

Adoption of Virtual Services in Judicially Led Diversion Programs Final Findings

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Prepared by

Tara Kunkel, MSW
Executive Director
Rulo Strategies LLC

Brad Ray, PhD
Senior Justice and Behavioral Health Researcher

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

Contributors

Beverly Hanson, National Center for State Courts
Katie Bailey, MPA, Wayne State University
Philip Huynh, MPH, Wayne State University

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Executive Summary

This report reflects the findings from the *Adoption of Virtual Services in Judicially Led Diversion Programs* survey. The data reflected in this report was collected from November 2020 through June 2021.

The focus of this report is on 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, using “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, treatment, and community supervision.

This report highlights survey results from 891 respondents—including judges, court coordinators, treatment providers, case managers, and community supervision officers—from 518 unique court programs. It 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 from this study are based on a convenience sample and not a scientifically derived sample aimed at generalizing results across all judicially led diversion programs. The online survey analyzed in this report was distributed between November 2020 and June 2021 to judges, court coordinators, treatment providers, case managers, and community supervision officers who work in a judicially led diversion program in the United States. The survey took approximately 12 minutes to complete and included quantitative and qualitative questions about in-person and virtual experiences with the court, treatment, and community supervision. The survey also asked about perceived benefits of virtual court and treatment, support for continuing virtual court and treatment, and aspects of community-based supervision. Our objective was to understand how judges, treatment providers, probation officers, and other stakeholders experienced virtual services in judicially led diversion programs. Many of the questions in the survey were measures associated with procedural justice that were first explored in the *Multi-site Adult Drug Court Evaluation*.

Key **court findings** include:

- The majority of respondents indicated they were holding court hearings and pre-court staffings virtually at the time of

the survey.

- The majority of respondents rated the quality of information exchanged, the judge's ability to form connections, and the participant's willingness to talk higher when court hearings were held in person compared to when court was held virtually.
- Nearly half (47%) of the respondents reported strong support for continuing virtual hearings, with many respondents preferring a hybrid approach.
- Sixty-one percent (61.2%) of respondents reported strong support for continuing virtual pre-court staffings.

Key **treatment findings** include:

- Treatment respondents reported that half (47%) of the treatment groups were held virtually at the time of the survey. Slightly more than a third were a hybrid of in-person and virtual.
- The majority of treatment respondents reported more positive ratings related to the facilitators' ability to build rapport, participant's engagement in treatment, and the participant's willingness to talk in group when treatment groups were held in person compared to virtual treatment groups.
- Nearly half of the treatment staff indicated strong support for continuing virtual treatment, slightly more than a third were neutral, and almost 20% did not support its continued use.

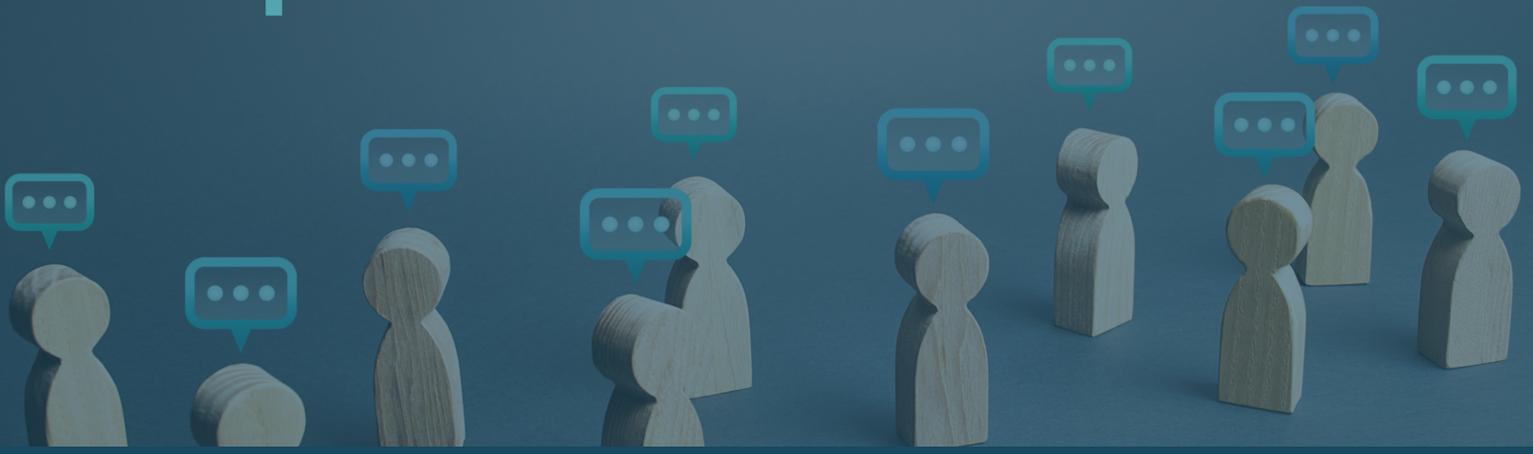
Key **community-based supervision** findings include:

- Approximately thirty-nine percent (38.6%) of respondents indicated that supervision levels had stayed the same since March 2020, while 35.9% indicated they had decreased and 25.5% indicated they had increased.
- Community supervision officers reported that compliance with community supervision was impacted during the pandemic. High levels of compliance decreased 20% from pre-March 2020 to post-March 2020 (63% to 41%, respectively),

Additional findings:

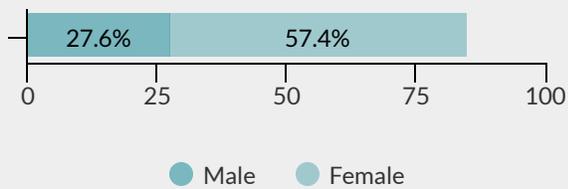
- The majority of respondents reported few barriers for themselves as they transitioned from in-person services to virtual. However, respondents identified participant access to technology, access to Wi-Fi and the internet, and the participant's technology skill level as a significant barrier for between 10 to 15% of the participants in judicially led diversion programs.
- Respondents reported agency support regarding training on how to use the equipment and software to transition to virtual platforms, strong support regarding the provision of necessary equipment, policy and practice guidance, and buy-in and cooperation from other justice agencies.

Survey Respondents



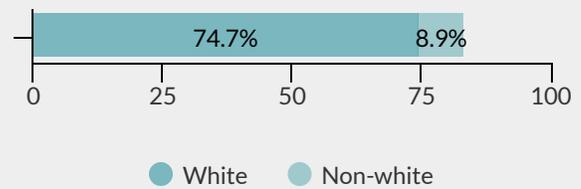
The findings reflected in this report are based on data collected from an online survey deployed with the assistance of regional and national organizations that support judicially led diversion programs throughout the country. A total of 891 participants completed the survey, which was administered online between November 2020 and June 2021. This convenience sample of courts was not a scientifically derived sample aimed at generalizable results. The majority of survey respondents were female (57.4%), White (74.7%), and non-Hispanic (76.1%).

Figure 1: Gender of respondents



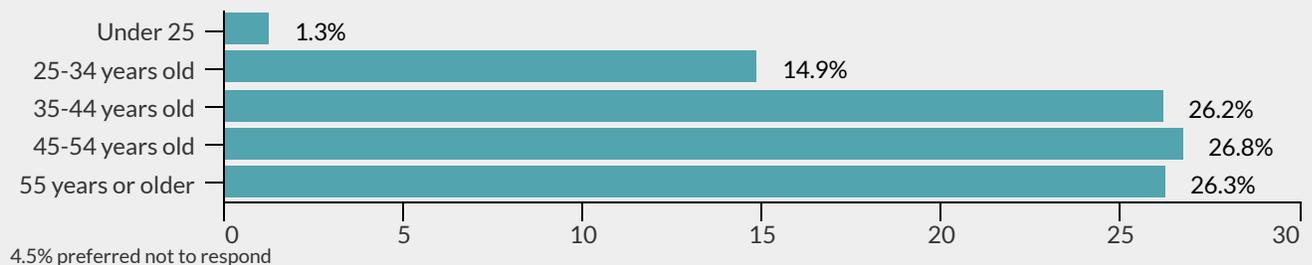
15.0% preferred not to respond

Figure 2: Race of respondents



16.4% preferred not to respond

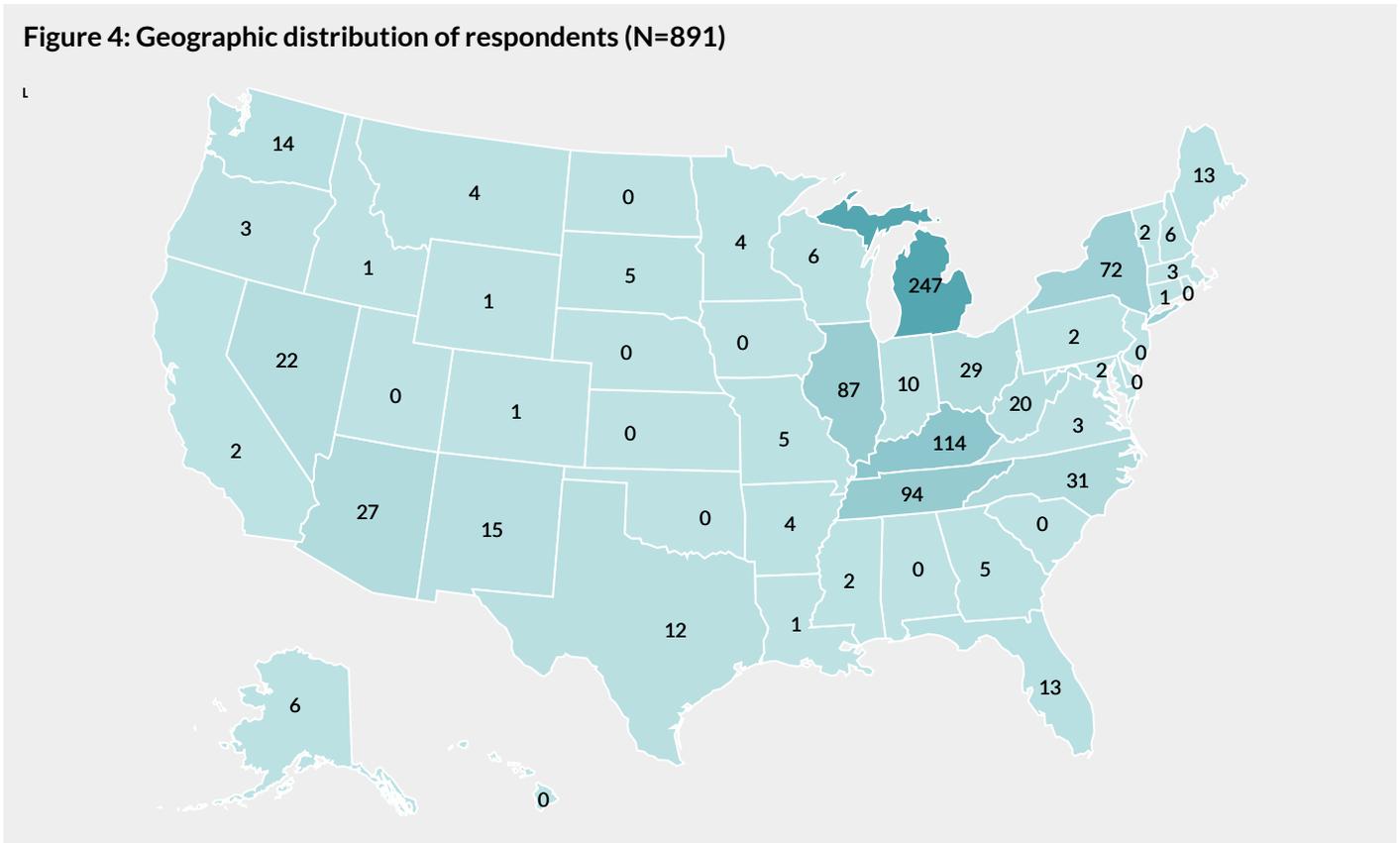
Figure 3: Age of respondents



4.5% preferred not to respond

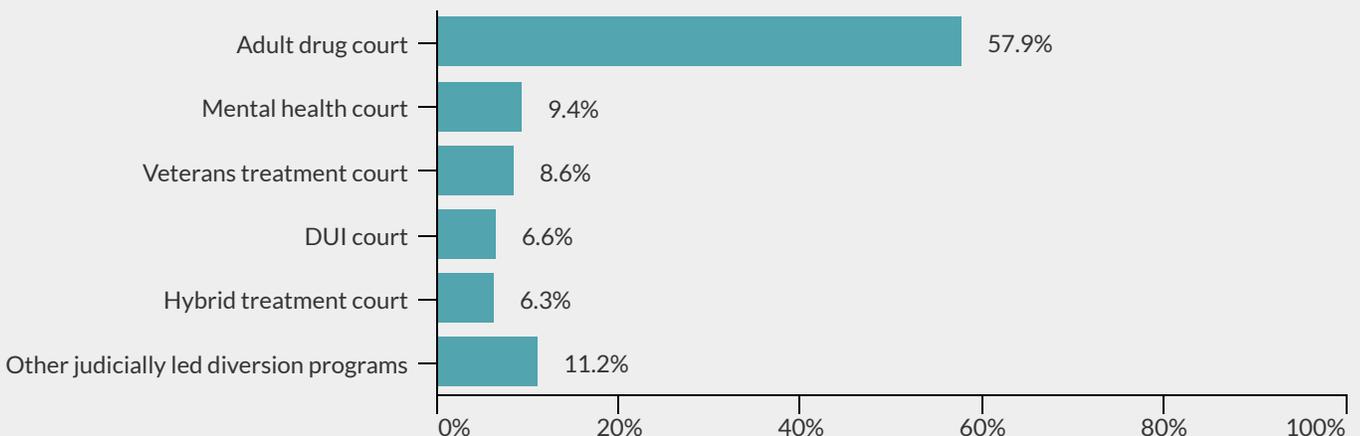
The 891 respondents represent 518 unique court programs in 296 communities across 39 states and the territory of Guam. The 518 unique court programs across the country are illustrated in *Figure 4*. The states with the highest participation rates are Michigan, Kentucky, Tennessee, and Illinois.

Figure 4: Geographic distribution of respondents (N=891)

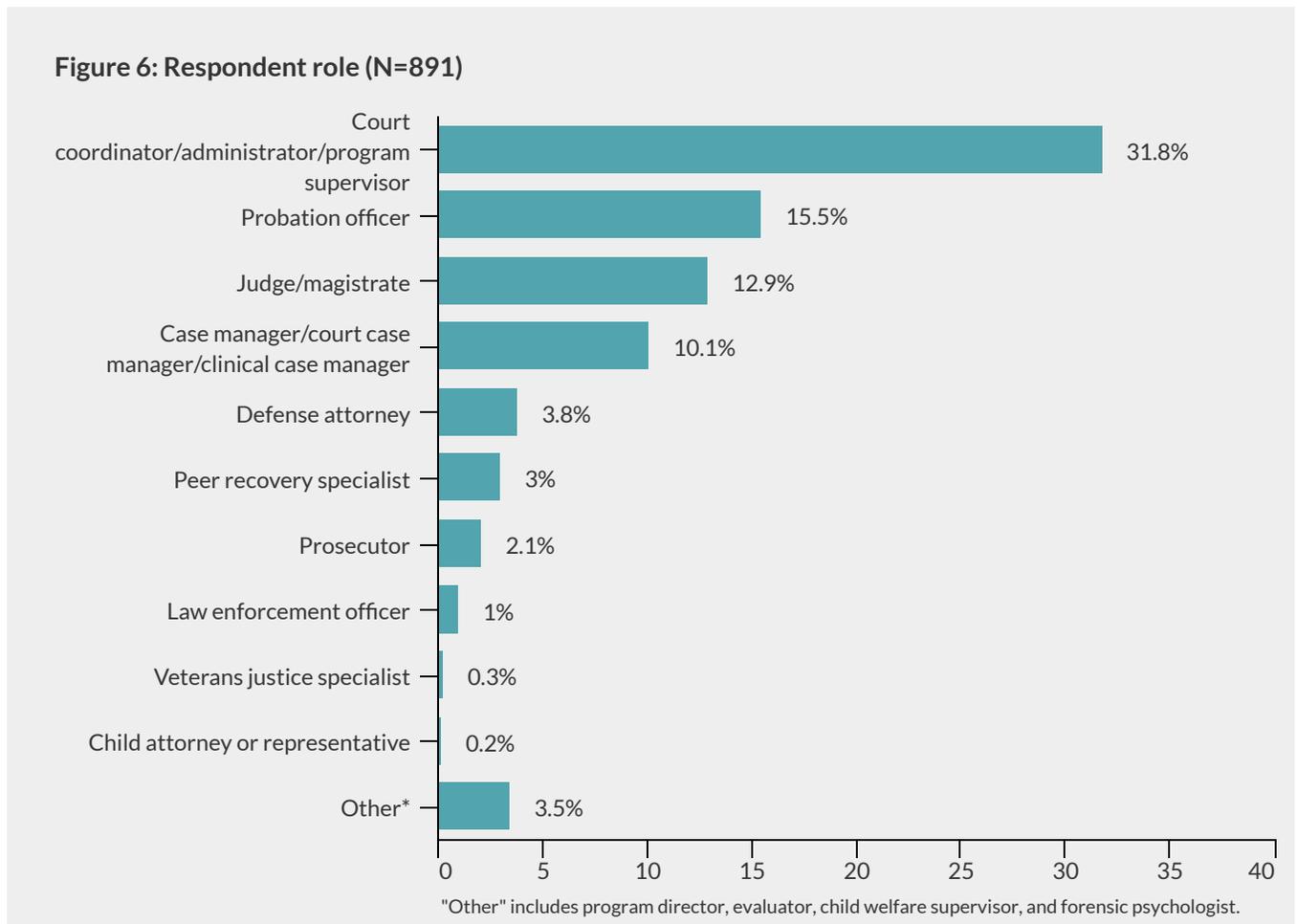


As shown in *Figure 5*, most survey respondents were practitioners in an adult drug court program (57.9%), a mental health court (9.4%), or a veterans treatment court (8.6%). In addition, 11.2% of respondents represented other judicially led diversion programs including opioid courts, juvenile drug or reentry courts, domestic violence courts, human trafficking courts, and prosecutor and law enforcement led diversion programs.

