Teleservices: Using Technology to Enhance Treatment Court Operations

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Mission
Reduce Crime
Aid Victims
Strengthen Communities
Improve Trust in the Justice System
Expanding Access to Drug Court
An Evaluation of Brooklyn’s Centralized Drug Screening and Referral Initiative

By Sarah Pickard-Preitsch
May 2010

A Statewide Evaluation of New York’s Adult Drug Courts
Identifying Which Policies Work Best

By Amanda E. Costner, Michael Eppel, and Allison Walker Franklin
Center for Court Innovation

John R. Reiman and Samuel Bleker
Urban Institute

Robert Cooter and Carolyn R. Cogburn
New York State Unified Court System
June 2013
The Future is Now

Enhancing Drug Court Operations Through Technology

by Annie Schachar, Aaron Arnold and Precious Benally

Montana has one of the largest veteran populations in the United States, but the state also has one of the lowest veteran populations 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 CMCO (Court Assisting Military Officers), which is one of only three veteran treatment courts in Montana. CMCO sought to use technology to reach more justice-involved veterans who live in isolated parts of the state.

The Center helped to kick off CMCO’s ambitious pilot project by facilitating a two-day planning workshop. The CMCO team included the judge, a veteran 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 technology track that allows for remote treatment, court appearances, and examinations. 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, CMCO uses Montana’s statewide Polycom videoconference system to facilitate remote participation. When a defendant from another county wishes to be considered for CMCO, the court coordinator arranges a comprehensive 30-minute assessment (via VHD). Defendants also have the opportunity to observe court proceedings remotely before deciding to enter CMCO. 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 CMCO has purchased an additional Polycom unit to begin Mental Health Treatment (MHT) classes and statewide mentor training. To enhance supervision of remote participants, CMCO uses the CheckMate 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 update.
Operating Projects
Expert Assistance
National Training and Technical Assistance

- BJA’s statewide treatment court TTA provider
- Community courts implementation and enhancement
- Procedural justice
- Veterans treatment court pilot projects
- Tribal justice
- Treatment Courts Online (www.treatmentcourts.org)
- Prosecutor led diversion
Teleservices
Teleservices = Using Technology for...

- Treatment
- Supervision & Monitoring
- Training
Teleservices by any other name...
Telehealth was first developed by NASA to track astronauts’ physiological data while on space missions.
The first known media reference to telehealth?
Telehealth is a growing field

- COPD
- Asthma
- Heart disease
- Neurology
- Substance use disorders
- Brain injuries
- Medication management
- Dermatology
- Mental health
- Prenatal care
- Diabetes
1. Treatment and Other Services
Teleservices and treatment

- Screening, assessment, diagnosis, treatment, continuing care
- Delivery of evidence-based substance misuse treatment and other supportive services
- Especially useful for rural areas, or areas that lack access to treatment services
- Urban areas with limited resources
The benefits of using technology for treatment

- 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
Evidence-based treatment interventions

- **CBT4CBT** ([www.cbt4cbt.com](http://www.cbt4cbt.com))
  - “Computer-Based Training for Cognitive Behavioral Therapy”
  - Web-based program
  - Uses vignettes and examples
  - 7 modules (approx. 1 hour each)
  - Self-directed and pace
  - Must be enrolled in a clinical program
  - Proven as a treatment enhancer, not as a substitute
Evidence-based treatment interventions

- TES (sudtech.org)
  - “Therapeutic Education System”
  - Interactive web-based program rooted in the Community Reinforcement Approach.
  - Includes 65 interactive multimedia modules
  - Self-directed; includes skills training, interactive exercises, and homework
  - Electronic reports of patient activity available
  - Contingency Management Component tracks earnings of incentives
Evidence-based treatment interventions

• **Matrix Model**
  • Intensive outpatient treatment used in a teleservices format
  • Uses a number of evidence-based practices in a “package” approach
    ▪ Individual counseling
    ▪ Group counseling (early recovery skills, relapse prevention, family education)
    ▪ 12-step meetings
    ▪ Urine/breath tests
    ▪ Relapse analysis
    ▪ Social support
Evidence-based treatment interventions

- Medication for Addiction Treatment (MAT)
  - Provide MAT remotely to assist participants with sobriety and recovery
    - Videoconference doctor’s appts. while local practitioner provides IM or prescription is provided to pharmacy
    - Follow-up appointments and counseling with the use of smartphone
    - All participant updates are provided directly to treatment court staff
Some evidence-based treatment interventions

