



TREATMENT COURTS AND COVID-19 ADAPTING OPERATIONS



DECEMBER 2020



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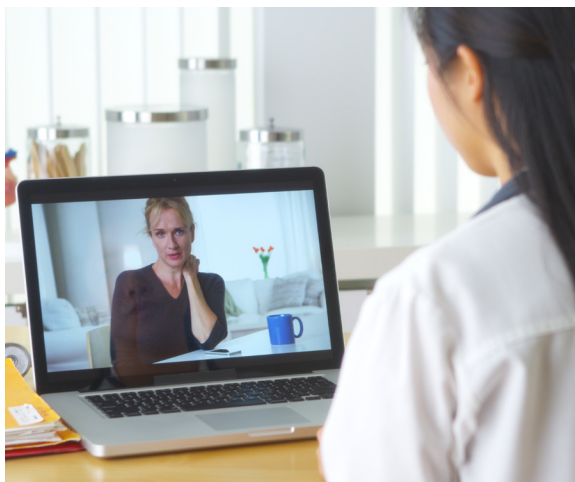
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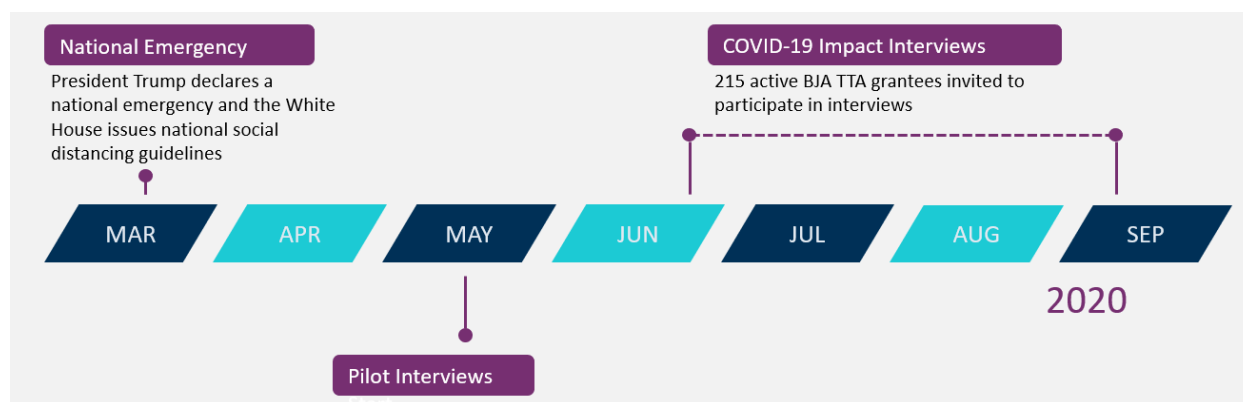
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COVID-19: OPPORTUNITY FROM CRISIS?

After the declaration of a national emergency issued on March 13th, 2020, treatment courts and affiliated agencies were challenged with adapting to social distancing guidelines and mandates set by their respective states and jurisdictions. The majority of treatment courts and the participants they serve were impacted by the inability to meet and access treatment services in-person. To learn more about how courts responded to the Coronavirus pandemic and the potential impact on participant recovery, NPC Research reached out to conduct virtual interviews with all active Bureau of Justice Assistance (BJA) Training and Technical Assistance (TTA) treatment court grant recipients ($N=215$). Interviews focused on successes and challenges related to:

- ▶ Communicating and monitoring participant progress
- ▶ Conducting treatment court sessions and staffing activities
- ▶ Responding to participant behavior
- ▶ Engaging participants in treatment and recovery services



SUMMER 2020 WAS A TIME OF LEARNING

Eighty percent of all active BJA TTA grantees participated in the COVID-19 impact interviews (172 courts out of 215). Two-thirds (114) of grantees interviewed were traditional adult treatment courts and 20% (34) were veterans treatment courts. There were also 16 DWI Courts, 6 tribal court and 2 mental health courts. Courts were located in 37 states and 1 U.S. territory. The vast majority (82%) of interviewees were court coordinators. For more information, see Sample Description in Appendix A.

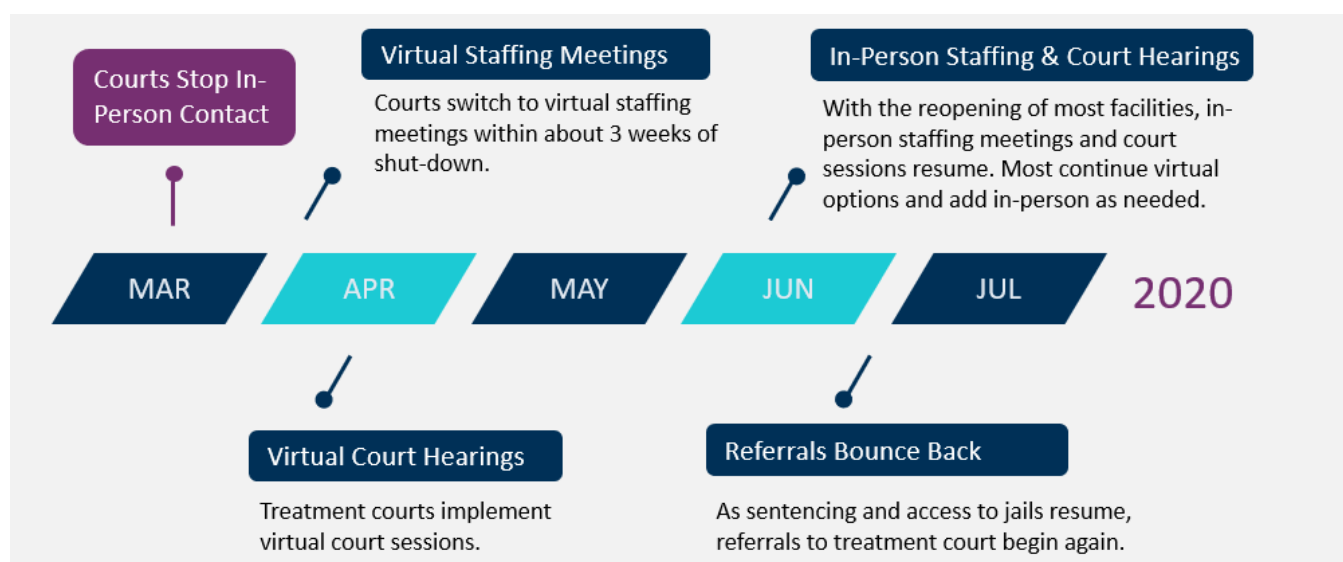
Word clouds were created using text from all interviewees for each topic area. In answering questions about staffing and court, the words that were used to describe their experiences most frequently are displayed in the largest text. For staffing and court, “Zoom” was the number one word spoken most often – signifying the newly common engagement in this virtual platform.



HIGHLIGHTS: STAFFING IMPROVED WHILE COURT WAS CHALLENGING

- ▶ The switch to conducting virtual staffing meetings was relatively easy. About half of courts reported halting staffing meetings temporarily, but most resumed within about 3 weeks of initial court closures.
- ▶ Many courts plan to continue virtual staffing going forward.
- ▶ Most courts (70%) stopped holding court sessions for about one month, until virtual options were implemented.
- ▶ Virtual court hearings had mixed reviews. Although they eliminated transportation barriers, they were rife with technology challenges in the beginning.
- ▶ Once technological challenges were solved, many courts concluded that virtual court hearings are a good option for team members to attend remotely, work well for participants who live far from the court, and can be used as incentives for participants who are doing well.
- ▶ Many courts created virtual court session protocols or guidance for participants to follow.
- ▶ The lack of regular court proceedings resulted in fewer referrals to treatment courts over the summer.

Staffing & Court Activities for a Typical Treatment Court



Team Members Were Quick to Engage Through Virtual Staffing

Staffing meetings are a crucial time for treatment court team members to review participant progress and create a plan for responding to participant behavior. At the initial shutdown in mid-March, about half of courts stopped holding staffing sessions, usually for a period of 3 weeks, while they worked to implement virtual alternatives. At the time of interviews, most courts were still conducting staffing meetings using virtual platforms. To protect information shared between team members, court staff had to utilize confidential communication sources, like encrypted email threads or secure video conferencing software.

What Worked

- ▶ Increased casual communication between team members, through texting and phone calls
- ▶ Conducting virtual staffing meetings on a confidential platform
- ▶ Encrypted email threads for team members to discuss participant treatment and behavior
- ▶ Attending technology trainings quarterly to prepare for future use of virtual tools and be more prepared for additional challenges

Due to the variety of state and local jurisdiction responses to the pandemic, treatment court operations—including building closures—were largely influenced by local factors. Many courts spent at least some time conducting operations virtually, whereas others in lower-risk areas continued some services in-person. At the time of the interviews, many courts were beginning the transition of returning to in-person operations with the use of personal protective equipment and social distancing.



“[We had] a lot of communication: text, phone calls, email. We were and still are in constant contact regarding any issues - it's just like a regular workday in that sense.”

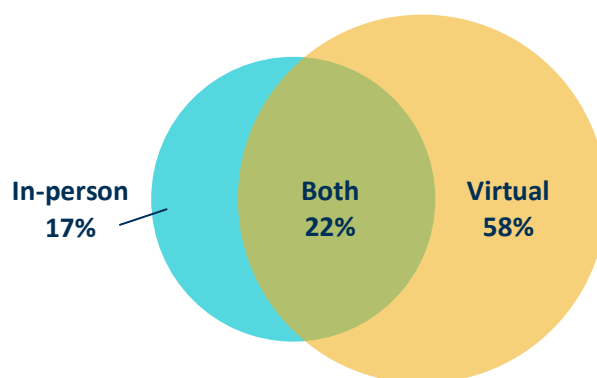
-COURT COORDINATOR

Staffing Statistics

Staffing meetings were one of the first activities grantees reengaged in after the declaration of a state of emergency

- ▶ **55% stopped holding staffing meetings** at the beginning of the COVID-19 shutdown. Of those that stopped, it took an average of **three weeks to begin virtual staffing** meetings and an average of **10 weeks to resume in-person staffing** meetings (for the small number that resumed in-person meetings).
- ▶ **Only 17% of courts reported resuming or continuing completely in-person staffing meetings.** In addition to staffing meetings, court staff also remained in consistent communication with one another through both email (**99% used email**) and text messages (**45% used text**).
- ▶ By mid- to late-summer 98% of courts were back to holding staffing meetings, usually over a virtual platform.

