Teleservices in 2020 and Beyond

Wisconsin Association of Treatment Court Professionals

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Sheila McCarthy, LMSW

Senior Program Manager

National Technical Assistance

Center for Court Innovation

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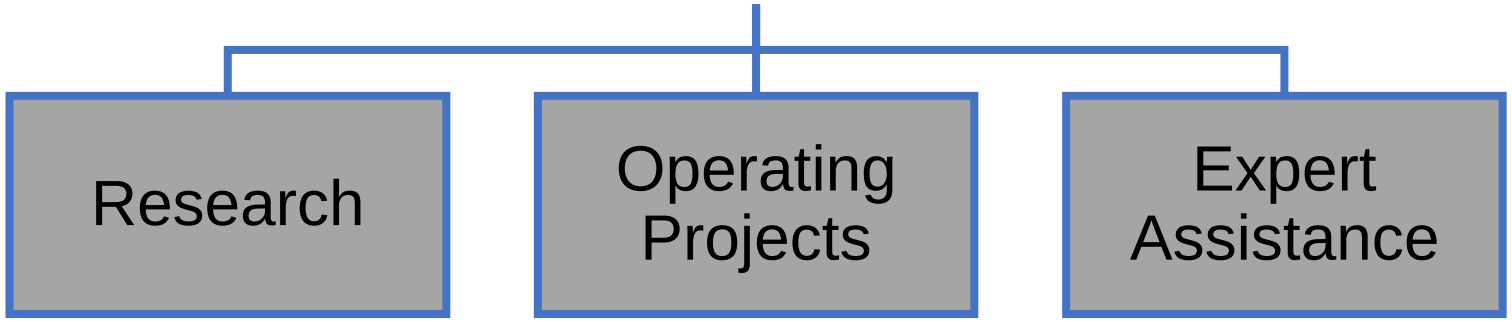

Mission

Reduce Crime and Incarceration
Aid Victims and Survivors
Strengthen Communities
Improve Trust in the Justice System

Research

Expanding Access to Drug Court

Prosecutor-Led Diversion
A National Survey

The Allegheny County Mental Health Court Evaluation
Process and Impact Findings

Center for Court Innovation
NYC Criminal Justice
Procedural Justice at the Manhattan Criminal Court: Results and Implications

CENTER FOR COURT INNOVATION
A Statewide Evaluation of New York's Adult Drug Courts
Identifying Which Policies Work Best

Beyond the Algorithm
Pretrial Reform, Risk Assessment, and Racial Fairness
by Sarah Picard, Matt Watkins, Michael Rempel, and Ashmini Kerodal
Center for Court Innovation

Operating Programs

Expert Assistance

COURT RESPONSES TO THE OPIOID EPIDEMIC: HAPPENING NOW

Heroin, prescription pain relievers, and synthetic opioids like fentanyl have contributed to a national epidemic. More than 70,200 Americans died from drug overdose in 2017, and more than two-thirds of these deaths involved opioids. Overdose deaths have increased by double-digit percentages each year since 2014.

This epidemic poses special challenges for the justice system. Opioid-related arrests have spiked. Police, probation officers, and court staff are being trained to administer overdose reversal medication. Jails are overseeing the detoxification of incarcerated opioid users. In the face of these pressures, justice officials across the country are working to develop new, more effective responses to opioid-related crime.

For decades, drug courts have been the leading model serving court-involved individuals with opioid use disorders, and they continue to play a central and irreplaceable role in combating the opioid crisis. Drug courts alone, however, are not enough. New justice system approaches are needed to prevent overdose deaths through immediate access to evidence-based treatment—including medication-assisted treatment—and wraparound supports. This document provides a snapshot of some of the strategies being used by courts and justice system practitioners around the country to prevent overdose deaths and save lives.

OPIOID INTERVENTION COURTS

1. BUFFALO OPIOID INTERVENTION COURT

Overdose deaths in the state of New York have been steadily climbing for seven consecutive years and exceed the national average, in large part due to the arrival of illicit fentanyl. In response, New York's Unified Court System, a pioneer in the treatment court field for decades, developed the country's first opioid intervention court in Buffalo in 2016.

Created with the explicit goal of saving lives, the Buffalo Opioid Court relies on day-of-arrest intervention, evidence-based treatment, daily judicial supervision, and wrap-around services to prevent overdose death. Prior to arraignment, court staff go to the jail and interview defendants, using a brief survey developed by the court, to identify those at risk of opioid overdose. Those at risk for overdose receive a brief bio-psycho-social screening, which is administered immediately following arraignment by an onsite team of treatment professionals and case coordinators. Based on the results, each consenting individual is transported to an appropriate treatment provider, where most begin medication-assisted treatment with buprenorphine, methadone, or naltrexone. The process of initial interview, arraignment, bio-psycho-social screening, and transfer to treatment is completed within 24 hours of arrest.

Once connected with a treatment provider, the participant receives a comprehensive clinical assessment and an individualized treatment plan. Opioid intervention court staff provide daily case management for

Center for Court Innovation

520 Eighth Avenue
New York, NY 10018
p. 646.386.3100
f. 212.397.0985
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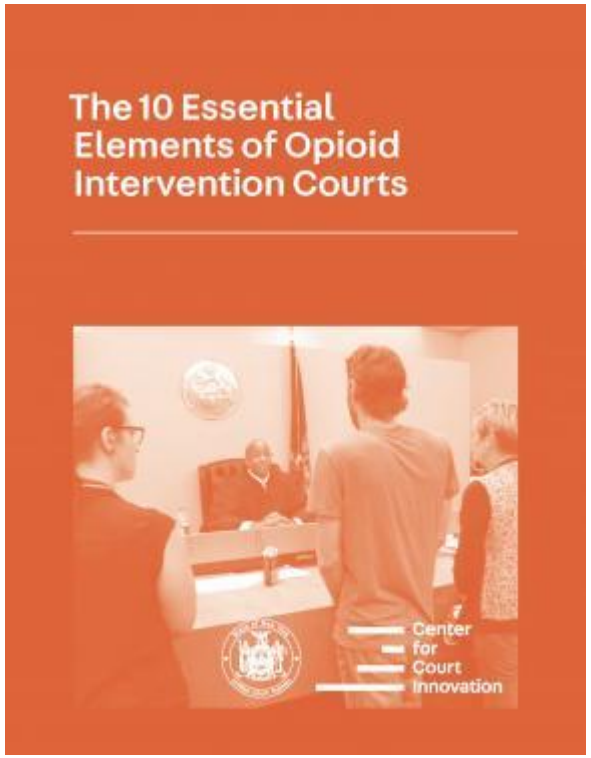
For more information about the opioid epidemic and available training and technical assistance, contact Aaron Arnold, Director of Technical Assistance, at arnolda@courtinnovation.org.



Technology Publications

CENTER FOR COURT INNOVATION

The Future is Now

Enhancing Drug Court Operations Through Technology

by Annie Schachar, Aaron Arnold and Precious Benally

BJA
Bureau of Justice Assistance
U.S. Department of Justice

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 Polycom videoconference 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 Polycom 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 Polycom 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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520 Eighth Avenue
New York, New York 10018
p. 646.386.3100
f. 212.397.0985
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For more information about teleservices and available training and technical assistance, contact Aaron Arnold, Director of Treatment Court Programs, at arnolda@courtinnovation.org.

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520 Eighth Avenue, 18th Floor, New York, NY 10018
p. 646.386.3100
f. 212.397.0985
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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.

1. 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.

2. 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, implementors should consider different languages; abilities; levels of technical and language literacy; and access to technology, such as phones, computers, and the internet.

3. 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.

4. 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.

5. 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.

Young Offenders, Electronic Monitoring, Cell Phones, and Battery Life

By Shubha Balasubramanyam and Jethro Antoine*

The Center for Court Innovation in New York City recently piloted an electronic monitoring program for young people aged 16-18 who had been charged with felonies. Instead of traditional ankle worn monitors, the "Stay on Track" program employed smartphones, although the phones were "tethered" to a small ankle unit to ensure the device was always in the juvenile's possession. While the program did not meet all of its goals, the project team learned a number of useful lessons about the advantages and disadvantages of phone-based monitoring with this population. This article shares their experiences.