- **Recovery support and psychoeducation**
  - **Step Away iPhone app**: guides users through cravings and high-risk situations ([http://stepaway.biz/](http://stepaway.biz/))
  - **SMART Recovery**: in-person and online meetings ([http://www.smartrecovery.org/](http://www.smartrecovery.org/))
  - **MyStrength**: “Health Club for Your Mind” helps people manage depression, anxiety, and substance use disorders ([https://www.mystrength.com/](https://www.mystrength.com/))
  - **Courage Beyond**: online classes and support groups for veterans ([http://couragebeyond.org/](http://couragebeyond.org/))
  - **Alcoholics Anonymous Online Intergroup**: online meetings ([http://www.aa-intergroup.org/](http://www.aa-intergroup.org/))
  - **ACHESS**: Addiction Comprehensive Health Enhancement Support System: relapse prevention; peer connection; content and support ([www.chess.health](http://www.chess.health))
Case Study: Missouri

- Uses virtual reality avatars for individual and group counseling
  - Participants design their personal and anonymous avatar to participate in treatment in a virtual world
- Uses Skype to verify participants’ identities
- Uses same evidence-based treatment practices as face-to-face treatment (modifications may be needed)
Case Study: Missouri
Case Study: Missouri

- Piloting C.A.R.E.S. (centralized avatar recovery enhancement services) to target equity and inclusion
  - Underserved populations, in this case African American males, receive treatment and “interact in meaningful ways with each other and culturally competent clinicians.”
- Pilot started mid-September
- C.A.R.E.S. is available statewide
- Culturally appropriate setting and avatars available
Case Study: Ohio

- Developing a pilot to provide medication for addiction treatment to rural courts in Ohio (eMAT)
- Considering up to five rural counties for the pilot
- eMAT services will be provided by Bright Heart Health ([https://www.brighthearthealth.com/](https://www.brighthearthealth.com/))
- Various methods of MAT will be used in the pilot
- Bright Heart Health also provides online substance use disorder treatment
- The pilot should be ready for implementation by year end
2. Client Supervision and Monitoring
Teleservices and Client Supervision and Monitoring

- Supervise and monitor participant compliance
  - Remote BAC devices “fill the gaps” of traditional toxicology screens
  - Special apps and devices track participant location (GPS locators)
  - Video compliance hearings between court and participant
  - Video case management and individual counseling sessions
  - Video supervision and monitoring between probation and participant
SCRAM bracelets: transdermal alcohol testing

ERAM: remote sobriety detection through eye movement

Call2Test: assists with randomizing and tracking UA

Smartphone Monitoring: combines BAC device and GPS
Case Study: Montana

- Videoconferencing technology in every courthouse
- Court proceedings, assessments, and one-on-one sessions via video conference
- CBT4CBT
- Remote MAT
- Supervision via SCRAM and CheckBAC
- Use of online recovery support, i.e., AAonline.net
- Text messaging protocol via “I Live Inspired” (court announcements, updates, reminders, notifications about community events, and motivational recovery messages)
Case Study: Montana

SCRAM and CBT4CBT
Computer Workstation

Welcome to the CAMO Court text message program. Think, take action, stay clean, and stay sober. We are here for you!

Only phase 2 clients need to attend court this week (July 5th) unless you get a call from one of the coordinators.

I Live Inspired
Text Messages
Case Study: Montana

Client attempting to adulterate breathalyzer test
Case Study: Montana

Aaonline.net
A word about millennials…
3. Staff Training and Professional Development
Teleservices and Training

- Best practices are constantly evolving fields
- Practitioners must stay current
- In-person training events can be expensive and time-consuming
- Staff turnover
- Technology allows treatment court teams to access excellent training opportunities from their offices
U.S. Department of Education report found that students in online learning environments performed *better* than those receiving face-to-face instruction.
National Drug Court Institute

Training

Essential Elements of Adult Drug Courts

This self-paced online course is designed to build a sequential understanding of the Essential Elements of Adult Drug Courts. Whether you are planning a new Drug Court or you are a new Drug Court team member, you will learn the core knowledge, skills and information necessary to properly work within a Drug Court.

Click here to register for the Essential Elements Course.

Contact Us:
elearning@ndci.org
Webinars

- Center for Court Innovation
- American University’s School of Public Affairs
- Tribal Law and Policy Institute
- Children and Family Futures (family drug courts)
- National Council of Juvenile and Family Court Judges (juvenile drug courts)
- SAMHSA/Center for Substance Abuse Treatment
- Individual state court drug association websites
A Practical Guide to Teleservices

Webinar for State Drug Court Coordinators
November 15, 2017
Considerations for Teleservices Planning
Potential barriers

Cost
Access to technology
Regulatory issues
Insurance coverage
Use comfort and experience with technology
Quality control
Fidelity to evidence-based practices
Legal and privacy issues
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

IDENTIFY end users of the technology and assess their training needs

BUILD necessary partnerships and identify funding sources

CALCULATE the cost of implementing the project

SELECT locations where users will access the technology

EXPLORE and ADDRESS any regulatory barriers

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Recommendations
How does your court use technology to improve treatment, supervision, and staff training?
Thank you!

Questions? Technical assistance?

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