

Best Practices and Beyond: Exploring the Impact of the COVID-19 Pandemic on Treatment Courts in a U.S. Southern State



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ABSTRACT

This study examines the impact that COVID-19 has had on treatment court professionals in a US southern state during four time periods to determine if and how the pandemic hindered their ability to process cases and provide services to participants, and to give insight about their overall feelings of safety working within their courts during the pandemic. Treatment court coordinators working within drug treatment courts (DTCs), mental health courts (MHCs), and veterans treatment courts (VTCs) were administered online surveys to self-report their experiences about how they have adapted to the many challenges presented by COVID-19. As is common with exploratory research, an inductive approach was used to compare findings from the treatment court coordinators to the Adult Drug Court Best Practice Standards Volumes I and II to better understand the impact that COVID-19 has had on the sampled treatment courts. Findings indicate that there are potential issues with best practice standards, which can negatively affect treatment court effectiveness. Regardless, respondents reported feeling relatively safe about their work environment across the four time periods.

KEYWORDS:

treatment courts; problem
solving courts; best
practices; COVID-19;
pandemic; court
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On March 11, 2020, the World Health Organization (WHO) (2020) officially declared the COVID-19 pandemic and urged all governments to address the spread of the infection with urgency and aggression (National Public Radio, 2020). Since this time, the pandemic has placed an unprecedented amount of burden on all areas of the criminal justice system, resulting in a widespread call for policy changes across federal, state, and local jurisdictions (Ivkovic & Maskaly, 2022; Prison Policy Initiative, 2022). Because there were not any national social restrictions implemented at the start of the pandemic to prevent the spread of infection, state and local governments were tasked with enacting specific restrictions under the guidance of the Centers for Disease Control and Prevention (CDC). As a result, policies varied by jurisdiction to include social distancing, statewide school closures, business closures, travel limitations, face mask requirements, and National Guard deployments (Alzheimer et al., 2020). Many countries also declared a state of emergency or sealed their borders in addition to enforcing social restrictions (Ivkovic & Maskaly, 2022). Societal restrictions imposed because of COVID-19 have forced social institutions to alter their normal way of functioning to reduce face-to-face interactions and re-think ways to carry out work-related tasks which has resulted in a great amount of stress, especially for criminal justice professionals who already work in stressful environments (Alzheimer et al., 2020). Studies have shown that COVID-19 has created substantial stress within the general population (Boals & Banks, 2020; Hagger et al., 2020; Taylor et al., 2020a, 2020b) and has negatively affected people's mental health and well-being, in addition to their cognitive functioning (Boals & Banks, 2020; Hagger et al., 2020).

At the onset of the pandemic, court systems were ill-advised as to how to maintain their availability and continuity of services while also responding to new directives from federal, state, and local authorities regarding the transmission and spread of COVID-19 (for an excellent international perspective on the pandemic's impact on justice system case processing, see Baker, 2020). Many courts responded to pandemic-related challenges by reducing, limiting, or eliminating in-person practices, or they closed their physical locations or limited them to only essential personnel, a move which has hastened courts of all types to consider their use of information and communication technologies (ICT) (Fabri, 2021; Miller, 2020). In addition, some court providers adopted virtual or hybrid approaches to maintain operational continuity, reduce transmissions amongst employees, and comply with larger directives (Howe, 2020; Hurley & Chung, 2020). While these changes addressed some of the needs of the courts, they did not directly alter how courts convened and communicated, nor did they change the processing of cases or management of participant information.

Early in the pandemic, court systems had difficulty with meeting general safety guidelines while also maintaining regular operations and balancing usual caseloads. Fortunately, non-governmental organizations such as the National Association of Court Management (NACM), the National Center for State Courts (NCSC), the Council on Criminal Justice (CCJ), and the Justice Management Institute (JMI) provided courts with guidance during the pandemic in the form of online resources and webinars that outlined strategies and best practices. In addition, the National Association of Drug Court Professionals (NADCP), in conjunction with the National Center for State Courts (NCSC), and the State Justice Institute (SJI) published *Treatment Courts and COVID-19: What to Consider During a Pandemic* (NADCP, 2020). This guide includes important considerations for the various aspects of treatment courts, such as program intake procedures, staffing and court sessions, drug testing, contact with community corrections officers, and treatment sessions, with short and long-term examples

given (NADCP, 2020). Although these considerations were necessary given the nature of the pandemic, especially while it was in its early phases, these changes severely altered the treatment court model.