The majority of grantees (80%) are currently conducting **virtual** staffing meetings, either alone or in **combination** (22%) with in-person meetings.



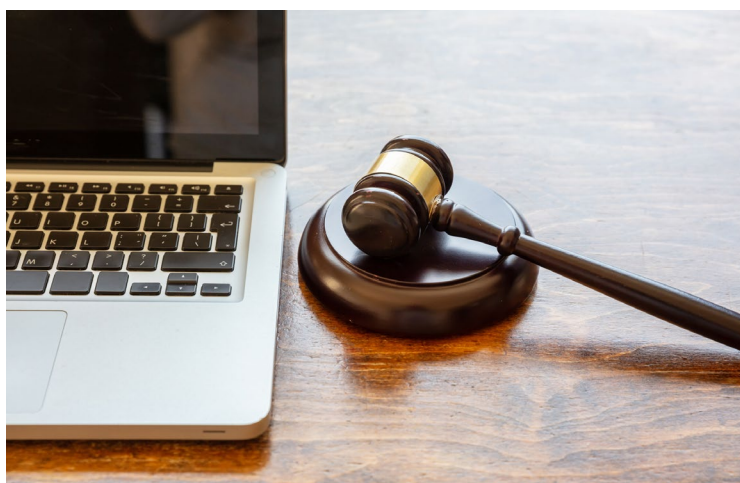
Court Sessions Required a Learning Curve for the Team and Participants

Court hearings provide space for participants to interact with the judge, which studies have found to be one of the most influential factors for participant success in the program. Many courts were able to transition to virtual court sessions within about one or two scheduled hearings. At the time of interviews, about half of courts had resumed some in-person court hearings. Courts often reported that virtual court hearings were better than nothing, but still presented challenges, especially in the beginning. While virtual court sessions eliminated transportation barriers for many participants, technology issues and other interruptions often distracted from court sessions.

What Worked

- ▶ More team members were able to attend and participate in virtual court sessions
- ▶ Transportation and parking barriers were eliminated and participant court attendance increased
- ▶ Setting dress code and etiquette guidelines for virtual court sessions helped clarify expectations for participants and reduce disruptions
- ▶ Staggered times for in-person sessions helped minimize exposure to participants
- ▶ Offering fun or incentivized activities to improve engagement during court proceedings

“When we first started [participants] didn't understand that we can see everything they're doing. So we had to stop court and I would text them and write, *you need to stop...this is court.*”



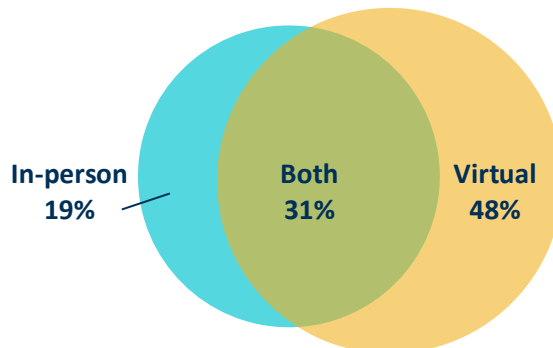
Court Session Statistics

Most courts (70%) stopped court sessions for some time and most used virtual options upon restart.

Of the courts that stopped holding court session altogether:

- ▶ On average, **virtual court sessions started in three to four weeks** after shutdown (so participants missed just one to two court sessions).
- ▶ On average, **in-person court sessions resumed in about three months** (for those that resumed in-person services). Courts that resumed in-person services reported that the transition was gradual. Courts would bring in participants that needed more support, or those that were phasing up.

About 1 out of 5 courts have transitioned back to conducting only **in-person** court hearings, the remainder are using **virtual** or video options all or some of the time.



Courts implemented new courtroom protocols to minimize distractions

While some courts reported that participants enjoyed the virtual court sessions because they had more interaction with other members of the team, most courts reported a general lack of participant engagement. At the beginning of virtual court implementation, many participants struggled with technology and getting connected to the virtual courtroom. Some courts also reported that it was difficult for participants to focus on the judge (or speaker) with all of the other team members and participants present on screen. Some courts utilized the waiting room feature of conferencing software to help minimize distractions from other participants. To help clarify expectations for behavior, several courts created virtual courtroom guidelines for participants, such as dressing appropriately for court (e.g., must wear a shirt), regulations on smoking, eating, or driving while on camera, and staying present the whole time (not walking away or playing video games). Overall, court staff reported that participants seemed to not take the virtual court sessions as seriously as in-person court sessions and that it was difficult to keep participants focused.

“You have to remind them they are in court, otherwise, they will: smoke, lie in bed, put on makeup, do their hair, drive, go through a fast food drive through...”

As time progressed, courts transitioned to in-person hearings, but with health precautions including masks and physical distancing. Courts reported that the first participants to attend in-person sessions were those that needed more support, followed next by new admissions or phase-ups, and then everyone else.

For in-person sessions, courts reported splitting up their regular sessions into multiple, staggered court sessions or would otherwise ask participants to wait outside the courtroom to minimize the number of individuals in the courthouse at one time.

Attendance at court sessions increased

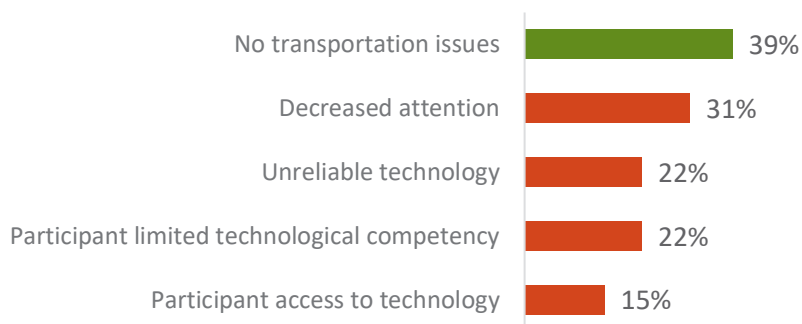
The major benefit to hosting virtual court sessions (and likely also attributable to stay at home orders) is that **more participants attended court sessions than before the pandemic**. One of the biggest contributing factors was the elimination of transportation as a barrier. Additionally, many courts reported that **team member attendance and participation in court** also increased, due to the flexibility of remote attendance and because other in-person workload responsibilities were on hold. About 1 out of 9 courts reported that team member attendance was less consistent, most often for law enforcement and probation officers, but a majority of courts reported increased team member participation.

“They are showing us their garden or saying, hey...let’s have our dogs meet”

Legal and other considerations were challenging

Several courts reported the lack of clarity over the legality of recording virtual court sessions, which included participants using their own devices and often video of participants’ homes. Additionally, if a participant needed to be taken into custody (e.g., if the participant was intoxicated or receiving a sanction), it was impossible to apprehend participants over conferencing software.

Successes and challenges of holding virtual court sessions.



Due to the lack of regular court proceedings (e.g., trials, sentencing), new participant referrals to treatment courts decreased over the summer. Additionally, lack of access to jail facilities made it difficult to reach potential participants. Eventually, courts devised creative ways to meet with and assess potential participants using virtual means.

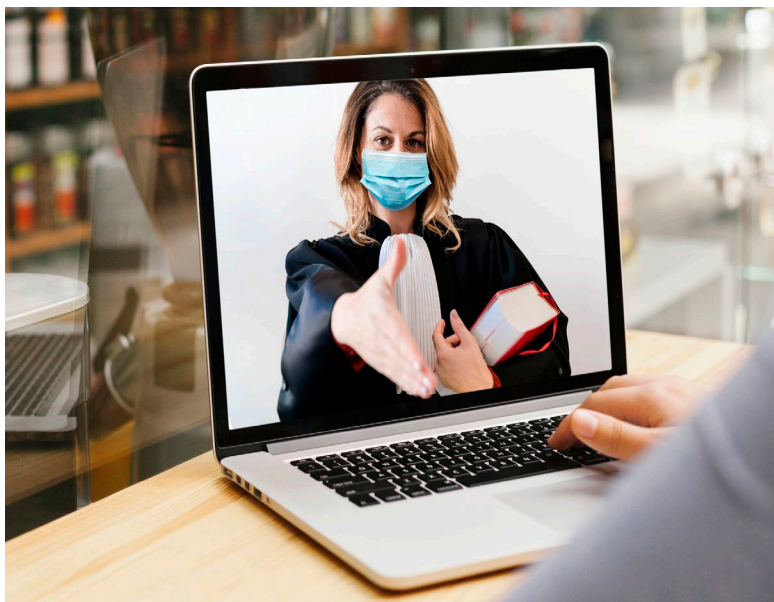


Court closures not only affected treatment court operations, but also regular criminal dockets. Many courts placed all hearings on pause until virtual options could be implemented or it was safe to resume in-person operations. The lack of court operations, particularly sentencing, meant that referrals to treatment courts were also paused. Additionally, due to COVID-19 outbreaks in jails, access was limited. Court staff reported that their intakes would ordinarily occur while the individual is still incarcerated in jail, but most jails did not have the ability to conduct or allow video intake appointments. This resulted in fewer participants seeking entrance or being referred into treatment courts overall.

At the time of the interviews, 94% of courts were accepting new participants, however, 67% of courts stated that their admission process was different than prior to the pandemic. Primarily, intake processes and orientation that would typically occur in-person shifted online. Although online procedures allowed courts to admit new participants during the pandemic, it was harder to connect with new participants without the personal connection of meeting them in person.

