

TAKING ACTION

A SERIES ON
JUSTICE
INNOVATION

TREATMENT COURTS AND COVID-19

Beginning in early 2020, the COVID-19 pandemic spread across the United States, upending communities, economies, institutions, and the daily life of millions. Among the most vulnerable were people involved in the criminal justice system, especially those experiencing mental illness and substance use disorders, who faced the ripple effects of the pandemic as courts abruptly shut down and the virus spread through crowded jails and prisons. Treatment courts were directly affected by these shutdowns. Court shutdowns and stay-at-home orders made it challenging for drug courts to adhere to best practices such as regular court appearances, referrals to treatment and other social services, and frequent drug and alcohol testing.¹ In the face of these limitations, many courts across the country acted quickly with innovative solutions to meet participants' needs amid new and ever-changing restrictions and court closures.

To support these solutions, the Center for Court Innovation's technical assistance team provided a series of weekly webinars and facilitated remote discussion groups between statewide treatment court administrators. During these sessions, Center staff heard inspiring stories from around the country about courts that mobilized quickly and found creative ways to connect with, support, and engage participants remotely. The Center also conducted a national survey of unique strategies that treatment courts implemented to meet the challenges of the pandemic and received 24 submissions from 14 states.

This document highlights some of those efforts. The purpose is to provide a set of themes and lessons on how courts are adapting to better serve the vulnerable populations involved in the criminal justice system and promote improved life outcomes through their programs—even in a moment of national public health crisis.

OVERALL THEMES

Treatment court staff described a range of important measures they took to improve their ability to serve participants and maintain program success remotely at a time of severely limited access. These included efforts to transition to teleservices, expand access to technology, enhance recovery supports virtually, adjust drug testing, and reimagine incentives and sanctions.

Transitioning to teleservices. Treatment court teams and providers around the country used phone, email, text, and virtual platforms to conduct remote treatment, case management, court sessions, clinical assessments,

staff meetings, staff trainings, graduation, medication counts, and supervision. Numerous courts said that communication between participants, staff, and peers not only continued during the COVID-19 pandemic but often occurred more frequently than before, leading to more meaningful conversations.

The transition to virtual court appearances produced some unexpected results. Some drug court teams found that participants were more talkative and open with the judge about their lives and struggles when not in the open courtroom. Some participants reported feeling a stronger connection with the judge and were less overwhelmed by the atmosphere of the courtroom, leading them to speak more freely.

Expanding access to technology. Communication with treatment court participants was a challenge in some areas due to a lack of technology or wireless internet access. To remedy this problem, the New Hampshire judicial branch used general state funding to purchase

mobile devices for some participants in need—the majority received *Tracfone* prepaid mobile phones with a data card. In Ohio, the chief justice provided upwards of \$5 million in technology funding to local courts, including treatment courts, to assist in transitioning to virtual services as much as possible. Because it is so important for treatment courts to track data, some states added a field to their data collection system to track different types of contact such as in-person, telephone, and video, a feature that helped in measuring outcomes.

In Washington, counselors and technology staff from Pierce County Alliance, a treatment provider partnered with Pierce County Felony and Family Recovery Drug Courts, procured laptops with cameras for all staff. This allowed them to provide direct services to treatment court participants from home. Pierce County Alliance assessed participants for their ability to access telehealth services from their own mobile phones or laptops. The agency provided mobile phones to those who did not have appropriate technology and within a 48-hour period, trained them on how to use telehealth for individual and group sessions as well as court hearings via Zoom video conferencing software.

The increased use of these services improved staff and participant comfort levels with technology and highlighted the benefits of exploring new methods for staying connected. Many of the court teams reported that they plan to continue using video conferencing technology after the stay-at-home measures end.

Enhancing recovery supports virtually. In addition to remote individual therapy, group therapy, and peer-to-peer sessions, several of the courts surveyed referred treatment court participants to online community support groups and recovery apps during stay-at-home orders. Participants reported being pleased with the ability to engage in meetings online, particularly those participants with social anxiety or hypervigilance.

A family recovery court coordinator in Washington had success creating a closed (private) group within *In The Rooms*, an online recovery platform with many interactive features. Within that closed group, participants communicated with each other and accessed local,

state, and virtual resources posted by the coordinator. Court staff reported that practicing stress management techniques in the closed group greatly helped participants to cope with the stressors caused by COVID-19. Another family recovery court purchased *Hey* bracelets to facilitate parent-child distance bonding. *Hey* bracelets use haptic technology (haptics is the science and technology of transmitting and understanding information through touch) to generate a gentle squeeze that mimics the feeling of a human touch. The bracelets are designed to be worn by family members who are separated by distance or other circumstances. In this case, the bracelets were distributed as a way for parents to bond with their child when in-person visits were not possible.

