



JTC Resource Bulletin

Teleservices for Courts

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Abstract

Teleservices is the delivery of services from a distance using telephony and/or digital technologies. There are a growing number of innovative utilizations with a track record of success in both the public and private sectors. Teleservices can be more widely utilized for some court processes, saving courts and the public time and money, better meeting client needs, reducing security risks to medical and behavioral health providers and the public, and improving the public's access to justice.

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To improve the administration of justice through technology

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Contents

Abstract.....	ii
Document History and Version Control	ii
Acknowledgments	iii
Contents.....	iv
Introduction	1
Common court uses	1
Legal assistance.....	1
Court business.....	1
Medical care	3
Real-time video or audio conferencing.....	4
Store-and-forward technologies	4
Remote patient monitoring (RPM).....	5
Telehealth	5
Behavioral care.....	6
Language translation	7
Regulatory challenges.....	7
Medicaid challenges.....	7
Teleservices in action.....	8
Conclusion	9

Introduction

Since that day in 1876 when Alexander Graham Bell called for his assistant through his newly-patented telephone, communication options have increased exponentially. Thanks to Bell and other inventors and innovators, people no longer need to be in the same location to carry on conversations, participate in meetings, or transact business. Teleservices – the delivery of services from a distance using telephony and/or digital technologies – are making many routine tasks dramatically more efficient for courts and more convenient and accessible for the public.

Teleservices are also improving access to both primary and specialty care while reducing costs associated with transporting prisoners to public healthcare facilities or bringing specialists long distances to provide treatment onsite. While some courts are utilizing teleservices, an ever-increasing array of communication innovations offer courts more possibilities than most are currently leveraging.

Common court uses

Teleservices can save courts and the public time and money, better meet client needs, and reduce security risks to medical and behavioral health providers and the public. The following are a few of the most common applications of teleservices in use in US courts.

Legal assistance

The public has demonstrated an increasing preference for remote, concierge-like service. Through technologies including teleservices, courts can better meet the public's expectation of personalized assistance while more effectively utilizing human resources, delivering more assistance than is possible through traditional face-to-face interactions. For example, clerks responding to questions through online text chat can serve multiple individuals at the same time. Chatbots can deliver routine assistance and route more complex issues to live assistance. Underutilized staff resources in rural areas can be “pooled” to address high-need locations using call center software. Providing remote legal assistance from a centralized location can improve efficiency as well as quality and consistency.

Court business

While some courts utilize telephones primarily to answer questions and direct callers to other resources, many courts hold hearings and even trials using information and communications technologies. Geography demands flexibility and practicality in many jurisdictions. In Hawaii, for example, parties may be located on different islands, necessitating air travel for in-person appearances. In some situations, parties can request telephone appearances. While these must be pre-approved by the court, telephone appearances are common and liberally granted for non-evidentiary hearings for neighbor island courts. Attorneys and parties are spared the cost and inconvenience of “island hopping” to attend court.

In Alaska, telephonic appearances are routine. Litigants, witnesses, clerks, and judges alike utilize telephones to conduct or participate in both hearings and trials. Depending on the court and the parties' locations, the judge may include call-in information in scheduling orders. Parties also use fillable PDF forms available on the [Alaska Court System website](#) to request to appear by telephone if they are unable to come to court because of work conflicts, medical reasons, travel, lack of transportation, etc.

The individual requesting the telephone appearance provides a phone number and commits to be available for a two-hour window after the scheduled hearing time. The request form provides the courtroom's unique 800-number and once approved, a secure call access number. Courtrooms are outfitted with audio systems that facilitate both amplification and recording. Audio recordings are the official record. When approved by the Alaska Supreme Court, appeals can refer to audio segments without the need for transcription.

If a party "fails to appear" (does not call in at the appointed time), it is common for the judge to pick up the phone and call the individual. This collaborative approach to justice reduces the incidence of continuances and promotes more efficient use of courtroom time to resolve matters before the court. Aside from the request that parties not be driving during court, individuals can participate in their hearings from any location that has landline or cellphone access.

