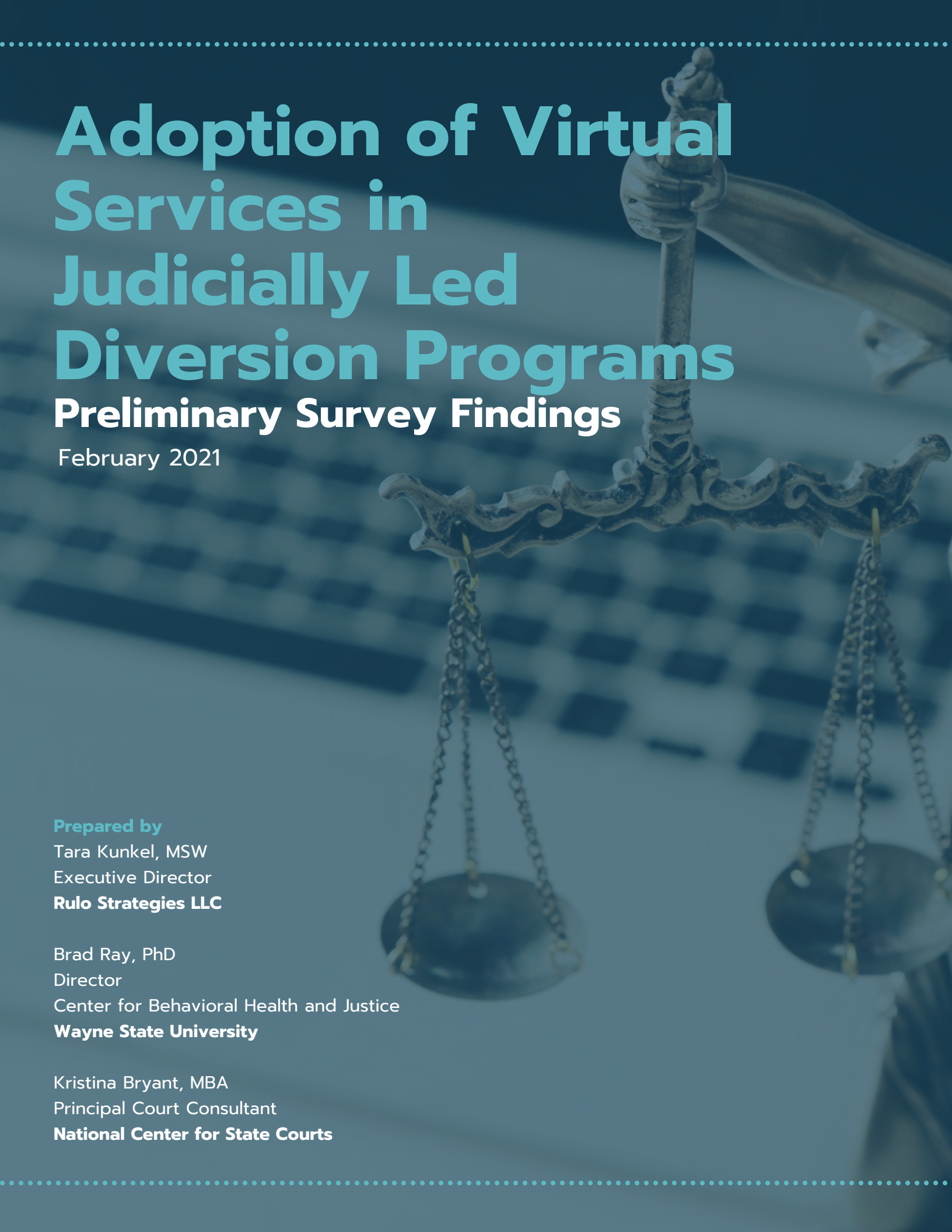


Adoption of Virtual Services in Judicially Led Diversion Programs

Preliminary Survey Findings

February 2021

Prepared by

Tara Kunkel, MSW
Executive Director
Rulo Strategies LLC

Brad Ray, PhD
Director
Center for Behavioral Health and Justice
Wayne State University

Kristina Bryant, MBA
Principal Court Consultant
National Center for State Courts

Contributors

Joel Cohen
Beverly Hanson, National Center for State Courts
Katie Bailey, MPA, Wayne State University
Philip Huynh, MPH, Wayne State University
Emily Sightes, MPH, Wayne State University
Barbara "Basia" Andraka-Christou, J.D., Ph.D., University of Central Florida

Acknowledgment

The authors would like to thank all of the individuals who responded to the survey and the court programs that participated. We would also like to thank the state court administrators, the statewide problem-solving court coordinators, and the national training and technical assistance providers who assisted with the distribution of the survey, provided feedback on the survey instruments, and reviewed drafts of this report.

Suggested Citation

Kunkel, T., Ray, B., Bryant, K. (February 2021). *Adoption of Virtual Services in Judicially Led Diversion Programs: Preliminary Survey Findings*. Rulo Strategies: Arlington, Virginia.

For More Information or to Participate in Ongoing Data Collection

We continue to collect surveys from judges, court coordinators, community supervision, treatment providers, and peer recovery professionals who work in judicially led diversion initiatives through April 1, 2021. In addition, a companion survey to collect de-identified data from court participants will be launched on February 17, 2021. Data collection from participants will conclude in mid-April 2021. If you are interested in participating in data collection, please contact Tara Kunkel at Tara@rulostrategies.com or Kristina Bryant at Kbryant@ncsc.org.

Funding for this initiative is made possible by Grant No. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

NCSC National Center for State Courts

RULO STRATEGIES LLC

WAYNE STATE UNIVERSITY
School of Social Work
Center for Behavioral Health and Justice

Opioid Response Network
STR-TA

Table of Contents

Introduction

This report reflects the preliminary findings from the *Adoption of Virtual Services in Judicially Led Diversion Programs* survey. The preliminary findings reflect data collected in November and December 2020.

The focus of this report is judicially led diversion programs, an umbrella term that encompasses drug courts, opioid courts, and recovery-oriented compliance dockets. While these models differ in design, they share the common features of early intervention, ongoing supervision, consistent judicial oversight, and an emphasis on providing substance use treatment and recovery services. In 2020, as the COVID-19 pandemic persisted, the use of "virtual services" to facilitate these traditionally in-person interactions went from innovative to essential. The term "virtual services" is used throughout the report to refer to the use of communications technology (cell phones, computers, web-based devices, and landlines) to support court hearings, staff meetings (referred to as pre-court staffings in this report), treatment, and community supervision.

This report highlights preliminary survey results from 500 respondents—including judges, court coordinators, treatment providers, case managers, and community supervision officers—from 298 unique court programs and provides a multi-state examination of how practices were modified in judicially led diversion programs. It also documents barriers and facilitators program staff experienced during the implementation of these practices and their reported effectiveness in different domains, including court hearings, pre-court staffings, treatment, and community supervision. The findings reflected in this report are based on the data collected from three surveys that were foundationally similar with questions tailored to three main groups as shown in *Table 1*: **court operations** (judges, court coordinators, prosecutors, defense attorneys); **treatment and recovery support** (treatment providers, case managers, peer recovery support); and **community supervision** (probation/parole, law enforcement).

Table 1: Number of Respondents by Survey Type (N=500)

Survey Version	# of Respondents
Court Operations	258
Treatment and Recovery Support	141
Community Supervision	101

Survey Respondents

The data examined for this report, which reflects preliminary findings, were collected through an online survey instrument between November 4, 2020 and December 11, 2020. An updated report will be released in the spring of 2021 with data from additional respondents. The survey was deployed with the assistance of regional and national organizations that support judicially led diversion programs. As shown in *Table 2*, the majority of survey respondents were court coordinators/administrators, treatment providers, and probation/parole officers.

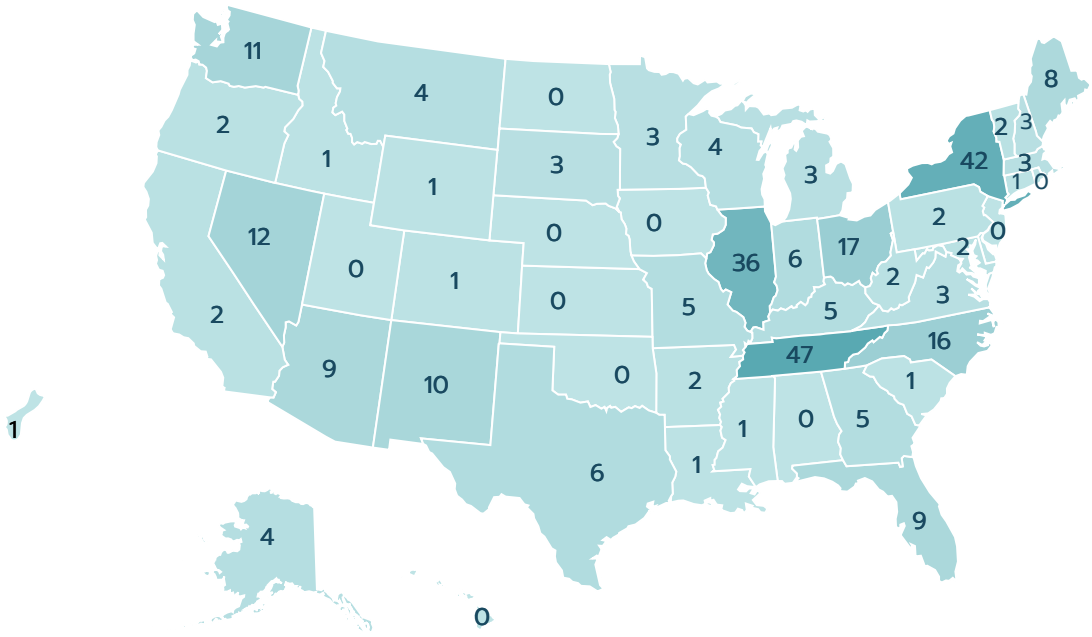
Table 2: Respondent Role as a Percentage of the Total (N=500)

Respondent Role	% of Total Respondents
Court coordinator/administrator	35.6%
Treatment provider	16.4%
Probation/parole officer	14.0%
Judge/magistrate	11.4%
Case manager	5.4%
Defense attorney	4.6%
Peer recovery specialist	3.4%
Prosecutor	2.4%
Law enforcement officer	1.6%
Veterans justice specialist	0.4%
Other	4.8%

"Other" includes titles such as program director, evaluator, child welfare supervisor, and forensic psychologist.