While the above reports have provided guidance during the pandemic by detailing certain responses from court participants, more research is needed to examine the experiences of treatment court professionals who provided essential services during the COVID-19 pandemic. Indeed, treatment courts carry out a discernible mission, and they operate differently from other court systems. For example, treatment courts utilize teams of individuals who supervise participants and monitor their treatment during the duration of their involvement within the court (Lucas, 2018). The current study gives insight into various stressors and barriers that challenged typical routines and court proceedings for treatment court coordinators from three different types of problem-solving courts (PSCs) operating in a southern state: drug treatment courts (DTCs), mental health courts (MHCs), and veterans treatment courts (VTCs). These three types of PSCs were selected because they were prevalent throughout the state, and at least one of these types of courts was represented in all counties within the state. This sampling strategy was also utilized because jurisdictions across the state, and within the same county, were like one-another, which allowed the researchers to capture both prominent and nuanced treatment court procedural adaptations across the state.

Two exploratory research questions were developed to advance our knowledge of operational adaptations made by treatment courts and the perceived safety of those professionals coordinating court functions day-to-day: 1) How did the COVID-19 pandemic impact treatment courts' operations? And 2) How did treatment court coordinators perceive workplace safety during the COVID-19 pandemic? Answering these questions will determine if and how the pandemic has hindered the ability of treatment court professionals to process cases and provide services to court participants. This study adds to current literature by exploring the ways that treatment court professionals have adapted to the many challenges presented by the pandemic and aims to inform treatment court providers of how to overcome pandemic-related issues and prepare for similar events in the future.

LITERATURE REVIEW

TREATMENT COURT MODEL

Treatment courts, also known as problem-solving courts (PSCs) or specialty courts, are recovery-based interventions that emphasize treatment over punishment by addressing underlying issues that are directly tied to participants' contact with the justice system (e.g., mental illness or domestic violence) (NADCP, 2022). The first drug treatment court (DTC) was created in Miami-Dade County in Florida in 1989 to combat the increasing number of substance-abusing offenders who were entering the criminal justice system (CJS). Since then, the underlying ideology and model of the first DTC has led to the creation of thousands of treatment courts across the United States. As of August 2021, there are 3,856 treatment courts nationwide (of which 1,728 are adult DTCs) (National Drug Court Resource Center, 2022). There has also been international attention to expanding the treatment court model's use of therapeutic jurisprudence (TJ) to courts not considered typical PSCs (see Wexler, 2014), including studies that determined treatment court effectiveness within Australia (Kornhauser, 2018); Canada (Gutierrez & Bourgon, 2009); Central and South America (Schleifer et

al., 2018); Great Britain and other European countries (Boone & Langbroek, 2018; Bowen & Whitehead, 2015; Gavin & Kawalek, 2020; Kawalek, 2021; Koehler et al., 2014; Nolan, 2017; and Vilcić et al., 2010); Japan (Ibusuki, 2019); and Singapore (Koman, 2018). While the treatment courts differ from one another in terms of their focus, the ideology for all treatment courts rests firmly on TJ and diverting people away from incarceration and into community-based treatment and rehabilitative services (Marlowe et al., 2016; Winick, 1997).

TJ lies directly at the heart of the treatment court model. As David Wexler, a cofounder of the science behind TJ, states:

Therapeutic jurisprudence is the study of the role of the law as a therapeutic agent. It focuses on the law's impact on emotional life and well-being. The science of therapeutic jurisprudence is a perspective that the law is a *social force* which produces behaviors and consequences (Wexler, 2000, p. 1).

While TJ was developed prior to, and independently from, the first DTC and subsequent treatment courts, it has been invariably linked to these types of courts (Hora et al., 1999; Winick & Wexler, 2003). For example, the Ten Key Components of Drug Courts, which all treatment courts are to adhere to, with slight variations,¹ are outlined in the Department of Justice's Publication, *Defining Drug Courts: The Key Components* (1997). The 10 key components are: 1) substance abuse treatment; 2) a non-adversarial approach; 3) early screening and detection of drug court participants; 4) more access to community treatment options; 5) frequent monitoring and drug testing; 6) coordinated strategies to be implemented that involve participant compliance; 7) ongoing judicial interaction with each participant; 8) evaluation of program goals and effectiveness; 9) continuing interdisciplinary education to promote effective drug court planning, implementation, and operation; and 10) forging partnerships with community providers and public agencies to generate local support. While these components are clearly rooted within TJ through the utilization of treatment courts as a social force to produce intended case outcomes, employing the core tenants of each requires another important aspect of the treatment court model: effective intervention (EI).

