

Opioid Reduction Teleservices Program

Final Report to the Bureau of Justice
Assistance Comprehensive Opioid, Stimulant,
and Substance Abuse Program

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Introduction

In 2018, the New York State Unified Court System, in partnership with the Center for Justice Innovation (“Center”) and the New York State Office of Addiction Services and Supports (OASAS), began a three-year project to implement the Opioid Reduction Teleservices Program under the Bureau of Justice Assistance’s Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). The goals were fourfold: to expand access to evidence-based treatment interventions at three OASAS-licensed treatment facilities; to establish secure video connections at the treatment facilities so that people in residential treatment programs can appear remotely for court hearings and receive evidence-based judicial monitoring; to enhance the state’s opioid courts by remotely linking participants to medical professionals for evaluation and access to medication for opioid use disorder (MOUD); and to educate the field about technology-based solutions to the opioid epidemic.

Drug courts involve a dramatic intervention by the court in cooperation with defense attorneys, prosecutors, treatment providers, educators, and law enforcement representatives. The court offers eligible nonviolent defendants with substance use disorder a reduced sentence on the condition that they voluntarily enter into court-supervised treatment. Defendants may be eligible to participate in drug court if they face felony or misdemeanor charges in which substance use disorder is a factor, such as larceny committed to support a substance use disorder. The court outlines the conditions of participation in a contract entered by the defendant, the defense attorney, the prosecutor, and the court. Opioid intervention courts are designed to get people with charges related to opioid use disorder into treatment within days of their arrest instead of weeks or months. They require daily check-ins with the judge, focus on providing immediate MOUD access and behavioral health services, and transition participants into traditional weekly drug courts or another program after they are stable. The opioid court model aims to integrate the criminal justice and health care systems in order to reduce overdoses.

The Opioid Reduction Teleservices Program began as a small pilot focused on three treatment

facilities, which were intended to serve as the hubs for the technology-assisted project in largely rural areas of New York State that lack the resources to provide adequate evidence-based treatment: Samaritan Village Inc. in Ellenville and the Richmond Hill neighborhood of Queens; Phoenix House in Wainscott, a rural area of Long Island; and Caz Recovery in Western New York. The selection of these treatment facilities led to the Center working with three initial drug courts that were local to the facilities: Brooklyn Treatment Court at New York City Criminal Court of Kings County, Nassau County Felony Treatment Court, and Buffalo City Court. The intention was to put into place new practices and protocols for remote court appearances and clinical case management sessions; purchase and install technology for the courts and treatment facilities; and initiate remote appearances and sessions with drug court participants over the course of the project. The purpose of using teleservices in this way was not to replace in-person interactions but to use technology to support and enhance courts’ ability to meet the challenges of their participants and connect them with treatment and accountability.

During the first year, the partnership identified a need to expand the project. The Center sent a survey to 21 rural drug courts around the state, which identified two additional courts as especially high-need for remote substance use disorder services, including MOUD: Chenango Drug Court and Dunkirk City Drug and Opioid Courts. Additionally, the partnership determined that courts, treatment facilities, and people with substance and opioid use disorders could benefit not only from using teleservices for remote court appearances, but also for screening and assessment with jails or treatment providers, MOUD induction, case management sessions, interventions, and remote participation in staff meetings.

In March 2020, New York became an epicenter for the COVID-19 pandemic, causing non-essential court operations to be temporarily suspended, and forcing drug courts across the state to hear cases remotely using teleservices for many months, a practice that has continued in some measure to the present day. These events further expanded the project’s

scope. The Center was able to use funding to provide technical assistance and mobile courtroom equipment to one additional site, Auburn City Drug Court, in addition to providing technology for other court coordinators across the state. The pandemic also demonstrated to drug courts that many of their daily operations—appearances, case management, graduation ceremonies—could be conducted virtually, even beyond the most serious period of COVID-19 restrictions. Teleservices have since been used not only to connect with clients in faraway rural areas but also to reach those who are falling behind in the program or as a reward for those who are performing well and need less intensive supervision.

Through this project, the Center and its partners made significant progress in implementing practices for using teleservices to provide remote access to court appearances and case management through treatment centers and drug courts, both before and after the onset of COVID-19. This report begins by offering profiles of several project partners with different perspectives. From there, the report discusses outcomes of the projects, lessons learned, and measures toward sustainability, before considering recommendations for future COSSAP projects.

Case Studies

Experienced practitioners who worked under the Opioid Reduction Teleservices Program grant—including Judge Joseph Gubbay of the Brooklyn Treatment Court at New York City Criminal Court of Kings County; Caz Recovery; and court coordinators from Nassau County Felony Treatment Court, Chenango Drug Court, and Dunkirk City Drug and Opioid Courts—describe how remote court appearances and services have benefited drug courts and their participants.

