



NATIONAL JUDICIAL OPIOID TASK FORCE

NATIONAL CENTER FOR STATE COURTS
300 NEWPORT AVE.
WILLIAMSBURG, VA 23185

CO-CHAIRS
CHIEF JUSTICE LORETTA RUSH
DEBORAH TAYLOR TATE

February 2, 2018

Chairman Ajit Pai
And FCC Commissioners
445 12th Street, SW
Washington, DC 20554

RE: NPRM- WC DOCKET 17-310
Promoting Telehealth in Rural America

Dear Mr. Chairman and Commissioners:

In 2006- over a decade ago- the FCC realized that the Rural Healthcare Fund was not being fully utilized and I was very proud to strongly support and then travel to rural areas to relaunch this absolutely critical tool to provide quality healthcare to all Americans especially those in remote and rural areas. Today, rural areas are still in need and as the NPRM correctly notes that “rural communities.... are falling behind when it comes to the availability of high-quality healthcare... facing one of the great slow-moving crises in American health care.”

Today, however, we are facing the **fastest** growing epidemic in America: the opioid crisis. The FCC is poised to utilize not only your platform but also your resources to provide more services and tools in rural areas- often hardest hit by the crisis of our times, which is also a health, economic, labor force and welfare crisis impacting every community without regard to race, ethnicity, demographics or economic level.

The misuse and abuse of opioids, such as prescription pain medicine and heroin, is also affecting the administration of justice in courthouses throughout the United States. This impact is evident on every docket from criminal court dockets, to juvenile and family dockets to

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civil courts dealing with bankruptcies and conservatorships throughout American's justice system. Therefore, courts must take an active role in providing solutions to this epidemic.

As a way of addressing, and promoting solutions to these issues in state courts, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) established the National Judicial Opioid Task Force (NJOTF) which is committed to examining current efforts, finding solutions, and making recommendations to address the opioid epidemic's impact on the justice system.

We would ask that the FCC utilize this fund to do all you can to join us in this battle in the following ways:

1. Raise the cap on the fund;
2. Broaden the definitions to include not only hospitals and healthcare providers but innovative new ways of providing services such as medically assisted treatment (MAT), safe, residential homes with treatment (court ordered); video services that may or not be provided by what has previously been defined as a "healthcare provider";
3. Set aside funding specifically for pilot projects addressing the opioid crisis such as healthcare providers dealing with medically assisted training (MAT), counseling to women with high risk pregnancies; tele-services (counseling, addiction therapy, family therapy, group counseling, safe, healthy baby parenting modules), all of which are certified, approved, evidence-based communications services and technology neutral;
4. Video services inside the courtroom to enable rural residents to have regular oversight by a judge, in a courtroom, on a frequent basis; including connectivity with healthcare providers to insure clients are meeting recovery goals as ordered by a judge (many rural courtrooms do not have broadband capability for this type of high definition video);
5. Communications/technology services which connect addiction/recovery specialists to a judge in real time ("doctor on call"); insuring the judge has a trusted addiction advisor for the highest rate of success by the defendant/client;
6. Connectivity between rural hospitals and hospitals (such as Eastern Tennessee's Children's Hospital's special Neonatal Abstinence Syndrome (NAS) unit) so that NAS babies can have access to pediatricians/RN/PA with unique NAS experience to wean and return the baby as quickly as possible to a less expensive level of care; and
7. Convene hospitals/community providers/specialists and others to advise the FCC regarding best practices and "successful pilots" underway in rural America and whether or not those could be replicated at a lower cost by utilizing this Fund and encouraging healthcare providers to partner with local communications providers to adopt successful protocols, techniques, services, and concepts.

I would note a few specific Pilot projects underway that the FCC may wish to invite to present, request more information or host a field hearing to further investigate the potential for the Commission to be involved and join us as a FULL partner toward solutions (just as we had planned in preparation for a pandemic). Please accept our offer to assist in creating such a "field hearing" in Rural America. Interestingly there are several examples below that intersect with the FCC's Lifeline and E-rate Funds, as well as the prison phone issue.