One of the tenets of TJ is that actors within the legal system should rely on social science to inform their policies and procedures. Like TJ, although EI has been and is currently utilized by treatment courts, it has its origins elsewhere; within the correctional landscape and under the premise that only the most effective interventions should be used to ensure the best possible outcomes (Shaffer, 2010). In accordance with EI, the NADCP has produced two volumes of best practice standards which are supported by over 25 years of research. The NADCP best practice standards provide empirically based recommendations on the following: target population; equity and inclusion; roles and responsibilities of the judge; incentives, sanctions, and therapeutic adjustments; substance use disorder treatment; complementary treatment and social services; drug and alcohol testing; creating a multidisciplinary team; census and caseloads; and monitoring and evaluation (NADCP, 2018a, 2018b). By utilizing the law as a therapeutic agent and using best practices supported by on-going scientific research, treatment courts have positioned themselves to place

¹ Slight variation exists between key components and differing types of treatment courts. For example, mental health courts (MHCs) include emphasis on mental health treatment and veterans treatment courts (VTCs) include the component of veteran peer mentorship within their key components, to highlight a few.

greater emphasis on the most successful case outcomes, rather than on typical case processing (Lucas, 2020). However, with the onslaught of COVID-19, the best practices followed by treatment courts to ensure successful case outcomes were compromised, and these courts quickly adapted to the changing landscape caused by the pandemic.

TREATMENT COURTS AND COVID-19

Successful treatment court operations are supported by several best practice standards established through empirical research, though research on COVID-19 and treatment courts is limited. Recommendations tailored to the pandemic included suspending all new participant intakes, temporarily halting all drug testing and probation contacts in the field, removing brief periods of incarceration as a sanction, and changing treatment modalities to virtual spaces (NADCP, 2020). While the changes made to policy and procedure were invariably necessary, there is no question that they hurt the treatment court model, thereby potentially decreasing their effectiveness. One of the greatest changes treatment courts had to adhere to was the elimination of face-to-face meetings with participants held within respective courtrooms during status hearings, which is a core feature of all treatment courts. As noted by Judge Lerner-Wren, who presided over the nation's first mental health court (MHC), "In a court that applies therapeutic jurisprudence not necessarily what a judge says but how the court process is experienced is what remains with clients and their families after the court session has ended" (Lerner-Wren & Eckland, 2018, p. 17). In response to these challenges, many courts found creative ways to continue meaningful interactions with participants outside of the courthouse.

Early in the pandemic, treatment courts were advised to limit court staffing procedures and status hearings. Courts could also opt to conduct activities using virtual means or suspend activities altogether if they were unable to do so. Regardless of action, all courts were advised to communicate changes to participants through both verbal notice and in written form (Hardin & Sydow, 2020). Later reports detailed changes to treatment courts made throughout the United States, including in direct response to many of the considerations offered by the NADCP. The Center for Court Innovation found that of the courts who provided survey responses ($n = 24$), many had transitioned to teleservices for important court functions, such as case management, court staffing and sessions, clinical assessments, and community. Specific innovations included the use of drive-through status hearings, as well as increasing contact with participants through electronic means. Meaningful online group activities such as arts and crafts were also arranged with court participants so that regular interaction and supervision could continue (McCarthy & Christofferson, 2020). A separate study that sampled Bureau of Justice Assistance (BJA) grant recipients across the United States ($n = 172$) echoed many of the same findings; 58% of the courts moved entirely online with another 22% operating in a hybrid model following the COVID-19 outbreak (Zilius et al., 2020). While these reports give insight into how traditional courts have altered their operations in response to the pandemic, more research on treatment court providers' experiences is needed. The current study adds to literature on treatment courts and pandemic responses by examining the experiences of treatment court professionals. This study also gives more context to the phenomenon by considering measures of perceived safety after the courts had enacted operational changes.

METHODOLOGY

RESEARCH DESIGN

The current study utilized a mixed-methods design consisting of an online survey that included both quantitative and qualitative components and followed best-practices of online survey administration (Dillman et al., 2014). Thirty treatment courts and corresponding coordinators currently operating in a southern state were identified and categorized in the following allocations: 18 drug treatment courts, 7 mental health courts, and 4 veterans treatment courts (see Figure 1 below for courts and affiliated jurisdictions).

Treatment Court Category	Affiliated Jurisdictions
Adult Drug Treatment Court	Beaufort, Brunswick, Buncombe, Burke, Catawba, Cumberland, Durham, Gaston, Greensboro, High Point, Madison, Mitchell, New Hanover, Orange County, Pitt, Wake, Watauga, Yancey
Mental Health Court	Brunswick, Durham, Forsyth, Greensboro, High Point, Mecklenburg, Pitt
Veterans Treatment Courts	Buncombe, Catawba, Cumberland, Forsyth

Figure 1 Categorization of Courts and Affiliated Jurisdictions.

Three waves of invitations were sent to the treatment coordinators between April and May 2022 which identified the study's primary purpose, contact information for the researchers, and provided each recipient with a link to the survey instrument. After the three waves of invitations to participate in the survey, the researchers received 13 responses from treatment court coordinators who were affiliated with DTCs, MHCs, and VTCs. While the response rate for the current study was less than half (44.8%), it is important to note that, while Internet surveys are a popular alternative to traditional survey modes, their response rates are typically lower than those of mail surveys (Manfreda et al., 2008). In addition, the COVID-19 pandemic has caused a rise in survey-based studies because of increased research activity among scientists while restricting data collection methods. Therefore, it is possible that an increase in survey dissemination has led to survey fatigue, which is characterized by decreased response rates (de Koning et al., 2021).