The 500 respondents represent 298 unique court programs in 235 communities across 40 states and the territory of Guam. The 298 unique court programs across the country are illustrated in *Figure 1*. The states with the highest participation rates are **Tennessee**, **New York**, and **Illinois**. Two court programs did not provide a geographic location.

Figure 1: Map of Court Program Responses (N=298)



As shown in *Table 3*, most court programs are identified as adult drug courts—followed by mental health courts, family treatment courts/safe baby courts, and veterans treatment courts. The response rate by court model closely mirrors the national prevalence of these program types (1, 2).

Table 3: Type of Unique Court Program (N=298)

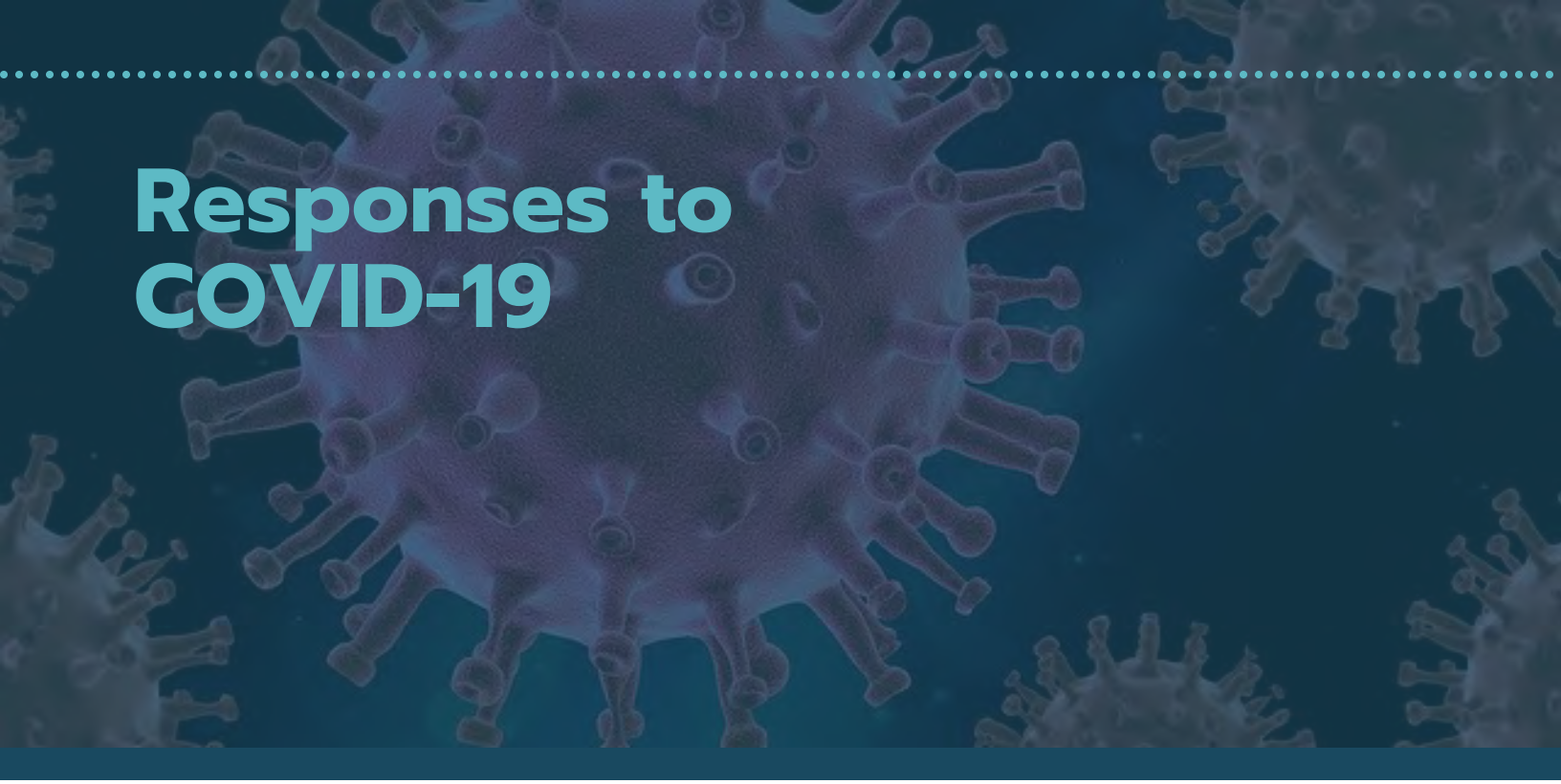
Court Model	% of Total Court Programs
Adult drug court	59.4%
Mental health court	10.1%
Family treatment court/Safe baby court	7.0%
Veterans treatment court	6.7%
DUI court	4.4%
Co-occurring court	2.7%
Hybrid court	2.0%
Other judicially led diversion programs	7.7%

"Other judicially led diversion programs" include opioid courts, juvenile drug or reentry courts, domestic violence courts, human trafficking courts, and prosecutor- and law enforcement-led diversion programs.

Thirty-nine percent (39.3%) of the court programs represented by the respondents were located in **mixed rural and suburban** communities, 37.2% of the court programs were located in **predominantly or entirely rural communities**, 13.4% were located in **predominantly or entirely urban communities**, 8.4% were located in **predominantly or entirely suburban areas**, and 1.7% were located in **mixed suburban and urban** communities (see *Table 4*).

Table 4: Type of Community Represented by Unique Court Programs (N=298)

	% of Total Court Programs
Mixed rural and suburban community	39.3%
Predominantly or entirely rural community	37.2%
Predominantly or entirely urban community	13.4%
Predominantly or entirely suburban community	8.4%
Mixed suburban and urban community	1.7%



Responses to COVID-19

Survey respondents were asked about programmatic or policy changes that were made in their court programs in response to the COVID-19 pandemic at some point since March 2020, and if these changes continued to remain in effect at the time of responding to the survey in November and December 2020. The most common programmatic changes were related to lowering the use of jail as a sanction and reducing requirements that would potentially conflict with social distancing practices (see *Table 5*). For example, 81.5% of programs reported reducing jail sanctions—with 50.6% continuing this practice—and more than two-thirds (70.0%) reported suspending community service requirements. More than half of the court programs stopped issuing sanctions for technical violations for both positive drug/alcohol screens and other forms of supervision non-compliance (58.3% and 52.3%, respectively).

Table 5: Programmatic Changes Made During the Pandemic (N=298)

Which of the following did your court program do in light of the pandemic?	**At some point**	**Currently doing**
Reducing the use of jail as a sanction (N=259)	30.9%	50.6%
Suspending community service requirements (N=240)	40.8%	29.2%
Not issuing warrants or sanctions for technical violations for positive drug/alcohol screens (N=259)	31.7%	26.6%
Not issuing warrants or sanctions for technical violations for other supervision non-compliance (N=254)	28.7%	23.6%
Suspending requirements to attend peer or mutual support groups (N=270)	30.4%	11.9%

Table 5 is based on the count of unique court programs. For each practice examined, a single response per court was counted. The Coordinator's response, if available, was selected as the default response for the program on most practices. In the absence of a Coordinator response, the community supervision officer's response was used for community supervision practices and the treatment provider's response was used for the treatment practice questions. A response of "At some point" indicates that a program deployed this practice at some point since March 2020 but was no longer using the practice at the time of responding to the survey in November and December 2020. A response of "Currently doing" indicates that a program deployed this practice at some point since March 2020 and it remained in place at the time of responding to the survey in November and December 2020. It is important to note that some practices were not used by particular programs prior to March 2020 or since. Additionally, some practices are not relevant to specific program models. For additional detail related to this issue, see *Table 11* and *Table 12* in the Appendix.

Not all respondent courts collect fees, but among those that do, a small portion reported waiving or suspending fees. For example, 35.0% of programs reported waiving program fees—with 17.5% continuing this practice. Eighteen percent (17.5%) of courts reported reducing their requirements for program completion—with 7.2% continuing this practice (see *Table 6*).

Table 6: Financial and Programmatic Changes Made During the Pandemic (N=298)

Which of the following did your court program do in light of the pandemic?	**At some point**	**Currently doing**
Waiving or suspending program fees (N=154)	19.5%	17.5%
Waiving or suspending supervision fees (N=133)	7.5%	13.5%
Waiving or suspending treatment fees (N=134)	11.2%	11.9%
Suspending restitution payments (N=184)	9.8%	8.2%
Reducing requirements for program completion (N=263)	10.3%	7.2%
Reducing the program length (N=251)	2.8%	2.4%

Table 6 is based on the count of unique court programs. For each practice examined, a single response per court was counted. The Coordinator's response, if available, was selected as the default response for the program on most practices. In the absence of a Coordinator response, the community supervision officer's response was used for community supervision practices and the treatment provider's response was used for the treatment practice questions. A response of "At some point" indicates that a program deployed this practice at some point since March 2020 but was no longer using the practice at the time of responding to the survey in November and December 2020. A response of "Currently doing" indicates that a program deployed this practice at some point since March 2020 and it remained in place at the time of responding to the survey in November and December 2020. It is important to note that some practices were not used by particular programs prior to March 2020 or since. Additionally, some practices are not relevant to specific program models. For additional detail related to this issue, see *Table 11* and *Table 12* in the Appendix.

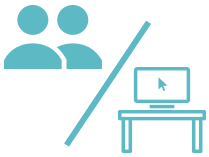
Differences in court responses based on geographic area (rural, suburban, urban, or mixed) were examined. Courts in suburban and urban areas were more likely to waive or suspend program fees than those in rural or mixed areas. Additionally, urban courts were more likely to reduce program length. Finally, relative to other areas, rural courts were less likely to stop issuing warrants for technical violations and discontinue the use of jail as a sanction.