ARIZONA AND NAVAHO NATION

Coconino Online Probation Education (COPE) offers: (1) online probation courses on varying subjects (*e.g.*, substance abuse, life skills, finances and budgeting, and theft deterrence); (2) virtual mentoring; and (3) virtual MRT. COPE is hoping to add Tuba City on the Navajo Nation through a written memorandum of understanding. However, **poor Internet connectivity** on the Nation's land has been one of the barriers to the COPE Tuba City site going live with referrals. In addition to connectivity being a barrier to the program, probation staff turnover is another, as is recruiting and maintaining mentors. All tribal probation officers in Tuba City are now trained to facilitate MRT so they can be the onsite facilitators once they get the technology support for Tuba City MRT. The benefits of COPE include providing services to probationers who otherwise may not be able to access those services because of their remote locations.

MISSOURI

The Missouri 12th Judicial Circuit Treatment Court has a large, rural population, and prior to the implementation of the Virtual World Services, a virtual treatment program, there were limited treatment services available (including access to certified treatment professionals). Moreover, if a person was in crisis outside of standard business hours, it was difficult to connect him or her to services. The treatment court provides every participant with a laptop equipped with Wi-Fi and hotspots. During the in-person orientation process, the participant receives hands-on training on how to access virtual treatment from the laptop along with written instructions for the process. Treatment court participants attend both virtual and in-person treatment. On average, a participant has six hours of virtual treatment during the first phase of treatment court, including one group session and several individual sessions. Additional treatment groups, such as trauma-specific groups, are available if the assessment demonstrates that a participant has a need for the group. Treatment can be adjusted to increase virtual sessions based on the needs of the participant.

And, while initially used to address the lack of appropriate treatment services in rural areas, it became clear that because of the anonymity of virtual treatment, participants were more at ease with the virtual system and were communicating more effectively and improving family connections.

MONTANA

The Veterans Treatment Court in Billings and Great Falls, Montana is utilizing teleservices and tele-technology in several ways. Two judges share the responsibilities in the court, even though the cities are about four hours apart.

This problem-solving court started using technology to connect the judge/courtroom, Veterans Administration, treatment provider, treatment court office, and state jail and prison systems all have Polycom™ systems. There are two Veterans Justice Outreach Specialists in Billings and one in Great Falls. When specialists cannot attend the weekly, pre-court staffing in person, they attend the staffing remotely and place their notes on the computer screen for the other team members to view. The Veterans hospital is far from where most psychiatrists practice, but Veterans Treatment Court participants can receive psychiatric consultations remotely. During court sessions, if the court issues a sanction, a probation officer is ready to conduct a site visit as soon as the session concludes.

The Montana technology has a smartphone application. Participants receive a TracFone® prepaid wireless cell phone and an airtime service card to use the application. Team members can participate remotely through their devices. The participant receives reminders through the system. There is a separate application called “I line” texting in which the participant receives regular inspirational messages. Participants may also receive telephone and adaptive counseling and cognitive behavioral therapy through Computer-Based Training for Cognitive Behavioral Therapy (CBT4CBT) online. The remote psychiatric consultation reduces the wait time to refill medications or make medication dosage adjustments. This problem-solving court is a mentor court, allowing other court teams to remotely observe staffings and hearings. Technology used for drug testing is linked to the drug court case management system, Secure Continuous Remote Alcohol Monitor (SCRAM)¹ and Global Positioning System (GPS).

NEBRASKA

Probation departments in Nebraska offer a variety of services via teleservices. Some of those services include: Moral Reconciliation Therapy (MRT), anger management, dialectical behavioral therapy, employment services, parenting classes, social skills (including responsible decision-making), a life skills group, money management, men’s and women’s groups for substance abuse treatment, relapse prevention groups, pre-treatment groups, trauma groups, sex-offender groups, and crime victim impact groups (restorative justice). These services are offered at reporting centers. However, reporting centers are not accessible to probationers in every community, particularly in rural Nebraska. Likewise, Spanish speaking probationers living in non-urban settings in Nebraska use teleservices to access MRT services delivered in Spanish.

¹ SCRAM is a continuous transdermal alcohol monitoring system.

Each provider that furnishes services to a reporting center is required to offer teleservices (the only services currently not offered through teleservices are trauma-related services). In-person services and teleservices using the Vidyo platform are accessed through the University of Nebraska Medical Center's Behavioral Health Education Center. Utilizing the Nebraska Medical Center ensures that the platform is compliant with the Health Insurance Portability and Accountability Act (HIPAA). The state pays a fee to use this educational service.