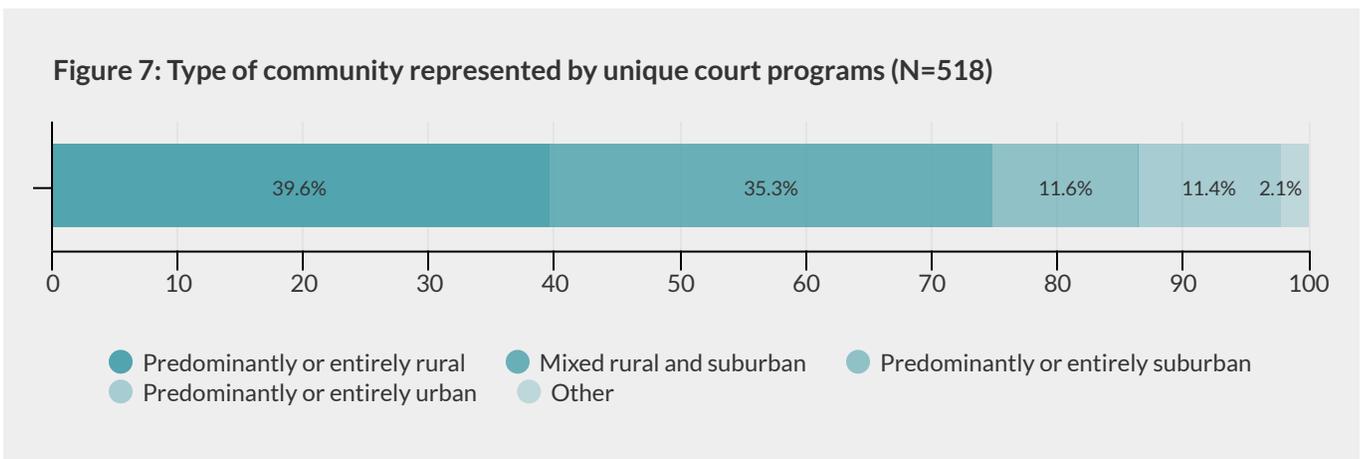
Figure 5: Type of unique court program (N=891)



The majority of survey respondents were court coordinators/administrators/program supervisors (31.8%), probation officers (15.5%), or judges/magistrates (12.9%) (see Figure 6).



Forty percent of the court programs (39.6%) were located in **predominantly or entirely rural communities**, 35.3% of the court programs represented by the respondents were located in **mixed rural and suburban communities**, 11.6% were located in **predominantly or entirely suburban areas**, 11.4% were located in **predominantly, or entirely urban communities** and 2.1% were located in **other communities** (see Figure 7).



Responses to COVID-19

Survey respondents were asked about programmatic or policy changes 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. The most common programmatic changes were related to reducing the use of jail as a sanction and reducing requirements that would potentially conflict with social distancing practices (see *Table 1*). For example, 47.4% of programs reported reducing the use of jail as a sanction at some point, and 35.9% continued this practice at the time of the survey.

Table 1: Programmatic changes made during the pandemic	This was done at some point during the pandemic, but the program is not currently doing this	The program is currently doing this
Reducing the use of jail as a sanction (N=462)	47.4%	35.9%
Suspending community service requirements (N=436)	47.7%	26.6%
Not issuing warrants or sanctions for technical violations for positive drug/alcohol screens (N=453)	31.6%	26.0%
Not issuing warrants or sanctions for technical violations for other supervision non-compliance (N=444)	32.2%	25.9%
Suspending requirements to attend peer or mutual support groups (N=457)	35.4%	9.4%
Reducing requirements for program completion (N=457)	10.9%	6.3%

Table 1 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. Respondents were asked to indicate if the practice had been done "At any point," "At some point," or "Currently doing." 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.

A small portion of judicially led programs reduced the length of the program (10.9%) as a result of the pandemic with 6.3% continuing that practice at the time of the survey. Not all respondents worked in programs that collect fees, but a small portion reported waiving or suspending fees among those who did. For example, 19.5% of programs reported waiving or suspending program fees at some point, with 15.0% continuing this practice at the time of the survey. A smaller portion reduced supervision fees and treatment fees (see *Table 2*).

Table 2: Financial and programmatic changes made during the pandemic	This was done at some point during the pandemic, but the program is not currently doing this	The program is currently doing this
Waiving or suspending program fees (N=267)	19.5%	15.0%
Waiving or suspending supervision fees (N=244)	16.0%	7.4%
Waiving or suspending treatment fees (N=222)	9.0%	8.1%
Suspending restitution payments (N=334)	12.9%	6.3%
Reducing program length (N=457)	10.9%	6.3%

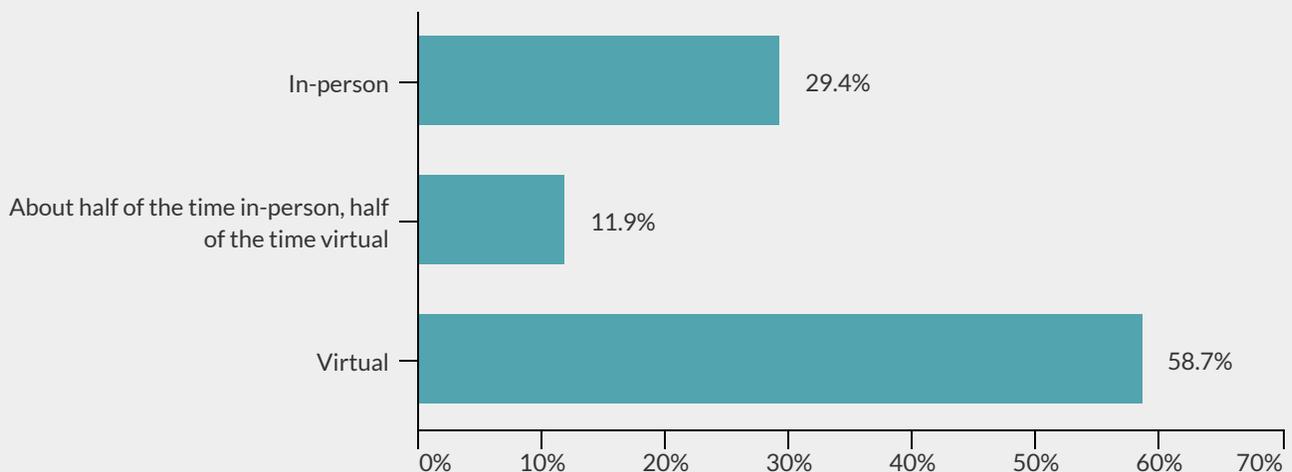
Table 2 is based on the count of unique court programs. For each practice examined, a single response per court was counted. The coordinator's response, if available, was selected as the default response for the program on most practices. In the absence of a coordinator response, the community supervision officer's response was used for community supervision practices, and the treatment provider's response was used for the treatment practice questions. Respondents were asked to indicate if the practice had been done "At any point," "At some point," or "Currently doing." 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.

Court Hearings and Pre-court Staffing

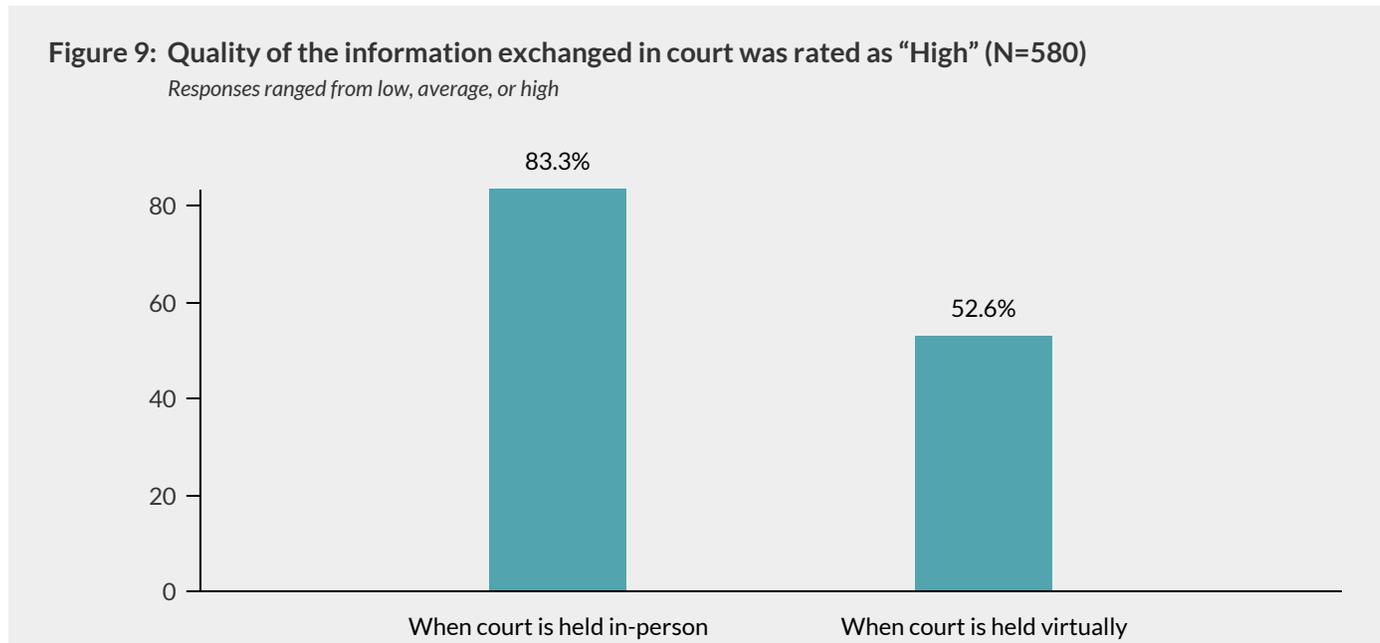
Problem-solving courts and other judicially led diversion programs use a non-adversarial team approach. Court professionals collaborate with treatment providers and community supervision officers to link participants to needed services and monitor compliance to court mandates. Before COVID-19, this team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

Team members who typically attended court were asked how court hearings were conducted. During the study period (November 2020 – June 2021), 29.4% of respondents reported court hearings were being held **in-person** (17.3% in-person only; 12.1% usually in-person, rarely virtual), 11.9% were conducting court hearings **half in-person and half virtually**, and 58.7% were holding court **virtually** (24.6% usually virtual, rarely in-person; 34.1% virtual only) (see Figure 8).

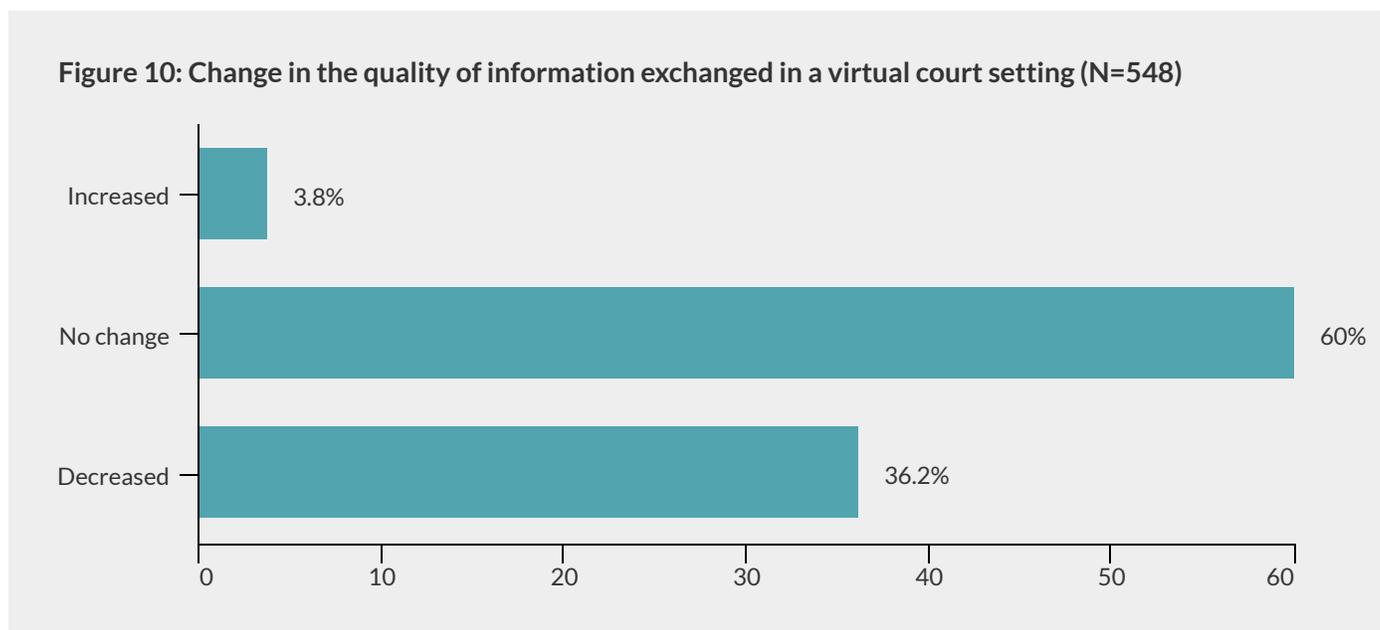
Figure 8: Method of conducting court, November 2020 - June 2021 (N=496)



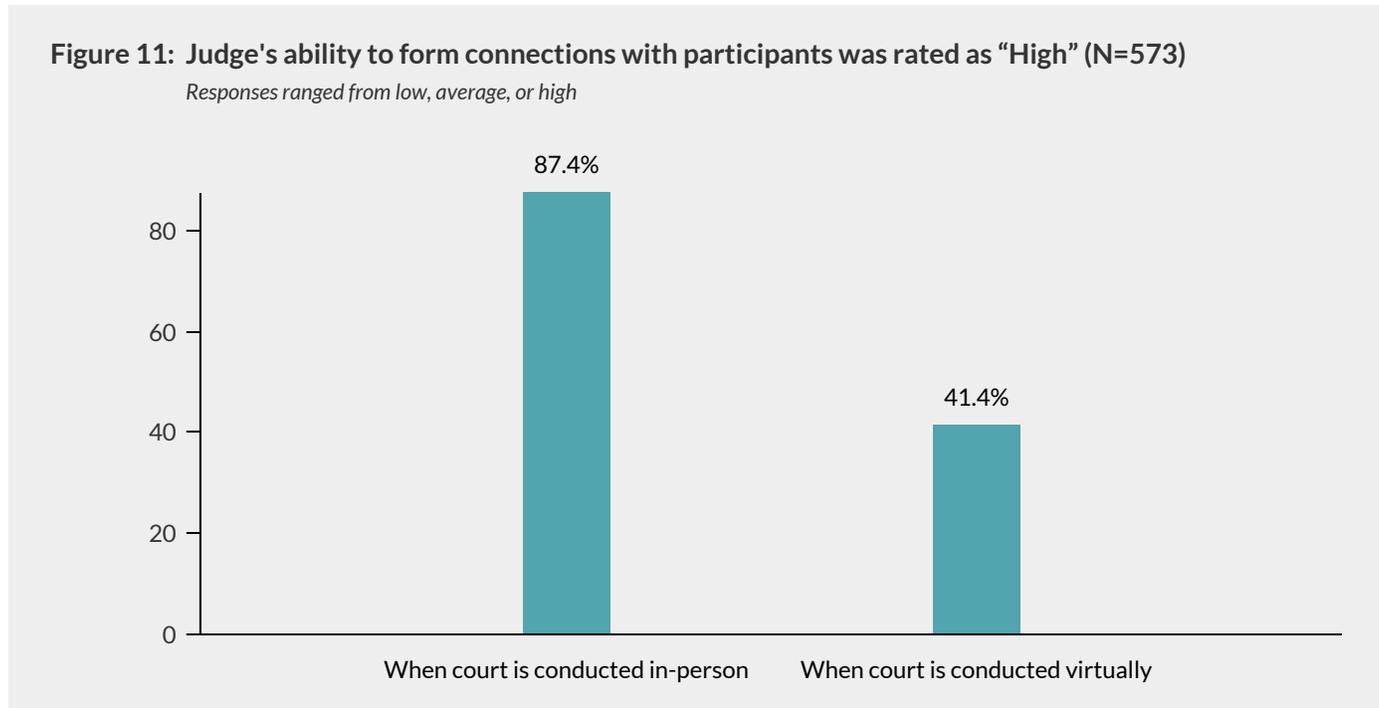
For the following questions, respondents who attended court sessions in judicially led diversion programs were asked a series of questions about their experiences with in-person court and virtual court. Survey respondents who did not participate in court were not included in the following analysis. Respondents were asked about the quality of information exchanged when court hearings were offered in-person and virtually. The quality of information exchanged in court hearings was more likely to be rated as “high” when **in-person** (83.3%) compared to **virtual** (52.6%) (see Figure 9).