Court Hearings and Pre-court Staffings

Problem-solving courts and other judicially led diversion programs use a non-adversarial team approach where court professionals collaborate with treatment providers and community supervision officers to link participants to needed services and monitor compliance to court mandates. Prior to COVID-19, this team typically met in-person with participants for status hearings, as well as in-person as a team for pre-court staffings.

Figure 2: Method of Conducting Court Hearings in November and December 2020 (N=281)

36.7%
in-person



14.2%
half the time in-person and half the time virtually

49.1%
virtually

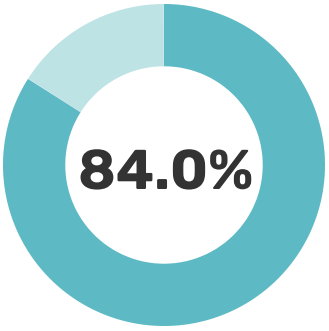
Each program is counted only once in the figure above, even when there were multiple respondents for a single program. Seventeen programs did not provide a response to this question or were not currently holding court.

Team members who typically attended court were asked how court hearings were being conducted. As of November and December 2020, 36.7% of respondents reported court hearings were being held in-person (19.6% in-person only; 17.1% usually in-person, rarely virtual), 14.2% were conducting court hearings half in-person and half virtually, and 49.1% were holding court virtually (26.0% usually virtual, rarely in-person; 23.1% virtual only) (see *Figure 2*).

For the following questions, respondents who attended court sessions in judicially led diversion programs were asked a series of questions about their experiences with in-person court and virtual court. Survey respondents who did not attend court were not included in the analysis that follows. Respondents were asked about the quality of information exchanged when court hearings were offered in-person and virtually (see *Figure 3*). The quality of information exchanged in court hearings was more likely to be rated as "high" when in-person (84.0%) compared to virtual (51.4%).

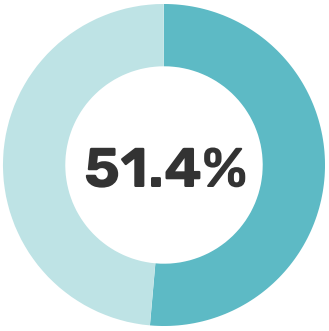
Figure 3: Quality of Information Exchanged in Court (N=257)

IN-PERSON



Said the quality of information exchanged is **high** when court is offered **in-person**

VIRTUAL



Said the quality of information exchanged is **high** when court is offered **virtually**

Thirty-six percent (35.8%) of respondents reported that the quality of information exchanged **decreased** when court was held virtually versus in-person, while 62.6% felt there was **no change** in the quality of information when court transitioned from in-person to virtual (see *Figure 4*).

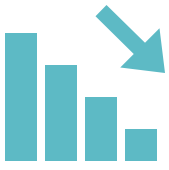
Figure 4: Change in the Quality of Information Exchanged in a Virtual Court Setting (N=257)

1.6%

Said the quality of information exchanged **increased** when court is offered **virtually**

62.6%

Said the quality of information exchanged **was the same** when court is offered **virtually**



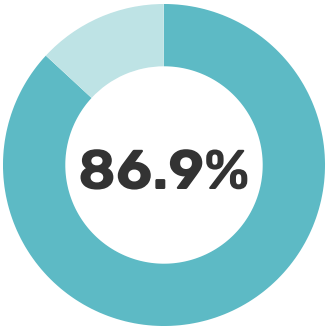
35.8%

Said the quality of information exchanged **decreased** when court is offered **virtually**

Respondents were asked to rate the judge's ability to form connections in court when court hearings were offered in-person and virtually (see *Figure 5*). The judge's ability to form connections was more likely to be rated as "high" when in-person (86.9%) compared to virtual (36.8%).

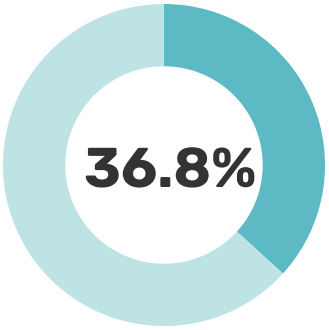
Figure 5: Judge's Ability to Form Connections in Court (N=257)

IN-PERSON



Said the judge's ability to form connections is **high** when court is offered **in-person**

VIRTUAL



Said the judge's ability to form connections is **high** when court is offered **virtually**

Fifty-seven percent (56.6%) of respondents reported that the judge's ability to form connections **decreased** when court was held virtually versus in-person, while 41.3% felt there was **no change** in the judge's ability to form connections when court transitioned from in-person to virtual (see *Figure 6*).

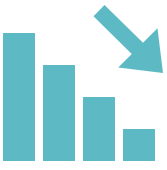
Figure 6: Judge's Ability to Form Connections in a Virtual Setting (N=257)

2.1%

Said the judge's ability to form connections **increased** when court is offered **virtually**

41.3%

Said the judge's ability to form connections **was the same** when court is offered **virtually**



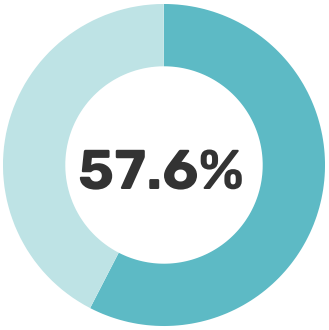
56.6%

Said the judge's ability to form connections **decreased** when court is offered **virtually**

Respondents were asked to rate the participants' willingness to talk during court hearings when court hearings were offered in-person and virtually (see *Figure 7)*. The participants' willingness to talk during court hearings was more likely to be rated as "high" when in-person (57.6%) compared to virtual (50.2%).

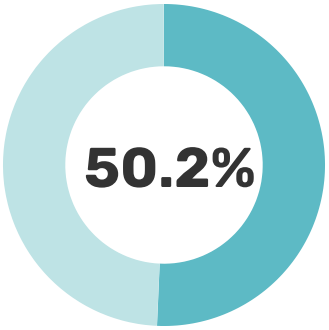
Figure 7: Participants' Willingness to Talk During Court Hearings (N=257)

IN-PERSON



Said the participants' willingness to talk during court hearings is **high** when court is offered **in-person**

VIRTUAL



Said the participants' willingness to talk during court hearings is **high** when court is offered **virtually**

Thirty percent (30.0%) of respondents reported that participants' willingness to talk during court hearings **decreased** when court was held virtually versus in-person, while 53.1% felt there was **no change** in the participants' willingness to talk when court transitioned from in-person to virtual (see *Figure 8)*.

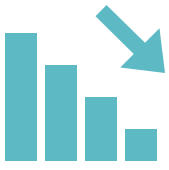
Figure 8: Participants' Willingness to Talk in Court When Court Transitioned to Virtual (N=257)

16.9%

Said the participants' willingness to talk in court **increased** when court was offered **virtually**

53.1%

Said the participants' willingness to talk in court **was the same** when court was offered **virtually**



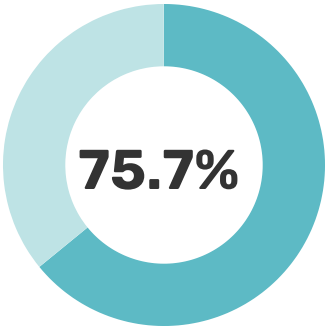
30.0%

Said the participants' willingness to talk in court **decreased** when court was offered **virtually**

Respondents were also asked about attendance when court hearings were offered in-person and virtually (see *Figure 9*). Attendance was more likely to be rated as "high" when court was held in-person (75.7%) compared to virtual (72.8%).

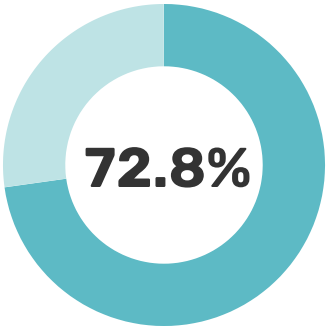
Figure 9: Attendance Rate in Court (N=257)

IN-PERSON



Said attendance in court is **high** when court is offered **in-person**

VIRTUAL



Said attendance in court is **high** when court is offered **virtually**

Respondents were asked to rank participants' engagement based on how they connected to virtual court hearings (see *Figure 10*). Engagement was more likely to be rated as "high" when participants connected to court hearings using **audio and video** (34.8%) versus **audio only** (20.7%).

Figure 10: Engagement in Court Based on Technology Used (N=257)

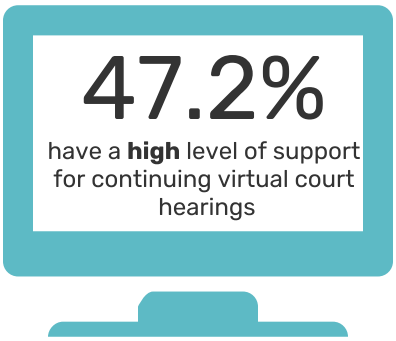
34.8%

Said participants' engagement is **high** when participants connect to court hearings using **audio and video**

20.7%

Said participants' engagement is **high** when participants connect to court hearings using **only audio**

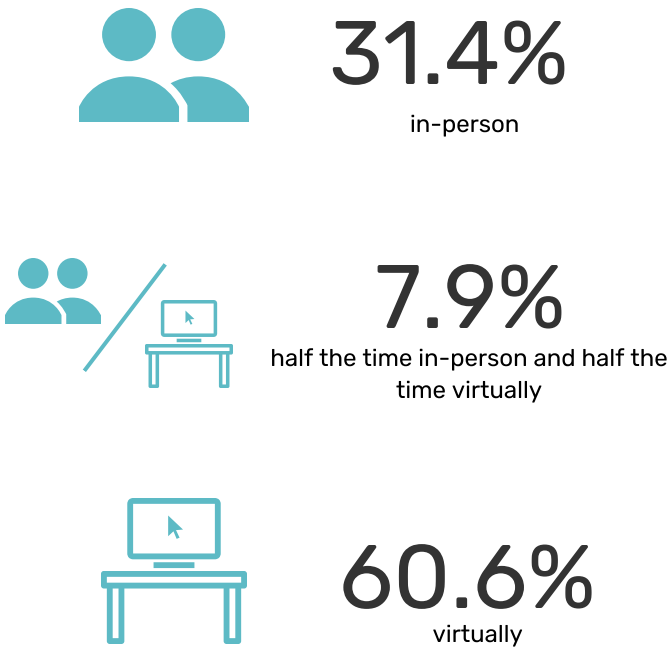
Figure 11: Support for Continuing Virtual Court Hearings (N=257)



Support for continuing virtual court hearings was ranked "high" among 47.2% of respondents ("average" and "low" support among respondents was 37.8% and 15.0%, respectively) (see *Figure 11*).