Brooklyn Treatment Court

In 1996, the Center, in partnership with the New York State Unified Court System (UCS), opened the Brooklyn Treatment Court (BTC), New York City's first drug court. After three years, and an independent evaluation that documented reductions in recidivism, UCS absorbed BTC, making it a permanent feature of the state's judicial landscape. Today, BTC remains a model for other jurisdictions, hosting visitors from around the world.

Since 2016, Judge Joseph Gubbay has presided over the BTC dockets. He has deep experience, having spent most of his 22 years on the bench involved in alternatives to incarceration, including drug treatment and mental health treatment for eligible defendants. The operations of the court, Gubbay says, have required ongoing buy-in from a range of stakeholders: the defense bar, particularly public defenders working under the two major institutional defender services, Brooklyn Defender Services and Legal Aid Society; the prosecutors bar and the Brooklyn District Attorney's Office; the court and judiciary; and treatment agencies and community resource providers. These principals meet every two weeks to coordinate the activities of the treatment courts, and together they have taken part in national conferences, trainings, and treatment court peer exchanges offered by the Center, the National Association of Drug Court Professionals, and the New York Association of Treatment Court Professionals.

"You're going to have a much more successful court if it's a collaborative court," says Judge Gubbay. Kings County is a unique environment, where the defense and prosecution are generally aligned on

whether and when to offer treatment to defendants—and when to impose sanctions.

In part because of this environment, Brooklyn Treatment Court was a natural choice for the COSSAP Opioid Reduction Teleservices Program. It serves a large population of defendants with substance use disorder from within New York City's five boroughs, as well as others in residential treatment facilities across the state. In initiating the project, the court addressed logistical obstacles and concerns about using teleservices for court appearances. In particular, defense attorneys expressed concerns about creating the necessary privacy to maintain attorney-client privilege. To ensure this important element of court procedure, the court developed protocols for an initial virtual attorney-client meeting, followed by the broader public meeting with the judge, the prosecutor, and court staff. If the attorney and client needed to meet privately during the proceedings, they developed a process to take a break and allow for a separate private call. BTC had strong support from the city's IT department.

"We were just beginning our telehealth experiment before the pandemic, and it was very successful, because there was a lot less wear and tear on clients who were in an upstate residential program, a lot less risk of relapse, a lot less risk of enabling the introduction of contraband coming from the city and going to a rural residential program," Judge Gubbay said. "That's what we wanted to achieve through the telehealth experiment."

The COVID-19 pandemic brought new challenges—and a newly important role for remote services. The court closed on March 17, 2020, as the city government handed down pandemic restrictions. In April, Judge Gubbay came together with other court stakeholders to plan how to begin virtual proceedings. The court then reopened for daily operations on May 6, 2020, making it one of the first in the state to transition entirely to teleservices. This new environment was a challenge, but it also offered distinct advantages, allowing BTC staff to consider virtual services they had not previously. For example, Judge Gubbay explains, if a drug court participant is doing well in treatment, the court does not need to disrupt their lives unnecessarily for in-person court appearances, forcing them to be absent from work and lose a day's pay, to find

childcare or bring their child to court, or to travel a great distance. Instead, they can take a 15-minute break to check in with the BTC judge during their work day. He said that such appearances have made it clear that the court can have a meaningful, face-to-face interaction with a participant, even when it is remote. These benefits became apparent when the remote appearances were the only option because of the pandemic, and BTC has continued to offer them even as the court has largely transitioned back to in-person proceedings and services.

Remote appearances during the pandemic also made it possible for case managers, treatment providers, and peer advocates to participate in court proceedings—a practice that the court had not previously used. The judge began with his intervention, gave the defense attorney their say, and then opened the proceedings to the case manager, who could speak on behalf of the participant. Treatment providers and peer advocates could also be on the call to provide support. “In the past, all those people weren’t part of the judicial experience,” Judge Gubbay says. “And it’s a source of great support and encouragement for the participants.” They devised ways to mark and celebrate progress remotely: for example, the court mailed certificates to participants with a personal note from the judge when they reached milestones in the program.

BTC has seen many success stories through the use of teleservices. Judge Gubbay tells several. One young man with substance use disorder who was a drug court participant had accumulated a large number of criminal charges as the result of his substance use disorder. He had been ejected from a residential program because he had difficulty controlling his emotions. But the court staff saw that he was full of potential, and he was placed into a different residential program. Over time, he began to improve and recover. He got his high school equivalency diploma, and rose within his residential community to a role in which he had supervisory responsibilities. After what Judge Gubbay describes as a “long haul,” he graduated.

Another participant had a powerful spiritual element in his recovery. While he was appearing in court remotely, he also pursued an online course in divinity school and developed his own podcast on bringing spirituality into everyday occurrences.

During each court appearance, he would give a brief spiritual sermon, Judge Gubbay explains, and it was important for the court to give space to that, because it was important to his success. He never missed an appointment for treatment and embraced his recovery. When his case was dismissed in early 2022, the court had returned to a hybrid schedule, and he was able to celebrate his graduation in person, with his attorney and court staff, an occasion that was emotional for all involved. “It was just an extraordinary thing to experience,” Judge Gubbay says.