The use of virtual recovery support platforms opened new avenues for treatment courts to support participants. In Louisiana, some treatment court programs started gender-specific online trauma groups that previously were not widely available due to transportation and childcare issues.

Adjusting drug testing. Because of stay-at-home orders, courts in the surveyed jurisdictions paused almost all drug testing. A few programs developed policies and procedures for oral swab drug and alcohol strip testing. Court staff mailed or dropped the tests off curbside to participants and witnessed the tests via video. In some instances, staff also witnessed the tests at a safe distance outside participants' homes. Other programs transitioned to sweat patches or SCRAM bracelets. Survey respondents noted that despite pausing almost all testing, participants were, in general, openly disclosing their drug use at a much higher rate.

Reimagining incentives and sanctions.

Treatment court teams reimagined incentives and sanctions to comply with social distancing and stay-at-home orders. Programs incentivized participants with gift cards, certificates of participation in remote recovery support groups, notes of encouragement from the judge, recorded motivational videos, and written IOUs for incentives that could not be delivered remotely. For virtual graduations some programs ordered a cake or pizza to

be delivered to the participant's home to celebrate. Many programs reported that participants' families or friends who would not have been able to travel to a traditional graduation were able to attend virtual ceremonies.

Treatment teams focused on connecting more frequently with participants and providing support rather than sanctioning behavior. Jail sanctions were paused for most jurisdictions due to the nature of remote court sessions and lack of drug testing as a basis for sanctions. Numerous programs reported that participants were more forthcoming about their drug use when they knew jail

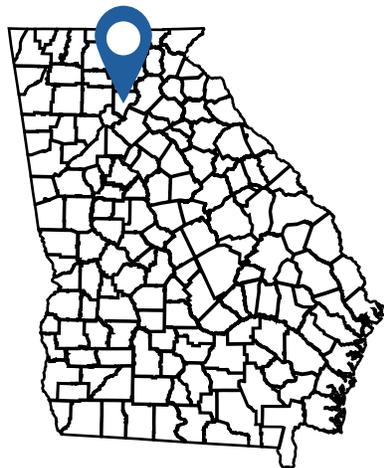
would not be imposed as a sanction, even without drug testing to monitor compliance. Instead of jail sanctions, courts tended to order increased contact with the case manager or probation officer, additional remote hearings with the judge, documentation of increased attendance at online community support or recovery meetings, journal entries, and essays. One coordinator in New Hampshire reported that the lack of traditional sanctions forced judges, treatment staff, case managers, and probation officers to explore new ways to engage and motivate participants without immediately resorting to sanctions.

LESSONS FROM TREATMENT COURTS

Several states stood out for the inventive measures they took to meet the challenges of court closures during the COVID-19 pandemic. In particular, Georgia, Minnesota, Tennessee, and Washington provided lessons that may be useful to other treatment courts grappling with a new landscape in which they must provide services remotely.

GEORGIA

Georgia's Northeastern Judicial Circuit Treatment Services ("Treatment Services") oversees accountability courts in the northern part of the state, which was deemed a COVID-19 "hot spot." In March, Treatment Services swiftly pivoted from developing a "potential coverage plan" to fully transitioning all treatment court services to a telehealth platform in the span of two weeks. Counselors and case managers used Google Voice and Zoom to communicate with court participants, including conducting group and individual sessions, case management, medication



Northeastern Judicial Circuit
Georgia

counts, and home checks remotely. The total number of treatment hours remained consistent with the previous in-person schedule. Court status hearings went virtual, allowing participants to speak directly with the judge.

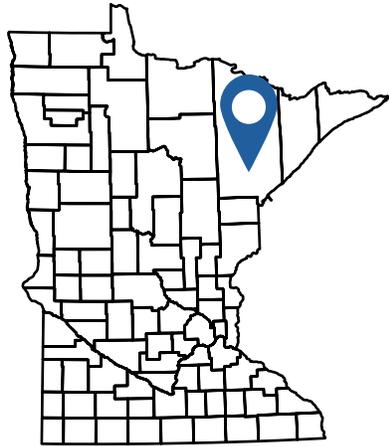
Each week, the accountability court judges recorded motivational videos for the court coordinators to send to participants as inspiration. The courts partnered with the local recovery community organization to establish daily online support meetings. To help keep participants engaged, the courts created social media challenges that encouraged participants to submit weekly posts focusing on gratitude and self-care practices. Winners received gift cards to grocery stores and local restaurants. Through a collaboration with a local nonprofit, the courts provided participants in need with necessity items, such as cleaning supplies and groceries.