As of November and December 2020, 31.4% of judicially led diversion programs reported they were holding pre-court staffings in-person (14.1% in-person only; 17.3% usually in-person, rarely virtual), 7.9% of staffings were held half in-person and half virtually, and 60.6% were holding pre-court staffings virtually (7.2% usually virtual, rarely in-person; 53.4% virtual only) (see *Figure 12*).

Figure 12: Method of Conducting Pre-court Staffings in November and December 2020 (N=277)

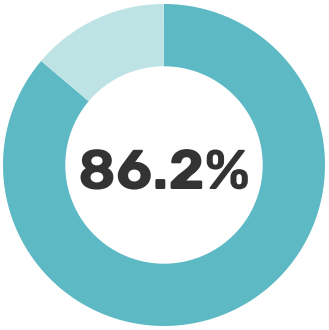


Each program is counted only once in the figure above, even when there were multiple respondents for a single program. Twenty-one programs did not provide a response to this question, don't hold staffings, or were not currently holding staffings.

Respondents who regularly attended pre-court staffings were asked a series of questions about their experiences of in-person and virtual pre-court staffings. Respondents were first asked to rate the quality of information exchanged when pre-court staffings were held in-person and virtually (see *Figure 13*). The quality of information exchanged in pre-court staffings was more likely to be rated as "high" when they were conducted in-person compared to virtual (86.2% vs. 70.4%).

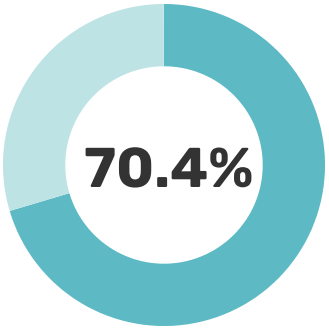
Figure 13: Quality of Information Exchanged in Pre-court Staffings (N=283)

IN-PERSON



Said the quality of information exchanged is **high** when pre-court staffings are held **in-person**

VIRTUAL



Said the quality of information exchanged is **high** when pre-court staffings are held **virtually**

Nineteen percent (19.4%) of respondents reported the quality of information exchanged **decreased** when pre-court staffings were held virtually versus in-person, while 78.1% felt there was **no change** in the quality of information when pre-court staffings transitioned from in-person to virtual (see *Figure 14*).

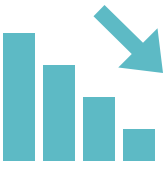
Figure 14: Quality of Information Exchanged When Pre-court Staffings Transitioned to Virtual (N=257)

2.5%

Said the quality of information exchanged **increased** when pre-court staffings were offered **virtually**

78.1%

Said the quality of information exchanged **was the same** when pre-court staffings were offered **virtually**



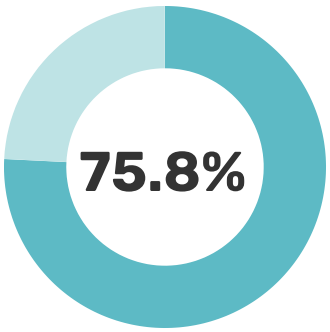
19.4%

Said the quality of information **decreased** when pre-court staffings were offered **virtually**

Respondents were asked to rate the efficiency of staffing when pre-court staffings were held in-person and virtually (see *Figure 15*). The efficiency of staffing was more likely to be rated as "high" when in-person (75.8%) compared to virtual (64.8%).

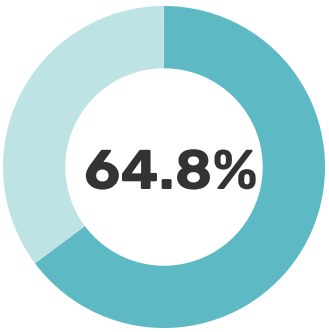
Figure 15: Efficiency of Pre-court Staffings (N=285)

IN-PERSON



Said the efficiency of staffing is **high** when pre-court staffings are held **in-person**

VIRTUAL



Said the efficiency of staffing is **high** when pre-court staffings are held **virtually**

Twenty-three percent (22.8%) of respondents reported the efficiency **decreased** when pre-court staffings were held virtually versus in-person, while 67.7% felt there was **no change** in efficiency when staffings transitioned from in-person to virtual (see *Figure 16*).

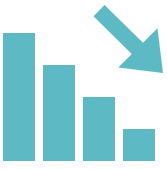
Figure 16: Efficiency of Pre-court Staffings When Staffings Transitioned to Virtual (N=257)

9.5%

Said the efficiency of pre-court staffings **increased** when pre-court staffings were offered **virtually**

67.7%

Said the efficiency of pre-court staffings **was the same** when pre-court staffings were offered **virtually**



22.8%

Said the efficiency of pre-court staffings **decreased** when pre-court staffings were offered **virtually**

Figure 17: Support for Continuing Virtual Pre-court Staffings (N=257)

Support for continuing virtual pre-court staffings was ranked "high" among 63.0% of respondents (28.8% and 8.2% of respondents reported "average" and "low" support, respectively) (see *Figure 17*).

In addition to closed-ended survey response options, respondents were also asked open-ended questions to better understand practices they hoped to keep, modify, or apply going forward and to further understand their views of virtual services. In total, 367 respondents provided at least one response to the open-ended survey questions. A full analysis of the qualitative data will be presented in a future report. The quotes below are a sampling of the open-ended responses provided by respondents related to **virtual court hearings**.

"Virtual appearances make it possible to allow participants a shred of normalcy in their lives as we help them achieve their goals. If they are scheduled to work on a regular court day, being able to call in on a break means they can still appear and work." – Court Coordinator/Administrator, Mental health court

"I enjoy the virtual check-ins with participants. This allows me to get to know different parts of their lives, see where they work and reside, what hobbies they have worked on, etc." – Court Coordinator/Administrator, Adult drug court

"Personal contact with the clients is imperative to their performance in life and successful completion of the program. The clients need human contact and monitoring. Technology cannot be a substitute for trust built over time." – Defense Attorney, Mental health court

"Since we have court every month, if in-person hearings were available in the future, I might not require in-person attendance at every single hearing by parents but I think having them come in-person sometimes is helpful in them establishing trust and credibility with the court and vice versa." – Court Coordinator/Administrator, Early childhood court/Safe baby court

"When COVID-19 lessens, I want back in court. It's just more personal and meaningful to the participants." – Court Coordinator/Administrator, Veterans treatment court

"I think virtual sessions allows for attendance and transportation barriers to be removed. However, I think the accountability must be improved, sanctions must be given, screens must take place, home checks allowed and, on a case-by-case basis, allow for virtual sessions and check-ins. It feels less formal and shouldn't be." – Treatment provider, Adult drug court

The quotes below are a sampling of the open-ended responses provided by respondents related to **virtual pre-court staffing**.

"The modern application of technology enabling virtual meetings is valuable to streamlining communications, increasing productivity, and reducing unnecessary travel." – Probation/Parole Officer, Adult drug court

"I would like the staffing to be open to use a virtual option as all staff members' input is valuable but understanding that staff may be needed elsewhere for needs or their agencies may not allow them to attend in-person for quite some time due to COVID-19." – Court Coordinator/Administrator, Family dependency drug court

"Virtual staff meetings are a benefit to me because I have ready access to my database when additional questions are asked. Unfortunately, sometimes other team members are distracted because other business is going on in their offices during our staff meetings." – Court Coordinator/Administrator, Adult drug court

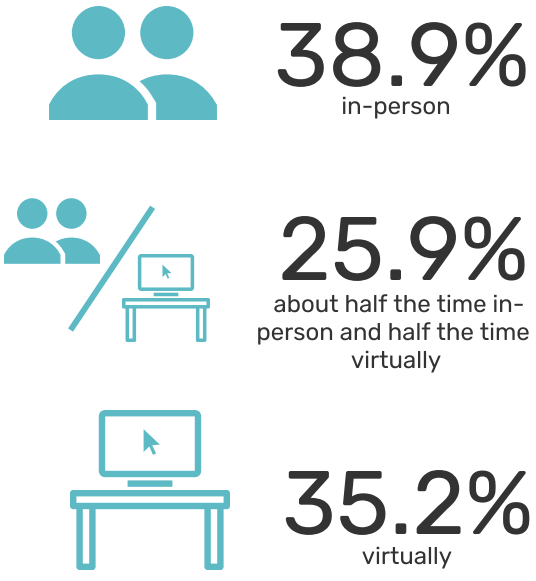
"The opportunity to hold pre-court staffing virtually has allowed for greater participation by partner agencies. Moving forward, this is an area we will continue as it reduces travel time for our agency partners. Additionally, the option to attend court virtually has allowed participants who reside in and out of town residential placement to attend and we can see the benefit even without the pandemic." – Court Coordinator/Administrator, Adult drug court

"Virtual staffing meetings have been very helpful. They allow me to have access to more information (at my computer) than if I am in a conference room stuck with just paper files." – Prosecutor, Adult drug court

Treatment and Recovery Support Services

Problem-solving courts and other judicially led diversion programs collaborate with behavioral health and recovery support service providers to connect court participants with needed treatment and services. Prior to COVID-19, providers typically conducted clinical assessments in-person to determine program eligibility and determine treatment needs.

Figure 18: Method of Conducting Clinical Assessments in November and December 2020 (N=54)



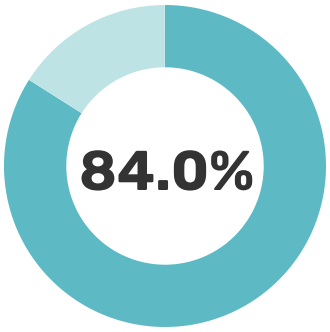
Each program is counted only once in the figure above, even when there were multiple respondents for a single program. The majority of the survey respondents were not part of the assessment process and did not provide responses for this portion of the survey.