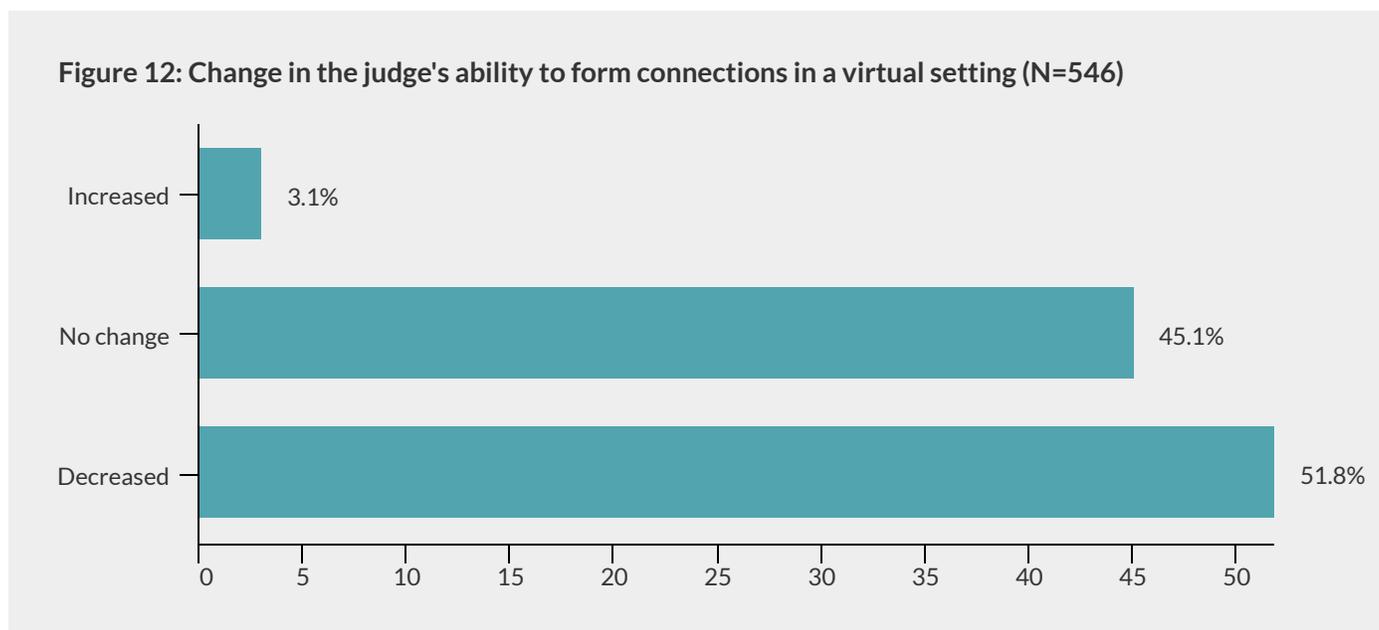
Thirty-six percent (36.2%) of respondents reported that the quality of information exchanged **decreased** when court was held virtually versus in-person, while 60.0% felt there was **no change** in the quality of information when court transitioned from in-person to virtual (see Figure 10).



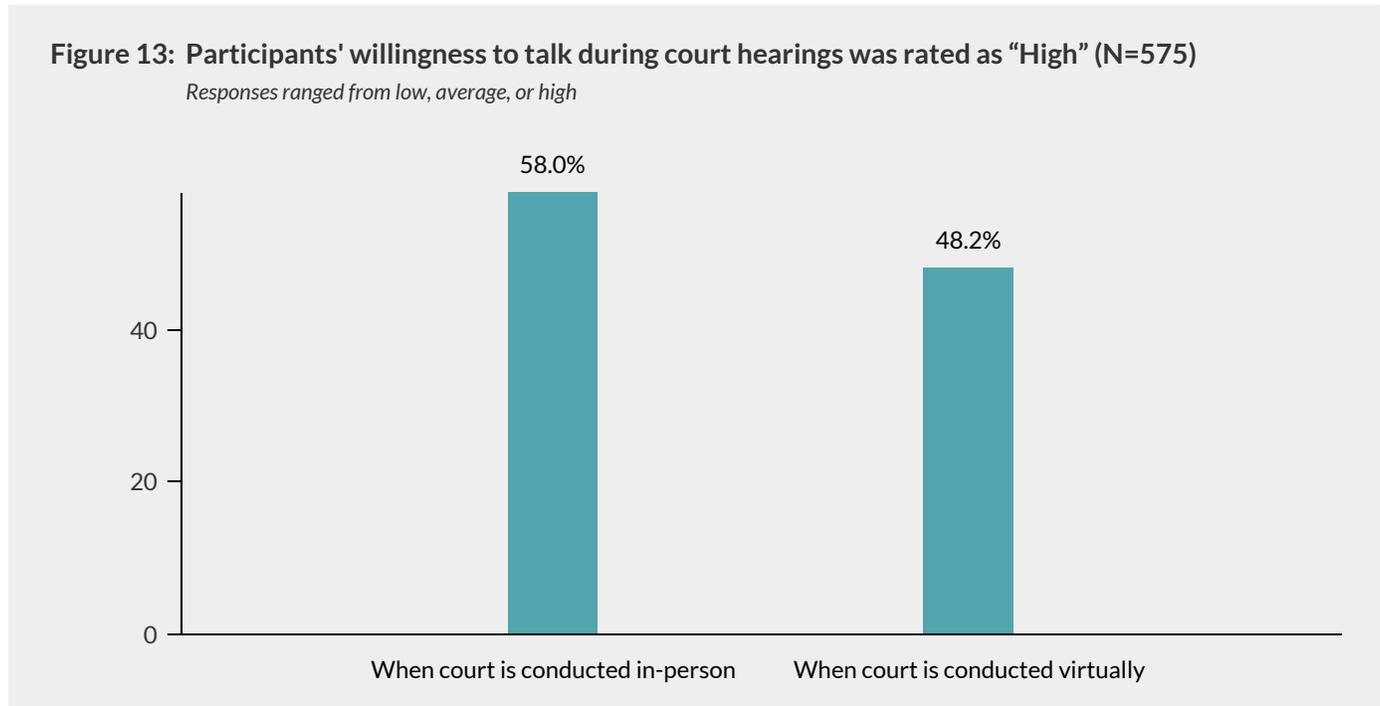
Respondents were asked to rate the judge's ability to form connections in court when court hearings were offered in-person and virtually (see Figure 11). The judge's ability to form connections was more likely to be rated as "high" when in-person (87.4%) compared to virtual (41.4%).



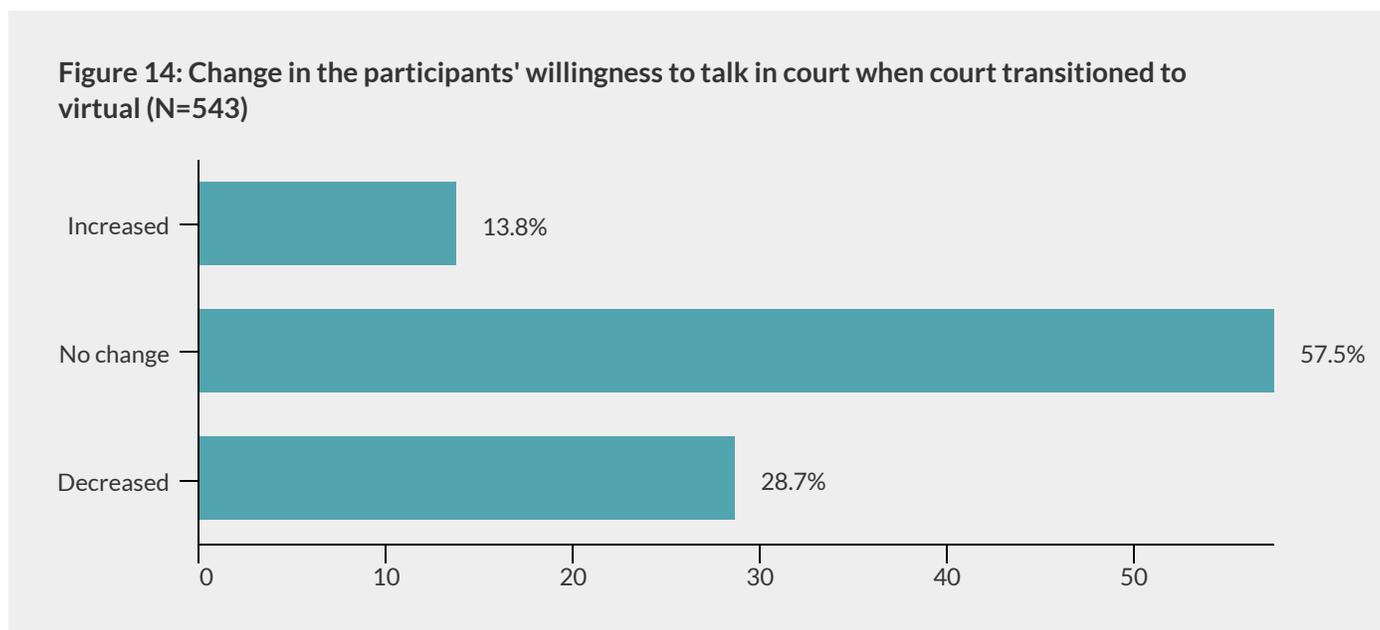
Fifty-two percent (51.8%) of respondents reported that the judge's ability to form connections **decreased** when court was held virtually versus in-person, while 45.1% reported **no change** in the quality of information when court transitioned from in-person to virtual (see Figure 12).



Respondents were asked to rate the participants' willingness to talk during court hearings when court hearings were offered in-person and virtually (see Figure 13). The participants' willingness to talk during court hearings was more likely to be rated as "high" when in-person (58.0%) compared to virtual (48.2%).

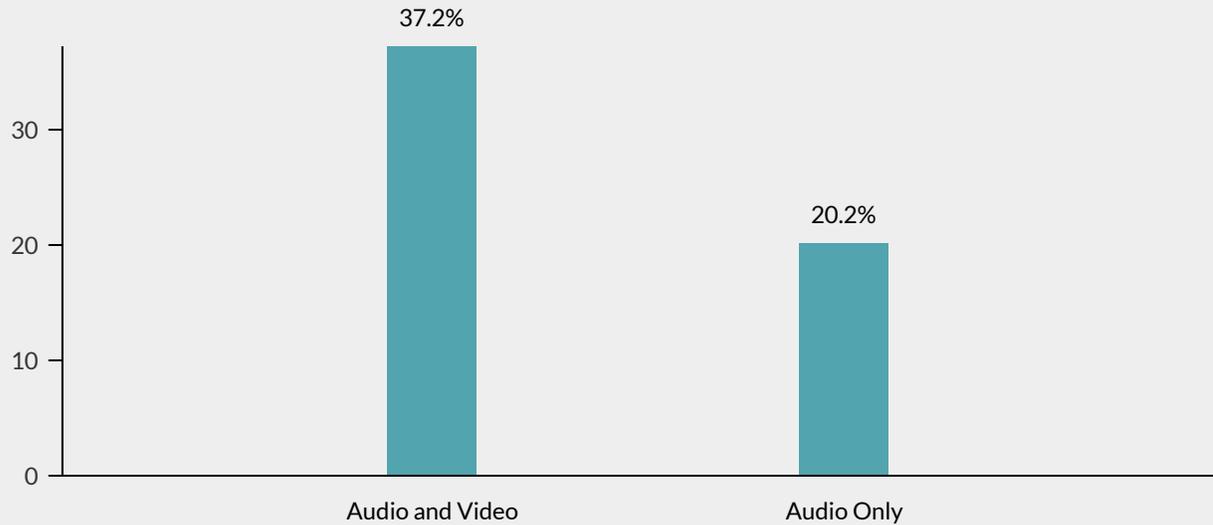


Fifty-eight percent (57.5%) of respondents reported **no change** in the participants' willingness to talk when court transitioned from in-person to virtual. In contrast, 28.7% of respondents reported that participants' willingness to talk during court hearings **decreased** when court was held virtually versus in-person (see Figure 14).



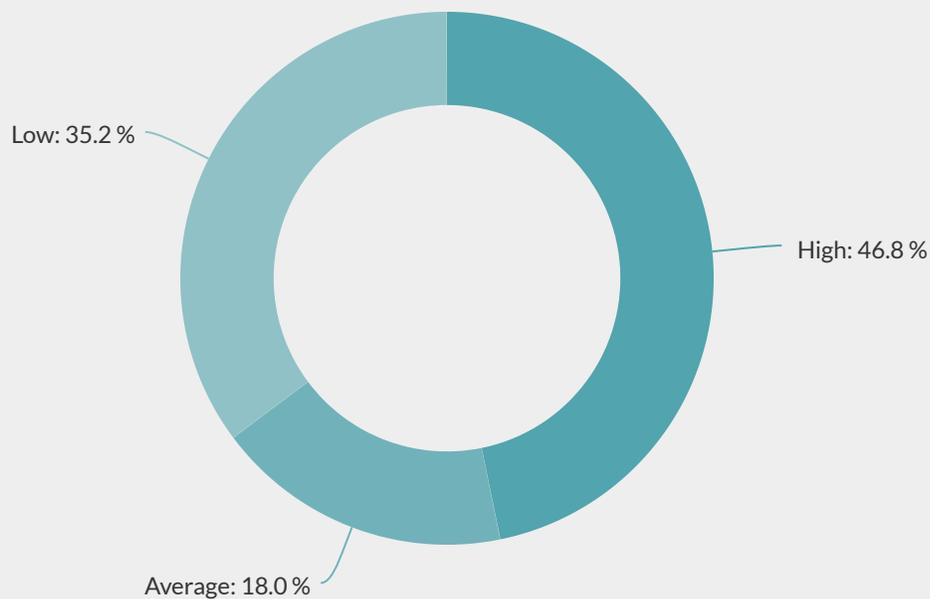
Respondents were asked to rank participants' engagement based on how they connected to virtual court hearings (see *Figure 15*). Engagement was more likely to be rated as “high” when participants connected to court hearings using audio and video (37.2%) versus audio only (20.2%).

Figure 15: Engagement in court based on technology used (N=257)



Support for continuing virtual court hearings was ranked “high” among 46.8% of respondents (“average” and “low” support among respondents was 18.0% and 35.2%, respectively) (see *Figure 16*).

Figure 16: Support for continuing virtual court services (N=568)



Respondents were invited to offer open-ended comments about their experiences with virtual court. The quotes selected below represent the diverse perspectives and experiences with virtual court. The feedback is grouped by themes below.

Virtual court reduces barriers for some participants.