Innovative Practices: Conducting Virtual Court Operations

- ▶ Some court staff made “office hours” time that was open for either other court staff or participants to use to communicate with them.
- ▶ Several courts are modifying their policies and procedures manual to allow for virtual attendance at court sessions either as part of an incentive (for those doing well) or to allow participants participating in in-patient treatment to attend court.
- ▶ One court created a presentation recognizing participants that were doing well (e.g., no violations in prior 30 days) and aired the presentation while participants waited for court to begin (like previews at a movie theater).
- ▶ Conducting court sessions or other meetings outside on the front lawn of court buildings so participants and court staff could meet face-to-face but still have open air and proper physical distancing.
- ▶ One public defender obtained a court order to have an internet hotspot in the jail in order to conduct assessments. During appointments, he was able to go into the jail, provide the participant with a headset (for confidentiality), and connect the participant with the other members of the treatment court team.
- ▶ Some courts were able to gain remote access into the jails, thus allowing participants that were incarcerated to join court hearings.



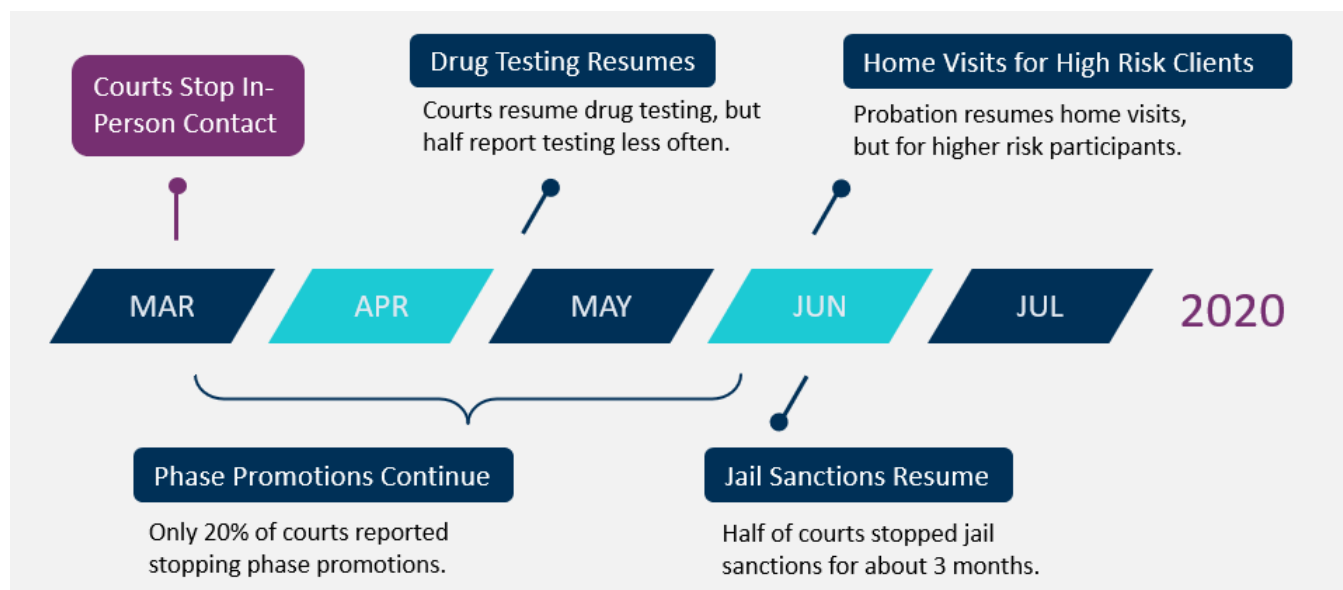
In answering questions about supervision and monitoring of participant progress, the words that were used to describe their experiences most frequently are displayed in the largest text. For monitoring participant progress, as would be expected, “participants” was the most frequently used word. However, “Zoom” once again figured largely in these interviews, as well as “phone.” Also prominent were “probation” and “visits.”

A word cloud of terms related to COVID-19. The most prominent words are 'participants' and 'phone'. Other large words include 'zoom', 'case', 'person', 'visits', 'treatment', 'home', 'people', 'testing', 'communication', 'distancing', 'weekly', 'weeks', 'come', 'office', 'get', 'every', 'since', 'everyone', 'etc', 'still', 'used', 'table', 'text', 'field', 'officers', 'texting', 'got', 'cell', 'one', 'like', 'day', 'now', 'things', 'done', 'online', 'mostly', 'staff', 'lot', 'may', 'clients', 'going', 'telehealth', 'social', 'time', 'week', 'check', 'well', 'really', 'way', 'started', 'everything', 'provider', 'courthouse', 'communicate', 'officer', 'meetings', 'participant', 'manager', 'know', 'send', 'sure', 'month', 'video', 'couple', 'calls', 'march', 'drug', 'contact', 'see', 'first', 'phase', 'group', 'back', 'phones', 'team', 'also', 'daily', 'via', 'meet', 'app', 'hearings', 'sessions', 'work', 'support', 'workshops', 'support', 'workshops', 'support', 'workshops', 'support'.

HIGHLIGHTS: TEAMS ADJUST EXPECTATIONS TO KEEP PARTICIPANTS ENGAGED

- ▶ Courts changed how they communicated with participants, including virtual/video check-ins and home “visits.”
- ▶ Half of courts stopped drug testing for a period of 7 weeks and most courts reduced the frequency of drug testing.
- ▶ Phase requirements were relaxed or adapted (e.g., community service requirements moved to later phases when in-person activities were likely to resume).
- ▶ Courts were unsure about whether to phase-up or graduate participants.
- ▶ Almost all courts reduced or limited the number of sanctions given.
- ▶ Courts reported being more lenient with participant behavior.
- ▶ Half of courts stopped using jail sanctions, usually for a period of 3 months.

Timeline for Treatment Court Monitoring Activities



Text Messaging and Video Calls Promote Engagement

With most public agencies forced to halt in-person meetings and services, most treatment courts also had to stop all in-person meetings and check-ins with participants. Team members relied heavily on phone calls and video conferencing, as those were the most accessible modes of communication for participants. Courts with technology already in place in their office (virtual calling platforms, work cell phones) were more prepared for the virtual switch.

What Worked

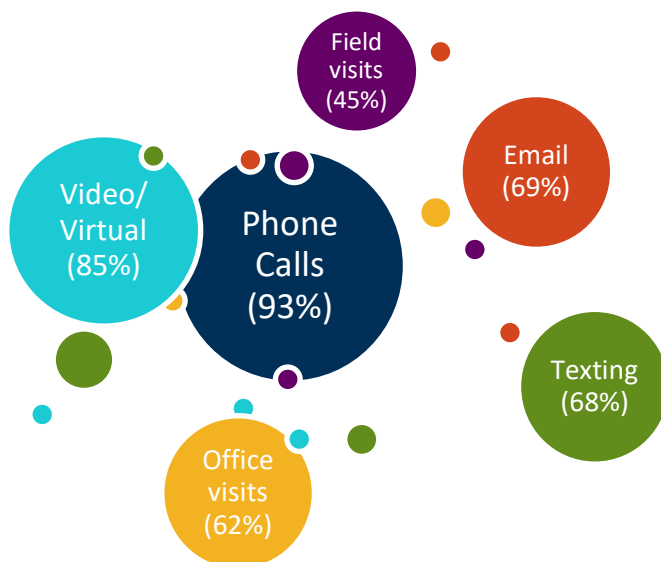
- ▶ Daily phone check-ins to offer support to participants and monitor progress
- ▶ Giving gratitude journals to participants and checking in about what was reflected on during daily check-ins
- ▶ Increased use of emails and texts to send group reminders and resources to participants
- ▶ Hiring a peer recovery specialist to increase contact with participants
- ▶ Offering in-person home checks on an as-needed basis, at the request of team members
- ▶ Providing work phones to team members, which allowed them to text with participants who otherwise did not feel comfortable verbalizing thoughts and feelings



Treatment courts expanded modes of communication with participants

Many courts implemented a variety of daily check-ins with participants, and multiple members of the team helped connect with participants (including judges). Almost **all** courts used **phone** and **video** to check in with participants. Several courts mentioned that COVID-19 opened the door for text messaging. **Two-thirds** of courts used **text messaging** and **emails** to reach out to participants, often to send reminders, provide resources, and communicate about other engagement activities. Some courts mentioned they are going to start asking for participant email addresses at intake, so they have this information already on file, as this proved to be a useful resource.

Phone and **video** calls were the top ways courts connected with participants.
Less than half were able to conduct **in-person field visits**.



Most field visits were limited to driveway check-ins as supervision officers were unable to conduct in-home checks

Due to agency restrictions, most supervision officers were prohibited from conducting in-person home or field visits, at least initially. **At approximately four months into the pandemic, less than half of the interviewed courts reported they were conducting in-person field visits.** Of those that did conduct home visits, many courts reported that they were limited to driveway, porch, or curb-side visits (primarily to confirm participant location or confirm that participants are following orders to shelter in place). Some courts only conducted field visits on a case-by-case basis, at the request of team members, usually for participants that were struggling in some way. At the time of interviews, many courts were starting to return to the office, including in-office visits, provided proper precautions were in place (plexiglass barriers, masks, social distancing, and limited number of people).

“Our case manager is doing a drive by, waving and keeping it moving”



Several programs helped participants download the Hangouts application to their smartphones. This allowed participants to video chat with team members, as well as provide remote home checks or allow participants to confirm their location.