MEASURES

Demographics. The first section of the survey requested demographic information from the respondents. Questions were posed that requested identification about respondents' gender, age, race/ethnicity, and their highest level of education. Respondents were also asked how many total years of experience they had working in treatment courts, as well as how many years they had worked in their current position. Lastly, they were asked to identify the title that best identifies their current position.

Treatment courts and COVID-19. Treatment court coordinators were also asked questions that were specific to their experiences with their respective courts and how they functioned during the pandemic. First, respondents were asked to identify the treatment court that they were affiliated with and rank the extent to which COVID-19

impacted the treatment court's ability to supervise participants. Respondents were then asked if, in their opinion, COVID-19 resulted in a less effective treatment court and if so, how it was less effective. Lastly, respondents were asked if their treatment court adopted new operations and approaches in response to COVID-19 and if so, which ones.

Workplace safety. The current study utilized Cullen et al.'s (1985) 5-item subscale to evaluate perceptions of workplace safety. All the respondents were asked to rank (strongly disagree = 1 to strongly agree = 5) the following statements:

- I work in a dangerous job.
- My job is a lot more dangerous than other types of jobs.
- In my job, a person stands a good chance of getting hurt.
- There is not much chance of getting hurt in my job.
- A lot of people I work with get physically hurt in the line of duty.

Workplace experiences during COVID-19. Lastly, respondents were asked to rank (strongly disagree to strongly agree) statements pertaining to their experiences in the workplace during four time periods of COVID-19: July 2020–December 2020, January 2021–June 2021, July 2021–December 2021, and January 2022–present. The survey statements are summarized as follows:

- My workplace encouraged me to stay home if I was exhibiting any COVID-19 related symptoms.
- I feel my workplace supported me taking precautions for my health related to COVID-19 regarding missing work.
- I do not feel as if my workplace punished me for missing work related to COVID-19 illness experienced by me or members in my home.
- My workplace provided me with flexibility to perform my job duties safely.
- My workplace provided me with reasonable virtual options to perform my job duties.
- My workplace provided me with satisfactory personal protective equipment (PPE) to safely perform my job.
- My workplace allowed for social distancing during workplace duties.
- My workplace provided me with clear guidance on how to address COVID-19 concerns in the workplace.
- My workplace provided me with opportunities to get vaccinated.
- My workplace encouraged vaccinations.

RESULTS

Table 1 presents the respondent demographics for the treatment court coordinators who responded to the survey request. Seventy-five percent of the respondents were female, approximately 67% were white and the majority were between the ages of 45 and 64 (61.54%). There was a wide range of academic achievement, with most respondents (41.67%) reported having earned a master's degree. While the technical majority had 1–5 years of experience in the field (33.33%), most responded to having

between 1 to 15 years' experience (75%). Seven of the respondents reported having 0 to 5 years in their current positions and nine respondents were coordinators over drug courts.

MEASURE	N	%	MEASURE	N	%
Gender			Total Years Experience in Field		
Male	3	23.08	01–May	4	30.77
Female	10	76.92	06–Oct	2	15.38
			Nov–15	3	23.08
Age Bracket			16–20	1	7.69
25–34	2	15.38	20+	3	23.08
35–44	2	15.38			
45–54	4	30.77	Years in Current Position		
55–64	4	30.77	01–May	8	61.54
65+	1	7.69	06–Oct	1	7.69
			Nov–15	2	15.38
Highest Level of Education			16–20	2	15.38
Diploma/GED	1	7.69			
Bachelor's	3	23.08			
Master's	6	46.15	Treatment Court Affiliation		
PhD/JD/EdD	2	15.38	Drug	9	75
Other	1	7.69	Veterans	1	8.33
Race/Ethnicity			Mental Health	3	16.67
White	8	61.54			
Black	4	30.77			
American Indian/ Alaska Native	1	7.69			

Table 1 Respondent Demographics for Treatment Court Coordinators (n = 13).

Table 2 reports respondents' reactions to Cullen et al.'s (1985) workplace safety scale. Respondents were asked to rank five statements, with options ranging from strongly disagree (1) to strongly agree (5). The mean total score for the workplace safety scale was 12.27, which indicated treatment court coordinators did not feel as if they worked in a dangerous position, nor did they regularly feel the threat of physical injury while working during the pandemic ($SD = 4.43$; 5 items; $\alpha = .87$). For example, the mean ranking of the statement "I work in a dangerous job" was 2.55 ($SD = 0.99$). The statement with the highest ranking and indication of potential dangerousness was "There is really not much of a chance of getting hurt in my job," with an average rank of 3.25 ($SD = 1.16$). This indication of a ranking on this stance further supports perception of low danger in these positions.