As of April 2022, nearly all BTC court proceedings take place in person. Some activities require it, Judge Gubbay says: for example, pleas and court appearances for participants who are struggling to recover. But the Opioid Reduction Teleservices Program, which expanded during COVID-19 restrictions, provided the court with a new perspective on the value of remote services. BTC plans to continue with a virtual schedule for certain participants, including those in residential treatment and people who are employed, have childcare issues, or live far from the court.

“We recognize that the in-person experience is never going to be replicated virtually,” Judge Gubbay said. “At the same time, the virtual proceeding works, and it has advantages that the in-person proceeding does not.”

Caz Recovery

Caz Recovery is a treatment provider offering a continuum of residential care for people with substance use disorders in several locations across Western New York. The organization shares with drug courts a population of people in need of high levels of support and services, and many of Caz Recovery’s clients are referred from drug courts. They work closely with courts and case managers to ensure clients’ progress in recovery.

Caz Recovery was one of the residential treatment programs initially included in the Opioid Reduction Teleservices Program grant proposal. Seven of their nine facilities are communal-style residences, and several are in rural areas with little access to public transportation for clients who have been referred by drug courts and need to travel to make court appearances. This meant that clients often had to drive over an hour each way to appear

at Buffalo Drug Court. That travel represented time away from the program, during which it was possible for them to miss treatment services, support groups, medical appointments, and other important services. Meanwhile, traveling close to familiar neighborhoods often exposed them to opportunities and triggers for substance use.

“Clients who are in rural locations tend to have a much harder time integrating with and making connections to services, and connections to drug courts specifically,” said Ed Cichon, Director of Marketing and Communications at Caz Recovery.

To test the new teleservices program, the organization began in late 2019 with a pilot in two of their locations: Somerset House in Appleton and Turning Point House in Eden. Caz Recovery connected with drug courts and other problem-solving courts to take referrals and make it possible for their participants to appear virtually while receiving services at these facilities. Virtual court appearances allowed participants to see the judge, court staff, and case managers; adjust to the program; and avoid traveling into locations where they might face triggers and risk recurrence of substance use. For staff of Caz Recovery facilities, this new virtual process made it easier to structure appointments for participants, because their days were not as frequently interrupted by travel to court. It also reduced the burden of providing transportation for participants to and from court appearances. Caz Recovery provided the option for remote appearances to all participants, no matter their risk profile. The only obstacles were whether the participant’s drug court had the capacity—and many did not, either because of restrictions or lack of staffing and technology.

The technology that worked best was tablets, which kept the process simple when connecting with teleservices platforms like Zoom and Microsoft Teams that drug courts used. Caz Recovery used their funding from the Opioid Teleservices Reduction Program to purchase iPads. “You don’t want to have a desktop computer with a webcam, a microphone, and all these extra things that could possibly fail all at once,” Cichon said. “You want something that’s really easy to use.”

The pilot program prepared Caz Recovery to expand teleservices to all its locations in early 2020 at the beginning of the COVID-19 pandemic. Using

the tablets the organization purchased, participants were able to attend 12-step and other self-help meetings, outpatient and medical appointments, and court appearances online, allowing them to continue their programs and access the services they needed. It also allowed them to visit with family during shutdowns or quarantines that made in-person visits impossible. “Teleservices became a critical lifeline for all our programs, all our staff, and all our participants,” Cichon said. “It was super helpful to already have that in place during the first couple of months of the pandemic.”

Caz Recovery is also using the tablets it purchased to administer an online survey with the University of North Carolina at Charlotte that studies participants’ experience with new supports and services. The study is not yet complete, but the organization hopes to see a link between participants engaging with their new wellness program—which offers instruction on meditation, financial literacy, nutrition, and a variety of prosocial activities, based on recommendations by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)—and improved outcomes on managing cravings, quality of sleep, relaxation, and overall experience of recovery.

As service providers have reopened, Caz Recovery has increasingly left the choice up to participants whether to make appointments virtually or in-person—at least as a backup option. “We’ll try to advocate for keeping teleservices where possible,” Cichon said. “Having the choice is pretty important for a lot of participants.”

Court Coordinators

Program coordinators had different needs for and experiences with teleservices, depending on the capacities and regulations of their drug courts. Nicole Dempsey, Resource Coordinator at the Nassau County Felony Treatment Court; Karen Caminiti, Program Coordinator at the Chenango Drug Court; and Kristy Holland and Lee Ann Lazarony, Program Coordinators at the Dunkirk City Drug and Opioid Courts respectively, explained how the Opioid Reduction Teleservices Program changed their ability to provide court appearances, case management, services, and medication for opioid use disorder (MOUD) for participants before and during the COVID-19 pandemic.