The Challenge: An Overcrowded Pretrial Detention System

Over the last decade, pretrial detention has become the focus for New York City's justice reformers. The New York State Unified Court System, the Mayor's Office of Criminal Justice, Human Rights Watch and others had documented serious delays and overcrowding in the system—thousands of individuals were being detained in the city's jails while their cases were pending. Worse still, many of these detainees were being held because they could not post even modest bail amounts. These individuals had not been found guilty of a crime, and ultimately many would have their cases dismissed. So there was significant interest, both among justice stakeholders and the general public, in testing the effectiveness of new interventions. In particular, there was an immediate interest in addressing the plight of the most vulnerable defendants, juveniles. For a complicated set of factors, these young detainees often endured the longest jail stays.

In 2015, the District Attorney's Office of New York County expressed an interest in piloting electronic monitoring technologies to monitor compliance with orders of protection, curfews, and other release conditions, such as school or treatment attendance. Until then, the city's reform initiatives had not seriously considered the role technology might play in reducing the detention backlog while ensuring defendants met their court obligations. The Office of the District Attorney, the non-profit Center for Court Innovation, and the Open Society Foundation collaborated to explore a simple proposition: Would state-of-the-art technology, combined with other program elements—community-based services, case management, monitoring protocols, training in the latest research in such topics as trauma, brain development and procedural justice—result in a truly effective and transformative intervention for these young adults?

The "Stay on Track" Program

Until 2017, New York State had been one of few remaining jurisdictions where juveniles aged 16-17 could be held criminally responsible as adults. With the introduction of the "Raise the Age" initiative, 16- and 17-year-olds accused of misdemeanors—who make up the large majority of juveniles arrested—would now have their cases handled in Family Court. Nonviolent felony cases would still start in Criminal Court, albeit in a new section known as "youth part" and in front of judges trained in Family Court law.[1] And young defendants, rather than being held in adult jails and prisons, would be placed in specialized juvenile detention facilities certified by the State Office of Children and Family Services in conjunction with the State Commission of Correction. Before this change in policy, young people could be housed in segregated units in adult detention facilities, where they faced a greater risk of being involved in a significant assault, being a victim of sexual violence, and committing suicide.

In tandem with this policy change, New York City stakeholders were committed to finding ways to ensure that young people could remain part of the community, in contact with family, school, and friends, instead of isolated in juvenile detention. While "Raise the Age" was being debated in early 2015, the Manhattan District Attorney launched the Stay on Track pre-pilot to explore whether electronic monitoring could help further ensure the release of more young adults from detention. Stay on Track was designed for participants aged 16-18, charged with a first felony, who would otherwise be held in custody. Defendants would enter the program post-plea with the understanding that they would achieve Youthful Offender[2] Status upon successful completion. In addition to regular meetings with their case manager and social service agencies, participants were mandated to appear in court for a monthly compliance check. Their participation was projected to last 3 - 6 months.

Setting Priorities

Our approach to this project was to prioritize participant need and effective engagement rather than optimizing the implementation of the chosen technology. It is an important distinction: when an electronic monitoring program runs into unexpected problems, the temptation is to blame the equipment, and to devote the trouble-shooting effort to fine-tuning the technology's implementation. Sometimes that makes sense. But if the focus is on the technology, it may take too long before you recognize that a technology-based solution may not be the right fit for the goals you are trying to achieve.

The case management and clinical program elements were created by the Center

See BATTERY, next page

**Shubha Balasubramanyam is a Technology & Innovation Product Manager at the Center for Court Innovation. Jethro Antoine the Center's Director of Technology*

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National Training and Technical Assistance

Statewide strategic planning and fidelity reviews

Treatment Court Evaluations

Veteran's and Community Court pilot and implementation

Evidence-based practice implementation

Innovation through technology

Publications and webinars

Treatment Courts Online (www.treatmentcourts.org)

Tribal Justice

Peer assessment and peer-facilitated learning

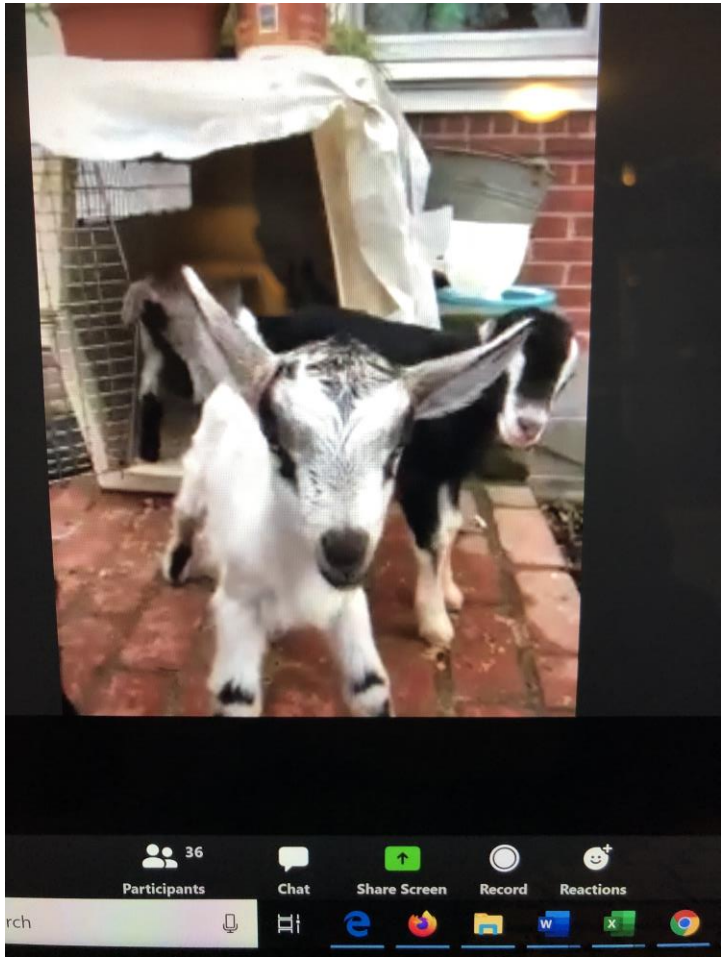
Evolution of Teleservices in 2020

Teleservices = Using Technology for…

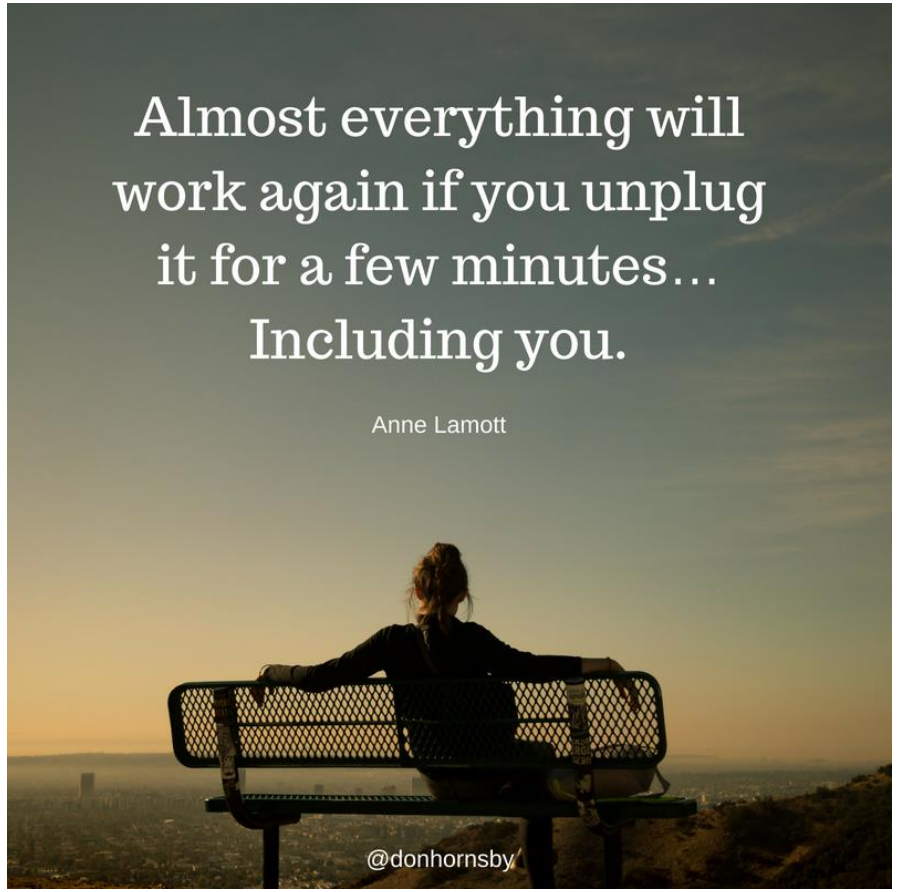
- Treatment
- Supervision & Monitoring
- Training