- *The ability to do virtual court is much less disruptive to participants' work and treatment schedules than coming to an in-person court docket. We can maintain good contact with our participants and hold them accountable despite not coming to court in person.*
- *Most defendants in treatment courts have transportation issues, and the ability to connect virtually has, in my estimation, made it easier for participants. The travel time, especially for those participants using public transport, typically ranges from one to two hours in the metro area. In my opinion, these virtual sessions make the process less stressful and more practical.*
- *Our participants adapted very well to virtual hearings. It allowed them more freedoms with their jobs, as they could attend court outside in their cars and return to work quicker.*
- *For those participants who have obtained employment and are thriving, I would like to see virtual hearings continue. I don't see a need to impede their progress by making them attend a live hearing when there are no violations.*

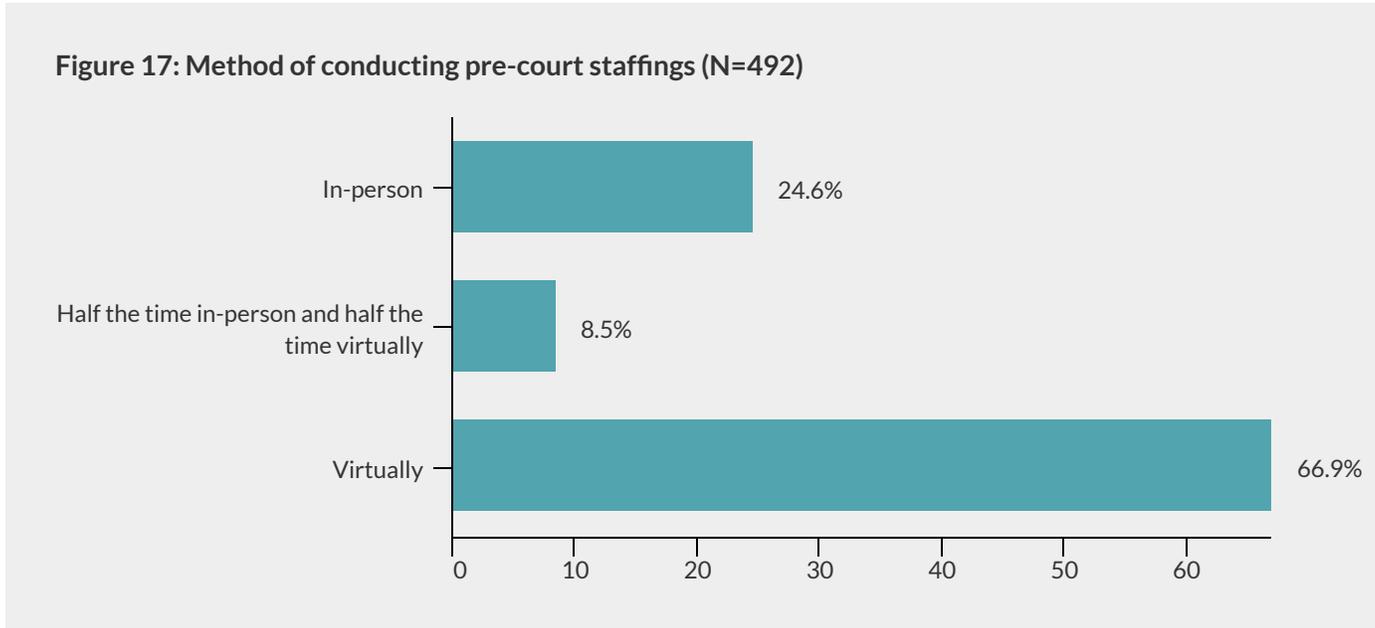
Virtual court makes participants more comfortable.

- *I like virtual court. Participants share more. They don't feel as threatened or pressured.*
- *The virtual option for court and treatment helps individuals that have anxiety.*
- *Individuals feel safe when using virtual hearings. They can remain unmasked and engage more than in an in-person hearing where they would be masked and a little hard to hear. Virtual hearings also make the participants more comfortable than apprehensive about exposure to the virus.*

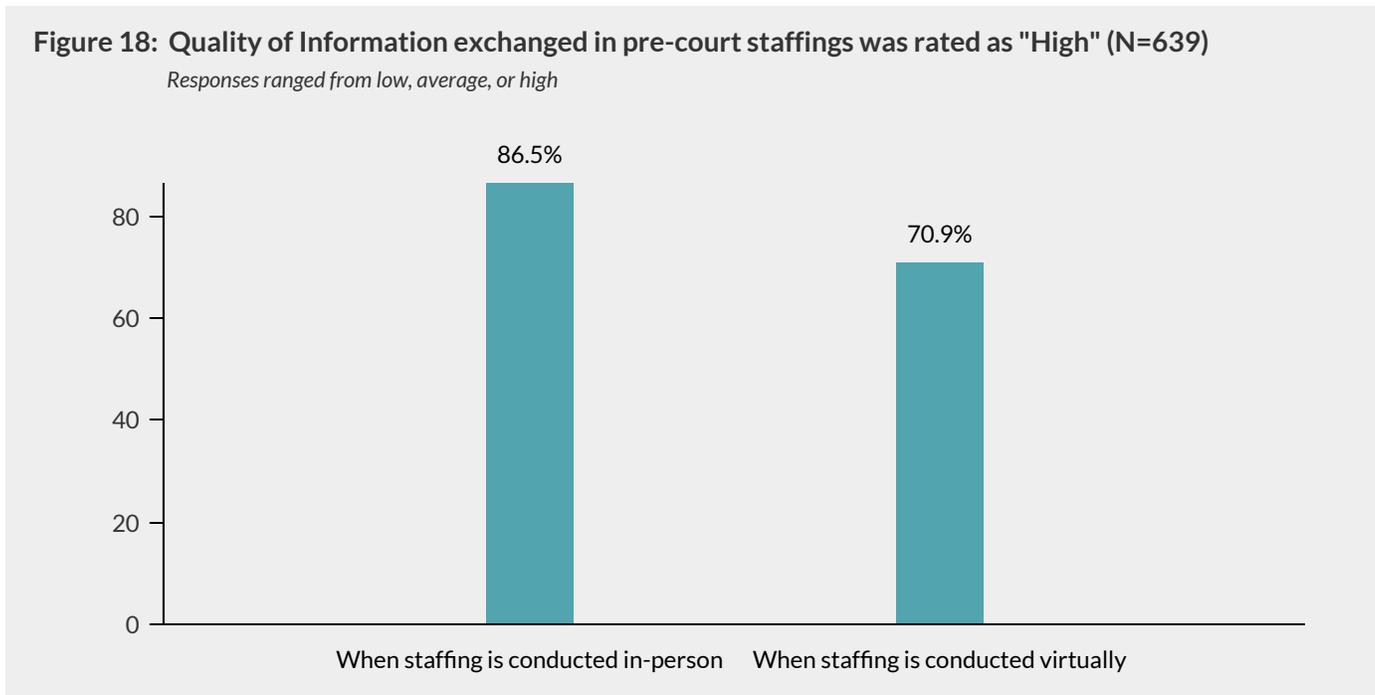
Some practitioners worry that connections are lost when court is virtual.

- *Many participants have voiced concern about decreasing "real" support when hearings are over video. They sometimes struggle with audio connections and staying focused due to the goings-on in the home during court that could not be helped.*
- *Although virtual court is a way to stay connected to our participants, the quality of the interaction is diminished significantly. In addition, our pre-court staffings are much less efficient. The lack of face-to-face contact in both settings has hurt this program that is designed to be interactive and personal.*
- *It is extremely important to be able to see each other in person. It is harder to read people's reactions in a virtual hearing; there are also time delays which often result in talking over each other.*
- *Lots of information is lost in translation due to not being in person. I also feel like the parents, agencies, and service providers are not taking the court as seriously as they do in person.*

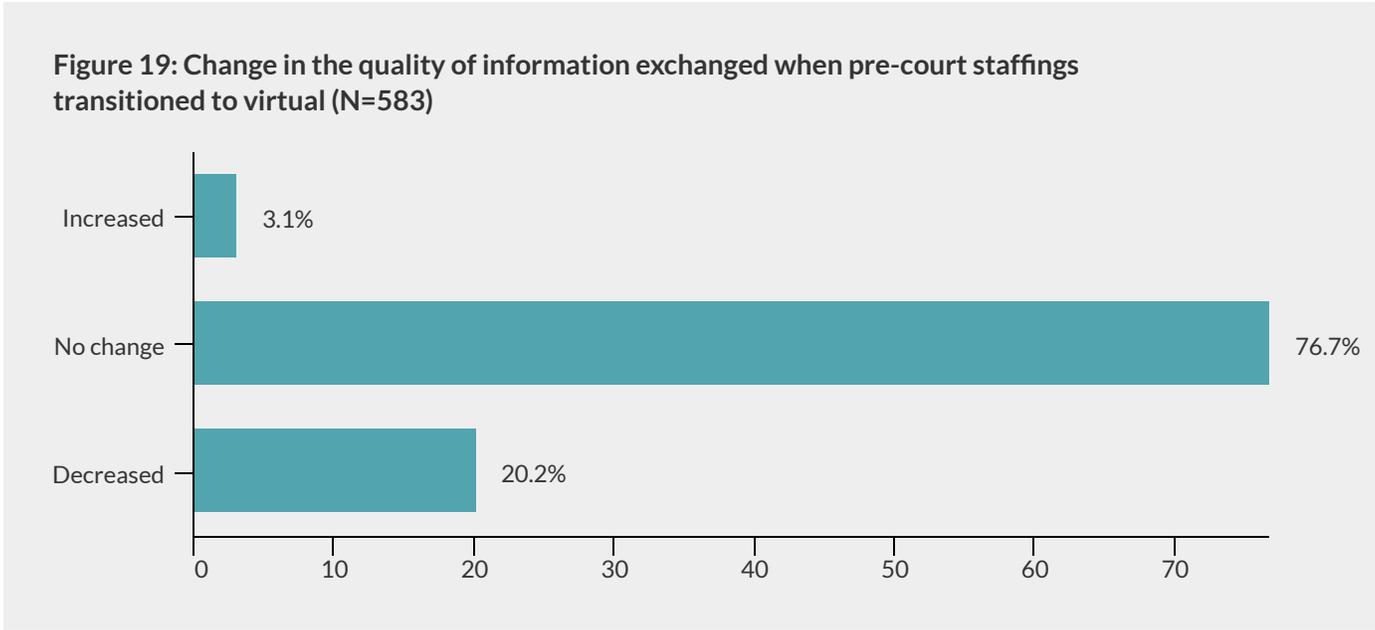
During the study period (November 2020 – June 2021), 24.6% of judicially led diversion programs reported they were holding pre-court staffings in-person (14.4% in-person only; 10.2% usually in-person, rarely virtual), 8.5% of staffings were held half in-person and half virtually, and 66.9% were holding pre-court staffings virtually (9.6% usually virtual, rarely in person; 57.3% virtual only) (see Figure 17).



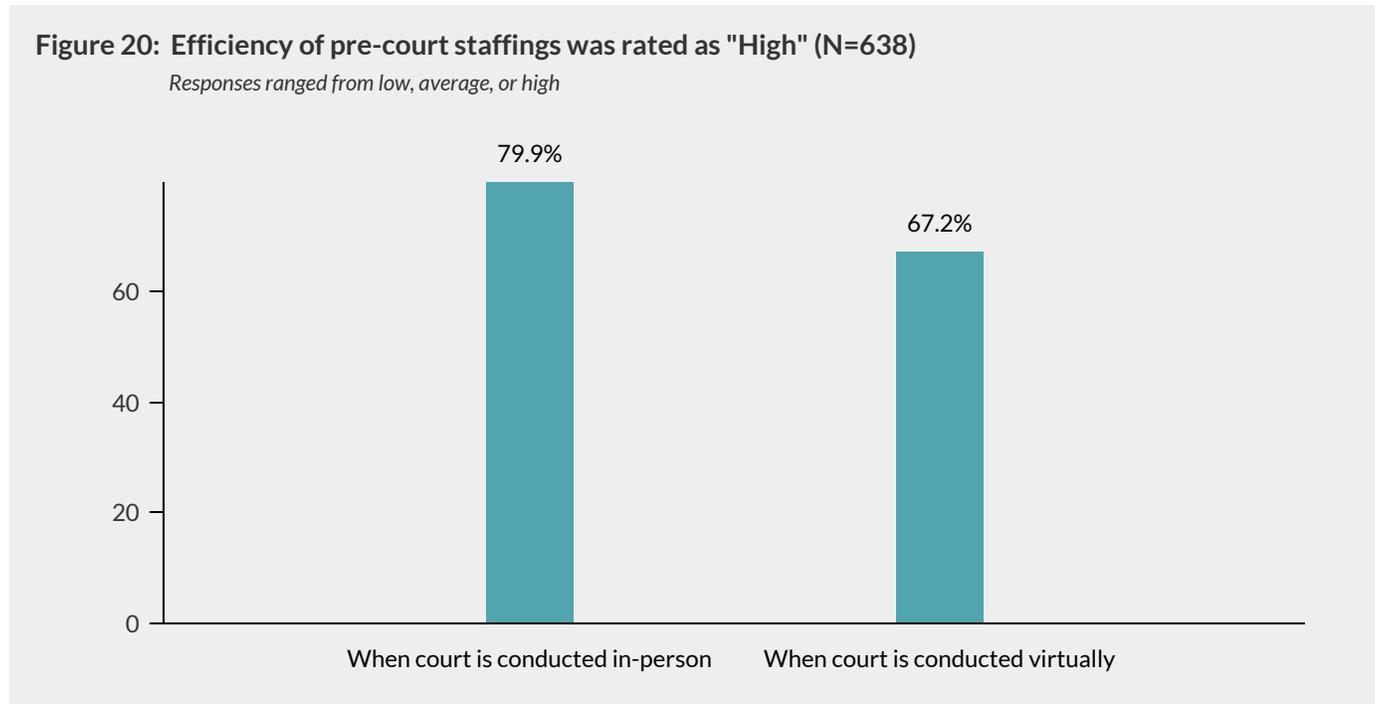
Respondents who regularly attended pre-court staffings were asked a series of questions about their experiences of in-person and virtual pre-court staffings. Respondents were first asked to rate the quality of information exchanged when pre-court staffings were held in-person and virtually (see Figure 18). The quality of information exchanged in pre-court staffings was more likely to be rated as “high” when conducted in-person than virtual (86.5% vs. 70.9%).



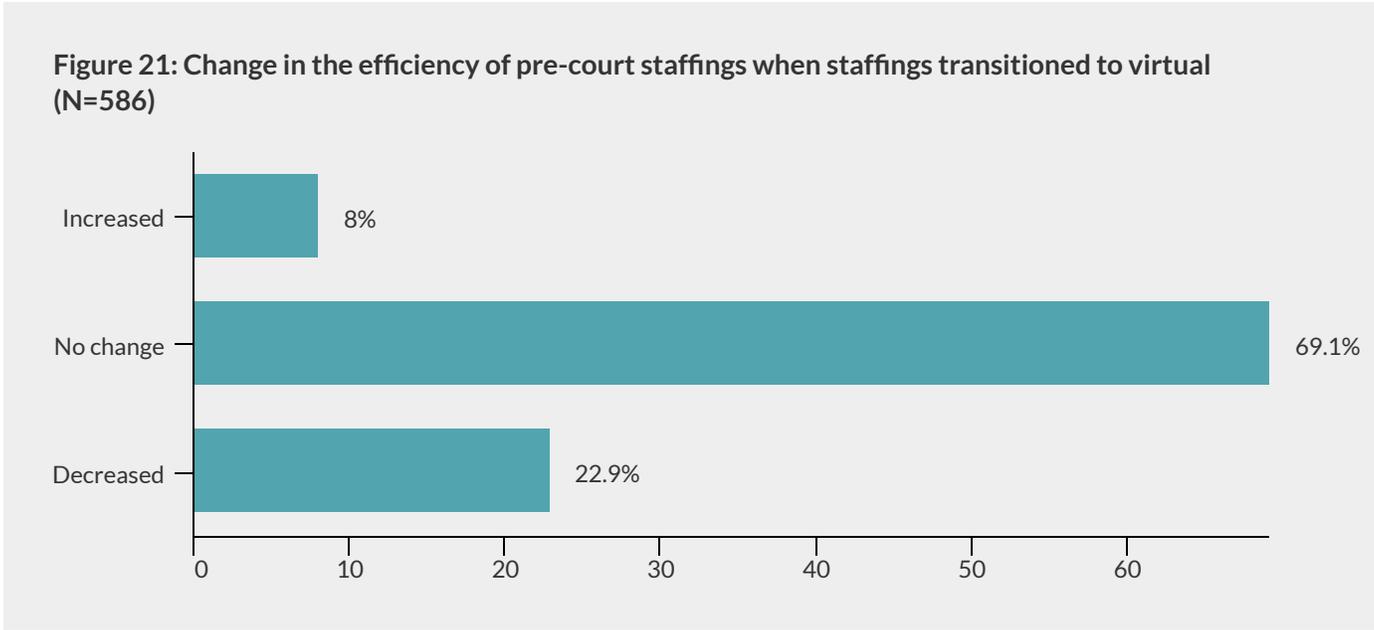
Seventy-seven percent (76.7%) of respondents reported that there was **no change** in the quality of information when pre-court staffings transitioned from in-person to virtual, while 20.2% of respondents reported that the quality of information **decreased** when pre-court staffings transitioned from in-person to virtual (see Figure 19).