Treatment respondents who conducted clinical assessments were asked how these assessments are taking place. As of November and December 2020, 38.9% of programs reported they were conducting clinical assessments in-person (14.8% in-person only; 24.1% usually in-person, rarely virtual), 25.9% were conducting clinical assessments half in-person and half virtually, and 35.2% were conducting clinical assessments virtually (7.4% usually virtual, rarely in-person; 27.8% virtual only) (see *Figure 18*).

Respondents who were part of the assessment process were asked to rate the ability to gather information needed to determine program eligibility when assessments were conducted in-person and virtually (see *Figure 19*). The ability to gather the information needed was more likely to be rated as "high" when in-person (84.0%) compared to virtual (51.4%) (see *Figure 19*).

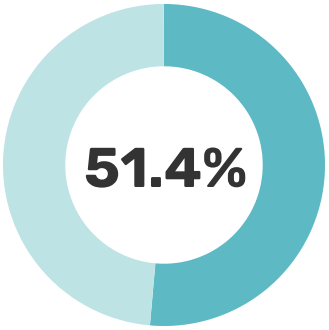
Figure 19: Ability to Gather Information Needed to Determine Program Eligibility (N=77)

IN-PERSON



Said the ability to gather the information needed to determine eligibility is **high** when assessments are conducted **in-person**

VIRTUAL



Said the ability to gather the information needed to determine eligibility is **high** when assessments are conducted **virtually**

Thirty-five percent (34.8%) of respondents reported that the ability to gather information to determine program eligibility **decreased** when assessments were conducted virtually versus in-person, while 59.1% felt there was **no change** in the ability to gather information when assessments transitioned from in-person to virtual (see *Figure 20*).

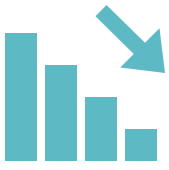
Figure 20: Ability to Gather Needed Information to Determine Program Eligibility in a Virtual Setting (N=77)

6.1%

Said the ability to gather information needed to determine program eligibility **increased** when assessments were conducted **virtually**

59.1%

Said the ability to gather information needed to determine program eligibility **was the same** when assessments were conducted **virtually**



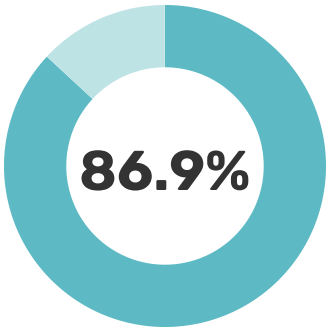
34.8%

Said the ability to gather information needed to determine program eligibility **decreased** when assessments were conducted **virtually**

Treatment staff who conducted assessments were asked to rate the quality of clinical information gathered when assessments were conducted in-person and virtually (see *Figure 21*). The quality of the clinical information was more likely to be rated as "high" when gathered in-person (86.9%) compared to virtual (36.8%).

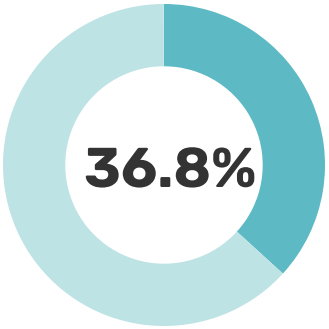
Figure 21: Quality of Clinical Information Gathered in Assessments (N=77)

IN-PERSON



Said the quality of clinical information gathered is **high** when assessments are conducted **in-person**

VIRTUAL



Said the quality of clinical information gathered is **high** when assessments are conducted **virtually**

Thirty-six percent (36.4%) of treatment staff reported that the quality of clinical information **decreased** when assessments were conducted virtually versus in-person, while 60.6% felt there was **no change** in the quality of information gathered when assessments transitioned from in-person to virtual (see *Figure 22*).

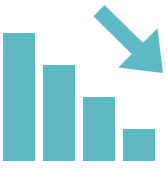
Figure 22: Quality of Clinical Information Collected for Assessments in a Virtual Setting (N=77)

3.0%

Said the quality of clinical information collected for assessments **increased** when assessments were conducted **virtually**

60.6%

Said the quality of clinical information collected for assessments **was the same** when assessments were conducted **virtually**



36.4%

Said the quality of clinical information collected for assessments **decreased** when assessments were conducted **virtually**

Treatment respondents responsible for conducting assessments were asked to rank participants' engagement based on how they connected to virtual assessments (see *Figure 23*). Engagement was more likely to be rated as "high" when participants connected to virtual assessments using **audio and video** versus audio only (43.3% vs. 30.2%).

Figure 23: Engagement in Virtual Assessments Based on Technology Used (N=67)

43.3%

Said participants' engagement is **high** in virtual assessments when participants connect to virtual assessments using **audio and video**.

30.2%

Said participants' engagement is **high** in virtual assessments when participants connect to virtual assessments using **only audio**.

Figure 24: Level of Support for Continuing Virtual Assessments (N=69)

Support for continuing virtual assessments was ranked **"high"** among 55.1% of respondents responsible for conducting assessments ("average" and "low" support among respondents was 34.8% and 10.1%, respectively) (see *Figure 24*).

As of November and December 2020, 18.7% of judicially led diversion programs reported they were holding treatment groups in-person (4.7% in-person only; 14.0% usually in-person, rarely virtual), 36.0% were holding them half in-person and half virtually, and 45.3% were holding treatment virtually (30.6% usually virtual, rarely in-person; 14.7% virtual only) (see *Figure 25*). Additional information about specific treatment and service modalities can be found in the *Appendix*.

Figure 25: Method of Providing Treatment in November and December 2020 (N=278)

18.7%
in-person

36.0%
half the time in-person and half the time virtually

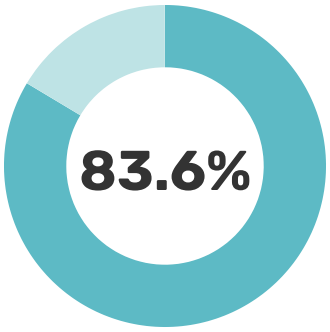
45.3%
virtually

Each program is counted only once in the figure above, even when there were multiple respondents for a single program. Nine programs did not provide a response to this question.

Treatment respondents were asked to rate the treatment group facilitator's ability to build rapport when treatment was offered in-person and virtually (see *Figure 26*). The ability to build rapport was more likely to be rated as "high" when offered in-person (83.6%) compared to virtual (35.3%).

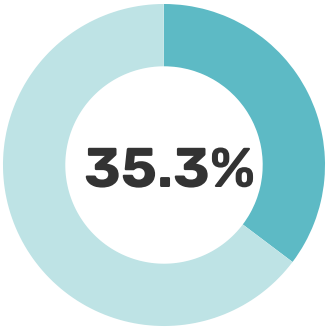
Figure 26: Facilitator's Ability to Build Rapport in Treatment Groups (N=111)

IN-PERSON



Said the treatment group facilitator's ability to build rapport is **high** when treatment is offered **in-person**

VIRTUAL



Said the treatment group facilitator's ability to build rapport is **high** when treatment is offered **virtually**

Fifty-two percent (51.7%) of treatment respondents reported that the treatment group facilitator's ability to build rapport **decreased** when treatment was held virtually versus in-person, while 45.7% felt there was **no change** in the ability to build rapport when treatment transitioned from in-person to virtual (see *Figure 27*).

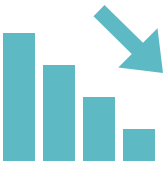
Figure 27: Ability of the Treatment Group Facilitator to Build Rapport in a Virtual Setting (N=111)

2.6%

Said the ability of the treatment group facilitator to build rapport **increased** when treatment was conducted **virtually**

45.7%

Said the ability of the treatment group facilitator to build rapport **was the same** when treatment was conducted **virtually**

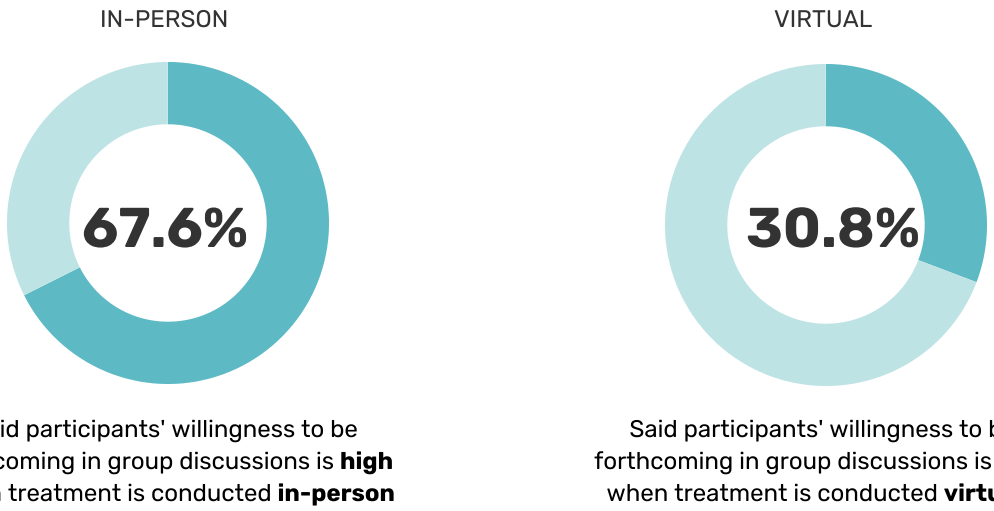


51.7%

Said the ability of the treatment group facilitator to build rapport **decreased** when treatment was conducted **virtually**