Treatment Services reported that it plans to retain many of the innovative practices developed during the COVID pandemic. The agency developed a new policy and procedure manual for telehealth services, court appearances, and drug screening. Court clinicians will continue to use virtual platforms to conduct assessments for participants who live out of county, for those who have limited access to transportation, and as an incentive for participants in later phases of the program. The director of Treatment Services reported that this transition has inspired a renewed faith among the court team in the accountability, structure, and true connections their program provides.

MINNESOTA

To combat anxiety and isolation among its participants during the pandemic, the Mental Health Court (“MHC”) in St. Louis County, Minnesota hosted virtual “craft and snack” sessions with participants, alumni, and court team members.

Participants had the option of creating a mason jar light or hand soap, in the spirit of promoting public health. The MHC team purchased individualized and pre-packaged snacks and supplies for the sessions, and probation officers delivered them to participants at home. This simple, prosocial activity enabled face time between participants and graduates, which boosted morale and reduced some of the loneliness and isolation.



St. Louis County Circuit Court
Minnesota

TENNESSEE

Several treatment courts in Tennessee implemented an innovative way to comply with social distancing and still engage with participants in person: drive-through court sessions and graduation ceremonies. Treatment team members stood six feet apart throughout a large parking lot while the participants slowly drove along the line of team members to have individual check-ins. One participant in a rural community even rode his horse to court. Participants received free coffee vouchers, masks, and food delivery for attending.

Coordinators reported that the drive-through courts allowed connection with their participants in a deeper and more meaningful way than regular court sessions, as most participants had family members and pets in their cars with them. Due to its success, some programs plan to continue drive-through court as a supplement to regular court sessions after COVID-19 restrictions are lifted.

WASHINGTON

The King County Drug Diversion Court (“KCDDC”) is located in the first United States epicenter of the pandemic and had to pause many program requirements early on. In response, the court implemented new procedures to stay connected with participants, including team briefings three times a week, daily recovery meetings, group sessions for mindfulness meditation, twelve-step study, grief support, women’s support, and mental health and wellbeing sessions—all held remotely. To keep participants informed of the changing platforms and program requirements, KCDDC conducted virtual “town hall” meetings in English and Spanish, with more than 40 participants calling in to most sessions. KCDDC will continue to use town hall meetings to update program requirements. The court hosted graduations on Zoom, and some family members who might not have otherwise been able to attend—like one guest calling from her chemotherapy session—participated in these important occasions. KCDDC reported that in the future it will explore ways to include graduation guests who cannot travel to the courthouse in person.

To offer creative ways for participants to connect with others, KCDDC partnered with Path with Art, a local nonprofit that provided tablets to low-income participants so they could engage in online art classes. Through Path with Art, drug court participants received mentoring and support from professional artists and engaged in art as an outlet for social connection, healing, and creative self-expression.



King County Drug Diversion Court
Washington

GOING FORWARD

The unexpected changes caused by the COVID-19 pandemic led treatment court programs around the country to find new and innovative ways to work with participants. Many programs plan to continue these practices even after courts reopen.

The forced crash-course on the use of technology provided programs the opportunity to experiment with teleservices methods that had been met with resistance or lack of interest prior to the pandemic. Going forward, many programs plan to capitalize on this momentum and continue to incorporate successful remote practices. Specifically, treatment court teams see the benefit of allowing remote court appearances for participants with health or transportation barriers, in the case of public health or weather emergencies, and as an incentive for those in later phases of their programs.

Additionally, programs that have expanded recovery support and telehealth options plan to continue providing these options for gender-based groups, art therapy, culturally appropriate treatment, medication for opioid use disorder, and other necessary treatment that may not be available in their jurisdiction. Many treatment teams also plan to continue using technology to increase communication with participants through motivational emails, texts, and video messages in addition to their traditional in-person check-ins.

Across the country, treatment courts are dedicated to finding balance amid a crisis and using their newly acquired skills in technology to further serve the participants in their programs. This will not only allow them to comply with best practice standards but also put their participants on a path to long-term recovery and wellbeing.

ENDNOTES

1. National Association of Drug Court Professionals, Adult Drug Court Best Practice Standards, Vols. 1 & 2 (Alexandria, VA: National Association of Drug Court Professionals, 2013), <https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/>

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