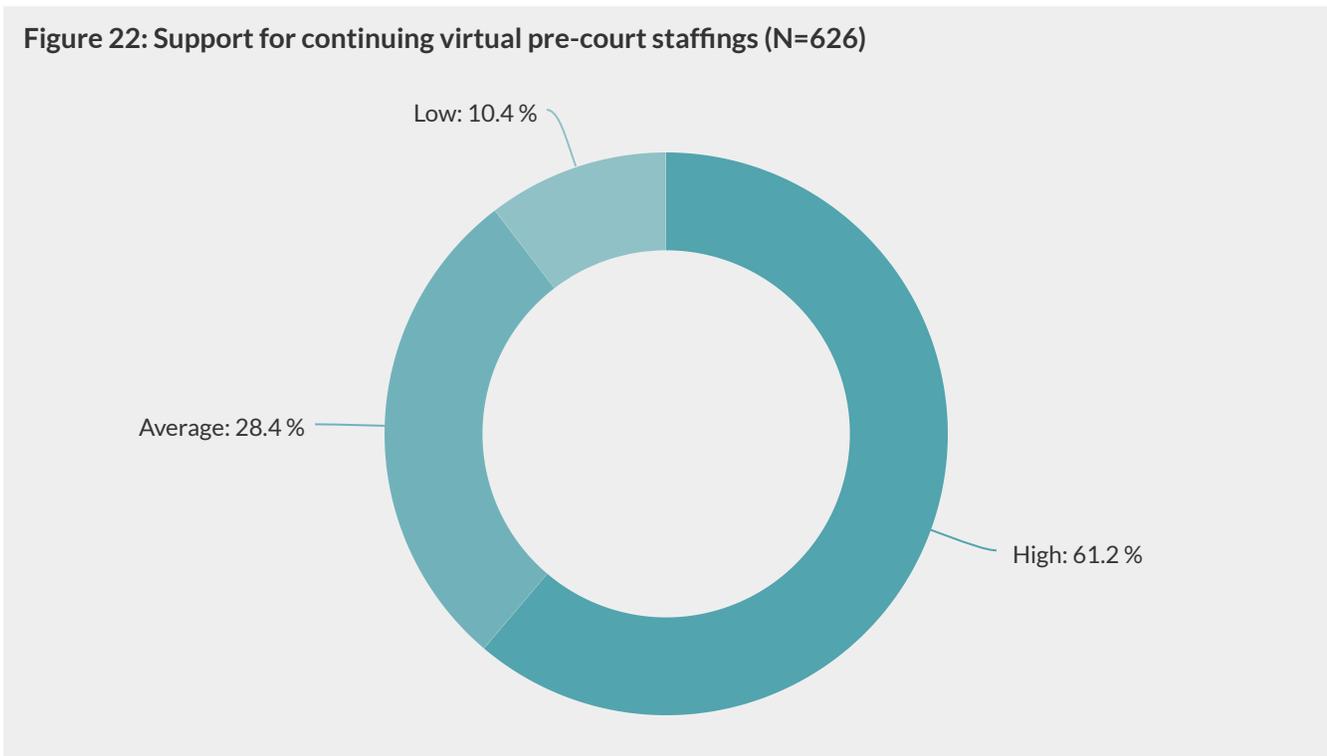
Respondents were asked to rate the efficiency of staffing when pre-court staffings were held in-person and virtually (see Figure 20). The efficiency of staffing was more likely to be rated as “high” when in-person (79.9%) compared to virtual (67.2%).



Sixty-nine percent (69.1%) of respondents reported that there was **no change** in the efficiency of pre-court staffings when pre-court staffings transitioned from in-person to virtual, while 22.9% of respondents reported that the efficiency of pre-court staffings **decreased** when pre-court staffings transitioned from in-person to virtual (see *Figure 21*).



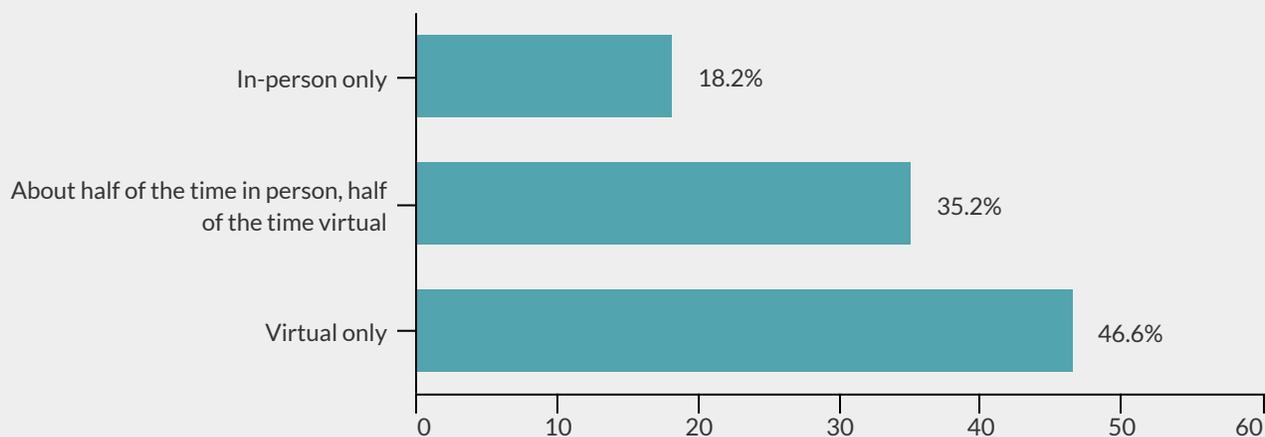
Support for continuing virtual pre-court staffings was ranked “high” among 61.2% of respondents (28.4% and 10.4% of respondents reported “average” and “low” support, respectively) (see *Figure 22*).



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. During the study period (November 2020 – June 2021), 18.2% of judicially led diversion programs reported they were holding treatment groups **in-person** (4.7% in-person only; 13.5% usually in-person, rarely virtual), 35.2% were holding them **half in-person and half virtually**, and 46.6% were holding treatment **virtually** (28.4% usually virtual, rarely in-person; 18.2% virtual only) (see Figure 23).

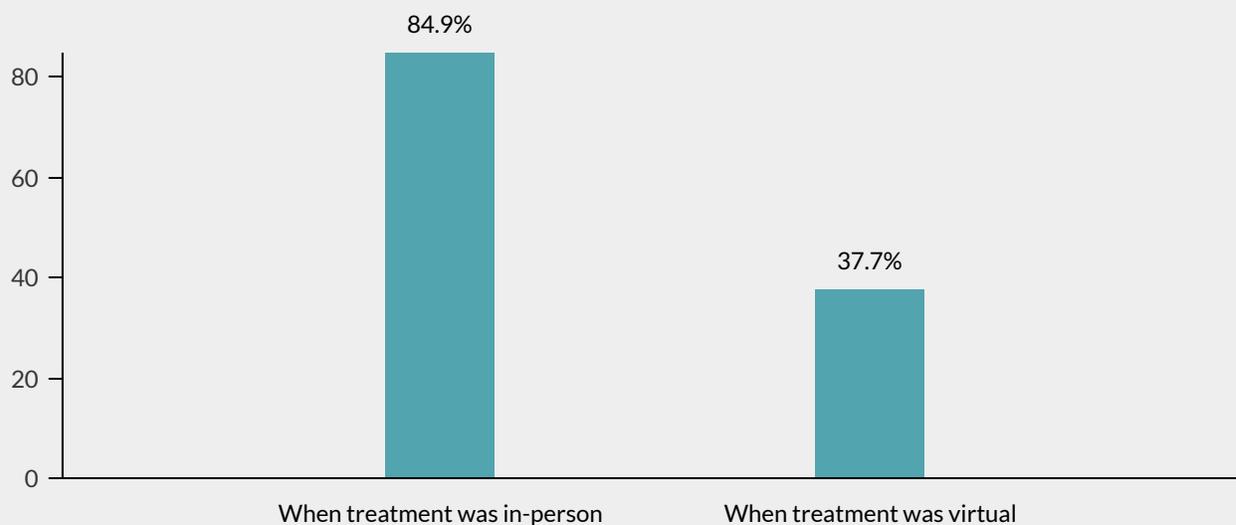
Figure 23: Method of providing treatment, November 2020 - June 2021 (N=75)



In this section, treatment and recovery support respondents were asked to rate their agreement with a series of statements about in-person treatment and virtual treatment. Options for responses to each statement were "low," "medium," and "high." First, 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 24). The ability to build rapport was far more likely to be rated as "high" when treatment was offered in-person (84.9%) compared to virtual (37.7%).

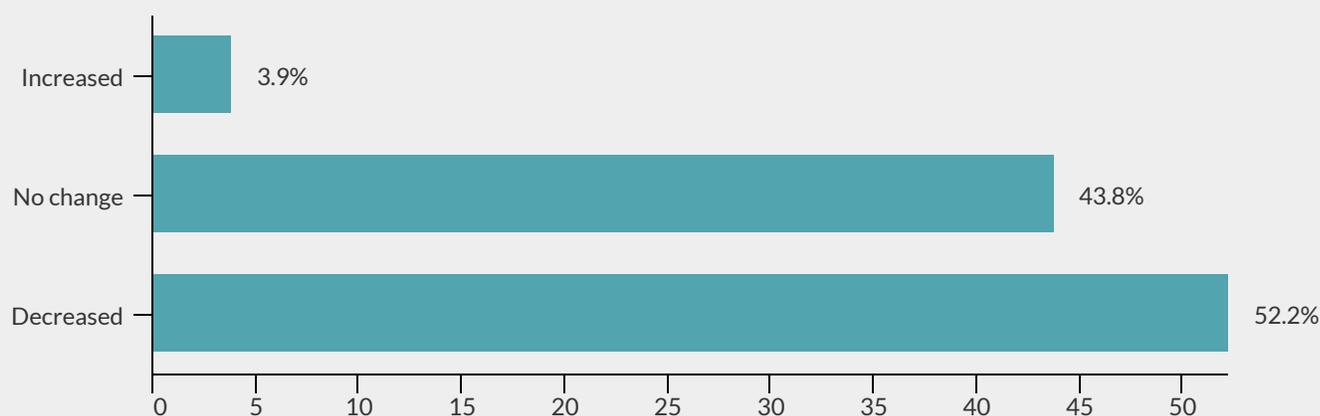
Figure 24: Facilitator's ability to build rapport in treatment groups is rated as "High" (N=183)

Responses ranged from low, average, or high



Forty-four percent (43.8%) of respondents felt there was **no change** in the ability to build rapport when treatment transitioned from in-person to virtual. In comparison, 52.2% of respondents reported that the ability to build rapport **decreased** when treatment transitioned from in-person to virtual (see Figure 25).

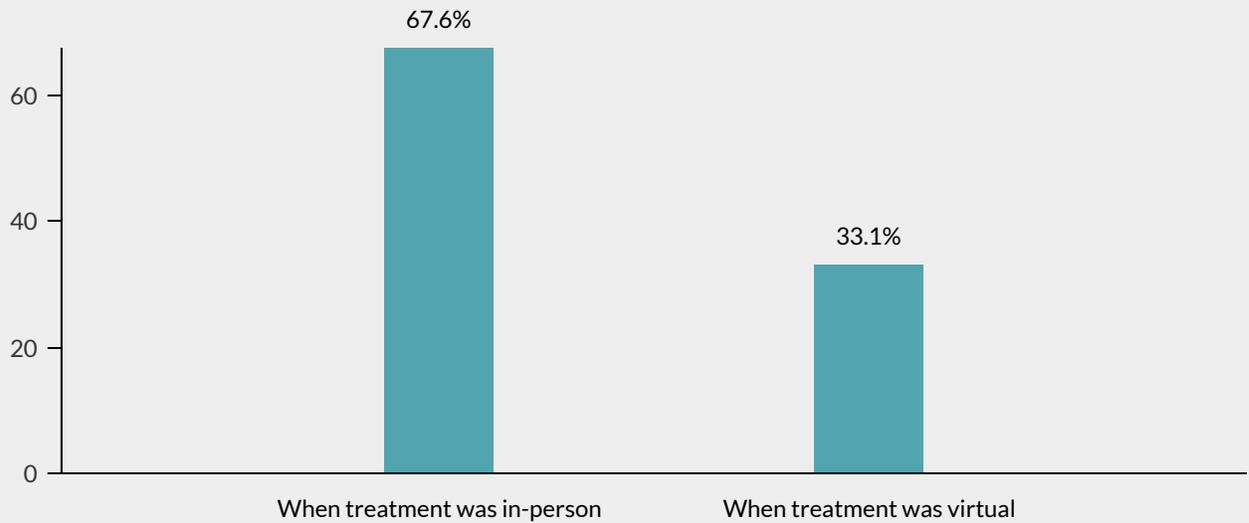
Figure 25: Change in the ability of the treatment group facilitator to build rapport in a virtual setting (N=178)



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 26). 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 (33.1%).

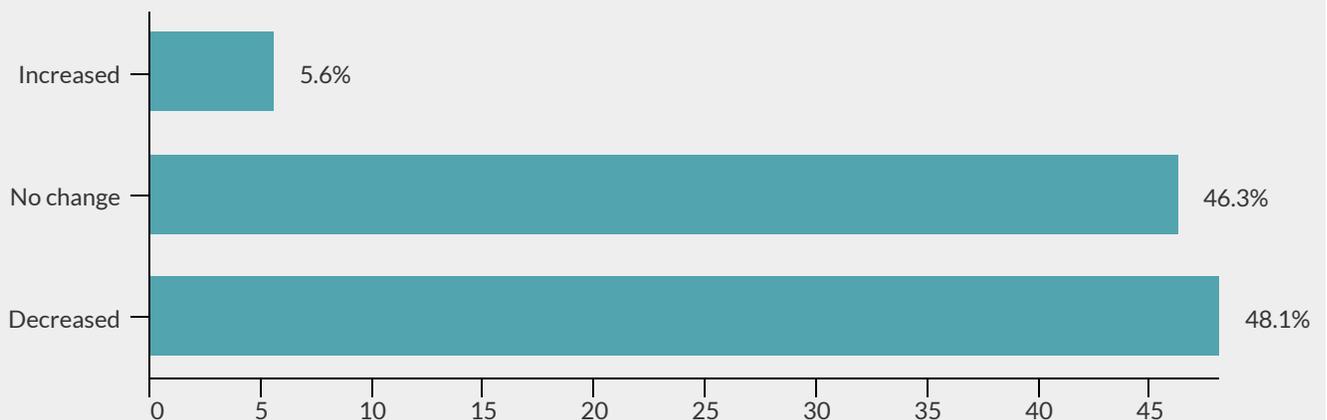
Figure 26: Participants' willingness to be forthcoming in group discussions is rated as "High" (N=170)

Responses ranged from low, average, or high



Forty-six percent (46.3%) of respondents felt there was **no change** in the participants' willingness to be forthcoming in group discussions when treatment transitioned from in-person to virtual. In contrast, 48.1% of respondents felt participants' willingness to be forthcoming in group discussions **decreased** when treatment transitioned from in-person to virtual (see Figure 27)

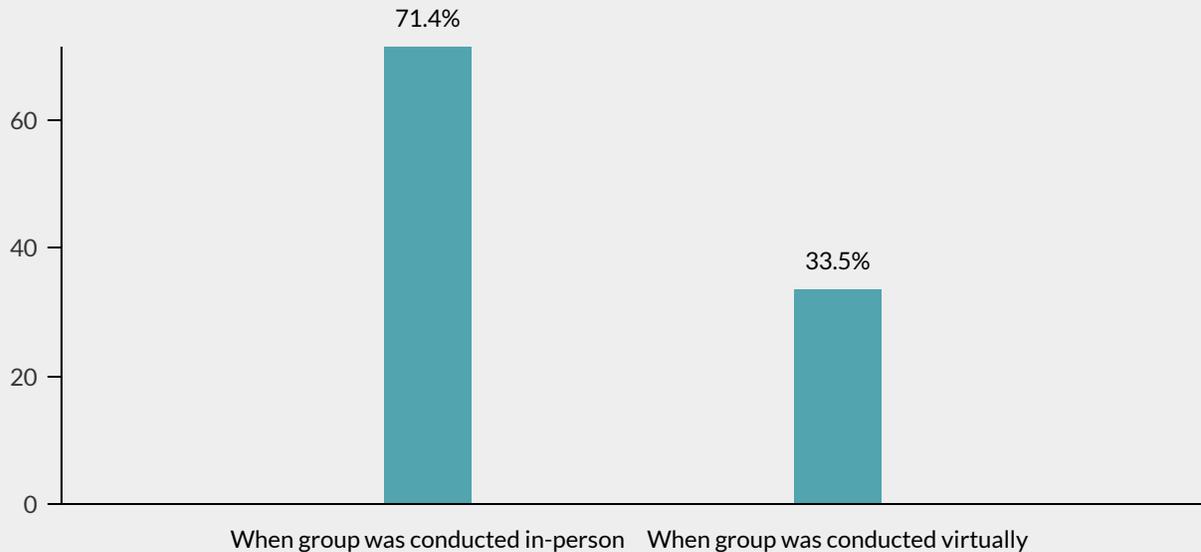
Figure 27: Change in participants' willingness to be forthcoming in group discussions in a virtual setting (N=160)



Treatment respondents were asked to rate participants' engagement in treatment groups when groups were conducted in-person and virtually (see Figure 28). The level of participant engagement in treatment groups was more likely to be rated as "high" when treatment groups were offered in-person (71.4%) compared to virtual (33.5%).