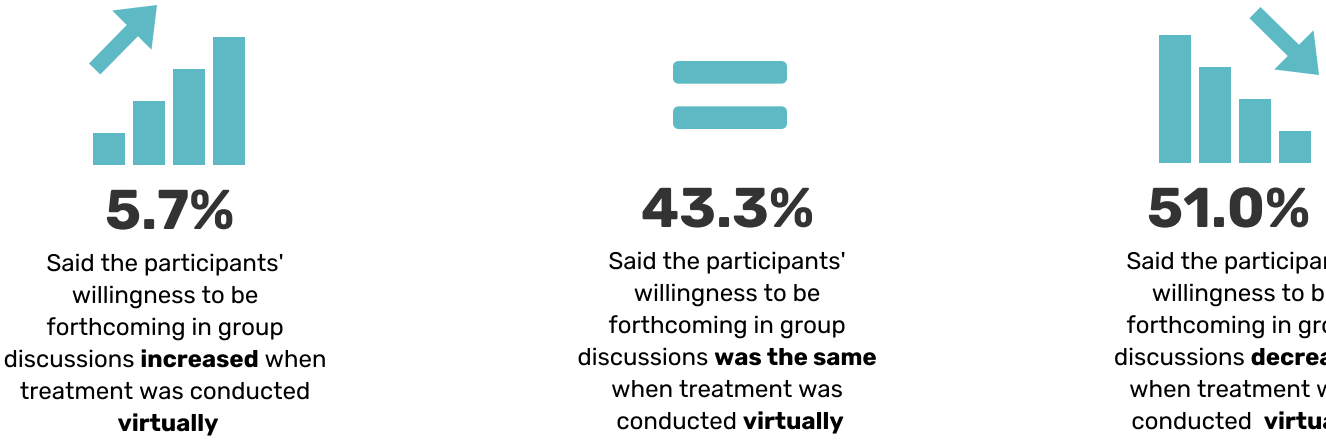
Treatment respondents were asked to rate the participants' willingness to be forthcoming in group discussions when treatment was conducted in-person and virtually (see *Figure 28*). The respondents were more likely to rate the willingness of participants to be forthcoming in group discussions as "high" when in-person (67.6%) compared to virtual (30.8%).

Figure 28: Participants' Willingness to be Forthcoming in Group Discussions (N=111)



Fifty-one percent (51.0%) of treatment respondents reported that the participants' willingness to be forthcoming in group discussions **decreased** when treatment was held virtually versus in-person, while 43.3% felt there was **no change** in the participants' willingness to be forthcoming in group discussions when treatment transitioned from in-person to virtual (see *Figure 29*).

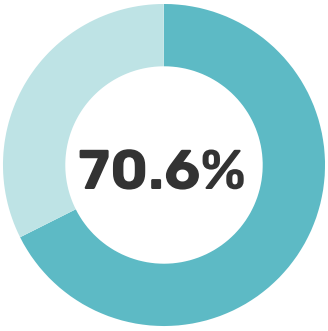
Figure 29: Participants' Willingness to be Forthcoming in Group Discussions in a Virtual Setting (N=111)



Treatment respondents were asked to rate participants' engagement in treatment groups when groups were conducted in-person and virtually (see *Figure 30*). The level of participant engagement in treatment groups was more likely to be rated as "high" when treatment groups were offered in-person (70.6%) compared to virtual (30.6%).

Figure 30: Participants' Engagement in Group Discussions (N=111)

IN-PERSON



Said participants' engagement in treatment groups is **high** when treatment is conducted **in-person**

VIRTUAL

Said participants' engagement in treatment groups is **high** when treatment is conducted **virtually**

Fifty-one percent (50.9%) of treatment respondents reported that engagement in group discussions **decreased** when treatment was held virtually versus in-person, while 44.4% felt there was **no change** in engagement in group discussions when treatment transitioned from in-person to virtual (see *Figure 31*).

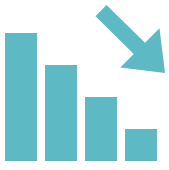
Figure 31: Participants' Engagement in Treatment Groups in a Virtual Setting (N=108)

4.6%

Said participants' engagement in treatment groups **increased** when treatment was conducted **virtually**

44.4%

Said participants' engagement in treatment groups **was the same** when treatment was conducted **virtually**



50.9%

Said participants' engagement in treatment groups **decreased** when treatment was conducted **virtually**

Figure 32: Support for Continuing Virtual Treatment Groups (N=116)

Support for continuing virtual treatment groups was ranked **"high"** among 46.6% of treatment respondents ("average" and "low" support among respondents was 37.0% and 16.4%, respectively) (see *Figure 32*).

Figure 33: Confidentiality in Virtual Treatment Groups (N=121)

52.9%
do not believe maintaining confidentiality in virtual treatment groups has been a major issue

Fifty-three percent (52.9%) of the treatment respondents did not believe maintaining confidentiality in virtual treatment groups has been a major issue for their agencies (see *Figure 33*).

The quotes below are a sampling of the open-ended responses provided by respondents related to **virtual treatment**.

"I love doing virtual groups. It has provided people more opportunity to participate because they can remain at work and stop for their session, then return to work. I think individual sessions should be face-to-face in some capacity." – Treatment provider, Adult drug court

"Virtual participation and intakes have had advantages for some clients, but in-person participation is also needed, especially for groups and individual treatment. An integrated combination of both tailored to individual needs is probably ideal." – Treatment provider, Adult drug court

"We hope to retain some capability for group and individual counseling as well as psychiatry and case management. For some of our client population we have seen increased engagement, attendance, and progress. It cannot be a one-size-fits-all approach as some other clients who do not respond well to telehealth started to disengage and had to be shifted to in-person services." – Treatment provider, Mental health court

"Virtual video visitation would be something I would like to remain, so children and parents can have more visits."– Court Coordinator/Administrator, Early childhood court/Safe baby court

"I think the client's type of illness, functioning, and symptomology impacts how well they do virtually versus in-person for treatment. We have had to create decision trees to determine if audio, video, or in-person treatment is best for each client. Generally speaking, we find clients who participate in virtual appointments with video benefit and it can be less intimidating at times than in-person settings." – Treatment provider, Mental health court

"As with all things related to treatment, some participants respond better to virtual treatment and others prefer and respond better to in-person treatment services. Still others don't appear to have any preference at all between in-person and virtual. Virtual treatment options are a huge asset to remove transportation barriers to accessing and maintaining continuity of care." – Treatment provider, Co-occurring court

"Engagement is definitely improved with video capabilities. With video capabilities we can also better ensure the confidentiality of participants, and are able to use visual cues as to their demeanor, self-care, etc. However, the biggest obstacle has been that participants lack data on their phones and can't support both video and audio at the same time." – Treatment provider, Veterans treatment court

"Lack of technology is a big part of non-compliance at this time. It is also challenging for people to participate in a group while at home, as there are multiple distractions at home. We have no available sanctions to help incentivize people to participate." – Treatment provider, Adult drug court

"When we went all virtual, it impacted our clients tremendously considering they had been receiving all services in-person. Some relapsed and started to slide due to the missed face-to-face contact they were used to having. It seems to work better with at least a mixture of face-to-face and virtual services." – Treatment provider, Adult drug court

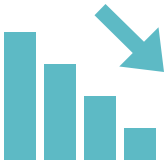
Community Supervision

Community supervision officers and law enforcement officers working within judicially led diversion programs supervise participants in the community, and frequently conduct drug and alcohol testing. As community supervision officers adjusted practices due to COVID-19, 61.2% of the community supervision and law enforcement officers surveyed indicated a **decrease** in in-person supervision activities since March 2020 (see *Figure 34*).

Figure 34: Supervision Levels Since March 2020 (N=50)

18.4%
Report supervision levels **increased** since March 2020

20.4%
Report supervision levels **stayed the same** since March 2020



61.2%
Report supervision levels **decreased** since March 2020

Fifty-two percent (52.0%) of the community supervision respondents indicated their office or court program had introduced new technology since March 2020 to support community supervision. This included mobile phone-based applications (41.0%), electronic monitoring (24.0%), and text-based check-ins (29.0%).

Community supervision respondents were asked about the in-person and virtual supervision approaches used in November and December 2020. Each court, regardless of the number of respondents for the court, is reflected only once in *Table 7*.

Table 7: Community Supervision Approaches in Judicially Led Diversion Programs (N=23)

	All	Majority	Some	Very Few	Not conducted
In-person Supervision					
Office-based supervision visits	13.0%	13.0%	17.4%	26.2%	30.4%
Home visits in-person	4.8%	23.8%	19.0%	14.3%	38.1%
Employment checks in-person	5.6%	0.0%	11.0%	27.8%	55.6%
Curfew checks in -person	16.7%	4.2%	12.5%	12.5%	54.1%
Virtual Supervision					
Virtual home visits	44.4%	11.1%	5.6%	5.6%	33.3%
Virtual employment checks	6.7%	0.0%	26.7%	13.3%	53.3%
Virtual curfew checks	17.4%	17.4%	26.1%	17.4%	21.7%

Two-thirds (65.3%) of community supervision respondents noted that compliance with community supervision was high prior to March 2020, while only 20.4% of respondents considered compliance among participants to be high after March 2020 (see *Figure 35*).

Figure 35: Reported Compliance with Community Supervision Pre- and Post-March 2020 (N=50)

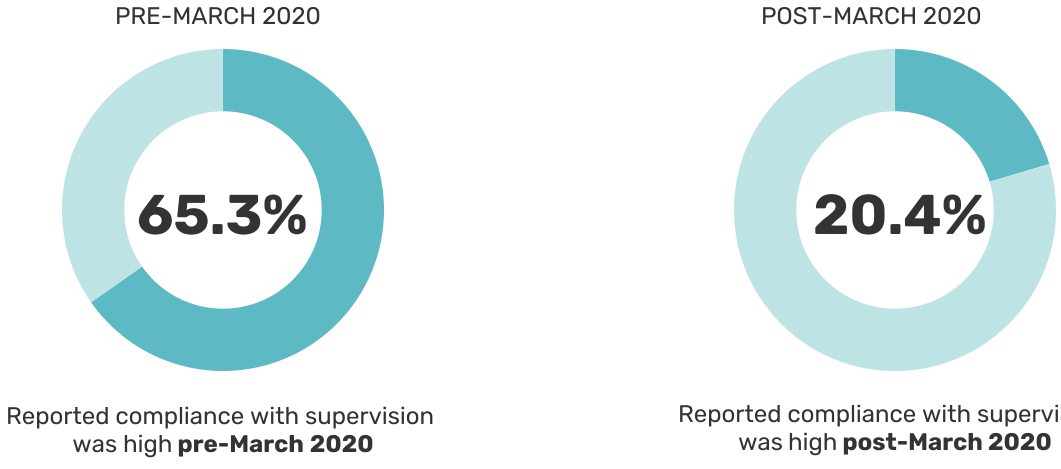


Figure 36: Level of Drug and Alcohol Use (N=342)