Nassau County Felony Treatment Court

Nassau County Felony Treatment Court has been operating since 2009, when the judicial diversion statute took effect in New York State. It is a felony court, meaning that it only handles cases that are statutorily eligible for judicial diversion for felony drug court in Nassau County, and its clients are all nonviolent felony drug offenders. Nicole Dempsey has been the court's resource coordinator since it was first implemented. Dempsey oversees the program and its implementation. She also serves as a liaison between the judge, case managers, community service providers, and participants. The court serves a large population of people with opioid use disorder and has seen a high number of overdose deaths in recent years. Since the pandemic began, it has also faced an increase in participants with mental health needs.

Like many drug courts, Nassau County Felony Treatment Court has been affected by the legislative changes under New York State's Criminal Justice Reform Act (CJRA). With the bail reforms under CJRA, fewer defendants spend time in jail, and the court has lost cases that previously came from jails. More defendants also expect favorable outcomes based on new discovery rules under CJRA, and they are less inclined to participate in drug court in return for a reduced sentence.

Nassau County Felony Treatment Court faced a unique challenge in implementing teleservices: it is one of several counties that is not allowed, under Criminal Procedure Law § 182.20, to conduct virtual court appearances, a fact that its administrators did not realize before participating in the grant. However, the court was able to begin by conducting eligibility assessments for participants and case management sessions with people in residential treatment using teleservices.

At the beginning of the pandemic, the state issued an emergency order that lifted restrictions on courts conducting virtual appearances. The court made preparations to use teleservices for remote appearances, and by summer 2020 it was using teleservices to conduct assessments and keep participants connected to judges, case managers, and counselors.

"We had everything in place already," Dempsey said. "We didn't have to learn how to use Skype or Teams. We knew how to set up appointments, and that learning curve was removed." Beyond court appearances, the court's case managers conducted appointments with participants at residential treatment facilities like Phoenix House and Samaritan Village in order to engage participants and track their progress. The participant would receive a private room at the facility where they could use one of the treatment facilities' tablets and speak freely. "All the case managers met with our whole caseload bi-weekly, with a minimum of one contact with each participant," Dempsey said. "That was a way to keep people engaged with us and the process." She explained that this was especially useful in helping participants plan for life after discharge, including where they would live once they left residential treatment. The program was able to dispose of cases and conduct many graduations using teleservices.

Dempsey has seen numerous success stories at Nassau County Felony Treatment Court through the use of teleservices. One court participant left jail and immediately enrolled in Samaritan Village for substance use disorder. Dempsey said she could tell through their video chat that the participant was exhibiting symptoms of co-occurring mental health issues. This allowed Dempsey to get in touch with Samaritan Village, create a treatment plan, and get the participant additional treatment for her mental health needs. Over time, the participant opened up to the program, finished in outpatient during the pandemic, and graduated in far better condition. "She became comfortable having appointments through Microsoft Teams, and I think that it helped her because she knew that the court was just another mechanism of her treatment plan, and she liked it," Dempsey said. "When you give clients different ways to connect with you, when it's not just 'call me on the phone' or 'come in and see me,' then they'll come to you before it's a major catastrophe."

Chenango Drug Court

Chenango County Drug Court launched in 2004. When Karen Caminiti took over as court coordinator in 2019, it was a small court, with around 20 participants. (More recently, Caminiti left this role and

joined the City Court team). Under her guidance, the drug court quickly doubled the number of people it served in a program that typically takes 16-18 months to complete. The court made connections with agencies that could refer new participants and offer more services, including the Office of Probation, a domestic violence center, local churches, and the Department of Labor. The local jail was also a major source of referrals to the court. Caminiti made jail visits to assess new detainees for eligibility in drug court, in a process that could often take half a working day for each detainee. Where treatment is concerned, Chenango County is largely rural and, until recently, had only one option for outpatient treatment and no intensive outpatient program, requiring the court to send participants to other areas of New York State that could provide the appropriate level of care. “We had participants who were shipped everywhere and anywhere,” Caminiti said, “and we kind of lost that connection with them.”

These conditions made Chenango Drug Court an ideal candidate for the Opioid Reduction Teleservices Program. The equipment provided through the COSSAP grant allowed remote jail assessments, which took about a quarter of the time it did in person, Caminiti explained. It also allowed participants who were sent elsewhere in the state for residential treatment to make court appearances and connect with case managers remotely, allowing them to participate in and complete the program while they were in treatment instead of waiting until they returned. Remote services also helped participants to succeed when they lived far away and had little access to transportation, as well as providing accessibility for disabled participants. “If they can’t get here, it sets them up for failure right from the get-go,” Caminiti said. “With the equipment, we were able to connect with those participants. We may not necessarily have to call them in as often because we are seeing them.”

When the COVID-19 pandemic began, Chenango Drug Court never missed a session, a fact the court attributes to the COSSAP grant. Caminiti set up a group on social media that included all drug court participants, where she posted scheduling for court appearances. The grant provided tablets, training, and technical assistance to begin conducting court appearances, appointments, and evaluations

remotely. The court’s familiarity with the technology and procedure allowed it to quickly extend this service to all its participants.