Given that Nebraska has many rural areas, numerous probationers may be quite far from a reporting center. However, through teleservices, they can now receive necessary services. Providing such needed services saves money and maintains public safety. If teleservices were not available, case management would be applied inconsistently based on where a person was sentenced.

WISCONSIN

The Addiction Comprehensive Health Enhancement Support System (A-CHESS) platform is a relapse-prevention technology administered through a smartphone application and is designed to improve continuing care for adults in recovery from alcohol and drug use disorders by providing ongoing support. Founded based on research by David Gustafson, PhD at the University of Wisconsin-Madison (UW-M), CHESS Health created the platform to address high relapse rates, encourage social relatedness, and bolster patient coping competency. A-CHESS is an IOS and Android smartphone application that consists of a patient-facing mobile "connections" application, clinician or peer companion application, and a web-based clinician dashboard. The beacon button is for someone who is in crisis, where he or she can speak immediately to a clinician or sponsor through the push of a button. The geofencing application warns the patient through an alarm when he or she comes within 300 feet of a place that is a relapse trigger.

VARIOUS LOCATIONS NATIONWIDE

Remote supervision and recovery services (*i.e.*, teleservices) are utilized for probationers using advanced Internet technology. The use of "place based supervision" makes services more accessible to probationers who are in remote locations. They can check-in remotely with their supervising officers as well as receive supportive services at "recovery kiosks" located in private rooms within courthouses and libraries, particularly in rural counties.

Thank you for the opportunity to share these innovative strategies utilizing 21st Century technologies to combat the Opioid Crisis in our nation. Many of these are short-term grant supported programs and will expire or stop at the end of their grant cycle. These represent great strides and success in connecting our rural Americans to the services they need and should be replicated nation-wide. All have track records of evidence-based success as well as huge cost savings to government- and to individuals- who can receive the healthcare they need

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at much lower cost or treatment otherwise totally unavailable to them only because of where they live. And, in the end this positively impacts America's health and prosperity, and reduces cost to the taxpayers.

Please do not hesitate to contact us if we may be of assistance to you in this endeavor.

Sincerely,



Loretta H. Rush

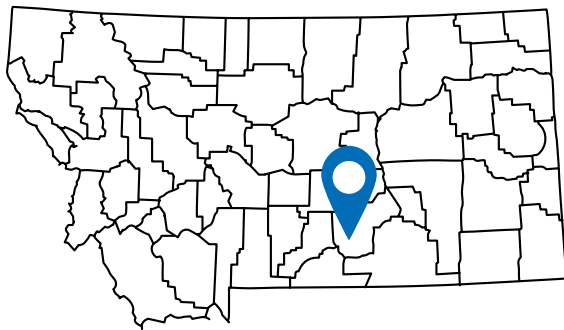


Deborah Taylor Tate

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 Reconnection 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

alert, participants must blow into a hand-held police-grade breathalyzer device connected to the phone via Bluetooth. In the case of a positive result or missed test, the app immediately notifies court staff using a secure connection. Court staff can review breathalyzer results, schedule tests, and monitor defendant location.

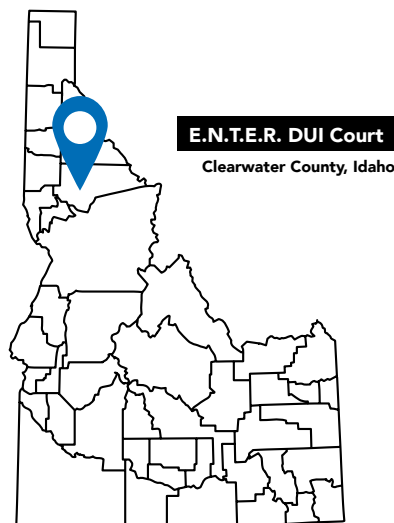
CAMO also uses text messaging to offer participants motivational support. Participants receive individualized text messages that include court announcements, updates, reminders, notifications about community events, and motivational recovery messages. The messages are sent daily through Live Inspired, an automated online messaging system. The system, which can generate generic or customized recovery messages,

has been a valuable resource for clients and is an example of how a simple and inexpensive teleservices initiative can support participant recovery.

