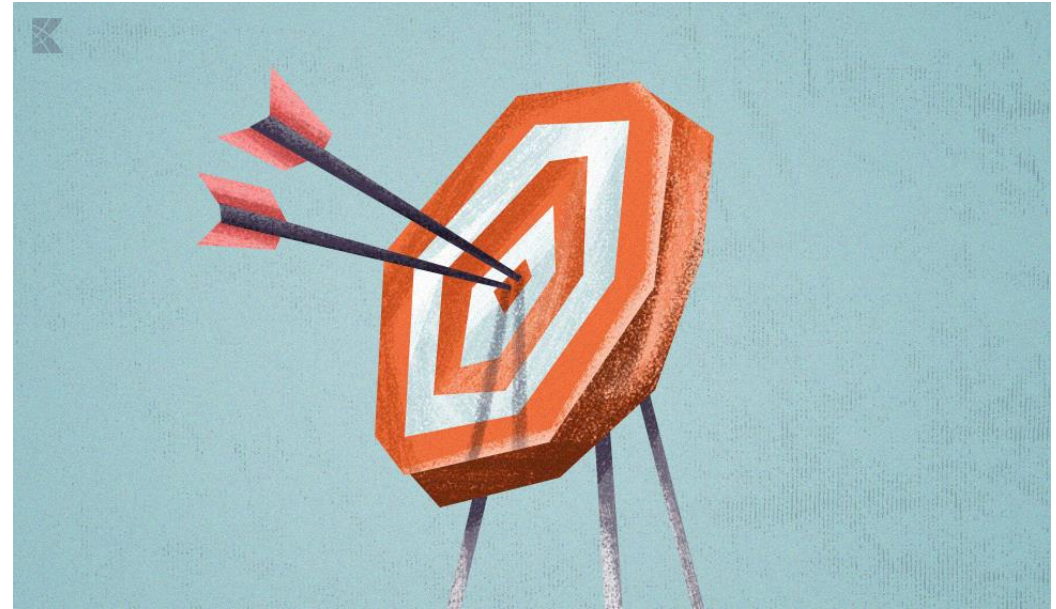
- **Use screening tools to assess appropriateness**
- **Create written protocols for all remote procedures**
- **Consent**
- **Expectations**
- **Guidebook/instructions for participants**
- **Engage more frequently, incentivize**
- **Look for opportunities for funding to provide technology for participants, where needed**



Stay connected: Expectations & Communication

- Be patient and flexible with clients as they adjust
- Basic needs and safety > strict compliance monitoring
- Clients may experience recovery setbacks
- Clients may experience heightened anxiety, PTSD
- Clients may re-connect with old, unsafe relationships
- Clients may suddenly feel apathetic about their recovery, depressed, or lonely

This is an opportunity for drug court staff to find new ways to strengthen their therapeutic alliances with clients. Keeping the lines of communication open is essential.



Taking Action in the Field

Creative innovations in problem solving courts

TREATMENT COURTS AND COVID-19

Beginning in early 2020, the COVID-19 pandemic spread across the United States, upending communities, economies, institutions, and the daily life of millions. Among the most vulnerable were people involved in the criminal justice system, especially those experiencing from mental illness and substance use disorders, who faced the ripple effects of the pandemic as courts abruptly shut down and the virus spread through crowded jails and prisons. Treatment courts were directly affected by these shutdowns. Court shutdowns and stay-at-home orders made it challenging for drug courts to adhere to best practices such as regular court appearances, referrals to treatment and other social services, and frequent drug and alcohol testing.¹ In the face of these limitations, many courts across the country acted quickly with innovative solutions to meet participants' needs amid new and ever-changing restrictions and court closures.

To support these solutions, the Center for Court Innovation's technical assistance team provided a series of weekly webinars and facilitated remote discussion groups between statewide treatment court administrators. During these sessions, Center staff heard inspiring stories from around the country about courts that mobilized quickly and found creative ways to connect with, support, and engage participants remotely. The Center also conducted a national survey of unique strategies that treatment courts implemented to meet the challenges of the pandemic and received 24 submissions from 14 states.

This document highlights some of those efforts. The purpose is to provide a set of themes and lessons on how courts are adapting to better serve the vulnerable populations involved in the criminal justice system and promote improved life outcomes through their programs—even in a moment of national public health crisis.

OVERALL THEMES

Treatment court staff described a range of important measures they took to improve their ability to serve participants and maintain program success remotely at a time of severely limited access. These included efforts to transition to teleservices, expand access to technology, enhance recovery supports virtually, adjust drug testing, and reimagine incentives and sanctions.

Transitioning to teleservices. Treatment court teams and providers around the country used phone, email, text, and virtual platforms to conduct remote treatment, case management, court sessions, clinical assessments,

staff meetings, staff trainings, graduation, medication counts, and supervision. Numerous courts said that communication between participants, staff, and peers not only continued during the COVID-19 pandemic but often occurred more frequently than before, leading to more meaningful conversations.