As the court grew, Caminiti made an agreement with the nearby Addiction Center of Broome County to serve Chenango County as well, so that the court would have a local treatment facility that offered a full range of services, including teleservices. Eventually, the Addiction Center of Broome County, recognizing the high level of need, bought property in Chenango County and opened a new physical location, a helpful development for drug court participants in need of outpatient services.

Overall, teleservices have been immensely helpful to participants of Chenango Drug Court. “The use of remote services is a game-changer,” Caminiti said. “There’s no way to explain how much it helped us, during COVID-19 and prior, to grow our drug court.” Caminiti cited the example of a young woman with substance use disorder who was struggling in treatment during her participation in drug court. Because it was proving difficult for her to succeed in Chenango County, court staff recommended that she enroll in residential treatment elsewhere in the state, a recommendation she resisted. But, once there, she “flourished,” according to Caminiti: “She did so well.” However, one thing was heartbreaking, Caminiti said. Once the young woman was outside of the Chenango system, she did not see the judge or court staff for many months, and she felt forgotten. “When we were able to start doing this remotely, she was one of the first ones that we tried it out with,” Caminiti explained. They scheduled weekly remote meetings, and it “worked phenomenally,” allowing her to feel connected to the treatment court program and community again, receive praise from the judge, and ultimately graduate in a remote ceremony. “She was one that we did not think was ever going to make it, and she was able to make it,” Caminiti said. “A big portion of it was just that reconnection.”

Dunkirk City Drug and Opioid Courts

Dunkirk City Drug Court opened in 2002, and Lee Ann Lazarony, Court Coordinator, has been leading it

since then. The court focuses on serving underserved populations, connecting participants with substance use treatment, and reducing criminal recidivism. Lazarony spent the first three years of the court's operations making relationships with a range of stakeholders who could provide referrals and services, by visiting the local jail, rehabilitation clinics, residential treatment centers, and doctors; putting up flyers with information about the court; and holding annual community stakeholder meetings to gain feedback for improvement. She and her staff also engaged in training, including through state and national drug court conferences, where they learned from the experiences of other courts.

In 2019, the court system opened its opioid court, bringing on Kristy Holland as resource coordinator after a period of training at the Buffalo City Court. Lazarony connected Holland with providers, public defenders, and other stakeholders. Holland also went out into the community to gain buy-in for the idea of the opioid court, she said, speaking to jail officials, doctors, clinics, social workers, and others in an effort to gain referrals as well as secure services providers willing to support MOUD.

Treatment options and other resources are limited in Dunkirk County with only one inpatient facility, so participants often must enroll in residential treatment in other counties of New York, New Jersey, and Pennsylvania. Until recently, there was no methadone clinic within 50 miles of the court. As the court has built connections to stakeholders and resources over the years, it has expanded to include options that are not only abstinence-based, including harm reduction approaches, MOUD (such as buprenorphine, naloxone, naltrexone, and methadone), and prescriptions for medical marijuana in some cases. "It has been quite a journey to get to this point where we're helping people with medication instead of just forcing them to be abstinent," Lazarony said.

Dunkirk City Opioid Court was conceived as a partially virtual court and began using teleservices to connect with clients from the beginning. Under the COSSAP grant, Lazarony, Holland, and their service partners received training and technical assistance to create teleservice protocols and expand services over time. At first, they had problems navigating the court's security settings, and participants often objected that they could not access the virtual plat-

forms, but Lazarony and Holland found workarounds for these problems and over time, teleservices have become an indispensable part of court operations. "It literally is equivalent to coming into court," Holland said. "When I'm on the screen, I'm with that person. I don't even pay attention to the camera."

Teleservices have allowed the court to carry out a variety of important tasks remotely, including evaluation, referring participants to clinicians for blood work and prescriptions of MOUD and other medications, routine check-ins to see how they are doing, and appearances before the judge. Today, participants and treatment facilities often request teleservices, because it means a short virtual visit instead of what can often be an hour-plus trip in a very spread-out rural area. "It's the best thing that's ever happened to our court," Lazarony said.

During COVID-19, teleservices were a lifeline for both courts, since in-person court operations were temporarily shut down. It allowed the court teams to meet from home and collaborate about the participants in drug and opioid court who needed help. When the drug court closed, Lazarony sent messages to all drug court participants, providing her contact information and expectations about checking in. In opioid court, Holland continued meeting remotely with stakeholders to take new referrals, place them at inpatient facilities, and connect them with MOUD. As the pandemic restrictions have relaxed, the courts continue to make teleservices a centerpiece of their engagement with participants and stakeholders.

"I think that telecommunication has helped communication in general," Lazarony said. "We have more communication with our stakeholders, more communication with clients, and more communication with treatment facilities than we ever had."