	MIN	MAX	MEAN	SD	VARIANCE	COUNT
I work in a dangerous job.	1	4	2.55	0.99	0.98	13
My job is a lot more dangerous than other types of jobs.	1	4	2.64	1.15	1.32	13
In my job, a person stands a good chance of getting hurt.	1	4	2.25	1.16	1.35	13
There is really not much of a chance of getting hurt in my job.	1	5	3.25	1.16	1.35	13
A lot of people I work with get physically hurt in the line of duty.	1	3	1.75	0.83	0.69	13

Table 2 Workplace Safety Scale (1 = Strongly Disagree to 5 = Strongly Agree).

The next section of the survey asked respondents questions about their perceptions of the impact COVID-19 had on the operations of their treatment courts (see [Table 3](#)). Only one respondent reported that their treatment court was moderately impacted, while the remaining respondents stated that their treatment courts were impacted either a lot or a great deal. Approximately 53% of respondents believed their treatment court was less effective in accomplishing its goals due to COVID-19. Lastly, 12 of the 13 respondents believed that their court had adopted new approaches in response to the pandemic.

	N	%
In your opinion, to what extent did COVID-19 impact the treatment court you supervise participants within?		
A great deal	6	46.15
A lot	6	46.15
A moderate amount	1	7.69
In your opinion, did COVID-19 result in your treatment court becoming less effective in accomplishing its goals?		
Yes	7	53.84
Maybe	4	30.76
No	2	15.38
Did your treatment court adopt new operations and approaches in response to COVID-19?		
Definitely not	1	7.69
Definitely yes	12	92.3

Table 3 Perceptions of COVID-19 Impact.

The final section of the survey asked respondents to rate their experiences in the workplace over four different time periods since COVID-19 had caused government shutdowns in the United States: July 2020-December 2020; January 2021-June 2021;

July 2021–December 2021; and January 2022–April 2022 (April 2022 is when survey collection stopped). The Workplace Experiences Related to COVID-19 scale resulted in an overall mean of 45.5, which indicated that court coordinators had positive attitudes toward workplace responses during the pandemic to present ($SD = 7.01$; 10 items; $\alpha = .86$). The overall positive attitudes remained high through all four time periods (Time 1: $M = 45.5$; Time 2: $M = 44.8$; Time 3: $M = 43.5$; and Time 4: $M = 45$) (see Table 4). Respondents indicated that the emphasis placed on staying home if COVID-19 related symptoms were exhibited had decreased over time, but that they still had overall support from their employers. There was a slight fluctuation in how court coordinators perceived support for taking precautions by missing work or punishment for missing work related to COVID-19. The range in means indicated there was less support for taking precautions during the January 2021 to June 2021 period, but that increased again in July 2021 and onwards.

Table 4 Workplace Experiences Related to COVID-19 Scale by Time Frame (1 = Strongly Disagree to 5 = Strongly Agree).

	JULY 2020–DECEMBER 2020					JANUARY 2021–JUNE 2021				
	MIN	MAX	MEAN	SD	VAR	MIN	MAX	MEAN	SD	VAR
My workplace encouraged me to stay home if I was exhibiting any COVID-19 related symptoms.	1	5	4.6	1.2	1.44	1	5	4.6	1.2	1.44
I feel my workplace supported me taking precautions for my health related to COVID-19 in regard to missing work.	1	5	4.4	1.2	1.44	1	5	3.9	1.58	2.49
I do not feel as if my workplace punished me for missing work related to COVID-19 illness experienced by me or members in my home.	1	5	4.3	1.27	1.61	1	5	3.9	1.58	2.49
My workplace provided me with flexibility in order to perform my job duties safely.	1	5	4.3	1.27	1.61	1	5	4.3	1.27	1.61
My workplace provided me with reasonable virtual options to perform my duties.	1	5	4.5	1.2	1.45	1	5	4.44	1.26	1.58
My workplace provided me with satisfactory PPE in order to safely perform my job.	4	5	4.7	0.46	0.21	3	5	4.6	0.66	0.44
My workplace allowed for social distancing during workplace duties.	3	5	4.7	0.64	0.41	3	5	4.7	0.64	0.41
My workplace provided me clear guidance on how to address COVID-19 concerns in the workplace.	1	5	4.4	1.2	1.44	3	5	4.5	0.81	0.65
My workplace provided me with opportunities to get vaccinated.	4	5	4.9	0.3	0.09	4	5	4.9	0.3	0.09
My workplace encouraged vaccinations.	3	5	4.7	0.64	0.41	3	5	4.7	0.64	0.41

The ranking of the three statements remained stable over the four time periods. Treatment court coordinators felt strongly that their workplaces were flexible and that they provided reasonable virtual options for court coordinators to perform their jobs over the four time periods. Further, the treatment court coordinators felt strongly that their workplaces provided them with opportunities to obtain COVID-19 vaccinations over the four time periods. However, there was a small decrease in the perceptions of encouragement to get vaccinations as the time got closer to the present. The last finding of note is the perception of clear guidance on how to address COVID-19 concerns in the workplace. While there were strong assertions that guidance was there, the mean was lower during the July 2021 to December 2021 period.