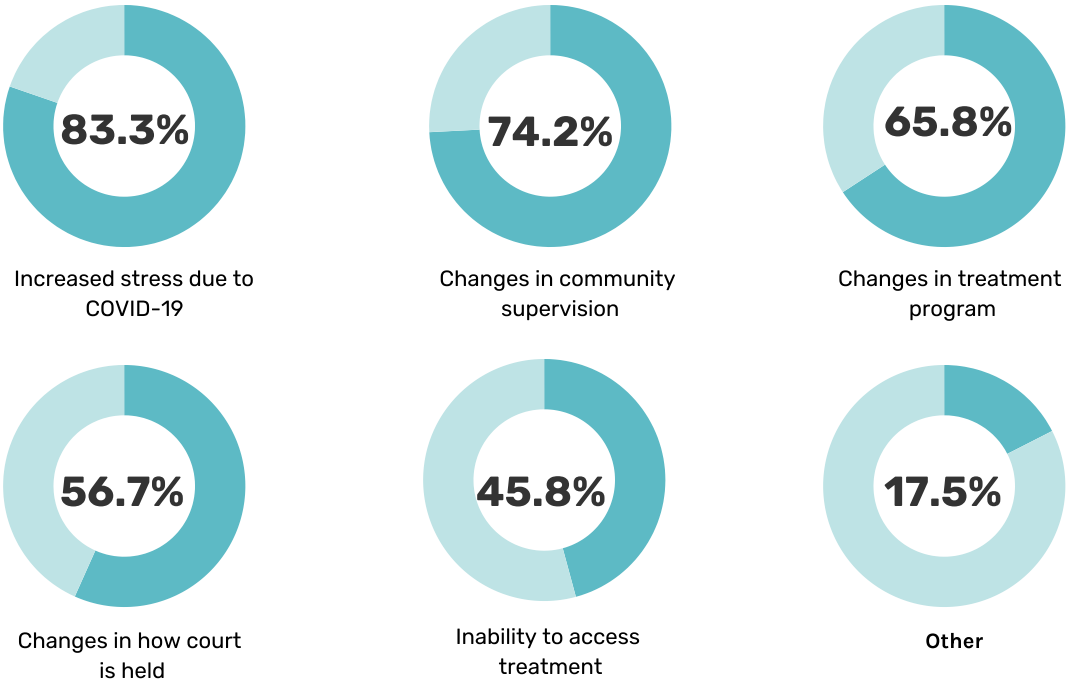
35.1%

Felt participants' substance use was **higher** post-March 2020

Fifty-seven percent (56.7%) of respondents felt that court participants' level of drug or alcohol use had stayed the same during the pandemic with 35.1% reporting higher rates of substance use (see *Figure 36*).

Of those who felt that court participants were using substances at higher rates post-March 2020, 83.3% felt this was because of increased stress due to COVID-19; others felt the increase in substance use was due to changes in how community supervision was conducted (74.2%) (see *Figure 37*).

Figure 37: Reasons for Increased Substance Use (N=120)



The quotes below are a sampling of the open-ended responses provided by respondents related to **community supervision**. All respondents were probation or parole officers working in adult drug courts.

"We have attempted to keep things as close to normal as possible. However, there is nothing we have adopted during this time that I feel takes the place of any of the prior practices."

"One of the biggest pieces of technology we are currently using, which I hope to continue, is virtual check-ins in order to lay eyes on the client and to see where they are."

"Some virtual office visits would be helpful in the future as an incentive for those doing well in the program."

Barriers and Facilitators

All survey respondents were asked about barriers and facilitators in implementing virtual services. Respondents were consistently less concerned when it came to barriers for themselves, but felt significant concern for court participants (see *Table 8*). When asked whether access to technology was a barrier to implementing services virtually, 2.0% of survey respondents reported this as a significant barrier for themselves, and 10.2% indicated it was somewhat of a barrier; this compared to 60.8% seeing it as somewhat of a barrier for participants and 15.8% as a significant barrier. Similar trends were reported with regard to access to the internet or Wi-Fi and skill level.

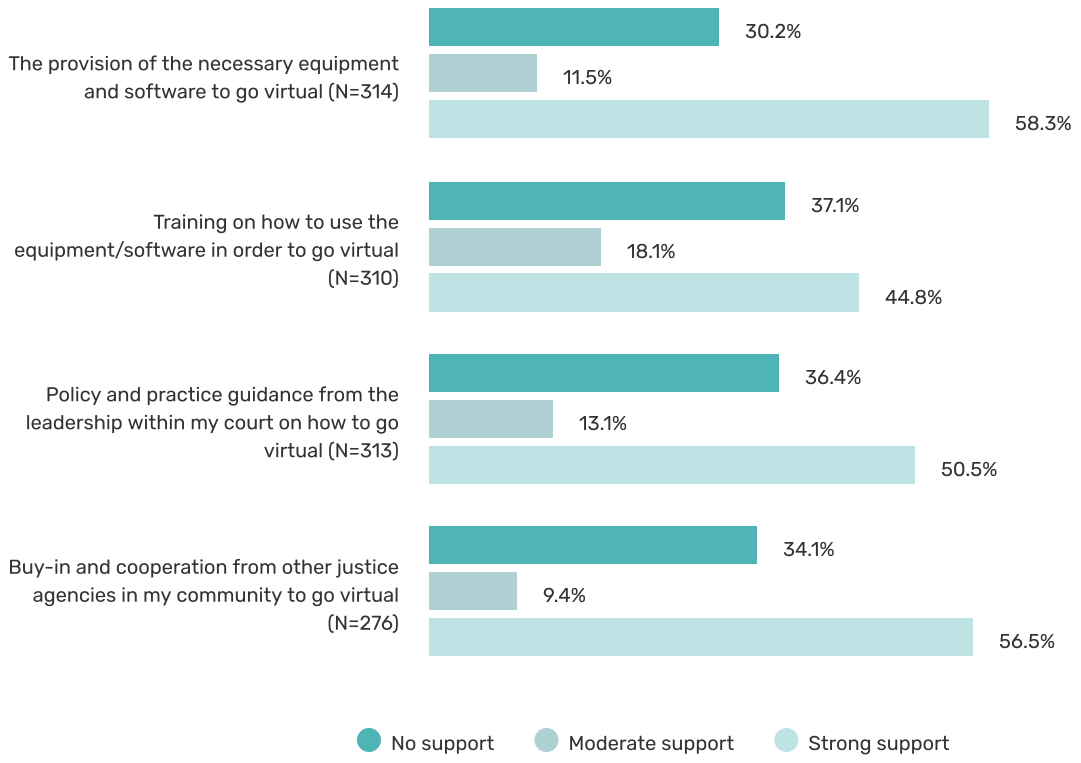
Table 8: Barriers to Virtual Service Delivery (N=500)

	Significant barrier for the staff respondent	**Significant barrier for the participant (as reported by the staff respondent)**	**Somewhat of a barrier for the staff respondent**	**Somewhat of a barrier for the participant (as reported by the staff respondent)**
Access to technology	2.0%	15.8%	10.2%	60.8%
Access to Wi-Fi/Internet	1.4%	17.4%	6.2%	61.8%
Technology skill level	1.0%	11.4%	12.0%	64.4%

Statistical analysis reveals that when survey respondents reported greater barriers for court participants, they were less likely to support the continuation of virtual services. For example, 76.6% of survey respondents felt that court participant access to technology was either a moderate or significant barrier to implementing virtual court services. Those who responded this way were less likely to support ongoing virtual court hearings as well as virtual treatment and recovery services, screening and assessments, and community supervision than those who did not feel access to technology was a barrier. The same was true when survey respondents reported greater barriers for court participants in terms of access to Wi-Fi/internet and technology skill level.

Court programs that deliver services virtually were asked about factors that respondents might consider facilitators, or things that ease the implementation of virtual services. High levels of agency support facilitated the transition to virtual services as approximately two-thirds of respondents indicated they received moderate or strong support in the provision of and training for the necessary equipment and software, policy and practice guidance from the leadership, and buy-in from other justice agencies (see *Figure 38*).

Figure 38: Facilitators Supporting Virtual Court Services



With regard to facilitators, respondents who felt they received the necessary equipment and software to conduct services virtually were more likely than those who did not receive this support to favor the continuation of virtual court hearings, staff meetings, treatment and recovery services, and community supervision.

Next Steps

In February 2021, a survey designed to collect feedback from court participants will be deployed nationally to further contribute to the preliminary findings in this report focused on feedback from practitioners. The participant survey will collect information related to the following areas:

- Experiences with virtual court and treatment groups
- Barriers and facilitators to participating in virtual services
- Support for continued virtual or hybrid service models
- Experiences during the pandemic

In January 2021, a pilot participant survey was deployed in a drug court located in a suburban community in Virginia. The pilot survey helped to validate the concepts in the survey and ensure the survey could be successfully deployed electronically. Thirteen participants completed the survey for a response rate of 68.4%. The authors would like to thank the drug court administrator and the respondents for supporting the pilot participant survey.

Data collection from participants will conclude in mid-April 2021. If you are interested in participating in data collection, please contact Tara Kunkel at Tara@rulostrategies.com or Kristina Bryant at Kbryant@ncsc.org.

Conclusions

Based on the preliminary survey findings highlighted in this report, judicially led diversion programs have reduced in-person interactions and incorporated virtual services in some capacity in response to the COVID-19 pandemic. However, there was mixed support for continuing virtual delivery of services. The strongest support was for virtual pre-court staffings, with respondents rating virtual staffings as effective as in-person. There was also support for continuing virtual court hearings, but concern was expressed about the ability of judges to build rapport with court participants. Further analysis noted if a judge was able to develop rapport in-person, they were also able to do so virtually. Treatment and supervision received less support to be continued virtually as there were significant concerns around participant engagement and treatment effectiveness.