The transition to virtual court appearances produced some unexpected results. Some drug court teams found that participants were more talkative and open with the judge about their lives and struggles when not in the open courtroom. Some participants reported feeling a stronger connection with the judge and were less overwhelmed by the atmosphere of the courtroom, leading them to speak more freely.

Expanding access to technology. Communication with treatment court participants was a challenge in some areas due to a lack of technology or wireless Internet access. To remedy this problem, the New Hampshire judicial branch used general state funding to purchase

TAKING ACTION

A SERIES ON JUSTICE INNOVATION

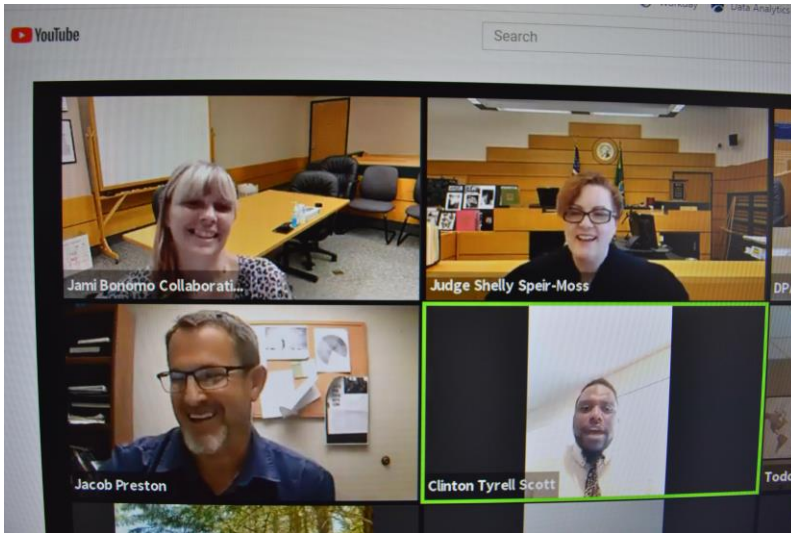
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Highlighted states



Georgia

Washington

Minnesota

Tennessee



Benefits and drawbacks

Benefits we know

Provides a broader client reach

Overcomes treatment barriers

Expands the arsenal of available services and specialties

Can alleviate strain on provider caseloads

Saves travel time and money

Can be used as an incentive and phase advancement

Not a replacement for current practices/interventions; rather an enhancer for service gaps

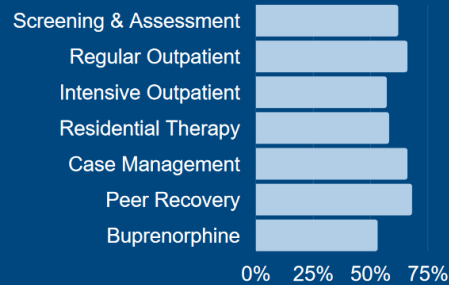
Technology Transfer Centers survey funded by SAMHSA