Other states that allow telephone or video appearances are primarily using niche market vendors that provide turnkey systems. The vendor provides AV equipment and user scheduling functionality, often at no up-front cost to the court. Costs are paid by parties and/or attorneys. Depending on the fee model, the court may even receive a share of the vendor's profits. CourtCall, one of the largest vendors, has installations in more than 3,200 courts in 42 states.¹

While this may initially seem to be a win-win proposition, it actually limits telephone appearances to those wealthy enough to afford the steep fees. An SJI-funded report on telephonic and video conferencing technology in remote court appearances explains that this vendor-based approach creates multiple barriers for litigants, particularly self-represented and indigent litigants:

...niche vendors generally require all parties to use separate lines resulting in two critical barriers: 1) multiplication of transaction cost; and 2) exclusion of mobile devices. These barriers are concerning as they create a cost barrier and resource barrier for individuals in the justice gap. Additionally, the mobile restriction will create an escalating access barrier

¹ [Use of Telephonic and Video Conferencing Technology in Remote Court Appearances](#), A Supplemental Report to a State Justice Institute (SJI) Funded Project. Open Access Law Firm, PLLC (OpenLaw). June 20, 2016.

if trends continue with the exponential replacement of mobile for household landlines.

Vendors charge each party \$50-\$100 or more. But the technology required to do telephone appearances does not need to be costly or complex: the Alaska Court System pays less than \$.03/minute for telephone appearances,² a cost the court absorbs.

Requiring parties to use landline phones presents a challenge that is almost certain to escalate. A 2018 study by the Centers for Disease Control revealed that more than 55% of homeowners were cellphone-only households. Renters are less likely to have a landline: more than 77% were cellphone only households.³ This gap can only widen as cellphone adoption increases and landline utilization wanes.

Medical care

Telehealth is “the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.”⁴ While the technologies being used today are innovative, the concept isn’t actually new. Decades ago, NASA scientists pioneered technology that would enable doctors to monitor the physiological conditions of astronauts in space.⁵ Prisons were experimenting with telemedicine on a limit scale in the 1980s, but the technology wasn’t robust enough.

Today, high quality audio and imaging make it possible for patients in a variety of remote settings to receive many kinds of diagnostic and therapeutic services remotely. Telemedicine kiosks outfitted with a camera with zoom capabilities, an audio console, a stethoscope, and internet access facilitate remote visits, including the ability to transmit images and patient vitals.⁶ More advanced units include audiometer, tympanometer, video otoscope, spirometer, dental camera, and other medical instruments.

Costs for telemedicine units range from a few thousand dollars to \$10,000 or more, but savings can more than justify the initial investment. Texas may well be

² Email correspondence 25 April 2019 with Stacey Marz, Director, Self-help Services, Alaska Court System.

³ Blumberg, Stephen J., Ph.D., and Julian V. Luke. [Wireless Substitution: Early Release of Estimates From the National Health Interview Survey, January–June 2018](#). National Center for Health Statistics. cdc.gov. December 2018.

⁴ United States, Congress, The Office of the National Coordinator for Health Information Technology (ONC). [“Telemedicine and Telehealth.”](#) *Health IT in Healthcare Settings*, Health Resources and Services Administration (HRSA), 28 Sept. 2017. healthIT.gov.

⁵ Ollove, Michael. [“Is ‘Telemedicine’ Virtually Identical to the Examination Room?”](#) *Stateline*, The Pew Charitable Trust, 27 Oct. 2015, www.pewtrusts.org/.

⁶ Ollove, Michael. [“State Prisons Turn to Telemedicine to Improve Health and Save Money.”](#) *Stateline*, The Pew Charitable Trusts, 21 Jan. 2016, www.pewtrusts.org/en/research-and-analysis/blogs/stateline

realizing the financial benefits of their pioneering investment in telehealth. While savings are difficult to specifically identify, the state's per-prisoner healthcare costs are about half the national average (\$3,805/prisoner versus \$6,047).⁷ The University of Texas Medical Branch (UTMB) handles healthcare for about 80% of the state's prison population. The prisoner health operation conducts more than 125,000 telemedicine visits per year, treating prisoners in 83 Texas correctional facilities. About 75% of telehealth visits are for mental health or primary care.

In rural, remote, or secure settings, a nurse or aide with limited training may assist onsite and can confer as needed with physicians in other locations to address more specialized needs. In Alaska, the Tribal Health System utilizes teleservices to both train Community Health Aide/Practitioners and to facilitate care in remote villages. Alaska also uses telepharmacy services to dispense some medications; without the telepharmacy, it could take days to have critical medication delivered to a patient.⁸

Real-time video or audio conferencing

There is growing consensus among healthcare providers that “face-to-face” care can occur effectively through virtual means.⁹ Remote real-time healthcare has an impressive, documentable track record of reducing hospital readmission rates for advanced heart failure patients, saving literally millions of miles of patient travel, and reducing the need to transfer patients for emergency care.¹⁰ It is being used effectively to manage some routine prenatal care, provide post-op follow up care, diagnose dermatological conditions, and monitor patients with chronic conditions including high or low blood pressure, COPD, diabetes, and heart disease.