CAMO is supported by the Drug Court Case Management System, a propriety, web-based case management tool designed specifically for drug courts. This system, which is used by a number of treatment courts around the country, helps court professionals effectively track a drug court case over time, manage treatment, and monitor drug testing and other case information. It also allows team members to enter information 24/7, facilitating more effective team collaboration and information sharing.

2. BUILDING TELESERVICES THROUGH INNOVATIVE PARTNERSHIPS

In Idaho, a new teleservices-based DUI court is being planned to address the state's high rates of death and injury caused by impaired driving. Idaho is largely a rural state, and many court-involved residents do not have access to a DUI court. Moreover, individuals who lose their driving privileges after DUI arrests have difficulty accessing treatment services and other resources. To address these barriers, the state transportation department proposed creating a teleservices-based DUI court to serve the mountainous logging communities of north-central Idaho. Such a court would improve access to treatment and make it easier to supervise defendants in the community. In addition, technology could enable court teams to meet regularly and receive training without traveling great distances.



The new initiative, called “E.N.T.E.R. DUI Court” (Employing New Technology to Extend the Reach of DUI Court), leverages an existing partnership between Clearwater County and the neighboring Nez Perce Tribe. The tribe has the technological infrastructure to deliver internet service to the remote communities in the region, and it was already providing internet service to the county court building. As part of the new project, the tribe agreed to provide internet service to support remote treatment delivery for E.N.T.E.R. DUI Court participants. The tribe will house the necessary equipment in a designated facility and supply court participants with state-funded tablet computers. In return, the system will be configured to enable access to substance use treatment for the underserved tribal community.

The Center for Court Innovation supported the E.N.T.E.R. DUI Court initiative by facilitating a planning workshop for the project's key stakeholders in Clearwater County. During the workshop, the planning team—which was comprised of representatives from the court, the state technology and transportation departments, and the Nez Perce Tribe—created an action plan for implementing the new DUI court and strengthening the partnerships between the tribe, the court, and community-based agencies. These partnerships will provide a solid foundation for implementing the project once necessary state and federal funding is secured.

3. PROMOTING BEST PRACTICES THROUGH TELESERVICES

McHenry County is a rural area located 63 miles outside of Chicago. The county currently has two problem-solving courts: an adult drug court and a mental health court. These courts, however, grapple with a shortage of residential treatment resources in the community. Participants who need residential treatment typically must utilize far-away facilities, making it nearly impossible for them to attend court. Accordingly, participants are usually excused from court appearances during their time in residential treatment. Adult drug court best practices, however, emphasize the importance of the judge-participant relationship in supporting the best possible client outcomes. Missed court appearances make it more difficult for the participant and the judge to build a positive relationship.

The 22nd Judicial Circuit Office of Special Projects, which oversees the specialty courts in McHenry



County, identified videoconferencing as a solution to these challenges. The courts partnered with the Gateway Foundation's Lake Villa Treatment Center to enable clients to attend court hearings through videoconferencing. The court purchased a webcam and a monitor for the courtroom, while the treatment facility set aside a dedicated HIPAA-compliant space (a room with an opaque door containing all of the necessary technology components) equipped with OmniJoin videoconferencing software. Participants attending court hearings from the treatment facility are able to build rapport with the judge and view the judge's interactions with the other treatment court participants.

This model has already been successful in a nearby jurisdiction. In Illinois' 19th Judicial Circuit, Lake County Adult Probation Services added teleservices to its treatment model in 2009. The county partnered with Haymarket Center, a residential treatment provider in Chicago, to ensure that participants in residential treatment have access to court proceedings via Skype. This approach is not without challenges. For instance, the court must make special arrangements to take participants into custody at the residential treatment facility when such a court sanction is required. Despite this challenge, however, the project has been a success—since its inception, approximately 150 participants have appeared for court from the treatment facility using teleservices.

4. USING A NEEDS ASSESSMENT TO DESIGN A TELESERVICES INITIATIVE



In 2013, the West Virginia state legislature passed a bill requiring all judicial circuits to have an adult drug court. The state's Division of Probation Services, a branch of the Administrative Office of the Supreme Court of Appeals, is responsible for the development and oversight of adult drug courts, including ensuring that adequate treatment services are available for adult drug court participants. In West Virginia, access to treatment is hindered by a shortage of evidence-based treatment providers and the geographic barriers posed by the state's vast, often mountainous terrain.