Figure 28: Participants' engagement in group discussions is rated as "High" (N=170)

Responses ranged from low, average, or high



Forty-six percent (45.7%) of respondents felt there was **no change** in participants' engagement in treatment groups when treatment transitioned from in-person to virtual. At the same time, 49.4% of respondents felt participants' engagement in treatment groups **decreased** when treatment transitioned from in-person to virtual (see Figure 29).

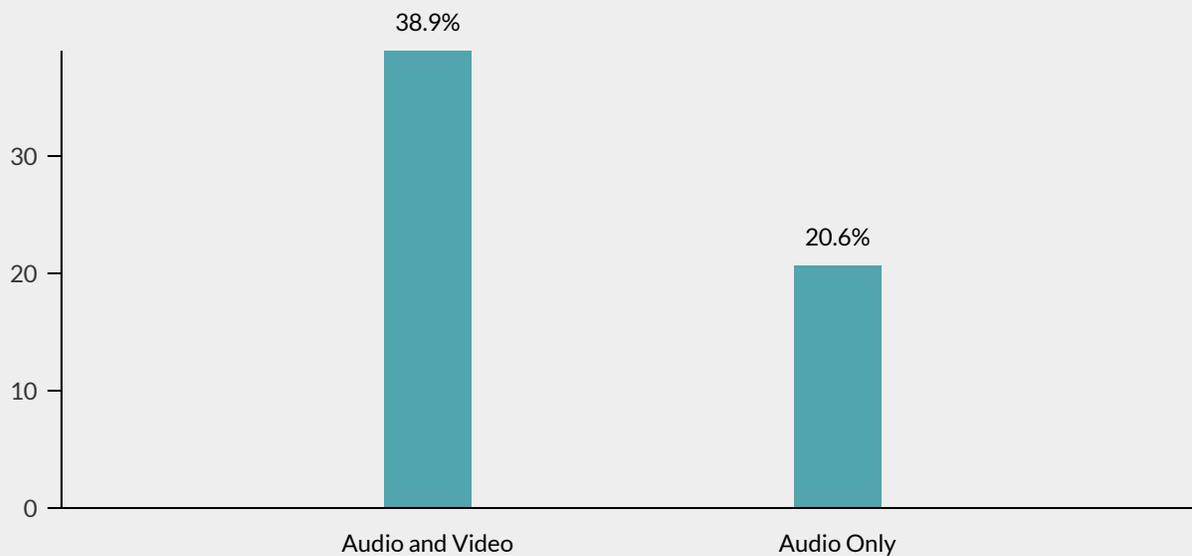
Figure 29: Change in participants' engagement in treatment groups in a virtual setting (N=164)



Treatment staff were asked to rank participants' engagement based on how they connected to virtual assessments. Engagement was more likely to be rated as "high" when participants connected to virtual treatment groups using **audio and video** versus **audio only** (38.9% vs. 20.6%) (see Figure 30).

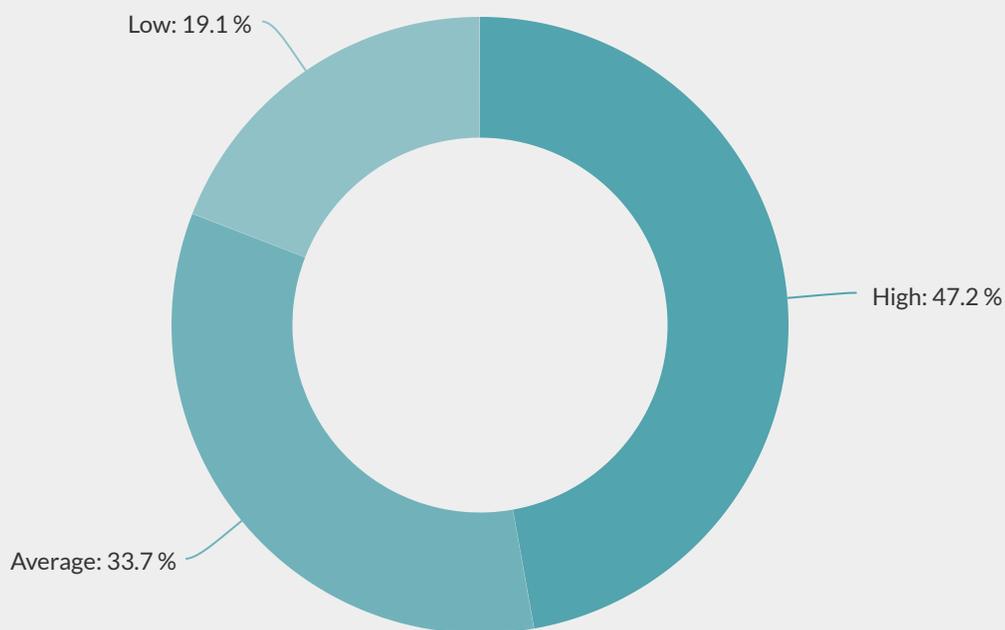
Figure 30: Engagement in virtual treatment groups based on technology used was rated as "High" (N=155)

Responses ranged from low, average, or high



Support for continuing virtual treatment groups was ranked **"high"** among 47.2% of treatment respondents ("average" and "low" support among respondents was 33.7% and 19.1%, respectively) (see Figure 31).

Figure 31: Support for continuing treatment groups virtually (N=178)



Respondents were invited to offer open-ended comments about their treatment preferences. The following quotes are grouped by theme and represent the feedback provided.

Virtual treatment reduces barriers for some participants.

- *Since we have limited public transportation in our county, participants have indicated that virtual treatment has made their participation so much easier.*
- *As with all things related to treatment, some participants respond better to virtual therapy, and others prefer and respond better to in-person treatment services. In contrast, 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.*
- *Utilizing virtual services has been a lifesaver and vital to working with clients. It has also made it possible for clients to engage when transportation, health, or other factors are a barrier. At the same time, there's nothing quite like the in-person experience, and virtual can't replace that. We have tried to offer at least one in-person experience each week in our treatment program.*

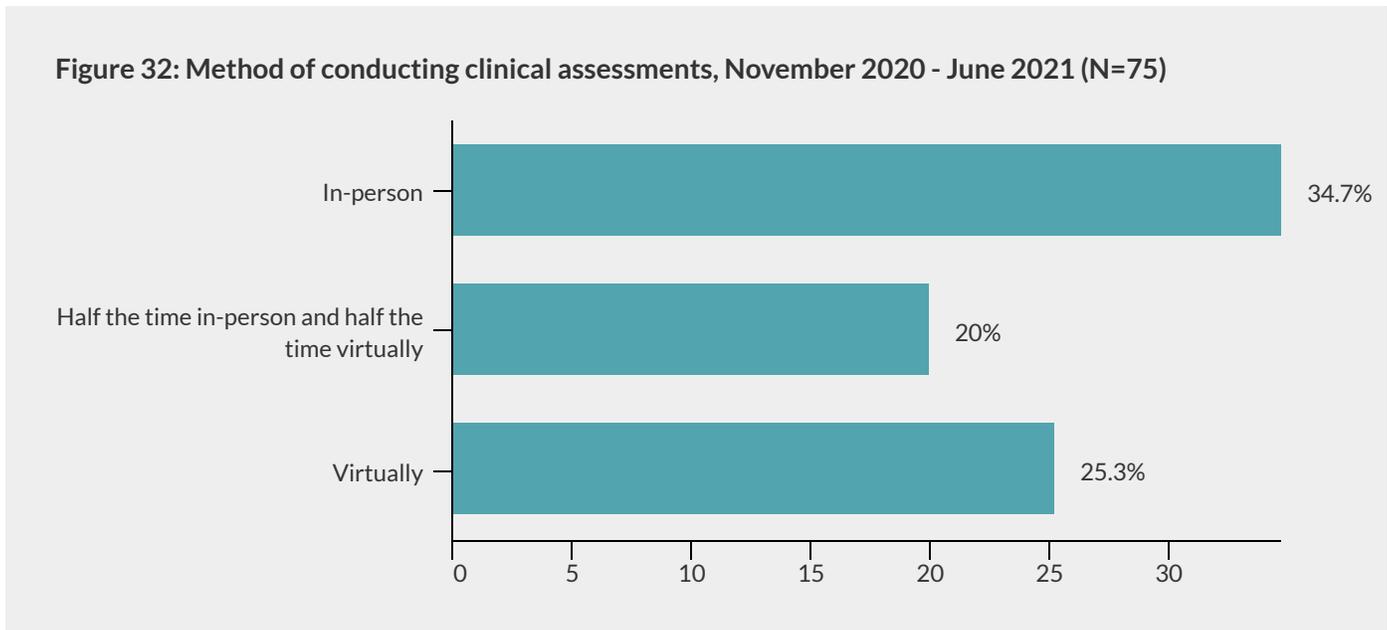
Virtual treatment has reduced participant isolation.

- *Despite very stressful times, our participants have engaged in treatment and been proactive with their recovery plans. I think that the virtual proceedings have acted as a lifeline to many who were isolated during this time.*
- *The pandemic has impacted our participants greatly because of the isolation. However, the access to so many court services helped them navigate their recovery journeys more directly.*

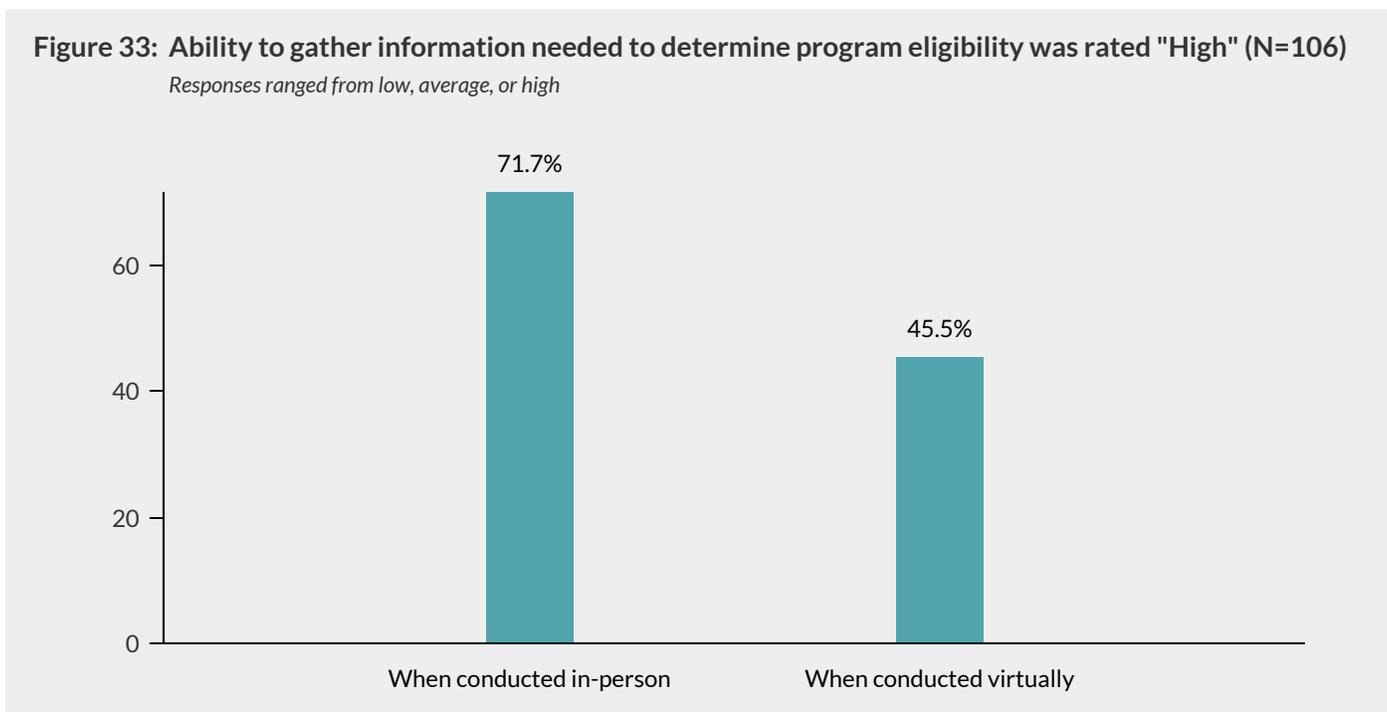
Many treatment providers prefer a hybrid approach to services for now.

- *A combination of in-person and virtual appears most optimal. It has not been easy to have never met some clients in person. It is hard to know/define what may be lost without in-person contact. However, I believe virtual is probably superior to therapy while wearing masks.*
- *Connection is an important part of the recovery process, and providing services and conducting treatment virtually has made that difficult. Many feel like they cannot make strong connections virtually. As a result, some isolate, some relapse, etc. I feel like we can better serve our clients with in-person services. However, I understand the need to go virtual if/when the need arises again for the safety of all involved.*
- *It's good to have the ability to connect virtually. But outside of the COVID-19 risk, I feel that the population I am working with needs face-to-face/in-person contact to be successful. When our drug court had no in-person contact at all in March initially with probation or treatment, things got really bad. We had a lot of relapses occur. Now that probation and treatment have been having in-person contact, even if it is limited or less often, it has made a difference in compliance and relapse.*
- *Engagement is improved with video capabilities. With video capabilities, we can also better ensure the confidentiality of participants and can use visual cues as to their demeanor, self-care, etc. However, the biggest obstacle has been participants' lack of data on their phones and the inability of their phones to support both video and audio at the same time.*

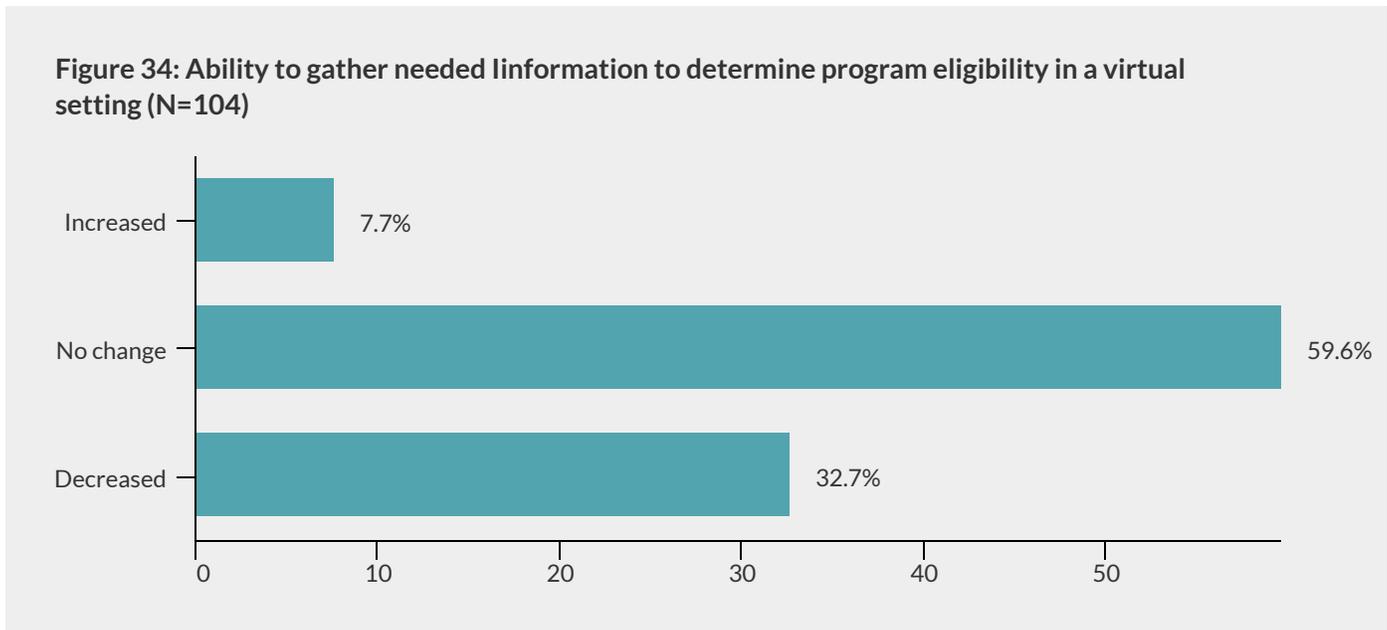
During the study period (November 2020 – June 2021), 34.7% of programs reported they were conducting clinical assessments in-person (12.0% in-person only; 22.7% usually in-person, rarely virtual), and 25.3% were conducting clinical assessments virtually (12.0% usually virtual, rarely in-person; 13.3% only virtual (see Figure 32).