Live interaction between a patient in one location and a healthcare provider in another can occur via either video or audio-only conferencing. While some providers utilize audio-only care, some state medical boards are taking legal action to limit the practice.¹¹

Store-and-forward technologies

Often the mode of communication is video, but telehealth encompasses a broad range of services and delivery mechanisms that include both synchronous -- or

⁷ Ollove, Michael. “State Prisons Turn to Telemedicine to Improve Health and Save Money.” *Stateline*, The Pew Charitable Trusts, 21 Jan. 2016, www.pewtrusts.org/en/research-and-analysis/blogs/stateline.

⁸ See Sarah Freeman, PharmD, *Telemedicine in the Alaska Tribal Health System*

⁹ *Model Policy For The Appropriate Use Of Telemedicine Technologies In The Practice Of Medicine - Report of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup*. Federation of State Medical Boards, Apr. 2014, fsmb.org.

¹⁰ “Telehealth Start-Up and Resource Guide Version 1.1.” *Healthit.gov*, Telligent Health Information Technology and Great Plains Telehealth Resource and Assistance Center, Oct. 2014.

¹¹ Gillespie, Lisa. “Telemedicine Policy Draws Opposition From Patient Advocates, Health Care Providers.” *Kaiser Health News*, Kaiser Family Foundation, 2 May 2014, khn.org/news/telemedicine-policy-draws-opposition-from-patient-advocates/.

“live” interactions -- and asynchronous applications where data, information, and images can be transmitted and reviewed at any time. Using a personal cell phone or tablet device, people can capture digital images and share them with a provider using private, secure transfer mechanisms. Unlike traditional in-person medical care, those images can be captured at a time and location convenient for the patient and reviewed at the convenience of the physician who could be physically located nearby on another continent. Images used to diagnose or monitor a condition can be stored as part of a permanent medical record and forwarded to a specialist, if needed. With store-and-forward technology, highly-specialized providers in urban areas can more easily assist patients in remote, rural, or challenging settings such as prisons, refugee camps, care centers, etc.

Remote patient monitoring (RPM)

Wearable remote medical sensors reduce the need for in-person visits for individuals with some chronic conditions, and at the same time, improve some treatment outcomes. Patients have better and more timely information to manage their conditions and can more easily participate in ongoing follow-ups without the cost and inconvenience of an in-person visit.

Continuous glucose monitoring (CGM) technology, for example, is helping individuals with type 1 diabetes better manage their blood sugar and improve A1c levels, a measure of average blood sugar levels over a period of several months. A CGM patch worn on the body integrates with a smartphone app that monitors and records blood sugar levels and alerts patients and/or their loved ones or caregivers to critical highs and lows.

Wrist-worn sensors can monitor heart conditions including atrial fibrillation. A smartphone coupled with a diagnostic attachment can be used to monitor sobriety to aid in addiction recovery programs. Healthcare researchers projected that 19 million patients would utilize some form of RPM in 2018.¹²

Telehealth

Telehealth incorporates the delivery of more general educational information, text reminders, and public health notifications like the seasonal incidence of flu, measles outbreaks, zika tracking, air quality alerts, and immunization reminders. Telehealth can include the use of technology to help educate, support, and motivate vulnerable patients to monitor and manage conditions ranging from diabetes to anxiety. Examples of telehealth apps include MyStrength, StepAway, SMART, WoeBot, Glooko, and Clarity.

Delivering care remotely has significantly improved access to both primary and specialized medical expertise for those who live in isolated geographies. In

¹² “[Cleveland Clinic Unveils Top 10 Medical Innovations for 2018.](https://newsroom.clevelandclinic.org/2017/10/25/cleveland-clinic-unveils-top-10-medical-innovations-for-2018/)” *Cleveland Clinic Newsroom*, Cleveland Clinic, 17 Jan. 2019, newsroom.clevelandclinic.org/2017/10/25/cleveland-clinic-unveils-top-10-medical-innovations-for-2018/.

addition to making medical care available to people in their own homes, remote medical care is being used in schools, prisons, care centers, refugee camps, and disaster areas. The Cleveland Clinic, known for its innovative and uniquely successful approach to healthcare, identified the emergence of Distance Health as a top 10 medical innovation in 2018.