To address these challenges, the Division of Probation Services sought to partner with local day reporting centers, where justice-involved individuals could

go to receive evidence-based substance use treatment delivered remotely from a centralized treatment provider located in Charleston. Center for Court Innovation staff helped the key stakeholders develop a detailed survey, which was distributed to 29 adult drug courts across the state. The survey assessed current technological capabilities, available evidence-based treatment interventions, and the courts' capacity to implement a new teleservices initiative. The results helped shape the scope

of the project by identifying suitable sites for teleservices based on demonstrated need and existing resources.

Following this needs assessment, West Virginia's planning committee began drafting policies and procedures, roles and responsibilities, state regulations, HIPAA compliance protocols, and insurance requirements. Equipment installation has begun in five sites. The final step will be to train behavioral health staff for program implementation.

5. ADDRESSING RACIAL DISPARITIES IN THE JUSTICE SYSTEM THROUGH TELESERVICES

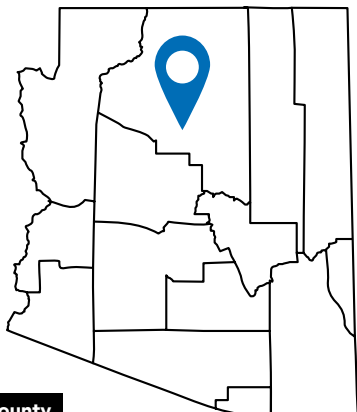


Missouri's Office of State Courts Administrator (OSCA) contacted the Center for Court Innovation to help develop a teleservices initiative to deliver culturally-relevant services to the state's underserved African-American population. Through its statewide data tracking system, OSCA discovered that African-American males in Missouri are excluded from drug courts at a disproportionately higher rate than other racial and ethnic groups. Moreover, African-American males who are admitted to drug court graduate at a lower rate than their white counterparts. To address these disparities and improve outcomes for African-American participants, OSCA identified Habilitation Empowerment Accountability Therapy (H.E.A.T.) as a culturally-relevant intervention that could be offered remotely through teleservices.

H.E.A.T. is a holistic, manualized, cognitive behavioral therapy intervention designed for African American males between the ages of 18-29. It aims to reduce recidivism and drug use by focusing on spirituality, community, family, and self. The program also includes a special emphasis on overcoming trauma, ambivalence, and resistance. H.E.A.T. is currently offered through in-person sessions in St. Louis and Greene counties, and it has produced positive outcomes in both places. Based on this success, OSCA sought to test the remote delivery of H.E.A.T. through teleservices.

The Center and OSCA are working closely with Darryl Turpin, co-creator of H.E.A.T., to pilot H.E.A.T. remotely. Currently, the state of Missouri does not have a trained H.E.A.T. facilitator or sufficient group size needed to offer in-person H.E.A.T. outside St. Louis and Greene counties. Through teleservices, however, participants will be able to join a group led by a trained facilitator located in St. Louis. In OSCA's pilot program, the facilitator will integrate remote participants into a group via a HIPAA-secure videoconference platform. This initiative will address a service gap by giving rural participants access to a much-needed service while also using properly-trained facilitators and ensuring fidelity to the H.E.A.T. curriculum.

6. PROVIDING SERVICE DELIVERY OPTIONS THROUGH TELESERVICES



Coconino County

Arizona

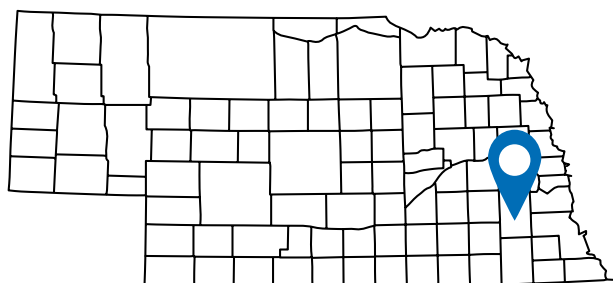
Treatment courts may look to other criminal justice agencies for teleservices inspiration. Probation departments, in particular, have embraced teleservices in recent years. One promising program can be found in Flagstaff, Arizona, where the Coconino County Adult Probation Department oversees a three-pronged teleservices program called Coconino Online Probation Education (“COPE”). COPE is a BJA-funded program with project sites in Flagstaff, Page, Tuba City, and Williams.