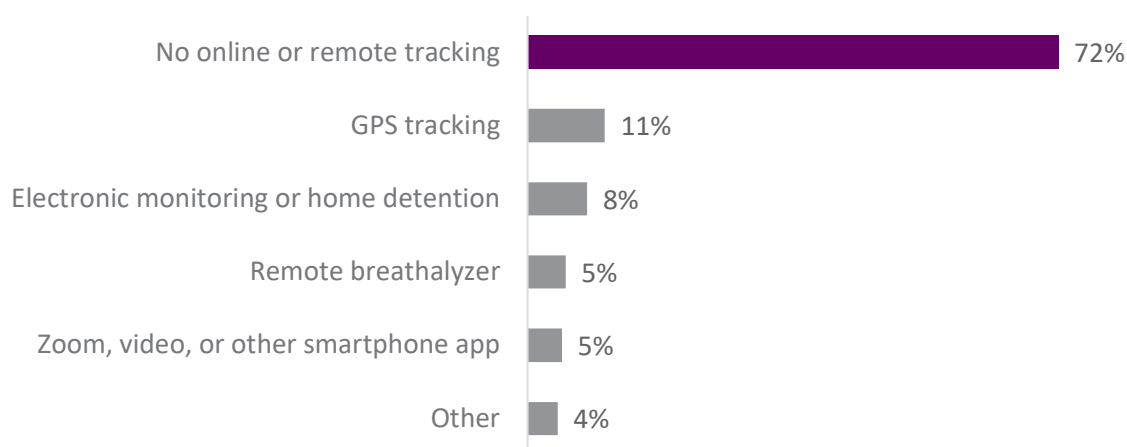
One in four courts provided equipment or technology services to participants

The most common type of equipment provided to participants was cell phones (one out of six courts), but courts also provided mobile data or minutes, tablets, and Wi-Fi or internet service to participants to facilitate communication. Equipment was most often funded through state, county, or local government funds (43%), but also came from grant funding (33%) and donations (10%). The team also helped participants find other free alternatives, such as using the Wi-Fi at schools, public buildings, or treatment centers, or connecting to Wi-Fi from business parking lots.

Remote tracking technology was not yet in common use in summer 2020

For most supervision-related activities (e.g., curfew, abiding by stay-at-home orders), grantees relied on self-report from participants. Most courts did not incorporate the use of remote tracking technology to confirm participant location. Five percent of courts reported using video conferencing applications and asked participants to scan the area with their phone to confirm location. Another 5% percent of courts reporting using some type of remote breathalyzer (Outreach Smartphone Monitoring or Soberlink), which often includes GPS location.

The majority of courts did not implement additional technologies to confirm participant location.



Drug Testing Type and Frequency Changed

Random and frequent drug testing is an objective method for monitoring and providing feedback to participants regarding progress with their substance use disorder. With a vast majority of non-essential workers required to stay home and practice physical distancing during the spring and summer of 2020, fully observed drug testing was more challenging for treatment court staff and participants, making it difficult to validate participant abstinence from substance use. A wide range of solutions including video monitoring of drug tests and using new and different types of testing (oral fluids or patches) were tried, while some courts stopped drug testing altogether.

What worked

- ▶ Adapting the test collection method to accommodate social distancing
 - ▶ Observing urine sample collection from a distance
 - ▶ Observing oral fluid testing through video
- ▶ Reducing drug testing requirements (e.g., frequency) to improve safety for those that utilized public transportation
- ▶ Using sweat patches so that close contact (to apply the patches) was required less frequently

Half of all courts temporarily stopped all drug testing

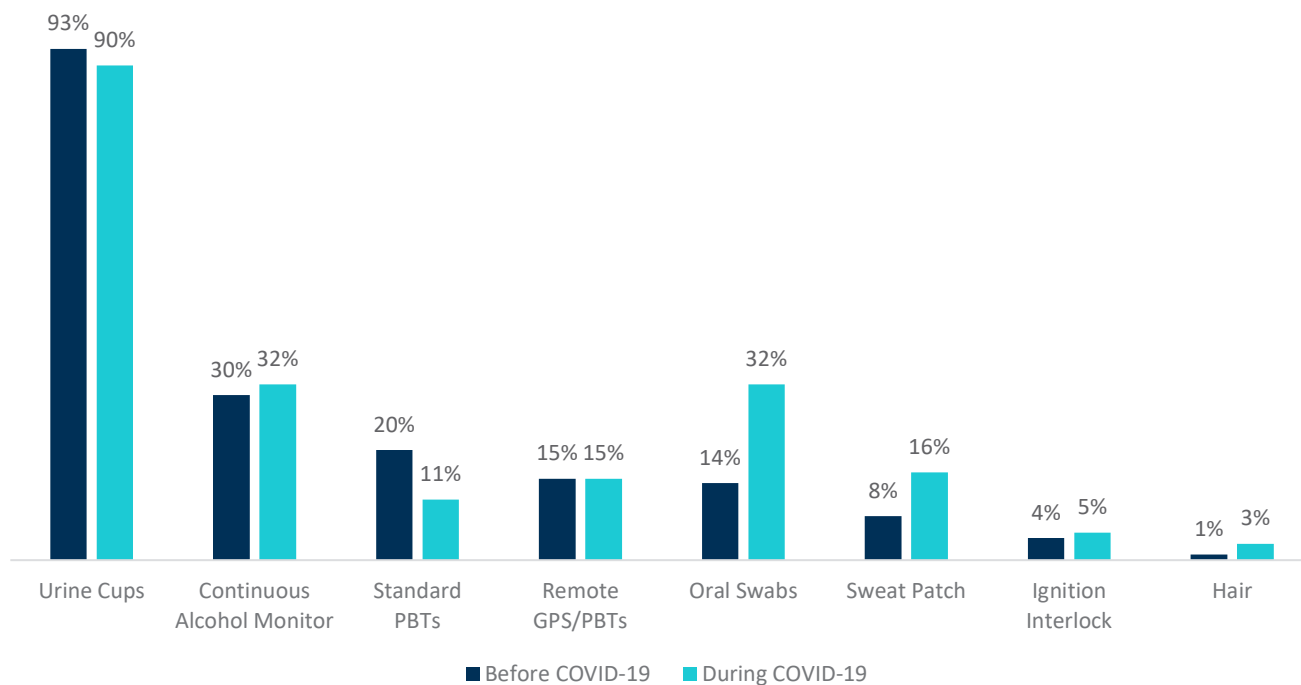
Due to agencies such as testing laboratories and probation departments temporarily closing to help mitigate the spread of COVID-19, **54% of courts stopped drug testing entirely** for an average of seven weeks. Of the courts that never ceased drug testing, half indicated they tested participants less frequently. Overall, **by mid to late summer, 88% of all courts resumed (or never stopped) testing**, although physical distancing recommendations continued to make monitoring drug tests in-person difficult. Several courts stated that the space where drug testing was conducted was too small for two people to be in while properly physically distanced. Other courts monitored testing virtually and had the participant on a video call while taking the drug test. Often the decision to not complete in-person drug testing was made by a state's supreme court or oversight agency.

“We still had people call in 7 days a week even during COVID-19 because they had to get a date for getting their sweat patch changed, so that helped them stay accountable.”

Most courts changed the type of test used, tested less frequently, or changed their observation methods (or all three)

In addition to social distancing requirements and required masks, 85% of courts made changes to their drug testing processes. This included changing testing methods (46%), testing less frequently (56%), conducting unobserved (or not fully observed) test collection (14%), and conducting observation over video (4%). Compared to prior to COVID-19, courts increased the use of oral swabs and sweat patches and decreased the use of standard portable breathalyzer tests (PBTs). Most courts continued to use urine testing when possible and continued with remote testing options such as GPS and ignition interlock.

More courts began using oral swabs and sweat patches during COVID-19, while fewer courts used standard PBT devices.



Phase Requirements Were Adapted or Relaxed

Most treatment courts have multiple program phases in which participants are required to achieve certain milestones. Phase requirements often include remaining abstinent from substances for a specified period of time and other activities such as attended treatment sessions and court, completing community service, and participating in pro-social activities. During the pandemic, many courts had to halt or decrease the frequency of drug testing and other in-person activities. Thus, courts focused more intensely on attendance at key events and self-report of online activities. Courts were mixed in whether they continued to have participants phase up in the absence of confirmed abstention from substance use.

What Worked

- ▶ Team member communication and corroboration of participant attendance at events
- ▶ Use of unscheduled, instant video conferencing (e.g., Zoom, Google Hangouts) to confirm participant location at required events
- ▶ Asking participants to call in to drug testing line to confirm the color, even though drug testing was on hold, as another method to keep participants engaged
- ▶ Regular text and video check-ins between participants and their case manager, treatment provider, and probation officer

Treatment courts emphasized virtual attendance at required appointments

One of the few remaining benchmarks for participant progress was attendance at required virtual court hearings, treatment sessions, and supervision check-ins. Many courts reported that team member communication about participant activities was key to monitoring progress and that team members were diligent about updating notes in case management software or reporting out attendance during staffing meetings. As a method to show compliance with court requirements that were temporarily suspended (e.g., drug testing, community service), courts sometimes required participants to check-in at the scheduled time with applicable team members in order to receive credit for attendance at those activities.

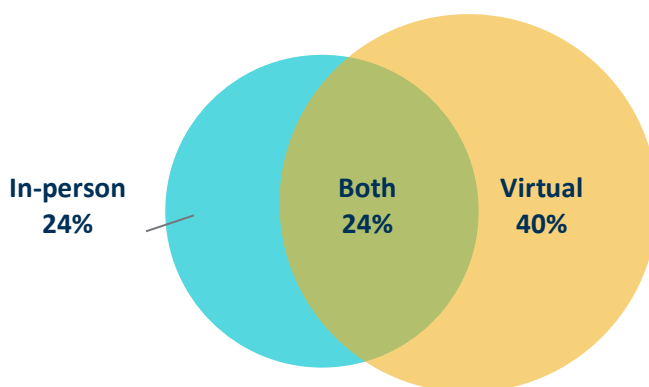
Most courts continued to phase up or graduate participants during the pandemic

Nineteen percent of courts reported stopping phase promotions and 20% of courts reported stopping graduations for at least some period of time, about 9 to 10 weeks on average. **Forty-two percent of all treatment courts reported they made changes to their phase requirements.** One common strategy was to give leeway to activities that were impossible to accomplish during stay-at-home orders (e.g., drug tests, community service) and focus on attainment of other requirements (e.g., attendance at virtual treatment sessions). Other courts moved in-person phase requirements to later phases. While some courts continued to promote participants based on team member recommendations and completion of phase paperwork, some courts elected to “freeze” participant progress until other tracking such as drug testing and home checks could resume.