Removing geographic barriers to care can result in timelier, more efficient and more optimal outcomes as well as significant cost savings. Distance health technologies... can enable care for both the physically challenged and those most vulnerable to infection.¹³

Making services more convenient to the patient can help individuals adhere to ongoing care plans or court-ordered therapies and services.

Behavioral care

Behavioral care providers do not generally touch their patients during in-person visits, which makes behavioral care particularly well-suited to virtual visit options. Accessible mental health care may be one key to helping reduce recidivism among the incarcerated with mental illness: 73% of women and 55% of men under the supervision of state courts have at least one mental health problem.¹⁴

Not surprisingly, telepsychiatry and other mental and behavioral healthcare services are becoming more and more common in the prison setting, where behavior modification needs are high, and patients may be dangerous to the public including medical providers. Teleservices improve access to care, reduce costs to jurisdictions, and ensure the safety of providers. In Texas prisons, all behavioral health care is delivered via telemedicine.¹⁵

Telehealthcare is not only improving access to mental and behavioral healthcare for incarcerated patients, it also gives providers better insight into each patient's home situation – information that cannot be gleaned from an office-based visit. Studies of both the elderly¹⁶ and young people¹⁷ have also shown that video visits can help reduce social isolation.

¹³ "Cleveland Clinic Unveils Top 10 Medical Innovations for 2018." *Cleveland Clinic Newsroom*, Cleveland Clinic, 17 Jan. 2019, newsroom.clevelandclinic.org/2017/10/25/cleveland-clinic-unveils-top-10-medical-innovations-for-2018/.

¹⁴ Varney, Sarah. "By the Numbers: Mental Illness behind Bars." *PBS News Hour*, Public Broadcasting Service, 15 May 2014, www.pbs.org/newshour/health/numbers-mental-illness-behind-bars.

¹⁵ Ollove, Michael. "State Prisons Turn to Telemedicine to Improve Health and Save Money." *Stateline*, The Pew Charitable Trusts, 21 Jan. 2016, www.pewtrusts.org/en/research-and-analysis/blogs/stateline

¹⁶ Husebø, Anne Marie Lunde, and Marianne Storm. "Virtual visits in home health care for older adults." *TheScientificWorldJournal* vol. 2014 (2014): 689873. doi:10.1155/2014/689873

¹⁷ Rosemergy, Jan. "Reducing Social Isolation and Loneliness Using a Telehealth Intervention." *Notables*, Vanderbilt Kennedy Center, 6 Sept. 2017, vkc.mc.vanderbilt.edu/notables/.

Language translation

Many courts are effectively utilizing teleservices to meet an increasing demand for interpreter services. The majority of US courts have been utilizing some form of audio and/or video translation and interpretation services for more than a decade. Significant advances in technology since that date may mean that it is time for a court to revisit its language translation services to look at better and more expansive uses.

Language interpretation services can also be readily integrated into other teleservice systems including telemedicine and behavioral care. For courts that are already utilizing language teleservices, the next step might be to explore mechanisms for providing telehealth services in more languages.

Regulatory challenges

In the brick-and-mortar model of healthcare, the patient sees the doctor at the doctor's facility. Individuals may live in one state and access routine healthcare in a neighboring state. Patients travel for specialized treatment at facilities that offer unique expertise. The laws and licensure requirements are specific to the state where the doctor practices; they don't specifically proscribe the patient's geography of residence so long as the patient travels to the doctor.

With telemedicine, geography is not important for either the patient or the physician. But licensure limitations restrict medical and mental health providers from legally serving populations in more locations and across state lines. This presents a barrier to courts as well as to the public. As the telemedicine market grows, there will be increasing incentives for individual states to participate in interstate licensure agreements. For example, the Interstate Medical Licensure Compact (IMLC) gives qualified physicians an expedited way to obtain licensure in multiple states. The compact currently covers 28 states and one territory.¹⁸

Medicaid challenges

Many court clients ordered to services are indigent and uninsured.¹⁹ No matter whether coverage for medical or behavioral and mental healthcare services is through Medicare, Medicaid, or private insurance, pre-authorization requirements, coverage limitations, and claims can be complex to navigate. Some courts fund a health care navigator position to help court clients obtain healthcare coverage or Medicaid and manage

¹⁸ "The Interstate Medical Licensure Compact - A Faster Pathway to Medical Licensure." *Interstate Medical Licensure Compact*, IMLC, 2019, imlcc.org/.