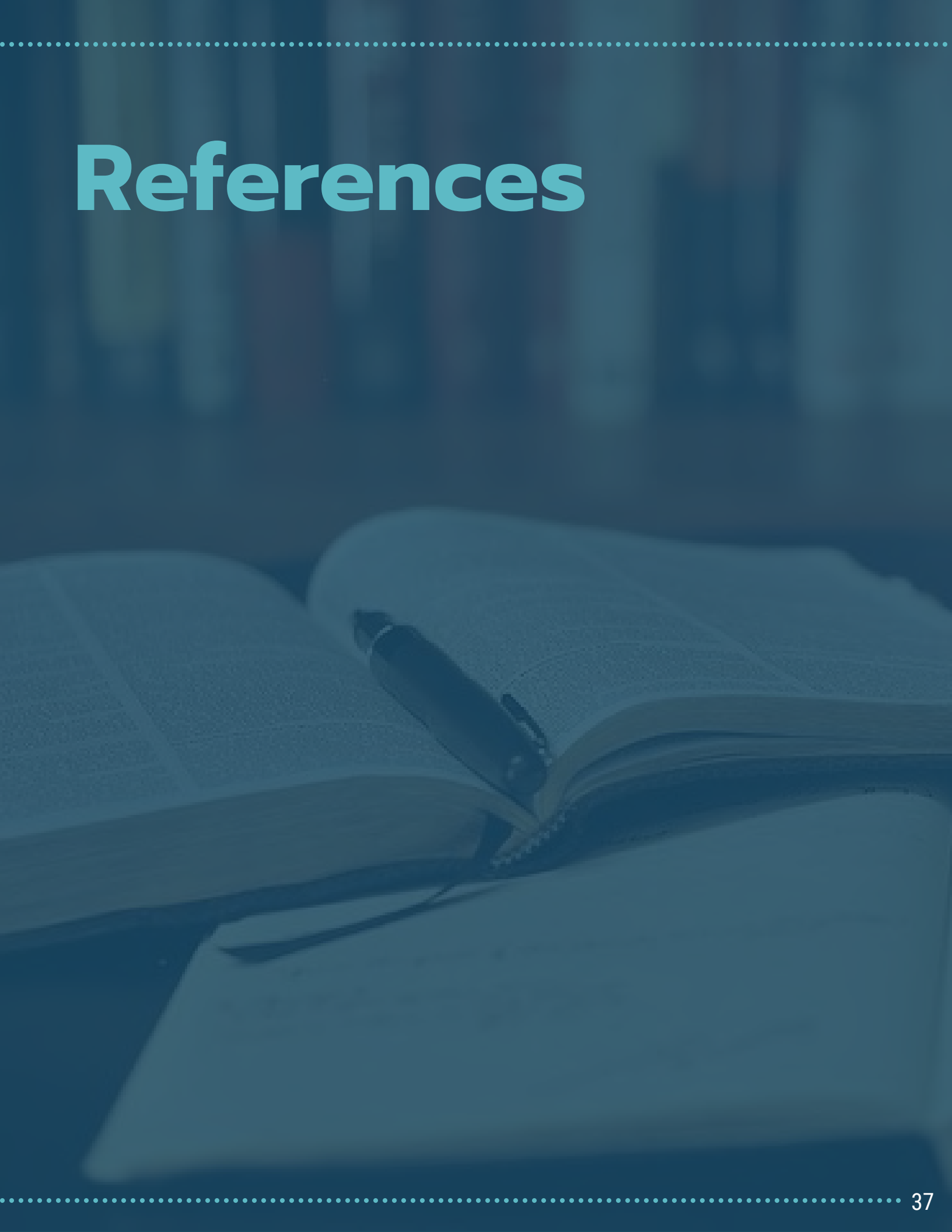
Court team members reported few barriers for themselves toward implementing virtual services; however, there was notable concern about barriers for the court participants that included access to technology, Wi-Fi, skills, and physical space to use virtual services. Importantly, those who reported high barriers for participants were less likely to support the continued use of virtual services. Additionally, those who felt they were provided with the necessary equipment and software to deliver the services virtually were more likely to support continuing virtual court hearings, staffings, and treatment and recovery services.

Research on telehealth has demonstrated increased access to care, high levels of satisfaction among patients and providers for a variety of services (3,4), and is comparable to in-person care (5). The implementation of telehealth services in correctional settings has been found to improve behavioral health services for people incarcerated with little additional cost (6), and prior research in drug treatment courts show virtual services can improve access to resources, particularly in rural areas (7). However, this

research is reflective of the use of virtual services prior to the onset of the COVID-19 pandemic, when it served as a supplement, not a replacement, to in-person interactions.

Research will be needed to determine whether concerns are related to the efficacy of virtual delivery, equity in access to the technology required to use virtual services, or both. Research is also needed to determine the effectiveness of these practices in a post-pandemic environment. And finally, it is also critical to understand the views of the court participants themselves.

References



References

1. National Institute of Justice: Problem-Solving Courts, 2020.Available from: https://nij.ojp.gov/topics/articles/problem-solving-courts
2. Strong SM, Rantala R, Kyckelhahn T: Census of Problem-Solving Courts, 2012. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2016. Available from: https://www.bjs.gov/content/pub/pdf/cpsc12.pdf
3. Hilty DM, Marks SL, Urness D, et al.: Clinical and educational telepsychiatry applications: a review. Can J Psychiatry 49: 12–23, 2004.
4. Hubley S, Lynch SB, Schneck C, et al.: Review of key telepsychiatry outcomes. World J Psychiatry 6: 269–282, 2016.
5. Hilty DM, Ferrer DC, Parish MB, et al.: The Effectiveness of Telemental Health: A 2013 Review. Telemedicine and e-Health 19: 444–454, 2013.
6. Telepsychiatry in Correctional Facilities: Using Technology to Improve Access and Decrease Costs of Mental Health Care in Underserved Populations. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3783076/
7. Schachar A, Arnold A, Benally P: The Future is Now: Enhancing Drug Court Operations Through Technology | Center for Court Innovation. Bureau of Justice Assistance, U.S. Department of Justice, 2015 [cited 2020 Dec 22]. Available from: https://www.courtinnovation.org/publications/future-now-enhancing-drug-court-operations-through-technology
8. Edge C, Black G, King E, et al.: Improving care quality with prison telemedicine: The effects of context and multiplicity on successful implementation and use. J Telemed Telecare 1357633X19869131, 2019.

Appendix


SURVEY
How was your experience with us?
Select one
Fantastic
Good
Average
Poor
Very poor!!
Are you going to recommend
Yes
No
What can we do to impr
Write a comment...
Finish

Additional Data

Additional data can be found in this Appendix.

Table 9: Demographics of Practitioner Survey Respondents

	Individual Respondents
Gender (N=427)	
Male	34.7%
Female	65.3%
Race (N=419)*	
White	89.0%
Black/African American	6.4%
Other	4.5%
*Total equals 99.9%	
Ethnicity (N=406)	
Hispanic or Latino	7.9%
Not Hispanic or Latino	92.1%

Table 10: Additional Demographics of Practitioner Survey Respondents

	Individual Respondents
Age Category (N=443)	
Under 25 years old	1.4%
25-34 years old	14.2%
35-44 years old	28.4%
45-54 years old	27.8%
55-64 years old	20.5%
65-74 years old	7.4%
75+ years old	0.3%
Education (N=447)	
High school diploma or GED	1.8%
Some college, but no degree	4.9%
Associates degree (for example: AA, AS)	5.6%
Bachelor's degree (for example: BA, BBA, BS)	33.8%
Master's degree (for example: MA, MS)	29.3%
Professional degree (for example: MD, DDS, JD)	19.5%
Doctorate (for example: PhD, EdD)	2.9%
Other special training or certification	2.2%

Table 11: Programmatic Changes Made During the Pandemic (N=298)

Which of the following did your court program do in light of the pandemic?	**Not at any point**	**At some point**	**Currently doing**	**Applicable Programs**
Reducing our program's use of jail as a sanction	18.5%	31.0%	50.5%	89.6%
Suspending community service requirements	30.0%	40.8%	29.2%	83.0%
Not issuing warrants or sanctions for technical violations for positive drug/alcohol screens	41.7%	31.7%	26.6%	89.6%
Not issuing warrants or sanctions for technical violations for other supervision non-compliance	47.6%	28.8%	23.6%	87.9%
Suspending requirements to attend peer or mutual support groups	57.8%	30.3%	11.9%	93.4%

Table 12: Financial and Programmatic Changes Made During the Pandemic (N=298)

Which of the following did your court program do in light of the pandemic?	Not at any point	At some point	Currently doing	Applicable Programs
Waiving or suspending program fees	63.0%	19.5%	17.5%	53.3%
Waiving or suspending supervision fees	79.0%	7.5%	13.5%	46.0%
Waiving or suspending treatment fees	76.9%	11.2%	11.9%	46.4%
Suspending restitution payments	82.5%	10.3%	7.2%	63.7%
Reducing requirements for program completion	82.5%	10.3%	7.2%	91.0%
Reducing the program length	94.8%	2.8%	2.4%	86.9%

Table 13: Treatment and Recovery Support Services by Delivery Method

Treatment and Recovery Support Services	In-person	Virtual
Outpatient substance abuse treatment (N=38)	57.9%	42.1%
Mental health treatment (N=34)	61.8%	38.2%
Peer recovery support services (N=32)	71.9%	28.1%
Medication assisted treatment (N=25)	56.0%	44.0%
Parenting and family strengthening programs (N=34)	61.8%	38.2%
Family navigation and supportive services (N=35)	71.4%	28.6%
Clinical case management (N=36)	63.9%	36.1%
Psychiatric services (N=36)	52.8%	47.2%
Cognitive-behavioral treatment (e.g., Thinking for a Change, MRT) (N=27)	51.9%	48.1%
Trauma-specific services (N=36)	46.2%	53.8%

Table 13 is based on the count of unique court programs. For each practice examined, a single response per court was counted. Responses of "Offered in-person" and "Offered primarily in-person and rarely virtually" were included "In-person." Responses of "Offered primarily virtually and rarely in-person," and "Offered about half of the time in person, half of the time virtually" were included in "Virtual." It is important to note that some services were not used by particular programs prior to March 2020 or since which is why the number of responses changes for each service.