One case that has stuck with Lazarony and Holland is that of a young man from nearby Jamestown, New York, who was referred from jail to opioid court during the height of the pandemic. The judge was skeptical of the young man's chances of recovery but was willing to accept him into the program based on Holland's recommendation. "Nobody believed in him at that point except for me," she said, and that became a motivation for him. He went to a treatment facility that the court works with closely, where he received treatment not only

for his opioid use disorder but also mental health issues. All the while, he stayed connected to Holland and the court through tel services appointments. He completed the program in six months and reunited with his family. "I never met the man," Holland said. "Everything was based on the video relationship that we had. I asked him to trust me, and I was able to keep him engaged by getting on the phone with him, getting on video, and maintaining that personal connection." She said that he had recently texted her to say he was still abstinent and doing well.

Outcomes

The Opioid Reduction Teleservices Program led to a range of important outcomes for participants.

By the Numbers

As of March 2022, the drug court staff, treatment providers, and other practitioners under this project referred a total of 1,454 people to recovery support services. Of those, 1,036 people received services. The services offered for substance use disorder included outpatient treatment, intensive outpatient treatment, residential treatment, and MOUD (including buprenorphine, naloxone, naltrexone, and methadone). On average, it took three days for people referred to these services to begin receiving them. The majority of participants received services for 30 days or more.

Money from this award was used to purchase tablets for 22 drug and opioid courts across the state, chosen based on a scan of the resources and technology available in each jurisdiction. The tablets assisted with immediate connections to participants for screenings, assessments, and court appearances, as well as connections to MOUD providers and peer advocates. Two of the courts did not use the tablet and ultimately sent it back to the UCS Division of Policy and Planning (DPP).

Training

Through a partnership with ALTARUM, a research consultant that serves nonprofit health care providers, the program developed and delivered virtual training on implementing peer recovery support within drug and opioid courts. During 2019 and 2020, the Center worked with ALTARUM, OASAS, the DPP, and the Alcoholism and Substance Abuse Providers (ASAP) of New York State to host a series of four trainings for the court coordinators the 22 courts included in the program to explore the role of peer advocates in opioid courts. These interactive trainings provided an orientation session, a session on peer ethics and boundaries with Ruth Riddick of ASAP, a session on essential elements of peer programming with Steve Hanson of OASAS, and a session on forming strong partnerships with opioid

treatment programs and their peers for in-person and virtual services, also with Hanson.

In March 2020, the New York State Association of Treatment Court Professionals statewide conference hosted a skill-building and informational session on teleservice approaches in drug courts. Moderated by Sheila McCarthy at the Center, the panel included drug court coordinators from three parts of New York State who shared their experiences with implementing teleservices during the pilot phase of the Opioid Reduction Teleservices Program. The audience learned how to establish secure connections between courts and treatment programs to offer remote court appearances, clinical case management, and attending staffing sessions; specific strategies for using technology to enhance treatment delivery; and instructions on accessing online training resources.

In March 2022, the partners on this project, along with two experts in the field, Dr. Charles Morgan and Hon. JoAnn Ferdinand (retired) presented a session entitled “Medication in Opioid Courts: Reducing Overdose Through Triage in Court Settings” at the American Society of Addiction Medicine Conference, which showcases the latest science, research, and innovations from leaders in the field. Drawing from the Center’s experiences under the Opioid Reduction Teleservices Projects and a recent publication (detailed below), the session shared lessons from court practitioners, treatment providers, and peer advocates on promptly identifying opioid use disorder, providing immediate access to MOUD, and engaging participants in specialty care treatment and other services. In particular, the session focused on barriers that courts face to providing MOUD; how to work with MOUD prescribers; and recent teleservices innovations, developed during the COVID-19 pandemic, that have made it easier to provide MOUD access.

Sheila McCarthy, at the Center, participated in multiple national teleservices presentations, including two parts of a three-part virtual learning series on teleservices in drug courts in June 2021, offered by the SAMHSA GAINS Center for Behavioral Health and Justice Transformation. “Part 1: Where Are We Now? Recent Developments and Emerging Opportunities” provided a retrospective view of the transition to teleservices from the perspective of treatment court practitioners, a review of the

evidence base for teleservices in treatment court settings, commentary on the potential for enhancing best practice standards through the use of teleservices, and the results of a nationwide survey of treatment courts on implementation and innovations. “Part 2: Planning for Teleservices: Assessing Needs and Identifying Opportunities” covered the important considerations for treatment court practitioners to address as they plan for the adoption of more permanent expansion of teleservices.