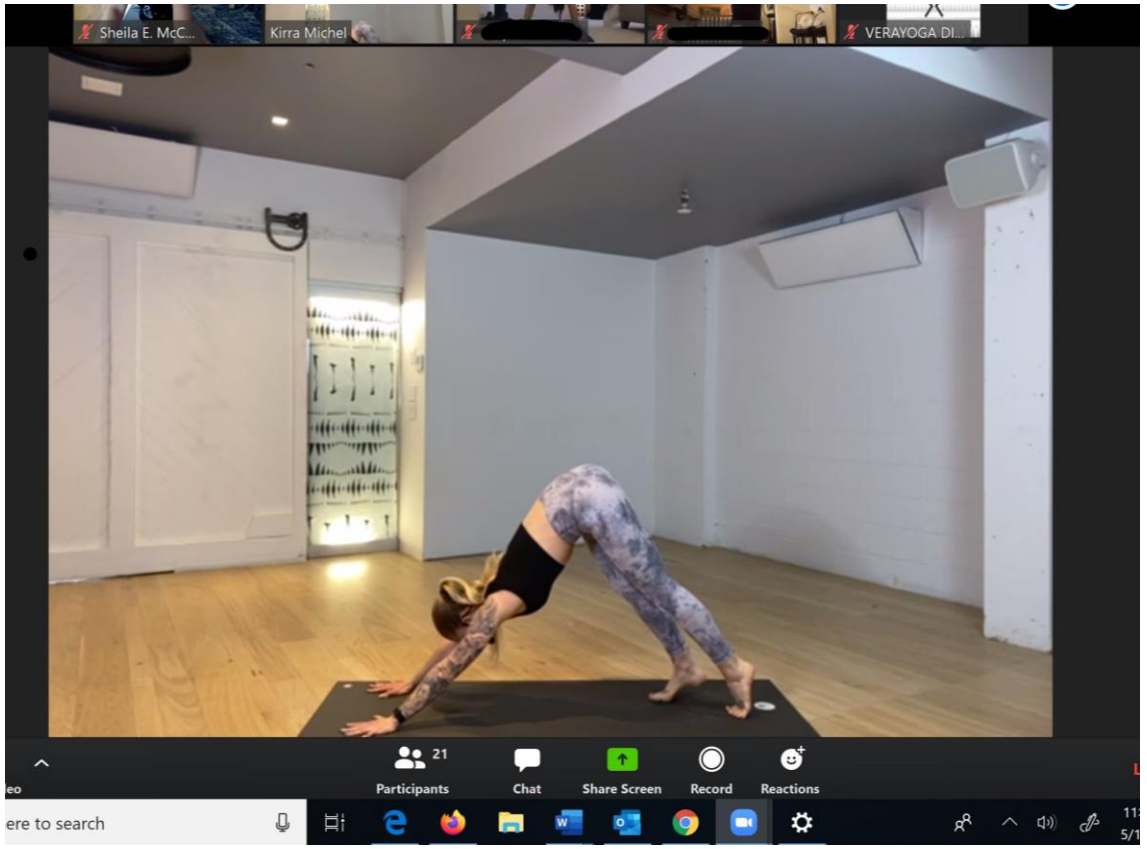
Zoom conference calls in 2019

Zoom guest appearances in 2020



Virtual self-care for you and your staff





How to Combat Zoom fatigue

To make video calls less exhausting, try using a few research-based tips:

- Avoid multitasking
- Build in breaks
- Reduce onscreen stimuli
- Make virtual social events opt-in
- Switch to phone calls or email
- For external calls, avoid defaulting to video, especially if you don't know each other well.

Harvard Business Review, 2020

Back to the basics

10 Principles for Humane Justice Technology

Technology should be humane first

Technology should be inclusive

Technology should be implemented with true consent

Problems should drive technology

Less is more

10 Principles for Humane Justice Technology

Technology should be sustainable

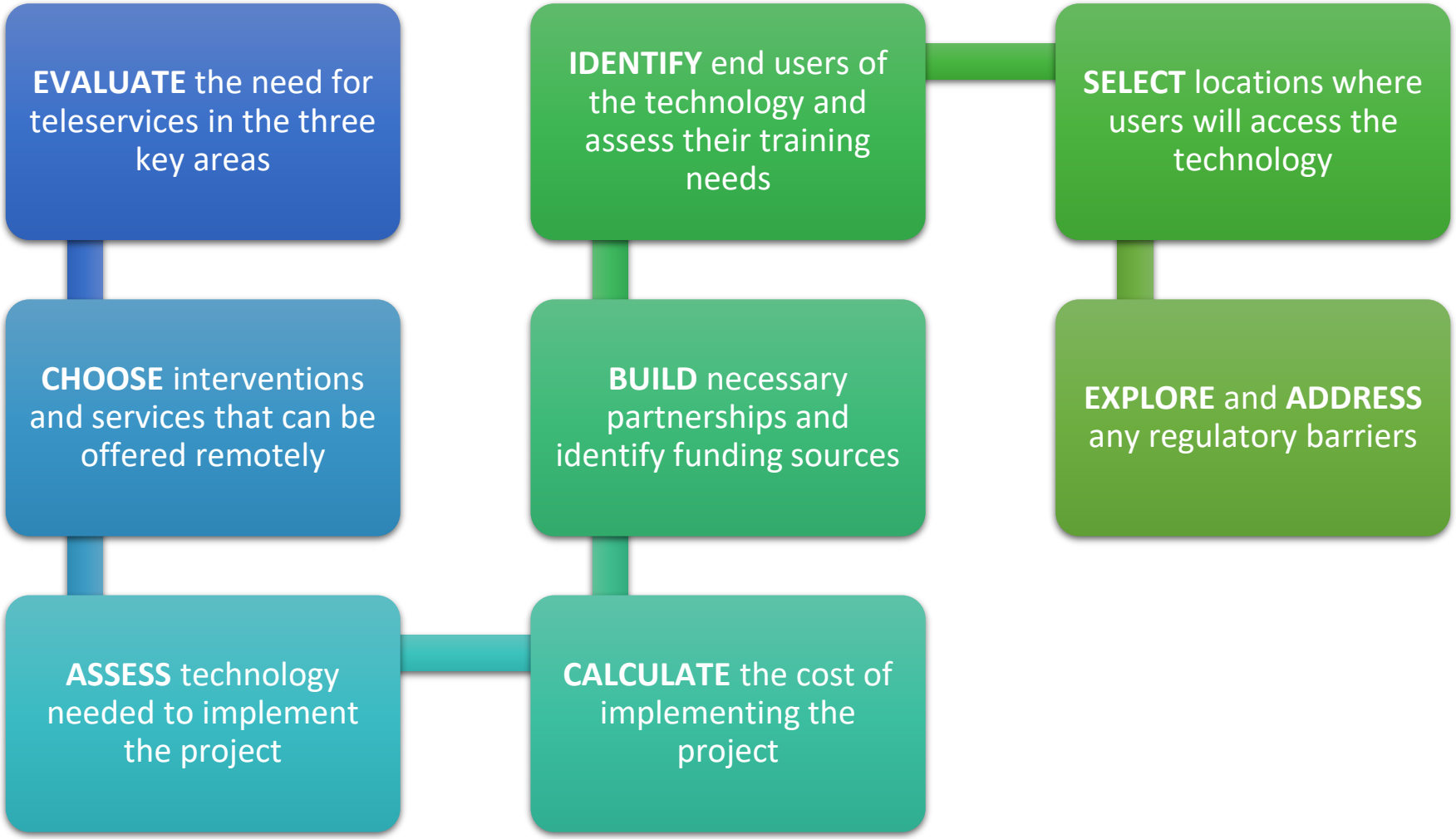
Work with vendors with a common vision

Start small

Know what technology does and doesn’t do

Be prepared to pivot

Process


EVALUATE the need for teleservices in the three key areas
CHOOSE interventions and services that can be offered remotely
ASSESS technology needed to implement the project
CALCULATE the cost of implementing the project
BUILD necessary partnerships and identify funding sources
IDENTIFY end users of the technology and assess their training needs
SELECT locations where users will access the technology
EXPLORE and **ADDRESS** any regulatory barriers