Courts created new ways to celebrate phase promotions and graduations

At the time of interviews, 89% of courts were holding graduations. Of those, 40% were conducted virtually, 24% were in person, and 24% were a combination of virtual and in-person. **Several courts reported parking-lot graduations, similar to tailgate parties.** Teams would give presentations commending graduates and found ways to distribute pre-packaged snacks (e.g., cake) to attendees. Similar to pre-COVID conditions, some courts invited members of the media to attend these parking lot graduations. Other courts also reported holding phase promotions and graduations during virtual court hearings (but would mail a certificate or diploma to participants), with bigger celebrations planned once in-person services resumed.

Most graduations were being conducted **virtually**, while some were in **combination** with in-person celebrations.



Teams Had to Learn New Responses to Behavior Without Jail

Historically, treatment courts have relied on a variety of incentives and sanctions to respond to participant behavior, with jail as a common sanction. Switching to a mostly virtual court environment meant redefining what incentives and sanctions could safely and effectively be used with participants. Additionally, due to jails' refusal to accept new admissions, half of treatment courts stopped the use of jail sanctions altogether.

What Worked

- ▶ Increased use of incentives (such as encouraging texts from team members and verbal praise from the judge) to promote engagement
- ▶ Video messages of encouragement from team members
- ▶ Safely delivering care packages to families that contained useful household items
- ▶ Waving weekly program fees for those in compliance with treatment court policies
- ▶ Increased use of online sanctions such as watching webinars

About half of courts reported halting all jail sanctions

“We use jail 90% less and treatment adjustments 90% more”

Jail sanctions were not available to most courts on average for about 3 months because most jails were not accepting inmates (except for very serious charges). The possibility of spreading the COVID-19 virus also stopped almost all community service opportunities. To balance the lack of these two common sanctions, **most courts (84%) reported they had to implement new sanctions** during COVID-19. If a participant's behavior

warranted a jail sanction, house arrest was a common option that allowed participants to remain safe. Online sanctions and other behavior responses were implemented, including essay writing based on an online video, attending additional online self-help groups, or engaging in additional treatment sessions. Some courts chose to delay community service requirements once COVID-19 restrictions lifted.

91%

of courts reduced or limited the number of sanctions given

Half of courts created new ways to incentivize positive program engagement



Without in-person court sessions, it was challenging to provide physical incentives to reward participant progress. Courts navigated this by **making personal deliveries to participants homes**, (which some participants termed “the COVID Fairy”) including gift cards or household items that were hard for families to obtain during the initial shut down period. These incentives both helped meet needs of participants and encourage positive engagement with the treatment

court. An increase in verbal praise was also commonly mentioned for courts who did not feel they were able to offer more tangible alternatives. Courts also passed out incentives when participants came in for drug testing or sent incentives through the mail. Other courts had incentives in place that transferred well to the virtual environment, such as a “leave court early pass,” lessening homework assignments, or lifting curfews for participants to spend time engaging in activities with their families.

Courts tailored their incentives to be relevant to stay-at-home guidance. Courts gave away gift cards to local food delivery services (e.g., DoorDash, GrubHub) and even delivered toilet paper.

Courts were more flexible with participant behavior

“I have something in the works like a hole punch card for those participants who are going above and beyond, like doing extra community service. Five hole punches and they get to choose from a bunch of gift cards to various fast food places.”

Since it was difficult to monitor attendance and drug testing was intermittent for different courts, courts opted for a simple strategy of being more lenient with participant behavior. Providing leniency was beneficial to both participants and court staff who were overwhelmed by the developing pandemic and trying to navigate a newly virtual work and social space. Overall, it was difficult for courts to find sanctions that were both safe and effective for participants.

Innovative Practices: Monitoring Participant Progress

- ▶ As part of their volunteer project to graduate, one participant set up a Google Drive account to host the treatment court newsletter, which is updated weekly. The newsletter includes information about support services (e.g., yoga in the park, AA online meetings, SmartRecovery), links for the virtual court hearing sessions, as well as other useful resources.
- ▶ Using Google Voice to contact participants so that team members could keep their personal numbers private.
- ▶ A participant “challenge” form where participants can check off their weekly requirements for calling into their supervision and case management appointments and treatment sessions. For every successful week, participants receive online gift cards.
- ▶ Using an app called *Tables Ready* to sign participants up for a time to take a drug test. Each participant would show up for their signed up for time then wait to be called in to take their test. Once they were notified via phone they would go into the building and complete their test.
- ▶ “Look for the helpers” - Creating masks and providing snacks and coffee for first responders as community service projects.
- ▶ Creating “how-to” videos demonstrating a skill such as sewing masks or fixing a toaster.
- ▶ Distributing special COVID military coins (with masks on the coin) to VTC graduates.
- ▶ Assisting participants to plan and work on money management skills when participants received stimulus checks
- ▶ Implementing a Drug Court’s Got Talent showcase, using a PowerPoint presentation and shown to all court staff and participants. The top three participants in the talent contest won Amazon gift cards.
- ▶ Making a PowerPoint presentation with pictures of all the participants without any violations in the last 30 days. The presentation aired at the beginning of virtual court (like movie previews).
- ▶ For an in-person graduation, one court partnered with a local church that had already implemented parking lot services through the use of a public address (PA) system that could be heard by tuning the car radio to a specific channel. This allowed participants and their families to stay in their vehicles, while still participating in an in-person graduation ceremony.
- ▶ Allowing participants to work off assigned community service time by participating in positive activities, such as family time or exercising, and allowed participants to oversee their own time management.

TREATMENT AND RECOVERY SUPPORT

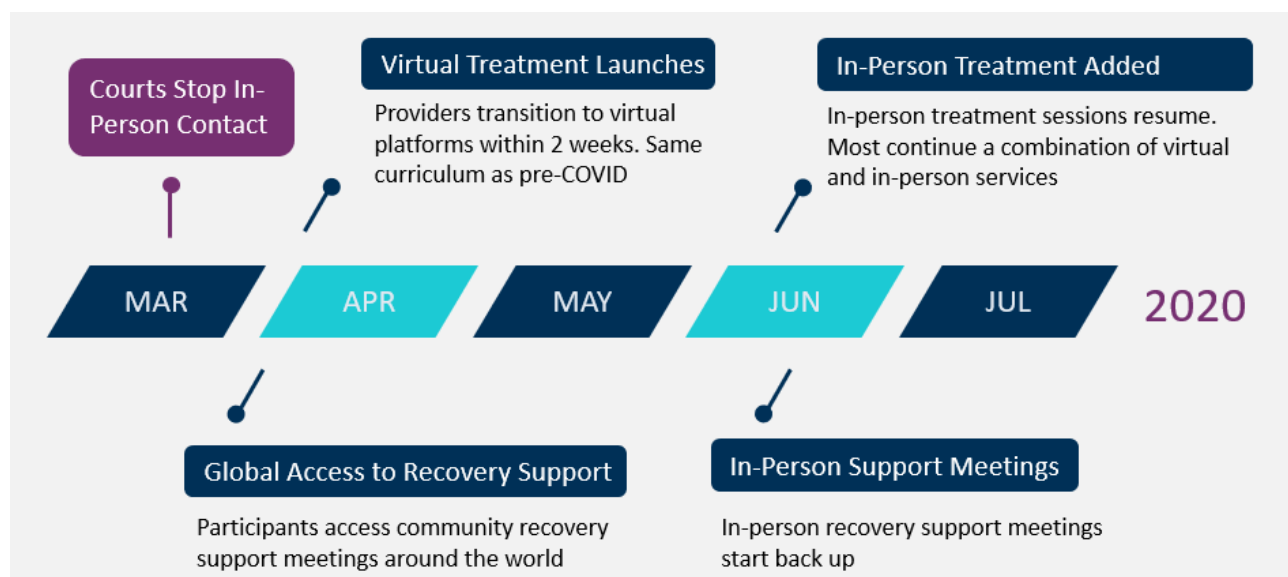
In answering questions about treatment and other recovery support services, the words that were used to describe their experiences most frequently are displayed in the largest text. For monitoring participant progress, “virtual” and “person” were the most frequently used words. However, as was prevalent in other topic areas, “Zoom” continues to be prevalent in relation to treatment services, as well as “telehealth” and “treatment groups.”



HIGHLIGHTS: TELEHEALTH FOR TREATMENT AND RECOVERY SUPPORT WERE KEY TO ENGAGEMENT

- ▶ Treatment providers were quick to transition to virtual platforms, usually within about 2 weeks.
- ▶ Similar to virtual court sessions, treatment providers created guidelines for participant behavior while participating in virtual treatment sessions (e.g., no smoking or eating, no household members nearby).
- ▶ Isolation and stress of COVID-19 increased participant relapses.
- ▶ Court staff reflected that participants seemed less engaged with group virtual treatment compared to in-person services, while virtual one on one sessions were better for some participants than in-person.
- ▶ Participants enjoyed greater access to and engagement in recovery networks, including support meetings taking place in other parts of the world and those tailored for specific communities (women, LGBTQ+, etc.).

Timeline for Treatment and Recovery Support Activities



Mixed Success with Virtual Treatment: One on Ones Were Engaging, Groups Not

Treatment for substance use disorders is one of the tenets of treatment courts. Treatment providers were quick to transition to virtual formats, but many courts reported that being quarantined was difficult for participants, resulting in relapses. Although online options were helpful in providing support for participants and had benefits in terms of eliminating transportation barriers, many providers reported disruptive behavior and lack of engagement in group sessions. For one on one treatment, interviewees reported that some participants felt more comfortable sharing from the safety of home while others felt less engaged.