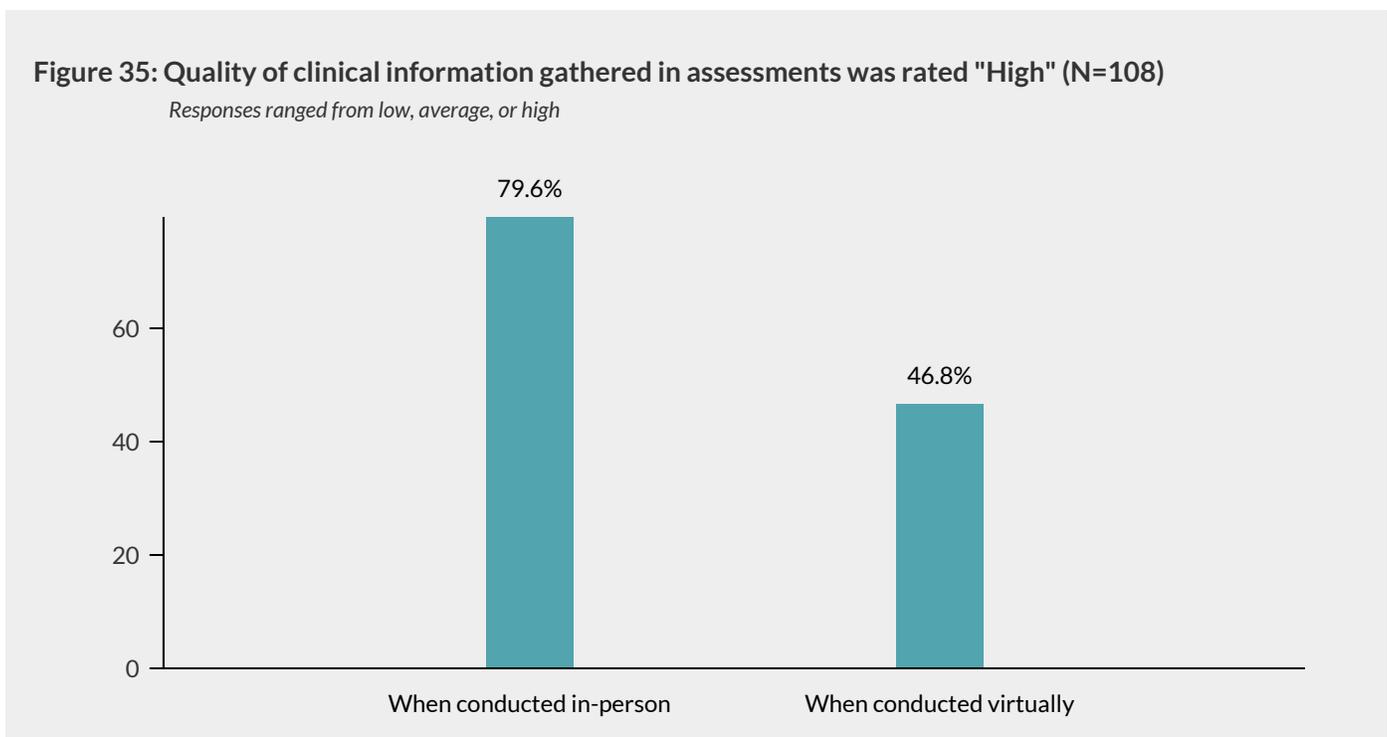
Respondents who were part of the assessment process were asked to rate the ability to gather information needed to determine program eligibility when assessments were conducted in-person and virtually. The ability to gather the information needed was more likely to be rated as “high” when in-person (71.7%) compared to virtual (45.5%) (see Figure 33).



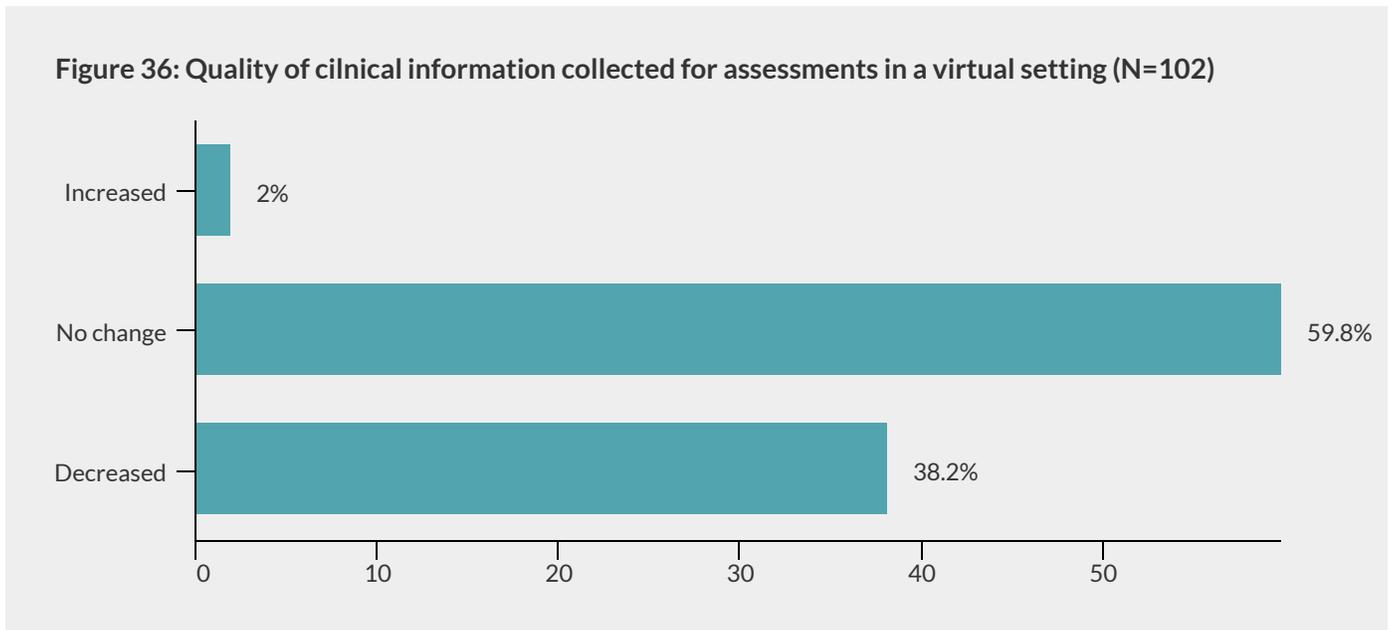
Sixty percent (59.6%) of respondents felt there was **no change** in the ability to gather information when assessments transitioned from in-person to virtual, while 32.7% of respondents reported that the ability to gather information **decreased** when assessments transitioned from in-person to virtual) (see Figure 34).



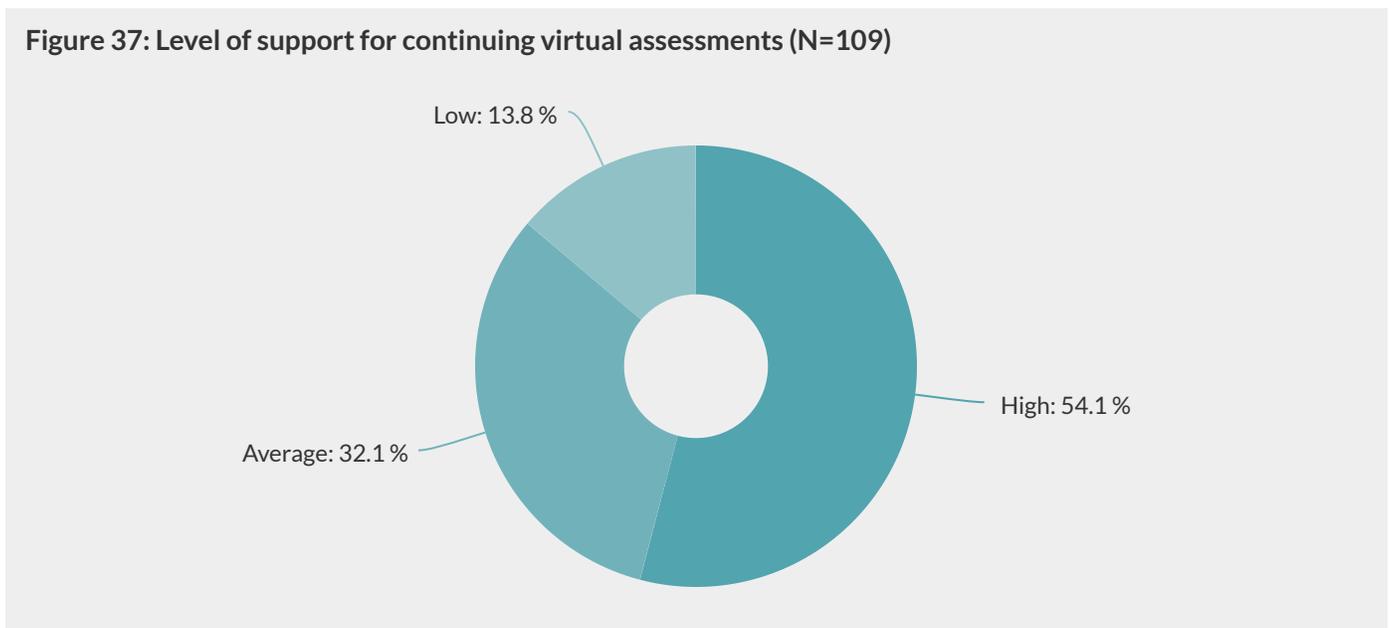
Treatment staff who conducted assessments were asked to rate the quality of clinical information gathered when assessments were conducted in-person and virtually (see Figure 35). The quality of the clinical information was more likely to be rated as “high” when gathered in-person (79.6%) compared to virtual (46.8%) (see Figure 35).



Sixty percent (59.8%) of respondents felt there was **no change** in the quality of clinical information gathered when assessments transitioned from in-person to virtual, while 38.2% of respondents reported that the quality of clinical information **decreased** when assessments transitioned from in-person to virtual (see *Figure 36*).



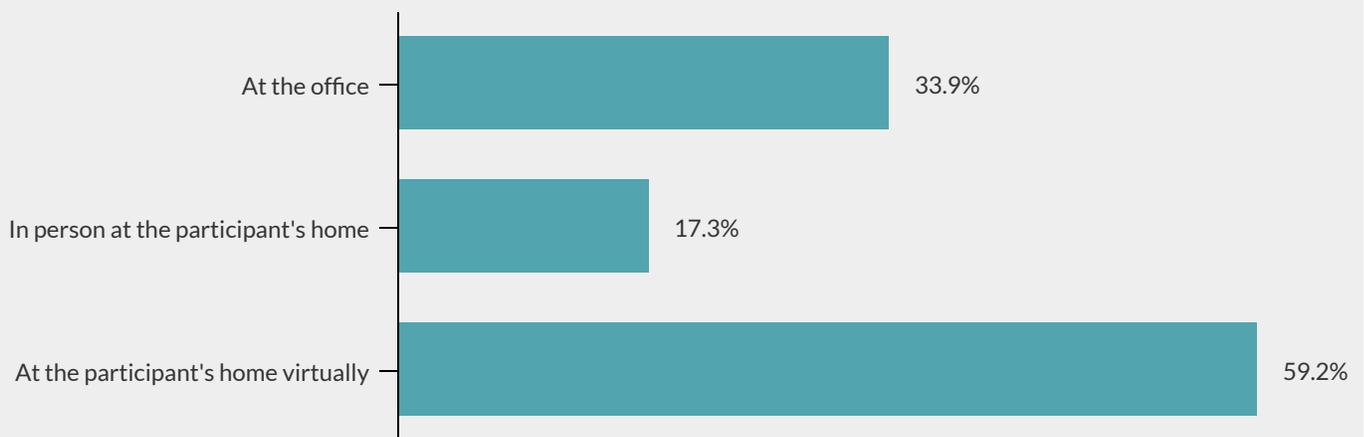
Support for continuing virtual assessments was ranked “high” among 54.1% of respondents responsible for conducting assessments (“average” and “low” support among respondents was 32.1% and 13.8%, respectively) (see *Figure 37*).



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. The community supervision respondents reported they had contact with participants during this time period primarily virtually at the participants home (59.2%) and at the office (33.9%). A small percentage of respondents (17.3%) had contact with the participant in their home in person (see Figure 38).

Figure 38: Location of community supervision, November 2020 - June 2021 (N=88)

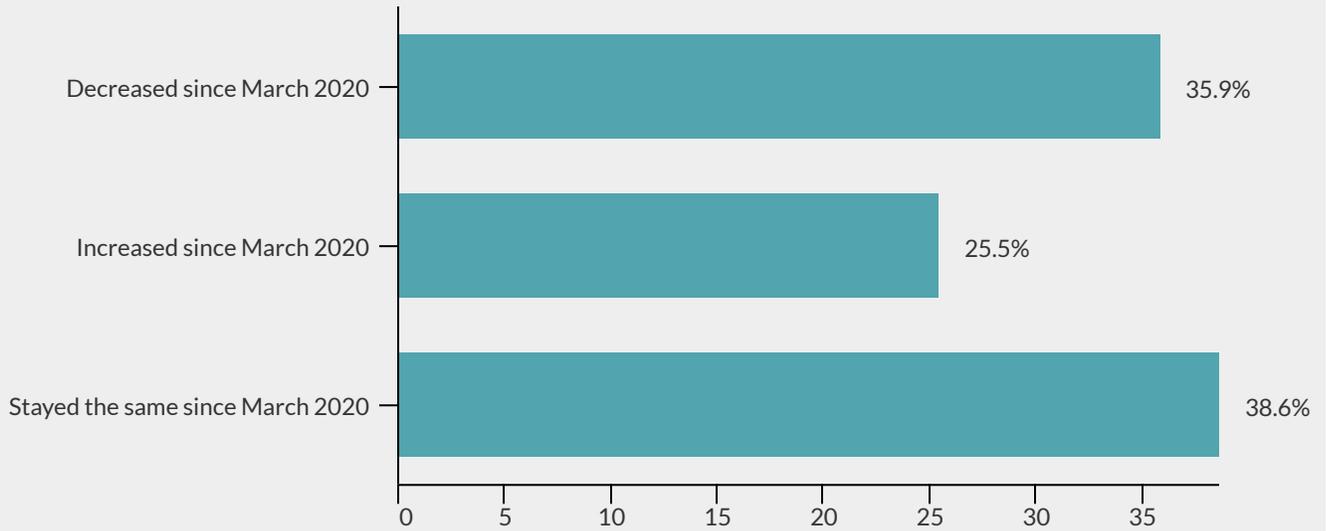


Forty-three percent (42.6%) of the community supervision respondents indicated their office or court program had introduced new technology since March 2020 to support community supervision. This included mobile phone-based applications, electronic monitoring, and text-based check-ins.

In the following section, community supervision and law enforcement officers who provide supervision in judicially led diversion programs were asked to rate their agreement with a series of statements about their experiences before and

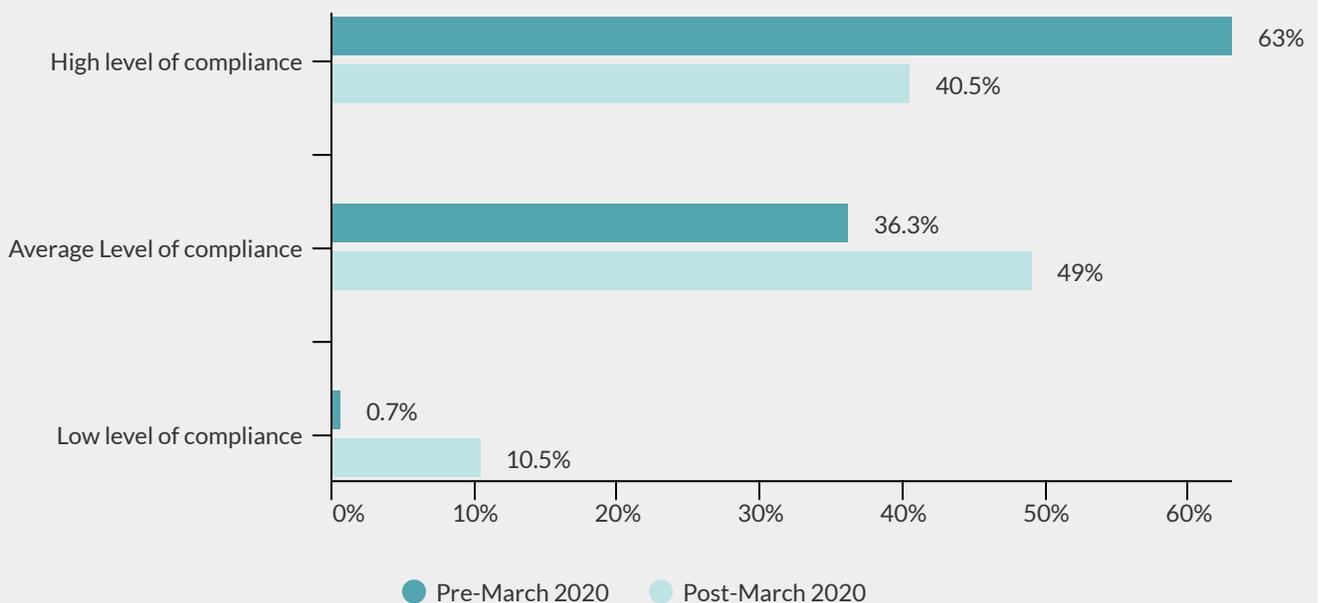
after March 2020, when many of the pandemic-related restrictions were put in place. Thirty-six percent (35.9%) of community supervision and law enforcement officers surveyed indicated a **decrease in supervision** activities since March 2020, while 25.5% indicated an **increase in supervision** activities since March 2020 (see Figure 39).