Treatment Court Operations: Staying Connected

Remote court operations

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

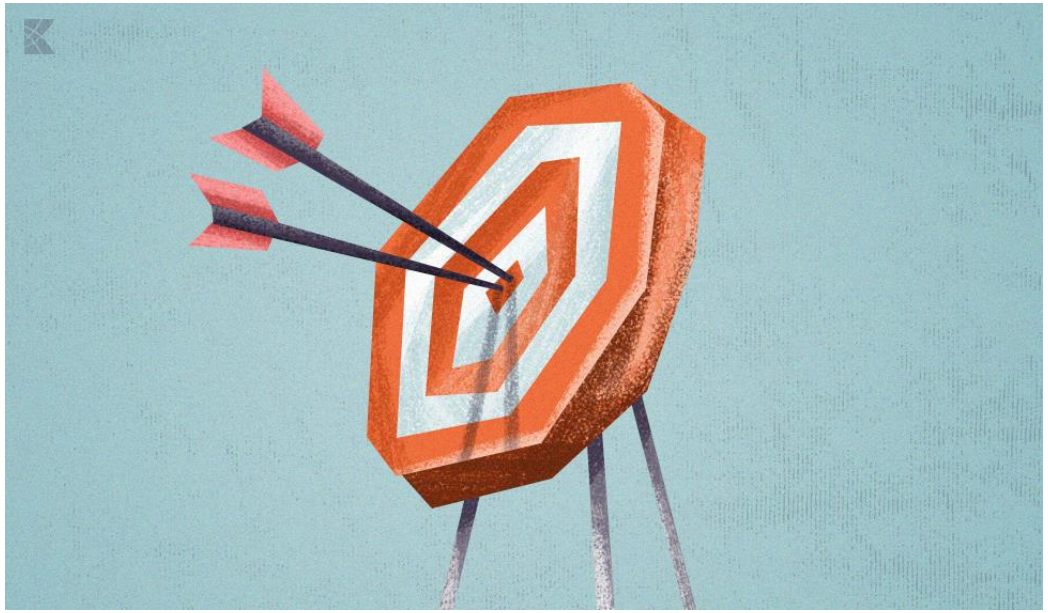
- **Remote court appearances**
- **Individual clinical check ins**
- **Staffing participation with treatment providers**
- **Interventions**
- **Screening/assessment to treatment**
- **Monitoring/compliance**
- **Connection with peers/alumni**
- **Part of aftercare plan**

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**

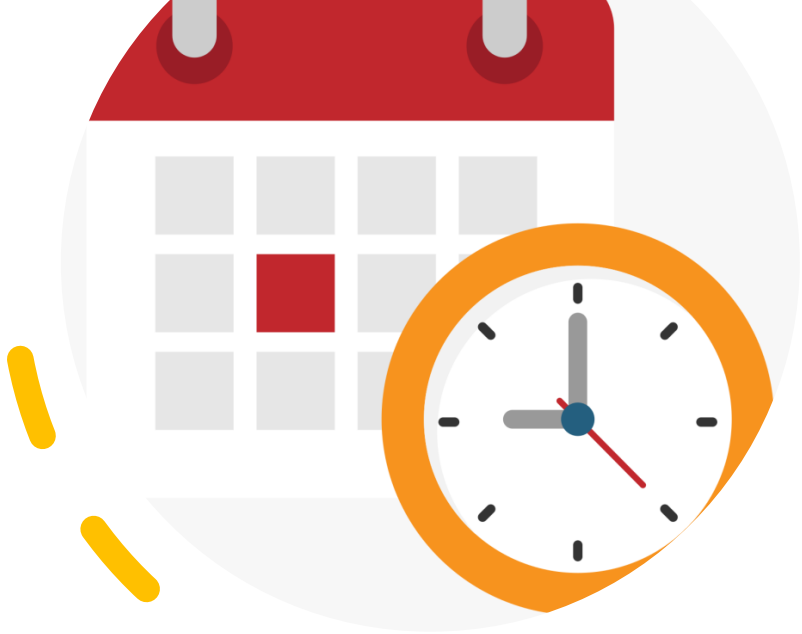
Stay connected:
Expectations & Communication

- 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



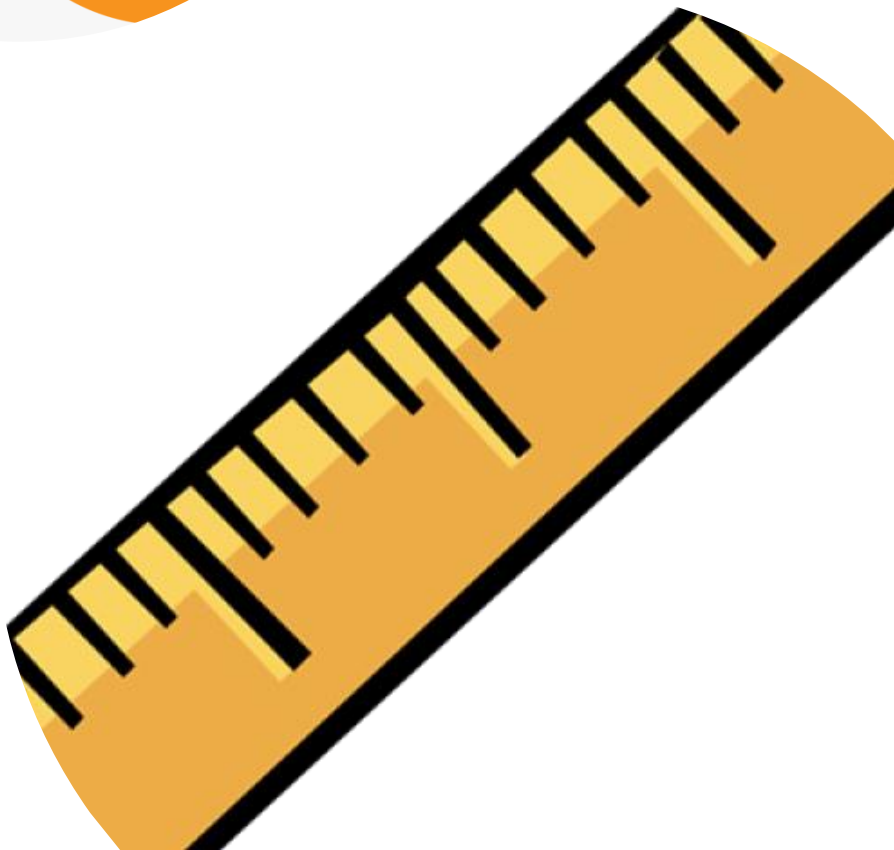
This is an opportunity for drug court staff to find new ways to strengthen their therapeutic alliances with clients. Keeping the lines of communication open is essential.

Stay Connected: Measuring success



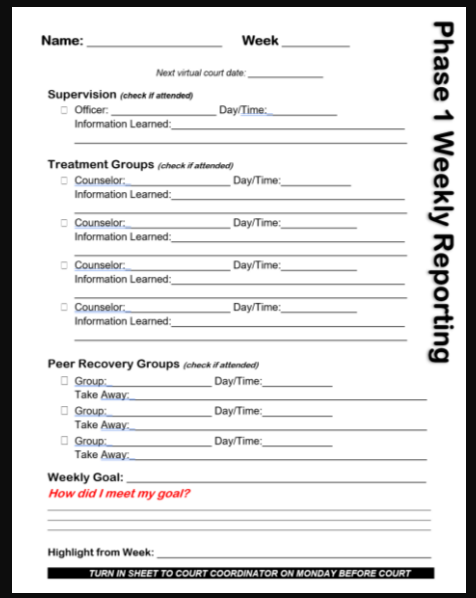
Without UA verification, or in-person interactions, how do we measure recovery, program success and/or compliance?