DISCUSSION

The current study aims to answer two exploratory research questions: 1) How did the COVID-19 pandemic impact treatment court operations; and 2) How did treatment court coordinators perceive workplace safety during the COVID-19 pandemic? Pertaining to the first exploratory research question, most respondents indicated that COVID-19 had impacted their court a great deal ($n = 6$) or a lot ($n = 6$). Additionally, most respondents stated that the changes their respective treatment courts were forced to make due to the COVID-19 pandemic had resulted in their courts becoming less effective in accomplishing their goals ($n = 7$). When asked to identify which changes made their treatment court less effective at accomplishing its goals, most respondents indicated that they had to move to a virtual platform for court meetings, and they utilized telehealth (e.g., substance abuse and mental health treatment) and case management services. This is no surprise and, given the call for courts across the globe to embrace technology within how they dispense justice, it is no longer a matter of *if*, but of *how* to make it most effective (Fabri, 2021; Sanders, 2020; Sourdin & McNamara, 2020). In addition, treatment court coordinators reported not being able to utilize sanctions (such as short jail sentences) and that inpatient treatment facilities were not accepting any new referrals due to the pandemic. Two reasons were listed as directly impacting court effectiveness due to moving to an online/virtual format and suspending certain sanctions and inpatient placement: 1) lack of accountability; and 2) participants not having access to the internet or devices that could link them to online platforms used for court services and telehealth appointments. Of course, the lack of accountability stems from the inability to conduct random drug testing and not having in-person court hearings. Respondents also stated that even when they were able to meet online for court or other services, relationship building was more difficult, especially for those participants who were not under court supervision very long prior to the COVID-19 related shutdowns that began to occur. However, these changes, while necessary due to the pandemic, create potential issues with several best practices as laid forth by the NADCP, particularly Best Practice Standards III, IV, V, VI, and VII (2018a, 2018b).

TREATMENT COURT RESPONSES TO COVID-19

Best Practice Standard III, Roles and Responsibilities of the Judge, covers many important aspects for judges who preside over their respective treatment courts, including professional training and length of term. Though of concern to the current study are length of court interactions and judicial demeanor while on the bench. For example, the length of court interactions concerns whether the judge spends adequate time with treatment court participants during their status review hearings

in front of the court, with research indicating that outcomes are better when the judge spends three to seven minutes with each participant (Carey et al., 2008, 2012). While this best practice standard can be achieved through virtual means, it is not known how online interactions impact participants or affect judicial demeanor. As studies have shown that the quality of interactions with the judge, as perceived by the participants themselves, is one of the most influential factors of success within treatment courts (Farole & Cissner, 2007; Goldkamp et al., 2002; Jones & Kemp, 2013; National Institute of Justice, 2006; Satel, 1998; Saum et al., 2002; Turner et al., 1999), there is no indication of how virtually appearing before a judge impacts participant perceptions of the respect, fairness, attentiveness, and enthusiasm that they receive. While we are not insinuating that judges will be less attentive or caring when interacting with participants on a virtual platform, *how* the individual participants perceive virtual interactions may be different than if they were meeting in person.

Best Practice Standard IV involves the use of incentives, sanctions, and therapeutic adjustments. As most respondents indicated, they felt that their court was less effective during the pandemic due to the lack of in-person accountability and because of certain sanctions not being available for use, such as brief incarceration within the county jail for repeated violations of court ordered conditions or a step-up in therapeutic adjustments, like ordering placement within inpatient treatment facilities for repeated positive drug screenings. One respondent stated:

The lack of in-person accountability for recovery meetings, drug screenings, court sessions, etc., made it harder to accomplish goals with the clients on a regular basis. There were limited ways of verifying or having proof of certain requirements or drug screens due to being quarantined. Even though treatment and court sessions were provided on-line, there were several clients that did not have access to internet in order to participate fully. This pushed back their progress in some cases of recovery and was very challenging. There was also a halt on in-patient treatment for many facilities due to COVID-19 which hindered the clients from getting a more advanced treatment than what our program could provide.

This type of response severely diminishes the courts' use of progressive sanctions for non-compliance and places the court in the position of only using low magnitude sanctioning, which increases the chances of habituation (NADCP, 2018a). While the use of low-level sanctioning is recommended for difficult treatment goals (Harrell & Roman, 2001; Harrell et al., 1999; Hawken & Kleiman, 2009; Kilmer et al., 2012), using high-level sanctioning (e.g., brief incarceration) for the failure of easier goals is severely limited by the restrictions implemented during the pandemic. In addition, because residential treatment facilities were suspended or limited for new admissions and the courts' drug testing abilities were limited (both discussed in the sections below), identifying participants struggling with sobriety and in need of inpatient treatment was a significant challenge, putting the success of the participants' treatment at risk. The certainty and immediacy of sanctions and incentives is inherently important to the success of the treatment court model (Harrell & Roman, 2001; Marlowe et al., 2005; Nagin & Pogarsky, 2001). Therefore, the lack of both placed the success of treatment court participants in jeopardy during the pandemic.