¹⁹ Gates, Alexandra, et al. "Health Coverage and Care for the Adult Criminal Justice-Involved Population." *The Henry J. Kaiser Family Foundation*, 23 June 2016, www.kff.org/uninsured/issue-brief/health-coverage-and-care-for-the-adult-criminal-justice-involved-population/.

authorizations and claims to help ensure that important services are uninterrupted once they are released.

A plan or provider will send a clinician, such as a social worker or nurse, into a jail or prison to meet with an inmate prior to his release. The meetings with the inmate can be held inside the institution or via a video conference... During the meetings, the clinician typically assesses an inmate's physical and behavioral health status, determines current medication usage, establishes where the inmate intends to live when released, and develops a post-release care plan that identifies how the person will receive health care and related social services.²⁰

As demand for medical teleservices explodes, states are drafting legislation to define teleservices, identify specific conditions that can be treated remotely, and place limits on which services are billable. In Montana, for example, Medicaid will reimburse for a live video encounter but does not cover store-and-forward care. Kentucky allows reimbursement for remote medical services including some store-and-forward technology, for example, images sent to a specialist for evaluation.²¹

Teleservices in action

In rural and remote parts of the country and in settings where in-patient treatment facilities are too far for patients to come to court, teleservices are being employed for court hearings, probation officer visits, training, therapies, and more. Video conferencing is also being used for justice-involved individuals who have lost driving privileges through DUI and drug cases. Drug treatment courts are using video conferencing to connect probationers to the courtroom and to a host of services and resources.

Teleservices are a key component of Montana's Yellowstone County Veterans Court. The court was established to help address the unique combination of issues that were landing vets in court at a much higher rate than the rest of the general public. A cross-functional team of stakeholders including a judge, veterans justice outreach officer, community outreach worker, and representatives from the prosecutor's office, defense bar, probation, and treatment providers worked together to design a completely new court. Promoting "sobriety, mental health and social well-being" are the focus of the justice process for veterans who commit non-violent crimes.²²

The wide-open spaces of Montana mean that veterans in need of services are scattered across remote parts of the state. The court, dubbed "CAMO" (Court Assisting Military Officers), utilizes video conferencing for status hearings, one-on-one counseling,

²⁰ Guyer, Jocelyn, et al. "State Strategies for Establishing Connections to Health Care for Justice-Involved Populations: The Central Role of Medicaid | Commonwealth Fund." *Issue Briefs*, 11 Jan. 2019, www.commonwealthfund.org/

²¹ Center for Connected Health Policy, <https://www.cchpca.org>

²² Otis, Karen, et al. "Teleservices: Happening Now!" *Courtinnovation.org*, The Center for Court Innovation, June 2017.

mentoring, and training classes. A smartphone app called CheckBAC monitors the participant's location and facilitates breathalyzer testing to confirm sobriety. The court also uses frequent, individualized text messaging to deliver motivational recovery messages as well as court-related reminders, announcements, and community event notifications.

The Alaska courts rely heavily on a variety of teleservices. Results from Alaska's remote appearances and telephone-based mediation are not different than those of in-person appearances and mediation, while the costs of in-person visits are significantly higher. Courts with less challenging geographies may find similar success as well as financial advantages to handling more of the court's business via teleservices.

Conclusion

Innovative uses of telephone and video technologies are making services more accessible to more people at lower costs and with higher levels of success and customer satisfaction. Technology has facilitated innovations that have fundamentally changed the public's expectations for how they shop and learn, communicate, manage finances, and seek medical care. In some settings, teleservices can help reduce the incidence of implicit bias.

Teleservices also make economic sense. When courts provide more services online, fewer people need to come to the courthouse. Facilities and security requirements are reduced. Over time, courts can shift resources away from supporting buildings to delivering service.

As technology continues to advance, courts have opportunities to embrace new and better ways of handling court processes. Teleservices have been proven effective in a variety of settings. Courts can more widely utilize teleservices for some court processes, saving courts and the public time and money, better meeting client needs, reducing security risks to medical and behavioral health providers and the public, and improving the public's access to justice.

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