- Adapt or re-define our metrics
- Leverage our therapeutic skills instincts
- Be clear and consistent



Virtual Reporting

- Scheduled phone or video calls
- Meeting attendance verifications
- Emailed worksheets /assignments
- Weekly reporting summaries
- Contingency Management checklist
- App-based confirmations
- GPS monitoring pings



Phase 1 Weekly Reporting

Name: _____ **Week** _____

Next virtual court date: _____

Supervision *(check if attended)*

☐ Officer: _____ Day/Time: _____
Information Learned: _____

Treatment Groups *(check if attended)*

☐ Counselor: _____ Day/Time: _____
Information Learned: _____

☐ Counselor: _____ Day/Time: _____
Information Learned: _____

☐ Counselor: _____ Day/Time: _____
Information Learned: _____

☐ Counselor: _____ Day/Time: _____
Information Learned: _____

Peer Recovery Groups *(check if attended)*

☐ Group: _____ Day/Time: _____
Take Away: _____

☐ Group: _____ Day/Time: _____
Take Away: _____

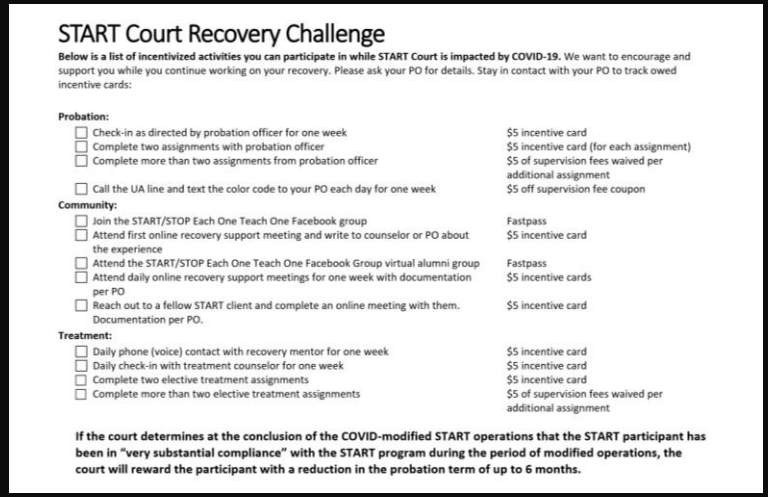
☐ Group: _____ Day/Time: _____
Take Away: _____

Weekly Goal: _____

How did I meet my goal?

Highlight from Week: _____

TURN IN SHEET TO COURT COORDINATOR ON MONDAY BEFORE COURT



START Court Recovery Challenge

Below is a list of incentivized activities you can participate in while START Court is impacted by COVID-19. We want to encourage and support you while you continue working on your recovery. Please ask your PO for details. Stay in contact with your PO to track owed incentive cards:

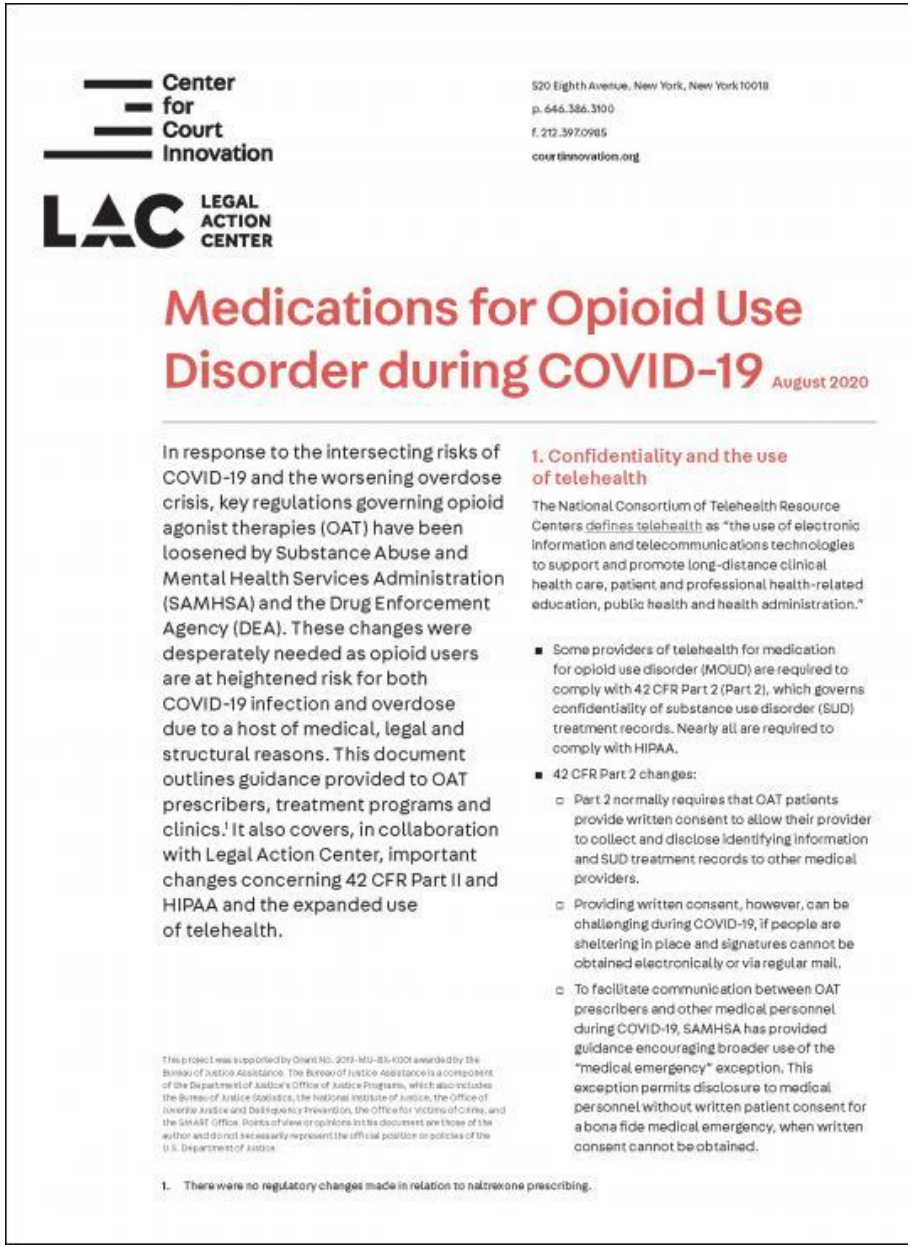
Probation:	
☐ Check-in as directed by probation officer for one week	$5 incentive card
☐ Complete two assignments with probation officer	$5 incentive card (for each assignment)
☐ Complete more than two assignments from probation officer	$5 of supervision fees waived per additional assignment
☐ Call the UA line and text the color code to your PO each day for one week	$5 off supervision fee coupon
Community:	
☐ Join the START/STOP Each One Teach One Facebook group	Fastpass
☐ Attend first online recovery support meeting and write to counselor or PO about the experience	$5 incentive card
☐ Attend the START/STOP Each One Teach One Facebook Group virtual alumni group	Fastpass
☐ Attend daily online recovery support meetings for one week with documentation per PO	$5 incentive cards
☐ Reach out to a fellow START client and complete an online meeting with them. Documentation per PO.	$5 incentive card
Treatment:	
☐ Daily phone (voice) contact with recovery mentor for one week	$5 incentive card
☐ Daily check-in with treatment counselor for one week	$5 incentive card
☐ Complete two elective treatment assignments	$5 incentive card
☐ Complete more than two elective treatment assignments	$5 of supervision fees waived per additional assignment

If the court determines at the conclusion of the COVID-modified START operations that the START participant has been in "very substantial compliance" with the START program during the period of modified operations, the court will reward the participant with a reduction in the probation term of up to 6 months.

MOUD guidance in 2020

Key regulations governing opioid agonist therapies have been loosened in 2020 by the Substance Abuse and Mental Health Services Administration and the Drug Enforcement Agency.

https://www.courtinnovation.org/publications/substance-use-regulations-covid



Center for Court Innovation

520 Eighth Avenue, New York, New York 10018
p. 646.386.3100
f. 212.397.0985
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LAC LEGAL ACTION CENTER

Medications for Opioid Use Disorder during COVID-19 August 2020

In response to the intersecting risks of COVID-19 and the worsening overdose crisis, key regulations governing opioid agonist therapies (OAT) have been loosened by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Agency (DEA). These changes were desperately needed as opioid users are at heightened risk for both COVID-19 infection and overdose due to a host of medical, legal and structural reasons. This document outlines guidance provided to OAT prescribers, treatment programs and clinics.[1] It also covers, in collaboration with Legal Action Center, important changes concerning 42 CFR Part II and HIPAA and the expanded use of telehealth.