Best Practice Standard V and VI deal with substance use disorder treatment and other complementary treatment benefits like mental health and case management services. A treatment court that has access to a continuum of care involving different

modalities of treatment is essential to the success of their participants (Carey et al., 2012; Koob et al., 2011; McKee, 2010). Moreover, the longer the participants remain engaged in treatment and if it is done on a consistent basis, the more likely they are to experience positive outcomes (Banks & Gottfredson, 2003; Gottfredson et al., 2007; Gottfredson et al., 2008; Shaffer, 2010). According to the respondents within the current study, these best practice standards were inherently difficult to achieve during the pandemic because treatment and case management services were moved to an online-only modality, and some participants did not have access to devices to connect to online services or they had a complete lack of, or inconsistent, internet service. Although respondents reported that they navigated these issues by providing participants with internet capable devices, the treatment court coordinators struggled in working with participants who did not have consistent internet connectivity, which hampered accountability and the receipt of important services.

Finally, Best Practice Standard VII, which deals with drug and alcohol testing, as discussed above, was clearly jeopardized. All respondents within the current study indicated that their individual courts had struggled with the lack of drug testing because the pandemic limited in-person contact with participants. Best practice standards recommend that drug and alcohol testing be frequent, random, and witnessed by appropriate court staff. The frequency of testing should ensure that any substance use is detected quickly and reliably, with urine testing occurring at least twice a week. As testing frequency increases, so do graduation rates with a decrease in recidivism (Banks & Gottfredson; Griffith et al., 2000; Kinlock et al., 2013). The testing should also be random, and the likelihood of being tested on any day of the week, including weekends and holidays, should be the same since weekend and holidays are high-risk times for alcohol and drug abuse (Kirby et al., 1995; Marlatt & Gordon, 1985). In addition, all testing should be witnessed by someone who is trained to detect any tampering (NADCP, 2018b). Although these circumstances brought on by COVID-19 are out of the courts' control, by not conducting drug and alcohol tests of participants, the courts were diminishing chances for participants' success. That is, research indicates that outcomes for participants improve significantly when substance use is detected and sanctions for substance abuse are administered quickly (Hawken & Kleiman, 2009; Kilmer et al., 2012; Marlowe et al., 2005; Marques et al., 2014; Schuler et al., 2014).

Interestingly, while all the courts that responded to the survey stated that they have begun in-person meetings for court, probation appointments, case management, and treatment services, 9 of the courts responded that they are now utilizing online court hearings as an incentive. Essentially, these treatment courts allowed participants to speak to the judge over an online platform if they have been doing well and have had no issues following court orders. Another court treatment coordinator noted their adaptations during the pandemic:

We adopted on-line treatment, court, and recovery meetings as well as case management meetings. This took place of in person gatherings in order to keep from getting/spreading COVID-19. We used Zoom sessions for those who could access internet and had to rely on telephone for those that could not. We are still allowing on-line recovery meetings to be used along with verification of the meeting by photographs of the computer/phone screen while the meeting is in process.

While this allows for more flexibility for the participants (e.g., not having to take off work or find child-care), we still do not know the quality of these online interactions

with the judge/court or whether there are any potential negative impacts in doing so. It is possible that the participants are doing well because their treatment courts were meeting with them face-to-face, per best practices. Moving them to an online platform may cause issues, as discussed above. While online interactions have improved the efficiency and effectiveness of many facets of different workplaces, as well as allowed many individuals to receive treatment and services quicker, this may not be the best approach for this facet of the criminal justice system. As such, it is imperative that future research examine whether there is any change to participant outcomes when utilizing court appearances through video.

WORKPLACE SAFETY DURING COVID-19

Several months into the COVID-19 pandemic, the BJA (2020) noted concerns with safety in the courtroom, particularly for smaller courtrooms that could not accommodate physical distancing. Courts were also unprepared to acquire PPE, or they could not maintain an adequate amount of PPE to service the needs of court staff and participants, and cases of COVID-19 began to rise over time which limited plans to return to in-person meetings. There was also a great deal of uncertainty surrounding funding stability, with almost a third (30%) of courts reporting that their funding was negatively impacted by the pandemic. Several of the responding courts supplemented the costs for court enhancement, additional supplies, and participant incentives using funds that were previously allocated for conference participation or in-person training. Many courts that received funding through state and county governments also reported that they were uncertain about how their future budgets would be affected compared to courts who were funded through grants (BJA, 2020).