COPE expands services for probationers through three teleservices components:

- Computer kiosks located in sites throughout the county. Each computer provides access to LRS Systems, a self-directed online educational curriculum including modules on anger management, traffic safety, and substance misuse.
- Moral Reconciliation Therapy (MRT) group sessions via video conference.
- Peer mentoring services via videoconference, phone, and text messaging.

As in other rural communities where transportation by car is essential, Coconino County struggles with DUI and other drug cases that result in a loss of driving privileges. It is not uncommon for probationers to hitchhike on dirt roads to attend appointments up to 60 miles away. Through teleservices, COPE connects probationers to their probation officers, as well as cognitive behavioral therapy, employment readiness, skills building, mentors, and mentoring specialists. Since implementation in 2014, nearly 100 probationers have been referred to COPE.

7. OVERCOMING LANGUAGE BARRIERS WITH TELESERVICES



State Probation Department

Nebraska

In Nebraska, teleservices is being used to overcome language barriers and bring services to Spanish-speaking probationers. The state probation department recognized a need for Spanish-speaking Moral Reconciliation Therapy in a number of communities. None of these communities, however, had enough potential participants to support

an in-person MRT group. The probation department, therefore, began videoconference-based Spanish MRT groups for probationers in South Sioux City, Lexington, and Hastings. This initiative, which began in October 2016, brings together participants who wouldn't otherwise have access to MRT in their primary language. Course materials were translated into Spanish with careful attention to maintaining the fidelity to the MRT model. Participants in the Spanish MRT program have offered positive feedback, indicating that they feel their horizons have been expanded and that they appreciate interacting with participants from other communities and cultures.

TELESERVICES CHECKLIST

As with any new project, preparation is critically important when planning and implementing a teleservices initiative. The following checklist is designed to help justice system practitioners lay the foundation for a successful teleservices project.

- **How can teleservices support current drug court operations?** Teleservices can be used to enhance drug court operations in several ways, including delivering remote treatment and other services, supervising participants in the community, facilitating long-distance drug testing, and allowing participants to make remote court appearances. Consider whether your court could use teleservices in these areas, or others.
- **How can teleservices fill gaps in treatment?** Teleservices can address continuum of care treatment gaps by delivering treatment interventions that are not available locally. Evidence-based gender, trauma, and culturally-appropriate interventions, as well as recovery support services, can be provided to individuals or groups via teleservices.
- **What technology is readily available, and what technology needs to be acquired?** A technology needs assessment can help to identify the kinds of technologies that are currently available in your area as well as those that are needed to fill service gaps. The assessment should conclude with recommendations for technology infrastructure enhancements and equipment needs to support the proposed teleservices initiative.
- **Which stakeholders should be included in the planning process?** Stakeholder input is critical to the success of a justice system teleservices initiative. The planning process should include representatives from court administration, technology staff, treatment court team members, and community partners.
- **What funding resources are needed to support the initiative?** Funding needs will vary based on your current technology infrastructure, as well as the equipment and staffing requirements of your specific teleservices initiative. Take care to develop a thorough cost projection for your project during the planning phase. Also note that some technology-based treatment services may be billable to Medicaid or private insurance, while other services may require funding through grants or other sources.
- **What HIPAA compliance concerns need to be addressed?** Teleservices projects are subject to the same participant confidentiality laws as traditional treatment modalities. Therefore, teleservices initiatives must be compliant with the regulations contained in 42 CFR Part 2 and ensure that participant release forms meet all regulatory requirements.
- **What policies and procedures need to be established?** Teleservices projects should develop their own policies and procedures that address state and local regulations, HIPAA requirements, information sharing, service delivery expectations, and protocols for participant and facilitator behavior.
- **What training is needed for court staff and service providers?** All stakeholders engaged in the teleservices project should receive adequate training on equipment setup and use, troubleshooting strategies, teleservices delivery methods, confidentiality requirements, and all policies and procedures developed for the project. In addition, treatment providers and other individuals who will facilitate teleservices-based communications should be trained in de-escalation techniques to diffuse conflicts and manage group dynamics.

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