Publications

In September 2020, the Unified Court System’s partnership with ALTARUM resulted in the publication of “Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration” in the *Federal Probation Journal*.¹

In August 2021, the Center published “Incorporating Medication in Opioid Courts: Reducing Overdose Through Triage in Treatment Court Settings.”² This report aims to improve access to MOUD, specialty care, community support services, and peer advocates through drug and opioid courts. It shares lessons from opioid court practitioners and their partners about what quality MOUD care, treatment, and use look like; how to promptly identify potential court participants and provide access to MOUD and specialty care; and how to identify and engage MOUD providers. It also includes descriptions of recent innovations developed during the COVID-19 pandemic that could make it easier to connect patients to MOUD in the future. The goal is to assist practitioners in treatment courts and other settings as they seek to improve access to MOUD and specialty treatment services as part of the criminal legal process. The report relies on findings from interviews with over 40 practitioners, including members of state and national organizations, judges, court coordinators, treatment providers, clinicians, harm reduction specialists, and peer advocates.

Lessons Learned

The drug and opioid courts and the treatment facilities under the grant demonstrated important lessons about the use of teleservices in treatment court settings.

Teleservices Help Drug Courts, Treatment Facilities, and Participants Overcome Barriers

Teleservices offer a range of crucial benefits that help drug courts, treatment facilities, and participants overcome barriers to promote recovery, reduce recidivism, and save lives. Using teleservices, courts can conduct staffing sessions, interagency meetings, jail assessments with participants, and other assessments without traveling. This can save significant amounts of time for court coordinators and other staff, especially in remote and rural areas where agencies are far apart and long commutes are common. For example, Nassau County Felony Treatment Court established protocols for treatment providers to assess people remotely using teleservices from the courthouse. Meanwhile, Chenango Drug Court worked with the sheriff at the county jail to assess people using teleservices instead of making lengthy visits to jail to conduct assessments in person, which often required a full day out of the courthouse. Remote meetings and assessments allow court staff to focus their time and energy on the important task of working directly with participants.

For treatment facilities, teleservices make it possible to conduct a wide range of services for participants without the burden of arranging transportation. This can include social services appointments, MOUD inductions, medical evaluations, family sessions, psychiatric evaluations, coordination of care sessions, parenting classes, wellness assessment surveys, recovery coaching sessions, and outpatient telehealth appointments. Being able to meet remotely for these services was especially helpful during the height of COVID-19 restrictions, when in-person meetings were impossible. Treatment facilities found that providers can offer many of these services remotely with strong impact, especially for participants who are performing well in the drug court and treatment programs.

Most importantly, teleservices increased access to care for drug court participants by connecting them to important court dates and necessary services while reducing burdens that can often pose setbacks to their recovery. For participants, especially those in rural areas, court appearances and treatment appointments often require taking days off work, losing pay, securing child care, and finding transportation. Remote appearances and services allow them to stay accountable, meet their obligations to the program, and get the help they need without onerous travel requirements.

Teleservices Help Providers Build Personal Relationships with Drug Court Participants

Teleservices provide opportunities for drug court staff and service providers to build personal relationships with participants. Many practitioners stressed that although they were initially skeptical that teleservices would be an adequate substitute, they allowed personal interactions and offered some benefits that in-person meetings could not. Practitioners could hold brief teleservices meetings more frequently, if needed. They could sometimes see participants' surroundings, understand more about their home lives, and engage them about their personal circumstances. They could even tell on video whether a participant was struggling. Nassau County Felony Treatment Court facilitated remote clinical case management sessions with drug court participants at three residential treatment facilities and reported that these sessions built strong relationships between staff and participants and provided more time to check in and actively work on their treatment plans. In general, they found that teleservices meetings and assessments were a useful substitute for in-person engagement.

Virtual Services and Drug Court Appearances are Useful Beyond the Covid-19 Pandemic

Many drug courts have continued to make virtual court appearances and other teleservices available beyond the COVID-19 pandemic. Mounting evidence about the benefits of teleservices in drug court settings, testimonials from practitioners on use cases

and best practices, and the results of a nationwide survey of treatment courts about implementation suggests that teleservices should continue to be explored and refined as drug courts emerge into a post-pandemic service environment. Across the country, there is increasing demand for guidance on the appropriateness of teleservices in drug courts, best practices for implementation, and how to achieve the optimal balance of in-person and virtual services. As courts plan to adopt teleservices more permanently, more research, training, and technical assistance is needed on (1) the appropriate level of organizational readiness and fit, (2) assessment for participant readiness and fit, and (3) staff and participant training needs.

Sustainability

From the Opioid Reduction Teleservices Program a number of important practices and protocols emerged that promote sustainable virtual services in drug courts, as well as legislative and regulatory changes that will support teleservices in the long term.