1. Confidentiality and the use of telehealth

The National Consortium of Telehealth Resource Centers defines telehealth as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration."

- Some providers of telehealth for medication for opioid use disorder (MOUD) are required to comply with 42 CFR Part 2 (Part 2), which governs confidentiality of substance use disorder (SUD) treatment records. Nearly all are required to comply with HIPAA.
- 42 CFR Part 2 changes:
  - Part 2 normally requires that OAT patients provide written consent to allow their provider to collect and disclose identifying information and SUD treatment records to other medical providers.
  - Providing written consent, however, can be challenging during COVID-19, if people are sheltering in place and signatures cannot be obtained electronically or via regular mail.
  - To facilitate communication between OAT prescribers and other medical personnel during COVID-19, SAMHSA has provided guidance encouraging broader use of the "medical emergency" exception. This exception permits disclosure to medical personnel without written patient consent for a bona fide medical emergency, when written consent cannot be obtained.

This project was supported by Grant No. 2019-MU-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

1. There were no regulatory changes made in relation to naltrexone prescribing.

Taking Action in the Field

Creative innovations in problem solving courts

TAKING ACTION
A SERIES ON JUSTICE INNOVATION

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

Center for Court Innovation
520 Eighth Avenue
New York, NY 10018
p. 646.386.3100
f. 212.397.0985
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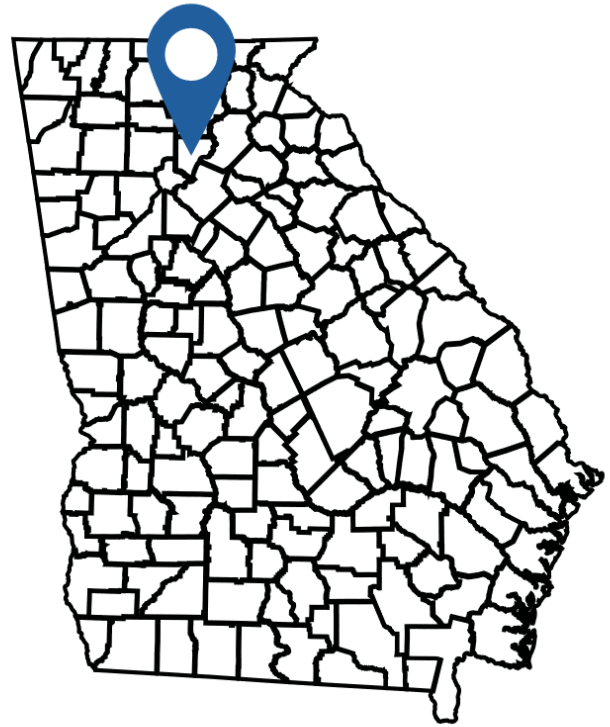
For more information about treatment courts and available training and technical assistance, contact us at info@courtinnovation.org.

Themes emerged

- Transitioning to teleservices
- Expanding access to technology
- Enhancing recovery supports virtually
- Adjusting drug testing
- Reimagining incentives and sanctions

Georgia

- The total number of treatment hours remained consistent with the previous in-person schedule.
- Accountability court judges recorded motivational videos for participants.
- The courts partnered with the local recovery community organization to establish daily online support meetings.
- Social media challenges focusing on gratitude and self-care practices
- Collaboration with a local nonprofit provided participants in need with necessity items.
- Treatment Services developed a new policy and procedure manual for all teleservices..

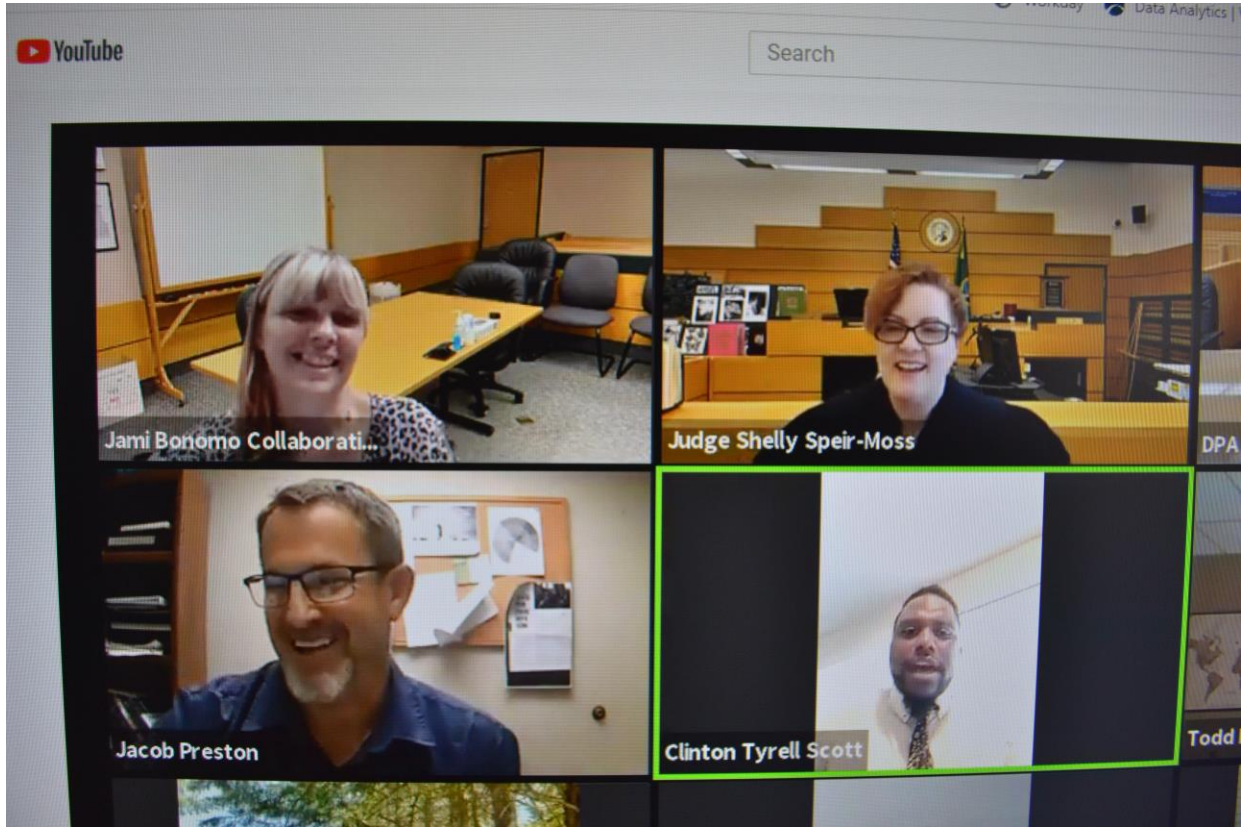


Northeastern Judicial Circuit

Georgia

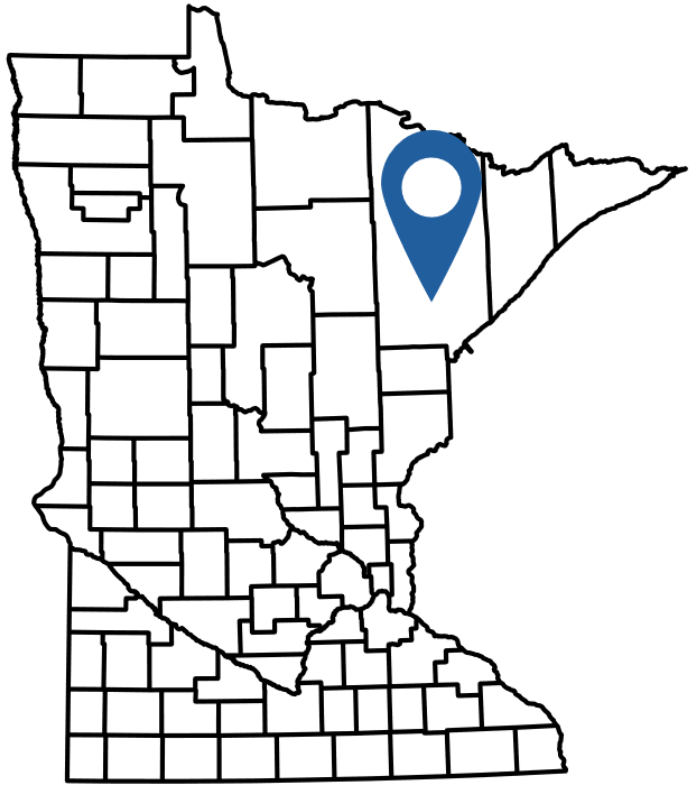
Washington

- Stayed connected remotely with participants, via team briefings three times a week, daily recovery meetings, group sessions for mindfulness meditation, twelve-step study, grief support, women's support, and mental health and wellbeing sessions
- Conducted virtual town halls
- Graduations
- Partnered with Path with Art, a local nonprofit that provided tablets to low-income participants so they could engage in online art classes.