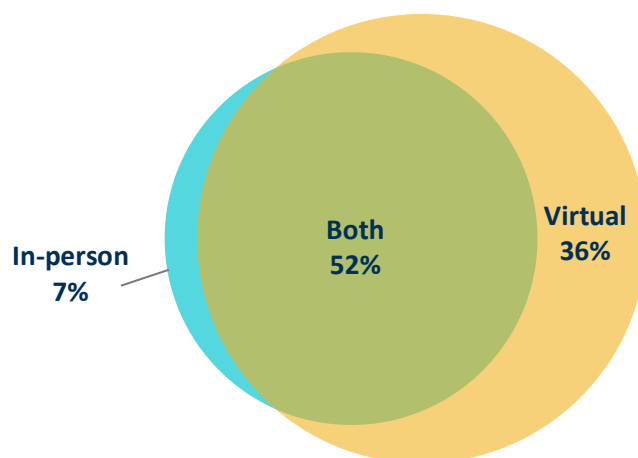
What Worked

- ▶ Virtual treatment avoided the need for transportation, resulting in increased attendance
- ▶ A wider variety of treatment options available virtually
- ▶ Physically distant outdoor, in-person treatment meetings

Treatment providers utilized the same curriculum, but virtually

Thirty-six percent of courts temporarily stopped providing treatment services to participants, but **resumed virtual treatment services within two weeks of the initial closure**. Nearly all (97%) of courts reported that **online treatment was face-to-face** (usually with the same treatment providers as prior to the pandemic), as opposed to self-directed online treatment such as Computer Based Training for Cognitive Behavioral Therapy (CBT4CBT) or Therapeutic Education System (TES). The **lack of transportation barriers** increased participant attendance and participants were able to engage more with treatment providers, which aided in the overall continued engagement with the court.

Almost all courts (89%) are currently conducting **virtual** treatment sessions, either alone or in **combination** (52%) with in-person sessions.



Group therapy was challenging, both in-person and virtually

The social support provided by group counseling was challenging to replicate during COVID-19. **Virtual group sessions were problematic due to participants being distractible and disruptive, or a general disengagement** with the group. It was also difficult for therapists to monitor larger groups over video platforms and to ensure the participant was in a private space where others could not overhear.

For providers that were able to continue in-person treatment options, they often did not have large enough spaces to host group sessions with proper social distancing. **Many providers opted to discontinue group sessions by switching to individual counseling sessions.**

Some **participants appreciated having additional one-on-one time** with treatment providers, especially therapists, and felt like they were better able to engage and share. Other participants still felt that group sessions were vital to their treatment overall.

“It's really interesting...the participants who hate groups and are introverted are thriving...the extroverts are struggling.”



It was more difficult for many participants to engage in virtual group treatment

There were several issues with virtual treatment sessions, particularly group sessions, such as a **lack of confidentiality** and a general **difficulty with participant engagement**. Participants were comfortable taking virtual treatment calls in their homes, but frequently forgot that treatment sessions were supposed to be confidential and participated in sessions with other family or roommates within range. Other behaviors, such as smoking, eating, or talking with family members were distracting to participants and often meant they did not hear what the provider was saying to them. Finally, some participants had a hard time disclosing traumatic experiences over the phone or through video, which was a general barrier to overall treatment.

Treatment providers made exceptions for high-risk or “struggling” participants

When treatment services halted for 36% of courts, providers tried to connect with participants at high risk for relapse over the phone. **Participants at high risk for relapse were generally the first to be transitioned to in-person treatment sessions**. Further, additional groups, such as relapse support groups were added virtually to help those at higher risk of relapsing.

Virtual Recovery Support Was a Win: Increased Access to Global Recovery Networks

Community recovery support is a vital part of participant recovery and overall wellbeing. The need to create strong virtual support networks prompted court staff and participants to seek out new resources that were often more individualized than prior in-person support groups. Court staff also provided resource lists and even created activities for participants to engage in with their families during the initial court closures.

What Worked

- ▶ Distributing lists from team members that included vetted support options for participants
- ▶ The variety of pre-recorded or always available support resources online at any time and anywhere in the world
- ▶ Asking treatment court alumni to engage with current participants

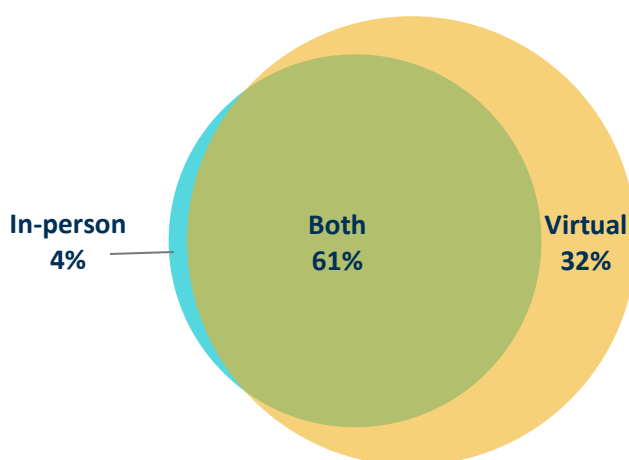
Virtual support resulted in larger recovery networks for participants



Although some support groups still engaged in in-person support meetings, most courts (93%) encouraged or required virtual support options. Virtual meetings and recovery groups allowed participants to join online support groups or engage in other resources from around the world. The online platform also allowed participants to engage in **support activities 24/7** and with a more diverse group of people. More **individualized options for support networks** were available. For example, groups for women

of a certain age or LGBTQ+ were now more accessible to participants. Expanding current recovery networks was appealing to many participants who desired finding support from similar communities.

Almost all courts (93%) were using **virtual** support meetings, either alone or in **combination** with **in-person** meetings.



Online support resources could be challenging

Although many participants enjoyed seeking out additional virtual sources of support, some reported that the social support was not equivalent to in-person support. Some online groups were described as “clunky” and some participants dealt with technology issues when seeking virtual support. Further, participants in some treatment courts had to rely on their own creativity to find novel support resources online. In larger meetings, a lack of engagement from the participant was more likely.

One court allowed participants to attend outdoor horse therapy that counted as a treatment session to encourage people to get outside and do something positive.

Active and interpersonal initiatives were encouraged

In addition to traditional support meetings, participants were encouraged by several courts to participate in physical or interpersonal activities to keep busy during initial court shutdowns. Physical activities such as going for **walks, golfing, online work out groups, mindfulness, and virtual yoga** were all suggested to participants. Other courts made participation in pro-social support groups a requirement during COVID-19, if it was not a requirement for participants previously. Flexibility with these requirements was key and this flexibility was through both the suggestion and the creation of activities that were prosocial.

Innovative Practices: Virtual Treatment and Recovery Support

- ▶ Some courts created contracts that outlined expectations for participant behavior during virtual treatment sessions.
- ▶ A case manager gave participants the option to attend a daily support meeting held via Zoom or to watch a pre-recorded meeting on YouTube. Whatever option was chosen had an accompanying worksheet that needed to be turned in to track that participants were engaged.
- ▶ Team members helped participants download the app Sobergrid that links each participant to peer recovery resources.
- ▶ The team assembled a craft kit each week and delivered the supplies to each participant's home. Court staff then used **Facebook Live** to instruct participants on how to make the craft and to bring the community together.
- ▶ The resource **Soberlife** was used to suggest prosocial activities to participants that could involve their families.

TRANSITION TO A NEW NORMAL

Words used most frequently to describe plans for the transition after COVID restrictions have been lifted include “back,” “person,” and “court.” Other common words were “plan,” “judge,” and “treatment.” This is one topic where the word “Zoom” was not prevalent.



Transition Planning Happening One Day at a Time: What Is Working, What Isn't

At the time of the interviews, some courts were preparing to transition back to more in-person operations with safety precautions. Many courts that were preparing for this transition did consider continuing to offer virtual options either as an incentive or to prevent transportation barriers to court attendance. Given the economic crisis that ensued with the pandemic, programmatic funding and future funding was unclear or worrisome to court staff.

Transition planning during COVID-19 was accompanied by uncertainty

While some courts never shut down or had additional resources to bring participants and court staff back in-person safely, other courts experienced more difficulty. For courts that had smaller spaces, plans had to be made to either use a larger space that was more accommodating of physical distancing or only allow a certain number of people into the courthouse at a time. Other courts struggled to acquire or maintain an adequate amount of personal protective equipment to safeguard staff and participants, which meant pushing out any plans to return in-person. Some locations had a continual influx of COVID-19 cases, which meant that the future of returning in-person was unclear for those courts. Court staff discussed taking transitioning back to in-person treatment one step at a time in case plans needed to rapidly adapt.

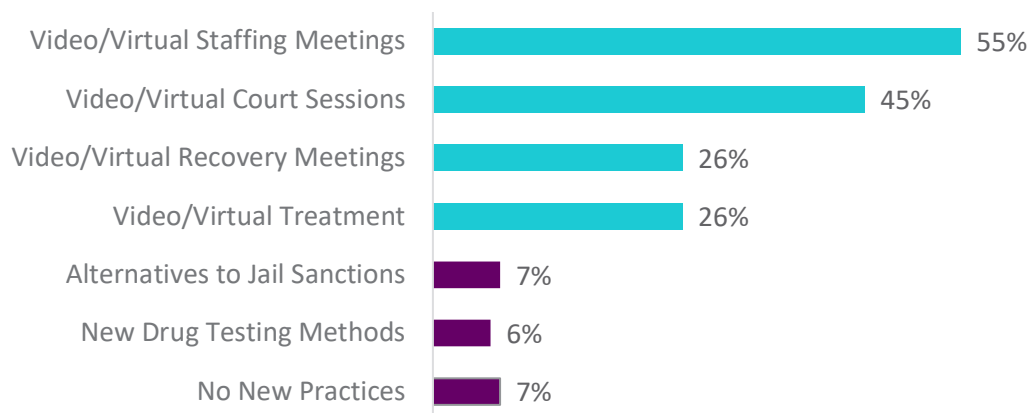
Funding stability varied among courts

About one-third (30%) of courts reported that their programmatic funding was impacted by COVID-19, of which half reported a decrease in funding. Some courts were able to flex spending and used funds set aside for conference attendance or in-person trainings to cover the cost of court enhancements or to buy additional supplies and incentives for participants. About one out of five courts anticipate funding issues in the next year. Courts that were supported through the use of state or county funds expressed greater uncertainty over future budget cuts, compared to grant-funded courts that have stable funding through the end of the grant period.