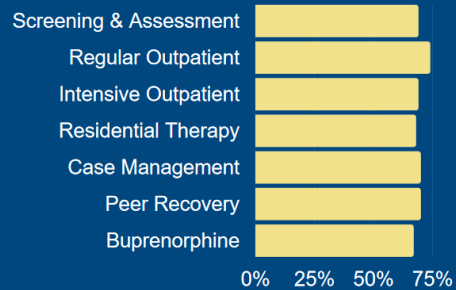
Anticipated Use in the Future

On Average, 65% of Respondents Anticipate Continuing Use Across All Services

TELEPHONE



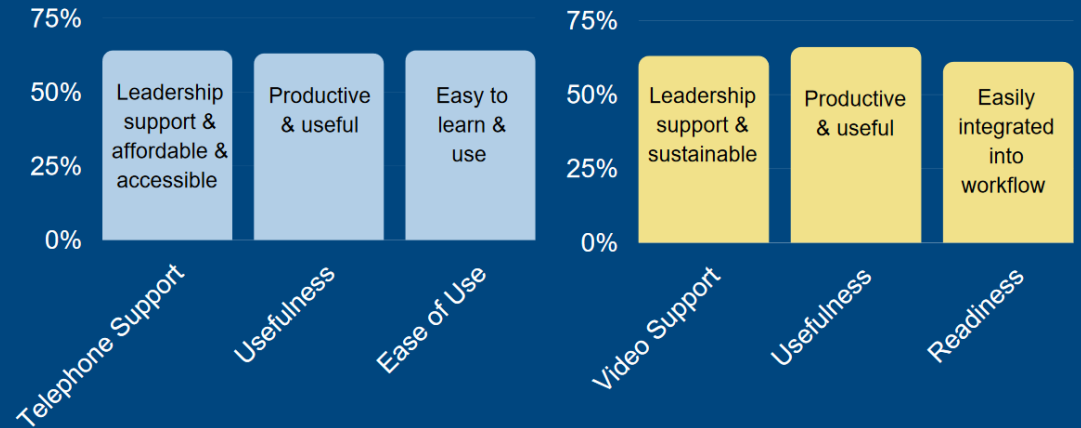
VIDEO



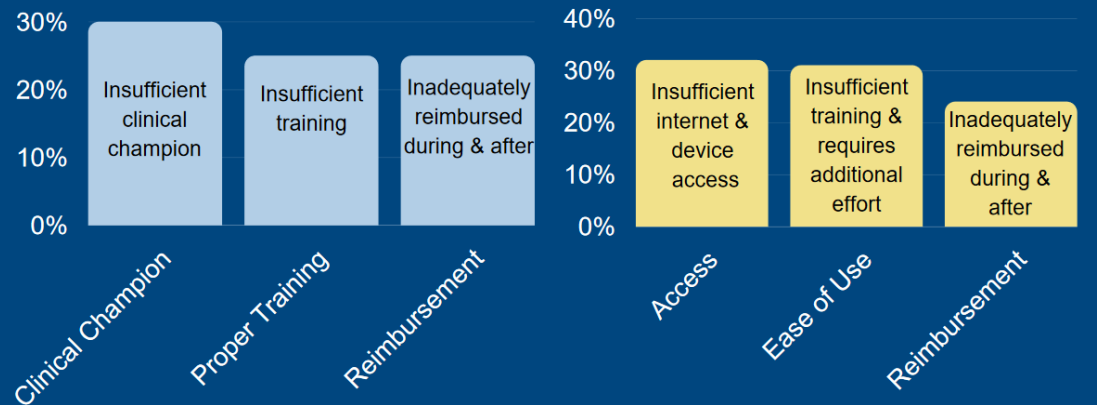
SUMMARY

Telehealth has expanded the ability of the SUD workforce to provide services during the pandemic. Providers anticipate continuing to use telehealth services after the pandemic. Telehealth is shown to be supportive, effective, and productive in the SUD workforce. As application of telehealth evolves, use of telephone services needs greater support from clinical champions, while video services could use greater accessibility to internet/devices. Both services could benefit from better training and adequate reimbursement.

Top Strengths Identified: Perceived Effectiveness



Top Weaknesses Identified: Perceived Ineffectiveness



Society of General Internal Medicine

SUD and Telemedicine: Opportunity and Concern for the Future

Mubeen Shakir, MD, MPP, MSc and Sarah Wakeman, MD / Department of Medicine, Massachusetts General Hospital, Boston, MA

Prior to March 2020, nearly 13,000 Medicare beneficiaries received telemedicine care each week; in the last week of April alone nearly 2 million patients received telemedicine services, including SUD services.

Disparities for types of MOUD

Remember: any improvement of access to care that comes with telemedicine, and particularly access to MOUD, should be viewed as positive. However, we must ensure that this shift does not exacerbate racism and structural inequality that already plagues our system.

Patients need safe and secure access to telehealth. If we find an increasing need for telemedicine for the safety of the public, we must find a way to care for our most marginalized patients through providing phones and paying for phone bills or Wi-Fi.

Systems of care must be designed with input, involvement, and guidance from the patients we serve.

Participant feedback

Pros

- I couldn't have engaged in person before; it takes the bus 2 hours to get there
- Being able to video from my home means I can be with my family more
- It's great to not spend so much time commuting
- Email is impersonal, but now with video I still feel like I'm connecting directly with you
- I like the options, video isn't for me, but being able to use call and messaging is important
- Having flexible appointments means everything. I work 12-hour shifts

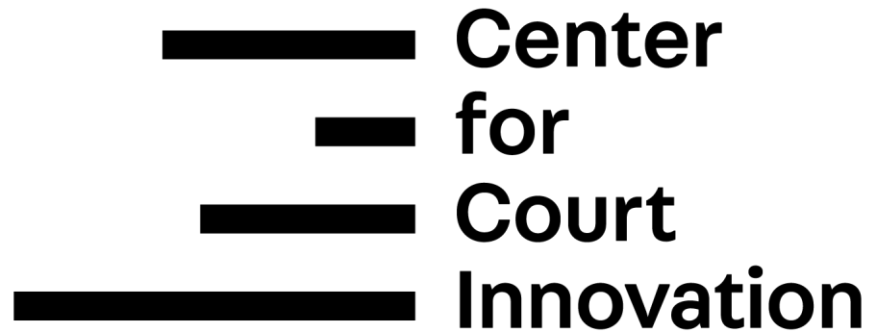


Cons

- Sometimes I feel like I'm competing for attention with all the things on the screen
- I feel like I'm missing out on community sometimes. It's great to connect, but I want to see people in person
- Sometimes I run out data and it can be tough
- The internet company in my area doesn't offer enough speed for a price I can afford
- How do I know I can trust someone I've never met



Thank you!



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