Minnesota

- Mental Health Court in St. Louis County, Minnesota hosted virtual “craft and snack” sessions with participants, alumni, and court team members.
- Team purchased individualized and pre-packaged snacks and supplies for the sessions, and probation officers delivered them to participants at home.
- Boosted morale and reduced some of the loneliness and isolation.



St. Louis County Circuit Court

Minnesota

Tennessee

- Drive-through court sessions and graduation ceremonies.
- One participant in a rural community even rode his horse to court.
- Participants received free coffee vouchers, masks, and food delivery for attending.
- Drive-through courts allowed connection with participants in a deeper and more meaningful way than regular court sessions, as most participants had family members and pets in their cars with them.

Case Study: Montana

Montana's use of teleservices over the years

- Videoconferencing technology in courthouses around the state
- Court proceedings, assessments, and one-on-one sessions via video conference
- CBT4CBT
- Remote MAT
- Supervision via SCRAM and BACtrack
- Use of online recovery support, i.e., AAonline.net
- Text messaging protocol via "I Live Inspired"

Teleservice Strategic Plan

- Background
- Methodology
- Findings and Recommendations for improving statewide access to teleservices
- Next Steps

Goals established

- Develop standards for the remote delivery of evidence-based treatment for treatment providers across the state and a process to monitor adherence
- Develop statewide teleservices policies and procedures for courts
- Enhance IT and Technical support with a single point of contact for treatment across the state
- Develop a marketing strategy to educate practitioners in Montana about the use of teleservices in treatment courts.
- Establish additional hub treatment courts in Montana.
- Measure and evaluate outcomes and effectiveness for teleservices participants.

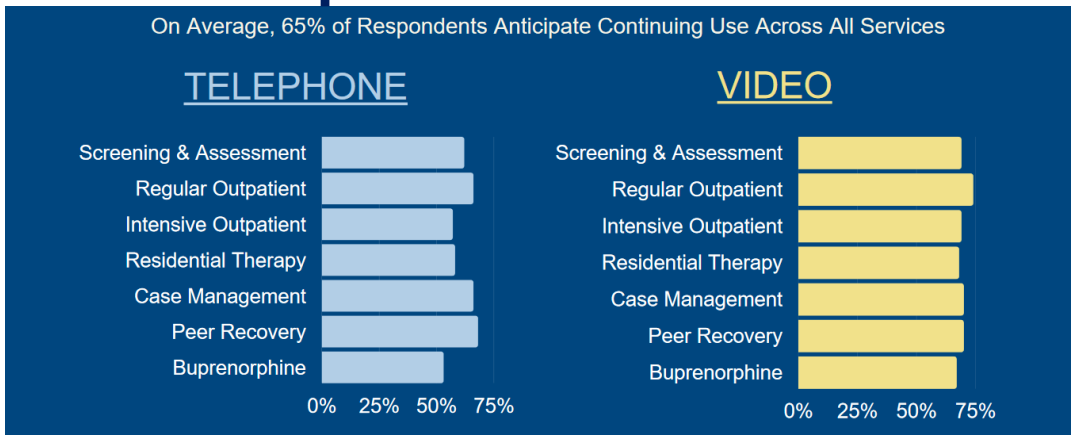
Benefits and drawbacks

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

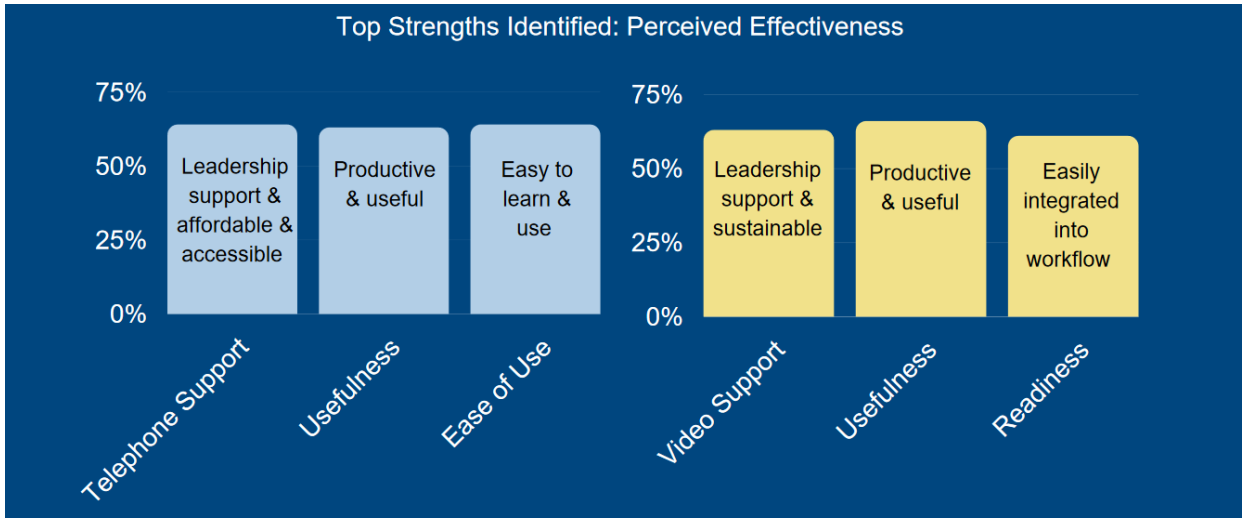
Technology Transfer Centers survey funded by SAMHSA

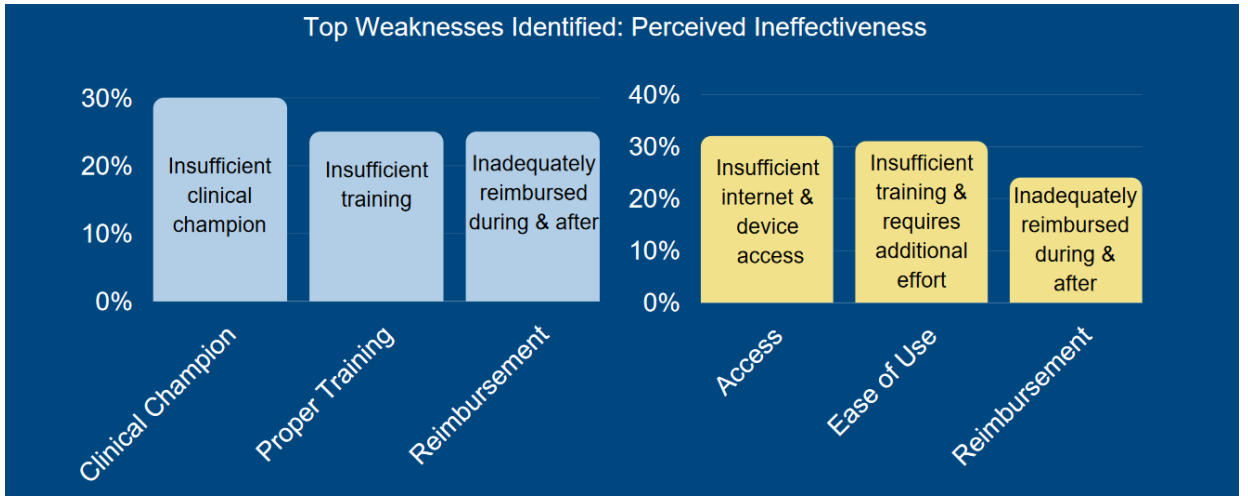
Anticipated Use in the Future



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.





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, 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.