Courts decided to maintain virtual options

Even though the virtual court environment came with its own set of challenges, court staff decided to keep many components of virtual participation as an option for both staff and participants. About half of courts wanted to **keep either virtual staffing or virtual court hearings** as an option. About one out of four courts were **considering keeping virtual treatment and community recover support meetings**. Some courts simply had not thought about what practices could be continued in the future.

Virtual staffing meetings and court sessions were going to be retained by about half of the courts interviewed.



NEXT STEPS: KEEP LEARNING AND ADAPTING

As 2020 draws to a close, with the approval of vaccines, the possibility of an end to the pandemic restrictions is in sight. Simultaneously, COVID-19 cases continue to rise in record numbers and treatment court operations continue to evolve and adapt. At the time of these interviews in the summer of 2020, the health safety requirements and the use of virtual technology were still new to most teams and participants. As researchers and medical professionals learn more, safety procedures have been better identified. Concurrently, courts and participants have gotten more skilled and comfortable with virtual technology, as well as becoming more used to interacting with others remotely. Attitudes and experiences are changing over time.

In summer of 2021, follow up interviews will be performed with the same BJA grantees, and new grantees, to learn more about how treatment courts continue to adapt and develop in response to the ongoing challenges caused by the pandemic. Treatment courts were originally developed as a creative response to the epidemic of substance use disorders in the criminal justice system and one of the key components involves monitoring data and modifying services to improve outcomes in response. Treatment courts are learning organizations and many have already discovered new ways to support participants in the process of adapting to the pandemic. For treatment courts, COVID-19 has proven to be both a danger and an opportunity for growth. The interviews in 2021 will provide more lessons learned as treatment courts continue to grow.

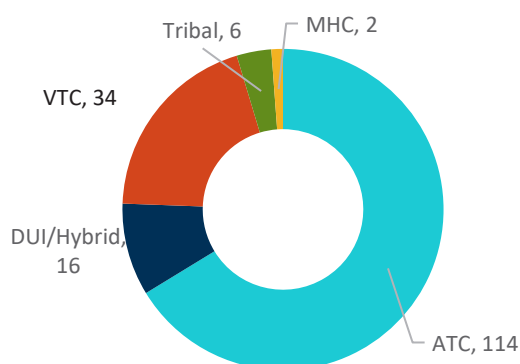
APPENDIX A – METHODS

SAMPLE DESCRIPTION

NPC Research conducted 172 court interviews, representing 80% of all active BJA TTA grantees ($N=215$). The pilot phase of the interview process was conducted in May and the majority of interviews were conducted over a three-month span between June 22nd and September 8th, 2020.

About two-thirds of BJA TTA grantees interviewed were traditional adult treatment courts (ATC) and 20% were Veterans Treatment Courts (VTC). The remaining 14% of courts were divided among Driving Under the Influence (DUI) courts (or hybrid drug-DUI courts), Tribal Healing to Wellness Courts, and Mental Health Courts.

Exhibit A1 Court Type Represented in Interview Sample



ANALYSIS METHODS

To maximize the qualitative data received in each interview the qualitative software NVivo version 12 was used to automatically code data by question. After the initial interviews were sorted and processed into an excel file, 30 sample interviews (10 per main interviewer; 17% of the total sample) were chosen with the use of a random number generator. These 30 interviews were then extensively reviewed to identify themes that occurred based on the individual interview questions. These themes were then discussed and agreed upon by the analysis team. The data from each interview question was then made into its own document and uploaded into Nvivo 12. The Autocode feature was used to minimally categorize the data into one-word codes. The agreed upon themes were entered into Nvivo 12 and the lead qualitative analyst hand-coded the information from the autocoded themes into the larger analysis themes. The data in each theme, by question, was reviewed for five high-priority qualitative sections; communication with participants, court proceedings, treatment, requirements for phase-ups and tracking, and community and peer support. A summary was made for each section that included general findings by coded theme and overall successes and challenges that courts faced across that topic area (see Exhibit B1).

Exhibit B1. Example of court proceedings successes and challenges summary

Successes

- More people are able to attend court because it is virtual. The nature of virtual meetings cuts down on barriers to transportation or having to leave work.
- Online seems to be a lower pressure situation for some to talk with team members
- Team members can be more vocal in court because everyone is on “equal playing field” and has the ability to see each other at all times.
- It seems like courts are doing what they can to get people back in person and also keep people healthy by following health guidelines.
- Some courts experienced higher attendance because of the lower barriers to attendance and even had people showing up that had warrants, which wasn’t happening when courts were in person.
- Courts that gave guidelines to participants about zoom court etiquette and instructions on how to use the technology seemed better off

Challenges

- Engagement was a huge problem – people were coming to court dressed inappropriately or lacking clothing, they were smoking, eating, not paying attention, walking away, etc.
- Technology was an issue, especially in the beginning and especially for rurally located courts or participants.
- Sanction options felt limited and team members were unsure of how to handle participants that needed to go to jail.
- There was a lack of personal connection between the judge, team members, and participants.
- It did take some courts a long time to get up and running virtually, which meant that their participants were not in court for that amount of time
- Returning to in-person court was challenging for those that had small court houses or other smaller spaces. Participants were impatient about waiting for court proceedings either virtually or in person.
- Lack of confidentiality given that people were in their homes (and on their own devices) was a big concern that came up a lot.

INTERVIEW INSTRUMENT

BJA Grantee Interviews – Impact of COVID-19 on Treatment Court Operations

Interviewer Script

Thank you for taking the time to speak with me today. I work for NPC Research and I am part of the technical assistance and evaluation team for NADCP's BJA TTA (training and technical assistance) project. In light of current events this year, NDCI has asked that we speak to all of the current BJA technical assistance grantees about how their courts have been impacted by COVID-19. During our interview today, I will ask about several aspects of your court operations that may have been affected. This can include challenges providing services as well as successes you may have had as you've adapted your process. There are no right or wrong answers and our primary goal is to learn more about what treatment courts are able to do during this time.

Our interview should take between 30 to 45 minutes and I will be taking notes. The information from all of the interviews we conduct will be summarized into general feedback for NDCI. NDCI and NPC hope to use this information to adapt our technical assistance so that we can provide better support to treatment courts, as well as use real-life examples of successful strategies for other courts that are undergoing similar challenges.

One final point, we understand that your practices may be changing over time as you adapt to COVID. We're interested in things you may have done temporarily as well as your current practices, so please make sure you point out if anything has changed over time.

Do you have any questions before we begin?

Interview Information (fill out before starting interview)

Date of Interview:		Interviewer:	
Court Name:			
Grant Number			
Court Type:	Select one: Drug; DUI; Hybrid-DUI; MHC; Tribal; VTC		
Interviewee Name:			
Interviewee Role:	Select one: Coordinator; Judge; Probation Officer; Grant Administrator; Treatment Provider; Defense Attorney; Prosecuting Attorney; Other:		

BJA Grantee Interviews – Impact of COVID-19 on Treatment Court Operations

Interview Questions

My first question is very broad...

1. Can you tell me where you're at in the process of returning to work? Is all of your team back in the office or are they still working from home? Is your courthouse open? *(Add prompts as necessary.)*

My next few questions are about communication with participants and amongst the team...

2. How are you **communicating with participants**? What methods are you using to keep participants engaged?

Additional prompt: Are you performing any of the following?

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> In person office visits | <input type="checkbox"/> In person field visits |
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Text messages | <input type="checkbox"/> Video/virtual |

a. Have you provided any equipment (e.g., cell phones, tablets) or services to participants to assist in your communication with them (select all that apply)?

- | | | |
|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Cell phones | <input type="checkbox"/> Tablets |
| <input type="checkbox"/> Mobile data | <input type="checkbox"/> WIFI/internet service | <input type="checkbox"/> Other: |

b. [If yes] How is the purchase of equipment/services being funded?

- ☐ Donations ☐ Grant funds ☐ State/county/local funds ☐ Other:

Equipment miscellaneous notes:

3. In response to COVID-19, are you still holding **staffing meetings** or performing staffing activities? Select one: Yes; No

Staffing meeting miscellaneous notes:

(Indicate amount of time in text field, e.g., 3 weeks, 2 months; rough estimate is fine)

- ☐ Court reports stopping all staffing meetings (for any period of time)
- ☐ Court reports resuming virtual/phone staffing after (amount of time)
- ☐ Court reports resuming in-person staffing after (amount of time)

a. [If yes] Currently, are your staffing meetings virtual or in person (select all that apply)?

- ☐ In-person ☐ Video/virtual ☐ Phone ☐ Other:

b. [If 3 = yes] Does the whole team participate? Select one: Yes; No

c. [If 3b. = no] Which team members that previously attended staffing DO NOT currently participate in staffing? *[Note to interviewer, if the person is not a member of the team, leave unchecked]*

BJA Grantee Interviews – Impact of COVID-19 on Treatment Court Operations

- ☐ Judge
- ☐ Coordinator
- ☐ Probation/supervision
- ☐ Defense attorney
- ☐ Prosecuting attorney
- ☐ Treatment representative
- ☐ Law enforcement representative
- ☐ Victim advocate
- ☐ VJO (VTC only)
- ☐ Peer mentor coordinator (VTC only)
- ☐ Peer mentors (VTC only)
- ☐ Other:
- ☐ Other:

Staffing participation miscellaneous notes:

d. What other ways are you communicating among the team?