The current study adds to prior literature that has examined COVID-19 and courts by giving additional context about treatment court coordinators' perceptions of workplace safety during the pandemic. The findings suggest that participants scored an overall mean score of 12.44 for the workplace safety scale. Most of the study participants reported that they were not at risk of getting hurt during their workday ($M = 3.25$) or being physically injured ($M = 1.75$), while several indicated that in their job, a person stands a good chance of getting hurt ($M = 1.75$). However, there was indication among the respondents that their place of employment was dangerous during the pandemic ($M = 2.65$), especially when compared to other types of jobs ($M = 2.64$). When putting risk of harm into perspective, it is unknown how participants measured these experiences. Considering that many court participants did not have reliable access to PPE, there were few chances for social distancing, and courts were unsure of how to budget for changes brought forth by the pandemic, it is likely that participants were indeed at risk of contracting COVID-19 while carrying out their duties as treatment court coordinators, despite reporting having felt relatively safe.

In addition, workplace safety was compromised due to extreme levels of stress that people experienced during the pandemic. According to the American Psychological Association (APA) (2021), more than 80% of Americans reported prolonged stress a year into the pandemic, with the most common feelings consisting of anxiety (47%), sadness (44%) and anger (39%). In addition, 67% of adults were overwhelmed by the number of stressors that America was facing at the time that poll was taken, including a tumultuous election season, political unrest, violence, an uncertain economy, and rising death rates from COVID-19. These mental health consequences will need to be addressed as part of a national recovery effort on a continued basis, as the effects of the pandemic will be felt for years to come (APA, 2021).

Treatment court coordinators were asked about their workplace experiences over four time periods during the pandemic. They reported overall positive attitudes throughout all four time periods (Time 1: $M = 45.5$; Time 2: $M = 44.8$; Time 3: $M = 43.5$; and Time 4: $M = 45$) with little variance between each period. Related to recent experiences with the pandemic, there have been multiple studies released on the perceptions of workplace safety and its effect on happiness with employers, stress in and out of the workplace, and/or motivation to succeed in the workplace (Bakker & Demerouti, 2007; De Carlo et al., 2020; Janson et al., 2021). Employees who have higher attitudes and perceptions of workplace safety are generally more motivated to do well in the workplace and have less stress associated with work during this uncertain time. Based on the exploratory results of this study, the responding treatment court coordinators reported satisfactory experiences with the way their workplaces managed safety and flexibility to address concerns during the pandemic. It would be fair to expect their stress levels were lower and they were productive members of the court system as they were appreciative of the ways the court addressed their needs during a time of stress.

According to Parker et al. (2022), most American workers (60%) do not have jobs that can be done fully remote, much like the coordinators involved in this study. However, workers feel more comfortable with their workplace the more COVID-19 safety measures there are in place. Results from the current study indicated that coordinators were extremely appreciative of the concern their employers expressed for their safety and their willingness to adapt to meet safety needs. We would encourage future exploration of the workplace safety satisfaction levels of all entities in the criminal justice system, as well as the effect on productivity and motivation in these workplaces. It is a fair assumption that allowing for flexibility in the workplace regarding work location, as much as possible, as well as providing safety measures and materials, would allow for a more comfortable workplace no matter the field.

LIMITATIONS

While the current study fills an important gap in the literature on the impact that COVID-19 has had on treatment court best practices and treatment court coordinators' feelings of work safety, this exploratory research is not without limitations. Most notably, the response rate was 44.8%, which makes the findings ungeneralizable outside of the responding court coordinators in the state. In addition, DTCs were overrepresented within the sample of courts who the authors requested data from. While this is not surprising since DTCs outnumber the other types of treatment courts surveyed, only one VTC and three MHCs completed the survey, which may slant the findings more toward DTCs than VTCs and MHCs. In addition, questions regarding workplace safety were limited and did not specifically address participants' concerns about access to PPE and social distancing. However, given the exploratory nature of this study, the findings are still important as they provide insight into an understudied topic and provide a basis for future research on the impact of COVID-19.

CONCLUSION

The COVID-19 pandemic was an unprecedented event that affected all aspects of life, including the normal functioning of treatment courts and daily routines of treatment court coordinators. This study adds to our understanding of how the COVID-19 pandemic has impacted treatment court professionals, court processing, and feelings of workplace

safety. In comparing findings from treatment court professionals to the Adult Drug Court Best Practice Standards Volume I and II, this study has found that while most courts used their best judgment about how to adjust procedures to adhere to government mandates, there were potential issues with best practices standards, which can negatively affect treatment court effectiveness. These insights into the various stressors and barriers that challenged typical routines and court proceedings for treatment court providers can inform them about how to respond accordingly in the future.

COMPETING INTERESTS

The authors have no competing interests to declare.

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