Best Practices

A body of research and practice, both under this grant and others, shows that drug courts implementing teleservices systems should design and implement those systems in alignment with the 10 principles of humane justice technology. Outlined by the Center in collaboration with the Open Society Foundation and Blue Ridge Labs at the Robin Hood Foundation to support human dignity and advance best practices,³ these principles, maintain that:

1. Technology should be humane first
2. Technology should be inclusive
3. Technology should be implemented with true consent
4. Problems should drive technology
5. Less is more
6. Technology should be sustainable
7. Work with vendors with a common vision
8. Courts should start small
9. Practitioners should know what technology does and doesn't do
10. Courts should be prepared to pivot

With these principles as a guide, there are many innovative measures drug courts and other justice practitioners can take to implement and sustain strong teleservices support. Drug courts can successfully use teleservices to deliver treatment and other supportive services, perform compliance monitoring and supervision, and conduct training and professional development for practitioners. In doing so, best practice standards hold that court planners should take a series of important steps before developing a teleservices initiative:

1. Assess the need for teleservices in the three key areas
2. Identify specific treatment interventions and other services that can be offered remotely
3. Assess the technology needed to implement the project
4. Calculate the cost of implementing the project
5. Build necessary partnerships
6. Identify the end users of the technology and assess their training needs
7. Select locations where users will access the technology
8. Explore and address any regulatory barriers

Many drug courts in New York State and beyond have used these steps to develop sustainable teleservice programs. A number of pilot treatment court programs—including those in Billings, Montana; Jefferson City, Missouri; West Virginia; and Nebraska—are putting these best practices to the test, implementing video-conferencing, smartphone apps, portable drug testing devices, and other technologies to deliver treatment services, supervise clients, and train staff. These jurisdictions have used teleservices for everything from expanding access to treatment to addressing language barriers to addressing racial disparities in the local justice system.⁴

Today, drug courts moving forward with tele-service programs must also consider best practices given the pandemic's continuation. In addition to the courts under this grant, many courts across the country mobilized quickly during the early days of the pandemic and found creative ways to connect with, support, and engage participants remotely. Each of these devoted effort and resources to transitioning to teleservices, expanding access to treatment, enhancing recovery supports virtually, adjusting drug testing, and reimagining incentives and sanctions.⁵ Focusing on these basic steps yielded solutions, many of which have been so successful that the courts are continuing to integrate them, even as pandemic restrictions have relaxed.

Protocols

Implementing and documenting clear protocols for the use of teleservices can help make their use sustainable. These protocols can include the following:

- Make teleservices available for remote drug court appearances, where appropriate and check-ins with coordinators/case managers
- Make teleservices available for staff and operational meetings
- Solicit feedback from treatment providers, attorneys, and court participants through routine surveys
- Create confidentiality protections for clinical information
- Provide right to counsel for legal issues
- Review the use of teleservices to conduct continuous quality monitoring and improvement
- Memorialize teleservice practices in policy and procedure manuals and updating them regularly

Legislative and Regulatory Changes for Teleservices

Many state and federal restrictions on using teleservices for substance use treatment were temporarily relaxed during the height of the COVID-19 pandemic, when in-person visits to prescribers were impossible, and these temporary measures underwent several extensions in the years since. In February 2022, OASAS adopted permanent flexibility measures for billable substance use services in New York State. These services include treatment counseling, peer advocate visits, and buprenorphine induction. Today, service providers can apply to OASAS for a waiver to conduct buprenorphine induction remotely and the agency reviews and approves such applications quickly. At the federal level, the allowance for remote buprenorphine induction is set to expire in July 2022, but the Drug Enforcement Administration and SAMHSA expect to extend that allowance.

Overall, the priority is to make substance use treatment care, especially including MOUD, more accessible to people with substance use disorder, including drug and opioid court participants, according to Steve Hanson, Associate Commissioner at OASAS. “Courts have adjusted well,” Hanson said. “Basically, COVID-19 taught us to use what you can, and our providers and peers have become savvy about both the technology and the billable elements.”

Conclusion

The Opioid Reduction Teleservices Program started as a small pilot project that has put new teleservices practices and protocols in place for drug courts and treatment facilities—and sought to make them sustainable. It has demonstrated that even as drug courts return to fully in-person proceedings with COVID-19 restrictions relaxing, teleservices can continue to provide great benefit to courts, treatment providers, and participants. Virtual options for services maintain a person-centered approach and should be retained when appropriate, particularly to assess patients rapidly, for participants who struggle with transportation and other barriers, or as a reward for those who are performing well in the program. Providing such options can improve participants' experience of drug court programs, enhance treatment, and save lives.

Endnotes

1. Elizabeth Burden and Erin Etwaroo, [“Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration,”](#) Federal Probation Journal 84, no. 2 (September 2020).
2. Michael Friedrich, [Integrating Medication in Opioid Courts: Reducing Overdose Through Triage in Treatment Court Settings](#) (New York, NY: Center for Court Innovation, July 2021).
3. Shubha Bala, [“10 Principles for Humane Justice Technology”](#) (New York, NY: Center for Court Innovation, February 2019).
4. Karen Otis, Annie Schachar, and Aaron Arnold, [Teleservices: Happening Now! Using Technology to Enhance Drug Treatment Courts](#) (Washington, D.C.: U.S. Department of Justice, Bureau of Justice Assistance, 2017).
5. Sheila McCarthy and Monica Christofferson, [Taking Action: Treatment Courts and COVID-19](#) (New York, NY: Center for Court Innovation, October 2020).

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