Figure 39: How would you describe supervision levels since March 2020? (N=153)

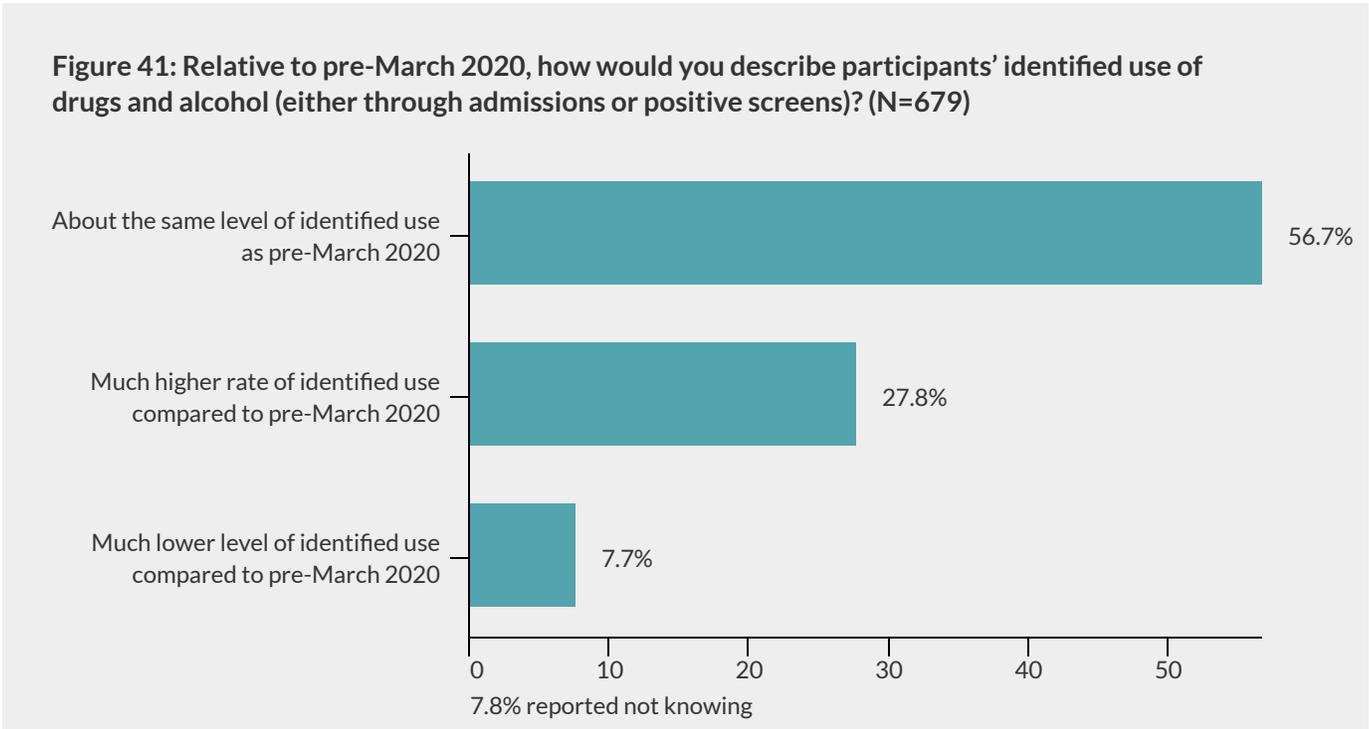


Community supervision respondents noted a higher level of compliance **pre-March 2020** compared to **post-March 2020** (63% compared to 40.5%, respectively (see Figure 40).

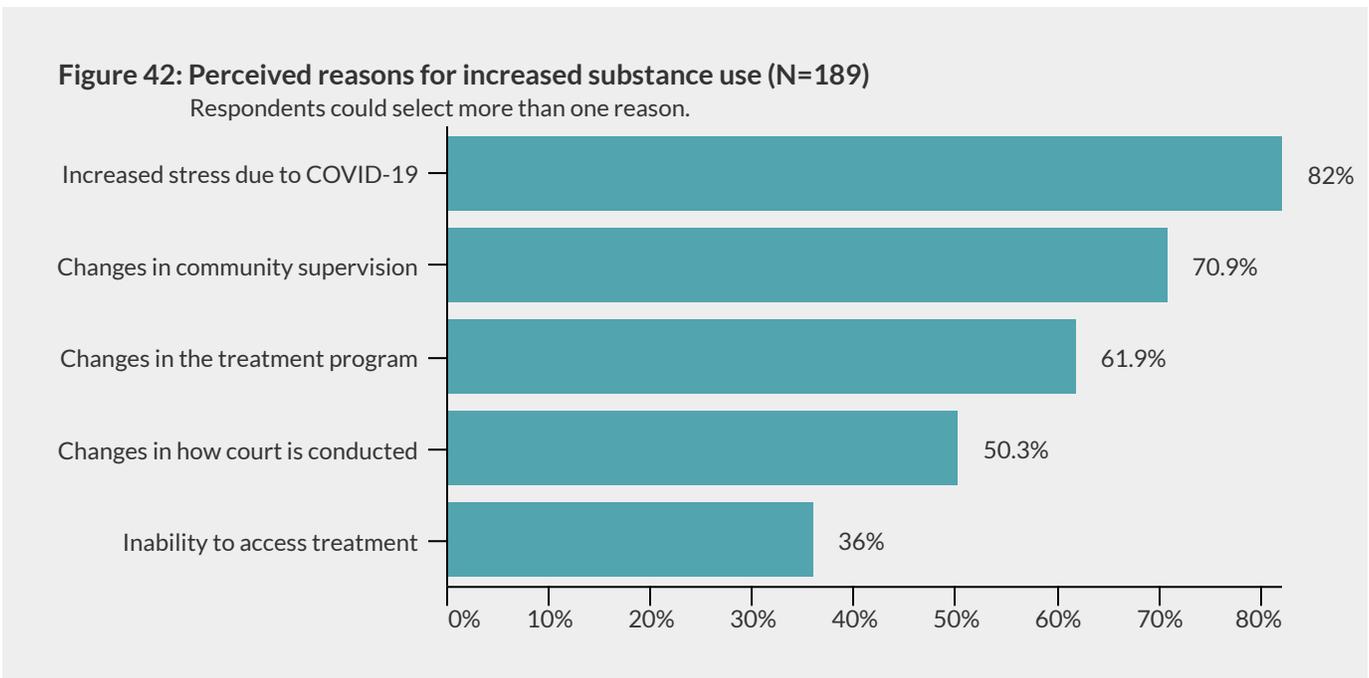
Figure 40: Compliance with Supervision (N=146)



Fifty-seven percent (56.7%) of respondents believed that court participants' level of drug or alcohol use had **stayed the same** during the pandemic. Twenty-eight percent (27.8%) reported **higher rates of drug and alcohol use** and 7.7% reported **lower rates of drug and alcohol use** (see Figure 41). Eight percent (7.8%) of respondents reported they did not know.



Among those who felt that court participants were using substances at higher rates post-March 2020, 82.0% felt this was driven by increased stress due to COVID-19; others felt the increase in substance use was due to changes in how community supervision was conducted (70.9%) or changes in the treatment program (61.9%) (see Figure 42).



Respondents were invited to offer open-ended comments about their experiences with supervision during the pandemic. The quotes selected below represent the diverse perspectives and experiences with virtual supervision. The feedback is grouped by themes below.

Virtual supervision reduces barriers for some participants, and some respondents support a hybrid approach to supervision.

- *Virtual supervision has removed barriers for some participants who work, lack transportation, or have difficulty finding childcare. The participants have been very cooperative and compliant with virtual regulations.*
- *Virtual supervision has allowed me to be more flexible to meet the participants' requirements. We can complete reports on their breaks or lunch hour. It has made it easy to verify employment when standing on a roof with their crew around them. It has also made it easier to speak with family members who previously have not attended report days.*
- *Virtual supervision is a great tool. I wish to allow this to continue, but I also see the need for in-person meetings at the beginning of the program and when they are struggling.*
- *Virtual supervision is difficult for those new in recovery. Post-COVID-19, it may be a viable option for those in the "maintenance phase" of their recovery, but it continues to prove challenging when long-term recovery is a distal goal.*
- *Virtual supervision has pros and cons. It depends on the individual. For some people, it helps maintain employment, aid with transportation barriers, and balance other life issues. Other people need the structure of an in-person setting. It has worked for some and not for others.*
- *I feel we have the best of both worlds when we have the option to do virtual, along with in-office supervision. The participants need the office contact to remind them of the reality of supervision and court. On the other hand, seeing them in their environments, be it home or work, opens a dialogue about needs we would not otherwise have with just in-office individual sessions.*

Other respondents worry that supervision is less effective virtually.

- *The opposite of active addiction is connection. And connection is very challenging by phone/zoom.*
- *Connections are not as strong virtually, and you may miss some warning signs of drug or alcohol use. You can't smell someone's breath or see the way they walk into the office. The best system moving forward would be a hybrid of virtual and in-person.*
- *Virtual supervision isn't as effective as in-person supervision. Participants can use internet outages and poor reception in rural areas as an excuse for not reporting. Staff also experience issues with their network due to limited internet providers.*
- *A decrease in face-to-face contact has contributed to more noncompliance and substance use. Participants often state they had COVID contact to limit probation officer interaction and home checks. They also use the COVID excuse to get out of participating in treatment or drug testing, which has decreased the program's effectiveness.*

Barriers and Facilitators



Staff respondents were asked to identify barriers they experienced transitioning from in-person to virtual (see *Figure 42*) and barriers they believed participants experienced (See *Figure 43*). Staff consistently reported fewer barriers for themselves but reported significant perceived barriers for court participants. For example, when asked whether access to technology was a barrier to implementing services virtually, 1.4% of survey respondents reported this as a significant barrier for themselves, and 10.6% indicated it was somewhat of a barrier; this compared to 59.7% saying it as somewhat of a barrier for participants and 13.0% as a significant barrier. Similar trends were noted about access to the internet or Wi-Fi and skill level.

Figure 42: Staff barriers to implementing virtual court services

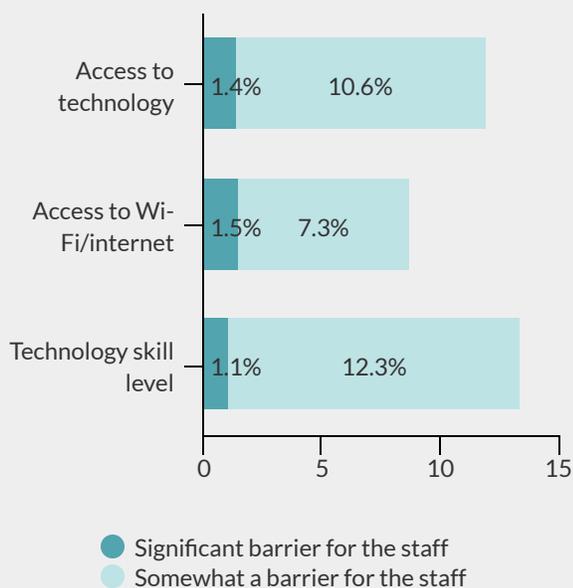
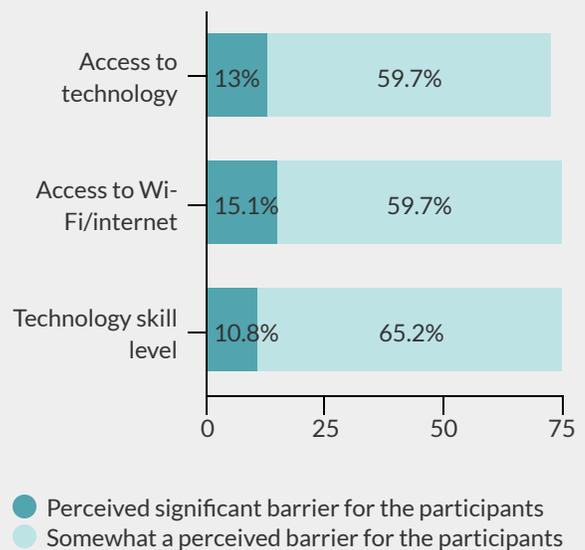
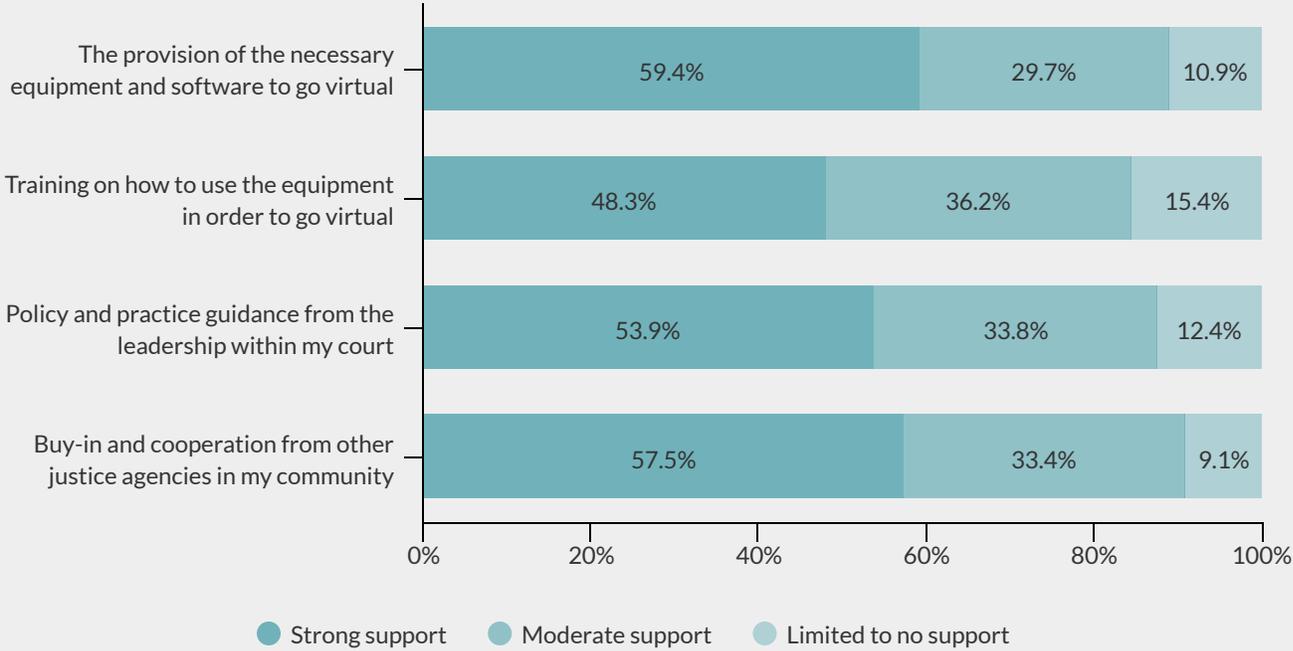


Figure 43: Perceived participant barriers to implementing virtual court services (reported by staff)



Respondents were asked about 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 44).

Figure 44: Facilitators for implementing virtual service (N=891)



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. This continued into the first half of 2021. Respondents reported mixed support for continuing virtual court and treatment, indicating that a hybrid approach was more effective than returning fully to in-person or operating entirely virtually.

Respondents identified the most common advantages of virtual proceedings and services as reducing the barriers that may impact a participant's ability to complete a program successfully. This includes greater flexibility in employment and reduced transportation obstacles. Respondents also acknowledged the benefits of greater flexibility and an increased understanding of the participant's home environment. Common concerns about continuing virtual court or virtual treatment and supervision include reduced ability to connect with the participant, limited ability to fully communicate in a virtual setting, particularly with clients who lack video capability and reduced compliance.

Judges and staff working in judicially led programs reported few barriers for themselves as they implemented virtual services. However, there was notable concern about barriers for the court participants, including skill level, access to technology, and access to reliable Wi-Fi and internet.

A companion report summarizing the survey findings of over 1,350 participants enrolled in a judicially led diversion program can be found [here](#).