What works – Recovery 'Check-Ups'

- Involve clients and their families
- Place primary responsibility for posttreatment contact with the treatment institution, not the client
- Involve both scheduled and unscheduled contact
- Capitalize on temporal windows of vulnerability (saturation of check-ups and support in the first 90 days following graduation
- Increase outreach during periods of identified vulnerability
- Individualize (increase and decrease) the duration and intensity of check-ups and support based on each client's need
- Utilize assertive linkage rather than passive referral to recovery supports
- Incorporate multiple media for sustained recovery support, e.g., face-to-face contact, telephone support, and mailed and emailed communications
- Emphasize support contacts with clients in their natural environments
- May be delivered either by counselors, recovery coaches, or trained volunteer recovery support specialists
- Emphasize continuity of contact and service (rapport building and rapport maintenance) in a primary recovery support relationship over time.

(White, Kelly, 2011)

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

Robert D. Ashford, PhD, MSW, Exec Director @UnityRCO | VP Recovery Services @weconnect_now, Founder @myrecoverylink

Where do we go from here

- Funding/sustainability
- Training and Technical Assistance
- Build the internal infrastructure needed to provide teleservices seamlessly to communities
- Long-term planning
- National surveys on virtual operations/services

Virtual supports

Stay connected: Supports for SUD

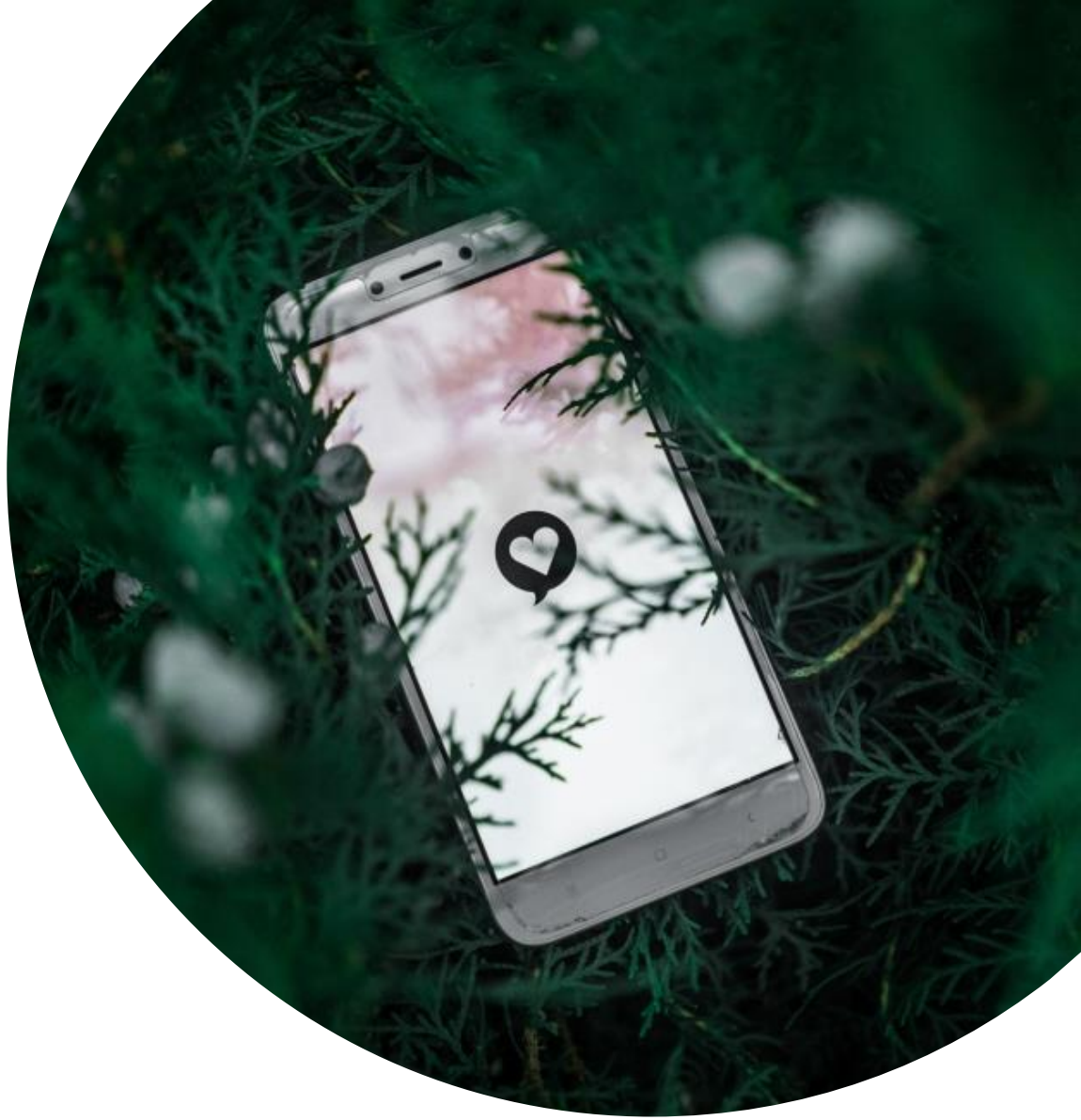
- **Alcoholics Anonymous Online Intergroup**: (http://aa-intergroup.org/)
- **LifeRing:** secular recovery providing online support communities as well as email support groups (www.lifering.org)
- **In the Rooms**: offer a sober online community with online meetings (https://www.intherooms.com/)
- **National Harm Reduction Coalition:** option for finding Naloxone near you (https://harmreduction.org/)
- **Narcotics Anonymous**: (https://virtual-na.org/)
- **Recovery Link**: Array of resources from daily recovery meetings, physical activities, meditations, and more (https://myrecoverylink.com/digital-recovery-meetings/)

STRONGER TOGETHER

PEER SUPPORT GROUPS

Stay connected: Supports for SUD

- **Step Away iPhone app**: guides users through cravings and high-risk situations (http://stepaway.biz/)
- **SMART Recovery**: in-person and online meetings (http://www.smartrecovery.org/)
- **Centerstone Military Services:** online classes and support groups for veterans (https://centerstone.org/locations/military-services/)
- **WeConnect + Unity Recovery:** Offering online recovery support groups available times daily. Also offering one daily family and loved one recovery support meeting; and a weekly LGBTQ+ and Women's Only **(**https://unityrecovery.org/digital-recovery-meetings)



Stay connected: Family Support

- **Partnership for drug free America:** offer support for parents struggling with a child's substance use (https://drugfree.org/)

- **Families Anonymous**: individuals dealing with a family members addiction - email groups, online meetings and phone meetings (https://www.familiesanonymous.org/meetings/virtual-meetings/)

- **Herren Project:** spousal, family, grief, parent and recovery group meetings (https://herrenproject.org/online-support-groups/#)

- **TheTribe:** Wellness and support groups on addiction, anxiety, depression, HIV/AIDS, LGBTQ, Marriage and Family as well as OCD (https://support.therapytribe.com/#show-login)

Podcasts for families:

- Center for Motivation and Change: The Beyond Addiction Show (with Dr.Josh King)
- Hazelden Betty Ford- Let's Talk: Addiction and Recovery Podcasts (with William Cope Moyers)

Stay connected: Domestic Violence

- **Victim Connect Resource Center** referral helpline where crime victims can learn about their rights and options confidentially and compassionately. Traditional telephone-based helpline, online chat and web-based information and service (https://victimconnect.org/)

- **National Domestic Violence Hotline:** 1-800-799-SAFE (7233) or live online chat (https://www.thehotline.org/)

- **Stop Abuse for Everyone (SAFE)** (https://www.stopabuseforeveryone.org/finding-help/visit-our-online-support-group.html)

- **Love is Respect:** this resource focuses on teen relationships and can be accessed by phone, text or live chat (https://www.loveisrespect.org/)

Stay connected: Teen resources

- **TeenTribe:** Teen mental health and those dealing with difficult family dynamics - support groups, forum and chat rooms (https://support.therapytribe.com/teen-support-group/)

- **Dealing with Depression**: website is meant for teens who have been coping with depressed mood. This resource teaches a set of skills that teens can apply to their own life to overcome depression. (https://dwdonline.ca/)

- **The Trevor Project** accredited life-saving, life-affirming programs and services to LGBTQ youth that create safe, accepting and inclusive environments over the phone, online and through text (https://www.thetrevorproject.org/)

- **On Your Mind:** peer supported teen crisis chat Mon-Thurs 7:30pm-12:30am. Hotline is 24 hours (www.onyourmind.net)

Thank you!

Center for Court Innovation

Sheila McCarthy, LMSW
Senior Program Manager
National Technical Assistance
Center for Court Innovation
mccarthys@courtinnovation.org
Cell: (508) 843-1583