[Note to interviewer: you may prompt with this list of answers; only mark options if applicable.]

- ☐ Email ☐ Text messages ☐ Messaging through agency/program database

4. In response to COVID-19, are you still holding **court sessions**? Select one: Yes; No

Court session miscellaneous notes:

(Indicate amount of time in text field, e.g., 3 weeks, 2 months; rough estimate is fine)

- ☐ Court reports stopping all court hearings (for any period of time)
- ☐ Court reports resuming virtual/phone hearings after _____ (amount of time)
- ☐ Court reports resuming in-person hearings after _____ (amount of time)

a. [If yes] Currently, are your court sessions virtual or in-person (select all that apply)?

- ☐ In-person ☐ Video/virtual ☐ Phone ☐ Other:

b. [If 4 = yes] Does the whole team participate? Select one: Yes; No

c. [If 4b = no] Which team members who normally participate DO NOT currently participate in court sessions? *[Note to interviewer, if the person is not part of the team, leave unchecked]*

- ☐ Judge
- ☐ Coordinator
- ☐ Probation/supervision
- ☐ Defense attorney
- ☐ Prosecuting attorney
- ☐ Treatment representative
- ☐ Law enforcement representative
- ☐ Victim advocate
- ☐ VJO (VTC only)
- ☐ Peer mentor coordinator (VTC only)
- ☐ Peer mentors (VTC only)

BJA Grantee Interviews – Impact of COVID-19 on Treatment Court Operations

☐ Other:

☐ Other:

Court participation miscellaneous notes:

d. [If 4 = yes] How are your court sessions going?

(Additional prompts: What are the benefits or drawbacks [of going virtual]?)

[Note to interviewer: you may prompt with these lists of potential benefits and drawbacks if needed; only mark options if applicable.]

Potential benefits:

☐ Increased attendance

☐ Increased attention (no side conversations)

☐ More efficient

☐ No transportation issues

Potential drawbacks:

☐ Cost to implement (e.g., subscription service, video equipment)

☐ Decreased attendance

☐ Decreased attention (e.g., participants performing other tasks in background)

☐ Increased risk of exposure to COVID-19 (if in person sessions)

☐ Participants' limited access to technology (e.g., internet, computers/phones, video)

☐ Participant limited technological competency (e.g., joining virtual sessions, muting/unmuting)

☐ Unreliable technology (e.g., lost connections, lags/delays)

My next questions are related to providing services and monitoring participants...

5. As a response to COVID-19, is your program currently accepting **new participants**?

Select one: Yes; No

a. [If yes] Is the process different than before the pandemic? Select one: Yes; No

b. [If yes] What are you doing differently in your intake process?

☐ Court reports stopping all new admissions (for any period of time)

☐ Court resumed admissions after _____ (indicate amount of time)

6. Are you currently performing **drug testing**? Select one: Yes; No

Drug testing miscellaneous notes:

a. [If yes] Have you made any changes to your drug testing process? Select one: Yes; No

b. [If 6a = yes] What have you done to adapt the drug testing process?

BJA Grantee Interviews – Impact of COVID-19 on Treatment Court Operations

[Note to interviewer: you may prompt with this list if needed; only mark options if applicable.]

- ☐ Court reports stopping all drug testing (for any period of time)
- ☐ Court resumed testing after _____ (indicate amount of time)
- ☐ Changed collection methods
- ☐ Less frequent drug testing
- ☐ Unobserved (or not fully observed) testing
- ☐ Video observations

c. [If 6 = yes] What types of collection methods (tests) are you currently using? Are any of these different from before COVID-19?

	Before COVID	Currently
Continuous Alcohol Monitors (e.g., SCRAM)	<input type="checkbox"/>	<input type="checkbox"/>
Hair	<input type="checkbox"/>	<input type="checkbox"/>
Ignition Interlock	<input type="checkbox"/>	<input type="checkbox"/>
Oral swabs	<input type="checkbox"/>	<input type="checkbox"/>
PBTs (standard type)	<input type="checkbox"/>	<input type="checkbox"/>
Remote/GPS PBTs	<input type="checkbox"/>	<input type="checkbox"/>
Sweat Patch	<input type="checkbox"/>	<input type="checkbox"/>
Urine cups	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

7. Have SUD **treatment services** continued? Select one: Yes; No

Treatment miscellaneous notes:

(Indicate amount of time in text field, e.g., 3 weeks, 2 months; rough estimate is fine)

- ☐ Court reports stopping all treatment services (for any period of time)
- ☐ Court reports resuming virtual/phone treatment after _____ (amount of time)
- ☐ Court reports resuming in-person treatment after _____ (amount of time)

a. [If yes] Currently, are your treatment sessions virtual or in-person (select all that apply)?

- ☐ In-person ☐ Online/video/virtual ☐ Phone ☐ Other:

b. [If online] Is it face-to-face online or is it self-directed (canned curriculum) therapy?

- ☐ Face-to-face online ☐ Self-directed (canned) ☐ Other: ☐ Unknown

c. [If online] Are you using a specific virtual treatment? If yes, what kind?

(Note to interviewer: do not read off answers)

- ☐ Same curriculum as before ☐ No specific curriculum ☐ CBT4CBT ☐ TES
- ☐ Other:

d. [If doing any treatment] How are treatment sessions working?

(Additional prompts: What are the successes and challenges?)

- ☐ Increased attendance

BJA Grantee Interviews – Impact of COVID-19 on Treatment Court Operations

☐ Decreased attendance

8. Have you implemented any new **incentives**? Select one: Yes; No

a. [If yes] What new incentives have you implemented?

9. Have you changed your sanctions/implemented any new or different **sanctions**?

Select one: Yes; No

a. [If yes] What new or different sanctions have you implemented?

- ☐ Program reports reduced or limited sanctions
- ☐ Program reports stopping JAIL sanctions (for any period of time)
- ☐ Program resumed JAIL sanctions after (indicate amount of time)
- ☐ Program reports stopping ALL sanctions (for any period of time)
- ☐ Program resumed ANY sanction (indicate amount of time)

10. Are you continuing to have participants **phase up**? Select one: Yes; No

a. [If yes] Have you made any changes to your phase requirements? Select one: Yes; No

b. [If 10b = yes] What changes have you made?

(Indicate amount of time in text field, e.g., 3 weeks, 2 months; rough estimate is fine)

- ☐ Court reports stopping phase advancements (for any period of time)
- ☐ Court reports resuming phase advancements after (amount of time)

c. What methods are you using to track participant progress? How are you determining participant adherence to phase requirements?

d. Related to monitoring participant progress, are you doing any online tracking of participants to confirm identity or location? If so, what kind?

- ☐ No online tracking ☐ Facial recognition ☐ Dropping a pin to confirm identity/location
- ☐ Other:

11. Are you holding **graduations**? Select one: Yes; No

Graduation miscellaneous notes:

(Indicate amount of time in text field, e.g., 3 weeks, 2 months; rough estimate is fine)

- ☐ Court reports stopping graduations (for any period of time)
- ☐ Court reports resuming graduations after (amount of time)

a. [If yes] Are they virtual or in person (select all that apply)?

- ☐ In-person ☐ Video/virtual ☐ Phone ☐ Other:

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b. [If 11 = yes] How are you determining participant adherence to graduation requirements?

12. How is your program connecting participants with **peer/community recovery support**?

Community recovery miscellaneous notes:

(Indicate amount of time in text field, e.g., 3 weeks, 2 months; rough estimate is fine)

- ☐ Court reports stopping all peer/community recovery support (for any period of time)
☐ Court reports resuming virtual/phone peer/community recovery support after _____ (time)
☐ Court reports resuming in-person peer/community recovery support after _____ (time)

a. [If yes to any type of community recovery support] Currently, are your peer/community recovery support sessions virtual or in-person (select all that apply)?

- ☐ In-person ☐ Online/video/virtual ☐ Phone ☐ Other:

b. [If using online recovery support] Is there a specific online peer/community recovery support service you like or that you think the participants like?

(Note to interviewer: do not read off answers)

- ☐ Not using a specific program (same as before)
☐ No ☐ The Tribe ☐ SmartRecovery ☐ In the Room
☐ Other:

c. What activities are you performing to assist participants in continuing their recovery?

My last few questions are about planning for the future...

13. Have you started any **transition planning** (or already begun transitioning activities) as courts and other agencies/services/businesses open up? Select one: Yes; No

Transition planning miscellaneous notes:

a. What, if any, new practices do you think you will continue after more normal operations resume?

(Note to interviewer: do not read off the list of answers; only mark options if applicable.)

- | | |
|---|--|
| <input type="checkbox"/> No new practices | <input type="checkbox"/> Not sure or haven't considered it |
| <input type="checkbox"/> Alternatives to jail sanctions | <input type="checkbox"/> New drug testing methods |
| <input type="checkbox"/> Video/virtual court sessions | <input type="checkbox"/> Video/virtual staffing meetings |
| <input type="checkbox"/> Video/virtual treatment | <input type="checkbox"/> Video/virtual recovery meetings |

14. Has your **funding** been impacted or do you anticipate funding impacts due to COVID-19?

Select one: Yes; No

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a. [If yes] How has your funding been impacted? (Or how do you expect your funding to be impacted?) And which funds (e.g., local, state, federal, etc.) do you expect to be impacted?

(Note to interviewer: you may prompt with this list; only mark options if applicable.)

☐ Decreased funding ☐ Increased funding ☐ Funds temporarily frozen

b. Do you foresee funding problems in the next 12 months? Select one: Yes; No

Funding miscellaneous notes:

15. Anything you would like to share that we haven't asked you about?

Interviewer miscellaneous notes: