

Virtual Services in Judicially Led Diversion Programs Participant Findings

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Executive Summary

This report reflects the findings from the *Participant Experiences with Judicially Led Diversion Programs* survey. The data reflected in this report was collected from March through June 2021.

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

This report highlights the unique perspective of court participants who either transitioned from in-person services to virtual during the pandemic or entered a judicially led diversion program during a time when services were being provided entirely virtually. A companion report, *Adoption of Virtual Services in Judicially Led Diversion Programs: Final Report*, provides the staff perspective on virtual court, treatment, and community supervision.

The findings from this study are based on a convenience sample and not a scientifically derived sample aimed at generalizing results across all judicially led diversion programs. The online survey analyzed in this report was distributed between March and June 2021 to participants currently enrolled in a judicially led diversion program in the United States. The participants received an invitation to complete the survey if the Coordinator or Judge overseeing the judicially led diversion program agreed to participate in participant-level data collection. The survey took approximately 12 minutes to complete and included quantitative and qualitative questions about in-person and virtual experiences with the court, treatment, and community supervision. The survey also asked about perceived benefits of virtual court and treatment, support for continuing virtual court and treatment, and aspects of community-based supervision. Our objective was to understand how participants experienced virtual services and, in particular, if participating virtually impacted how participants perceived the services they were receiving and their interactions with the judge and staff. Many of the questions in the survey were measures associated with procedural justice that were first explored in the *Multi-site Adult Drug Court Evaluation*.

Key court findings include:

- Most respondents (70%) had experienced both in-person and virtual court while participating in a judicially led diversion program. A third of the respondents had only experienced virtual court.
- Respondents who had only experienced virtual court had the most positive ratings of their court experience. Respondents who transitioned from in-person court to virtual also tended to rate their experience with virtual court as more positive than in-person court. The one exception was that respondents rated the Judge's understanding of them and their case higher when they attended court in person.
- Nearly three-quarters of the respondents preferred that court remain virtual 100% of the time or be offered as a mix of virtual and in-person.

Key treatment findings include:

- Most respondents (74%) experienced both in-person and virtual treatment while participating in a judicially led diversion program. The remaining respondents had only experienced virtual treatment.
- Respondents who had only experienced virtual treatment had the most positive ratings of their treatment experience. Respondents who transitioned from in-person treatment to virtual also tended to rate their experience with virtual treatment as more positive than in-person treatment. The one exception was that respondents rated their sense of connection to other treatment group members higher when they participated in treatment in person.
- Over three-quarters of the respondents preferred that treatment remain virtual 100% of the time or be offered as a mix of virtual and in-person.

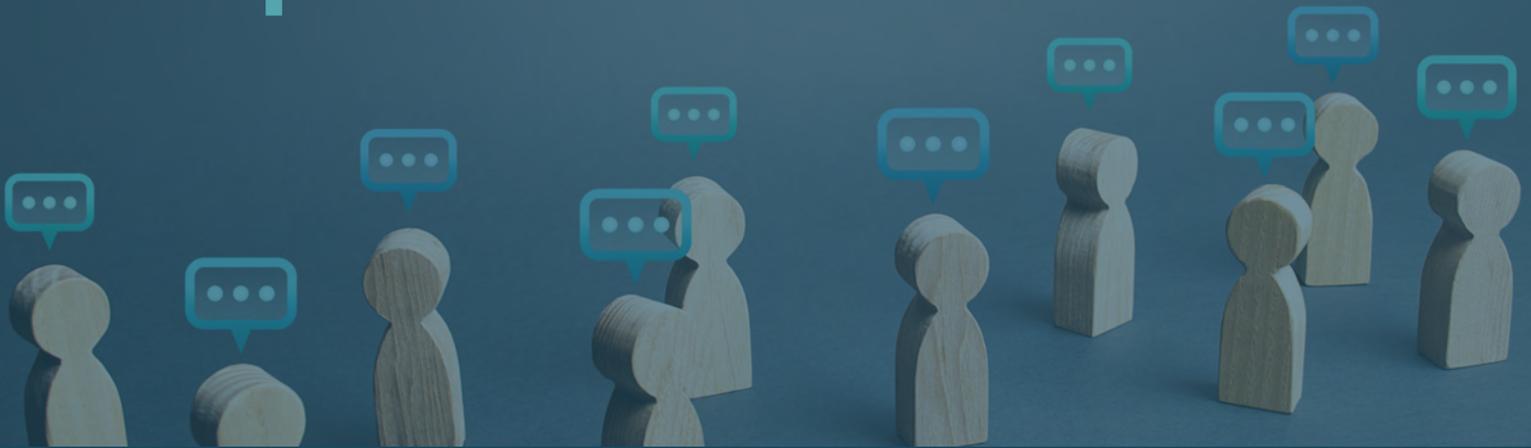
Key community-based supervision findings include:

- Fifty-five percent (55%) of the respondents began supervision after March 2020 and had only experienced a mix of virtual or in-person services or only virtual services. The remaining participants entered the judicially led program before March 2020.
- Respondents were positive about their contact with their probation officer overall. The respondent's ratings of their experiences on supervision were more positive currently than pre-pandemic.

Additional findings:

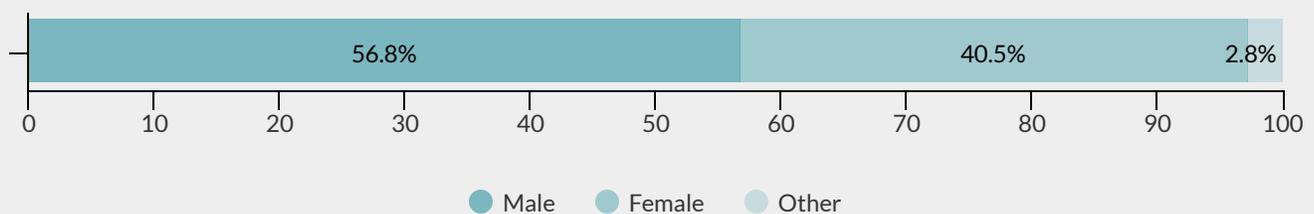
- The majority of participants indicated they had the resources needed to participate in services virtually.
- Participants noted various benefits to participating in court and treatment virtually, including reduced barriers (e.g., transportation, time off from work), reduced health risks, reduced anxiety, and increased comfort with court proceedings and treatment.
- A quarter of the participants prefer in-person interactions exclusively.

Survey Respondents



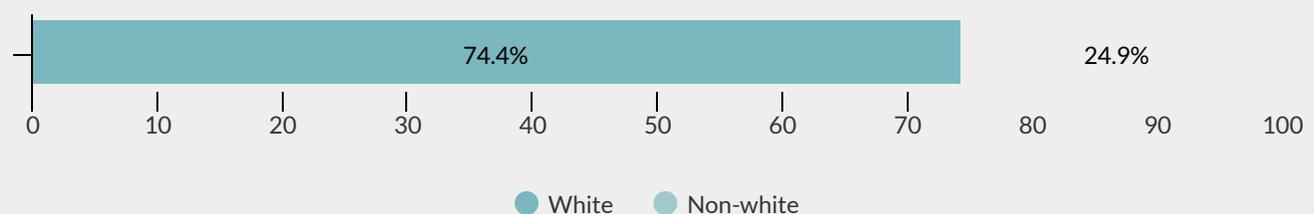
The findings reflected in this report are based on data collected from an online survey deployed with the assistance of local drug court coordinators throughout the country. The findings from this study are based on a convenience sample and not a scientifically derived sample aimed at generalizing results across judicially led diversion programs. Respondents were recruited through program coordinators and administrators who agreed to participate in data collection for a companion survey that collected staff perspectives on virtual services. The participants received an invitation to complete the survey from the coordinator overseeing the judicially led diversion program. A total of 1,356 participants completed the survey administered online between March and June 2021. The majority of survey respondents were male (56.8%), White (74.4%) and non-Hispanic (82.5%).

Figure 1: Gender of respondents (N=1,307)



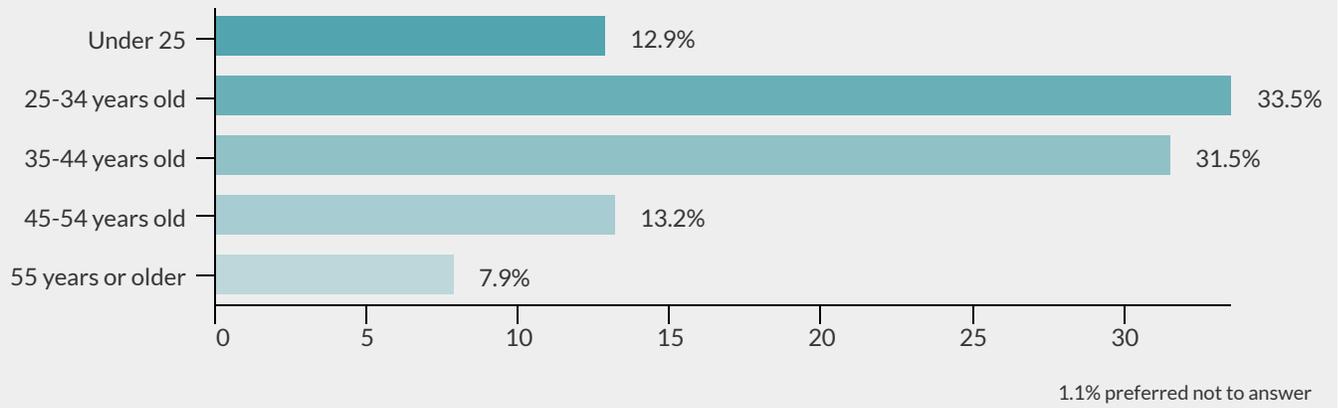
"Other" includes 0.3% non-binary/non-conforming, 0.2% transgender, and 2.3% who preferred not to respond.

Figure 2: Race of respondents (N=1,324)



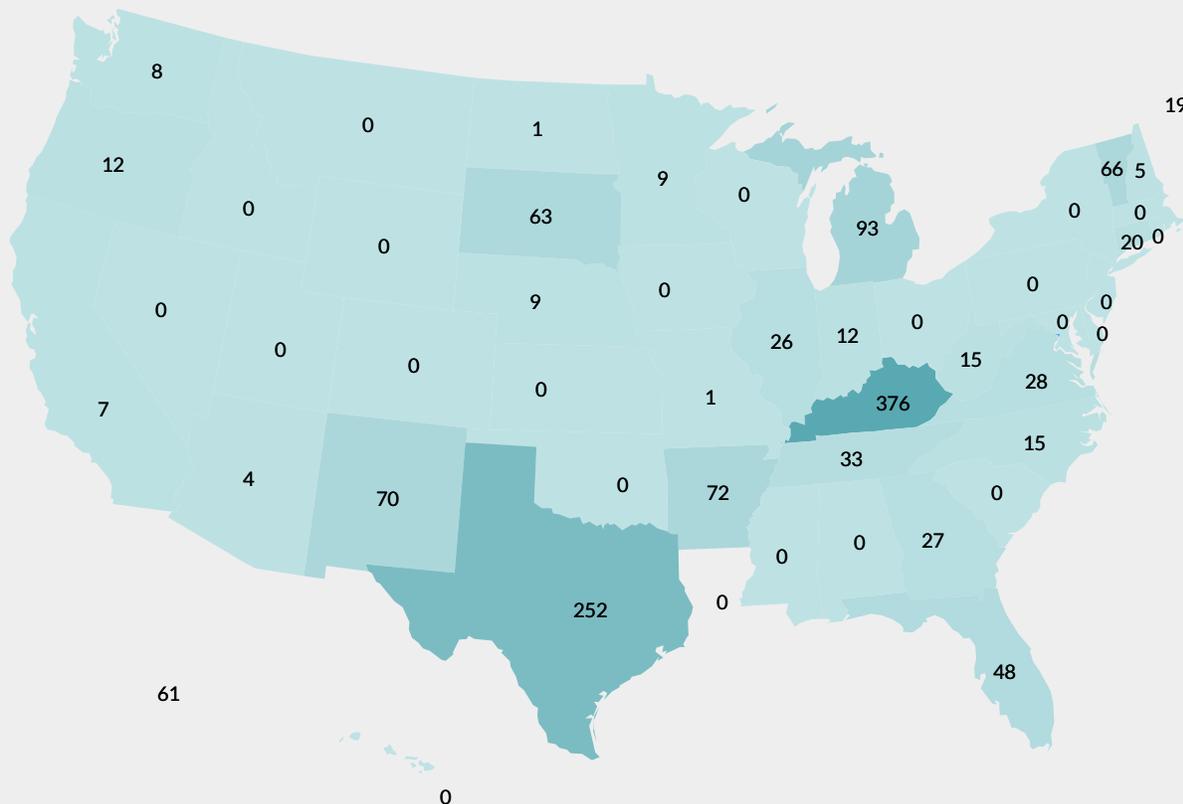
0.7% preferred not to respond

Figure 3: Age of respondents (N=1,329)

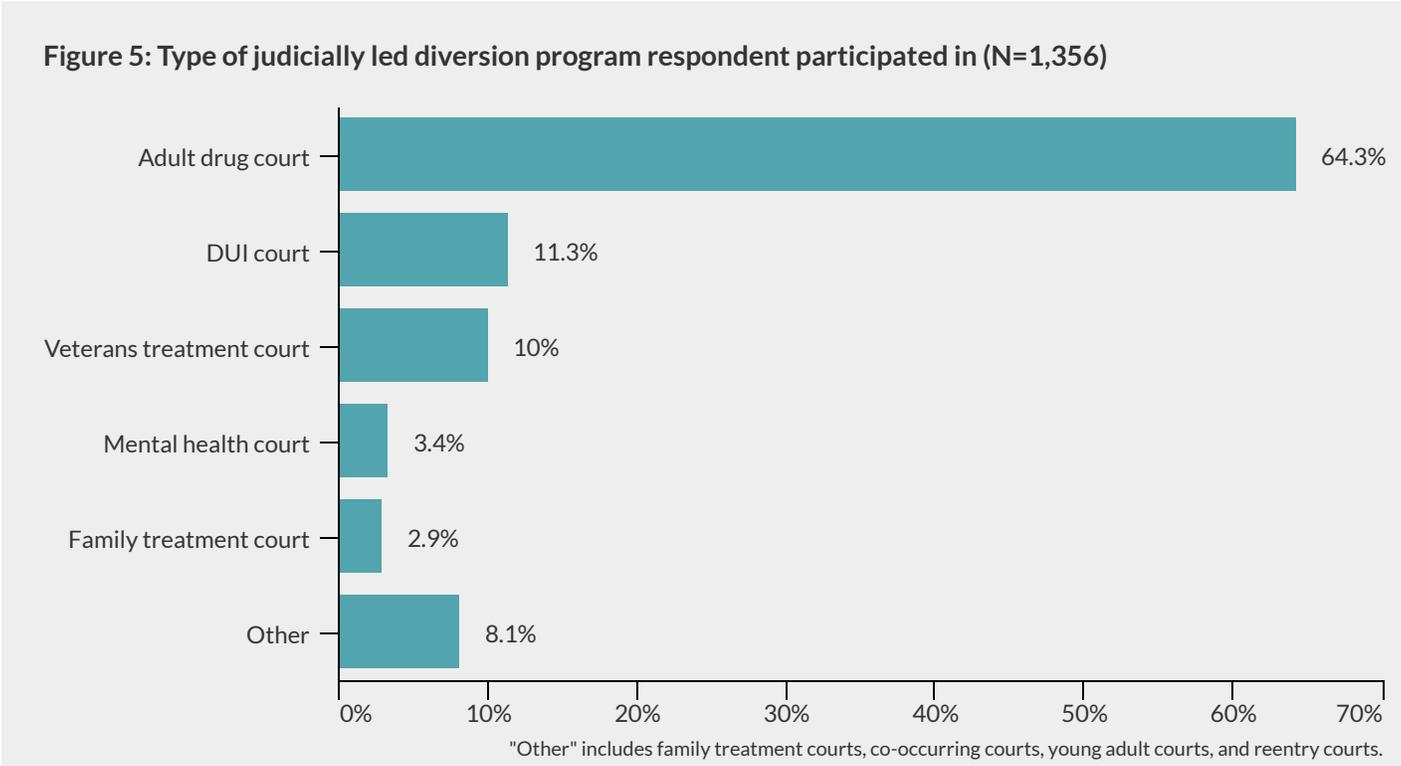


The 1,356 participant respondents represent 121 unique judicially-led programs in 27 states. The distribution of the 121 unique court programs is reflected in *Figure 4*. The states with the highest number of respondents were **Kentucky, Texas, and Michigan**.

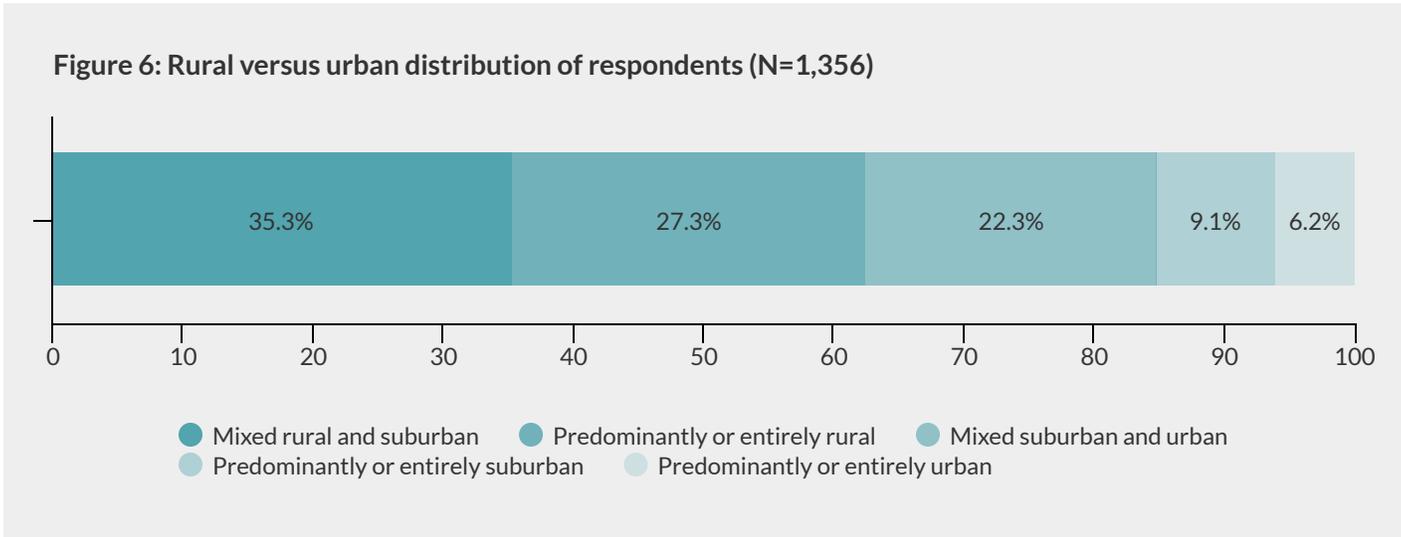
Figure 4: Geographic distribution of respondents (N=1,356)



As shown in *Figure 5*, most survey respondents were participants in an **adult drug court program** (64.3%), a **DUI court** (11.3%), or a **veterans treatment court** (10.0%).



Thirty-five percent (35.3%) of the respondents attended judicially led court programs located in **mixed rural and suburban** communities, 27.3% of the court programs were located in **predominantly or entirely rural** communities, 22.3% were located in **mixed suburban and urban** communities, 9.1% were located in **predominantly or entirely suburban** communities and 6.2% were located in **predominantly, or entirely urban** communities. (see *Figure 6*).



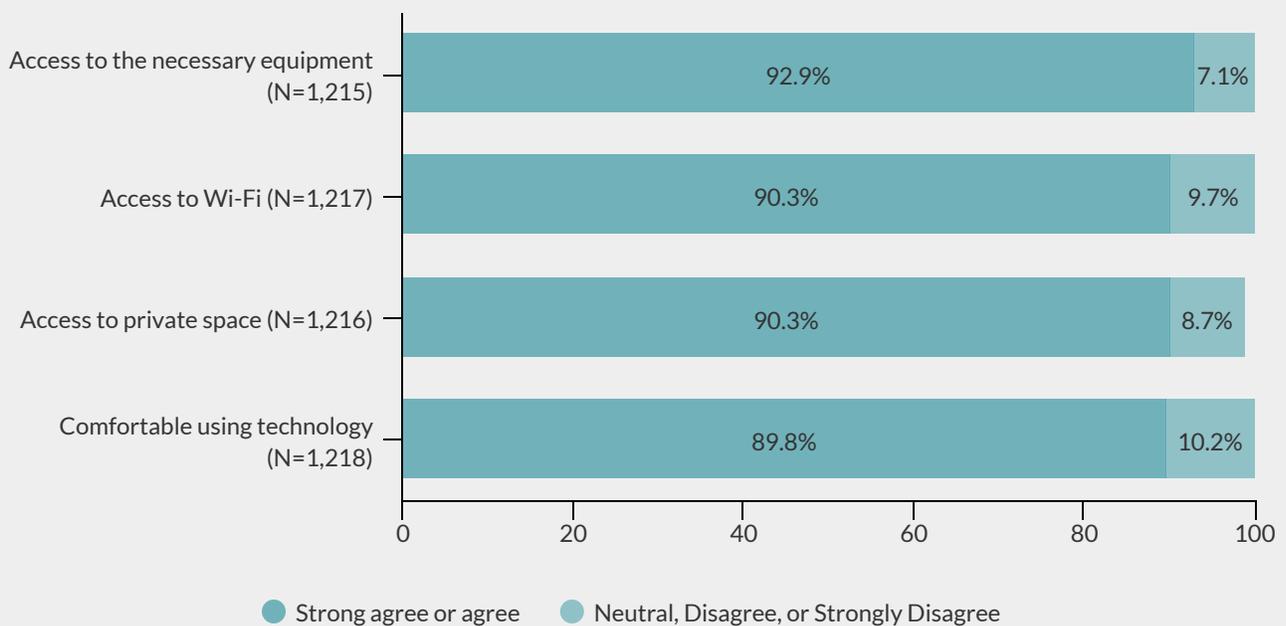
At the time the survey was completed, forty-four percent of respondents (44.0%) had been participating in a judicially-led diversion program for **one year or longer**, 8.6% for **ten to eleven months**, 14.7% for **seven to nine months**, 18.5% for **three to six months**, and 13.6% for **less than three months** (see Figure 7).

Figure 7: Length of time participating in the judicially led diversion program at time of survey (N=1,356)



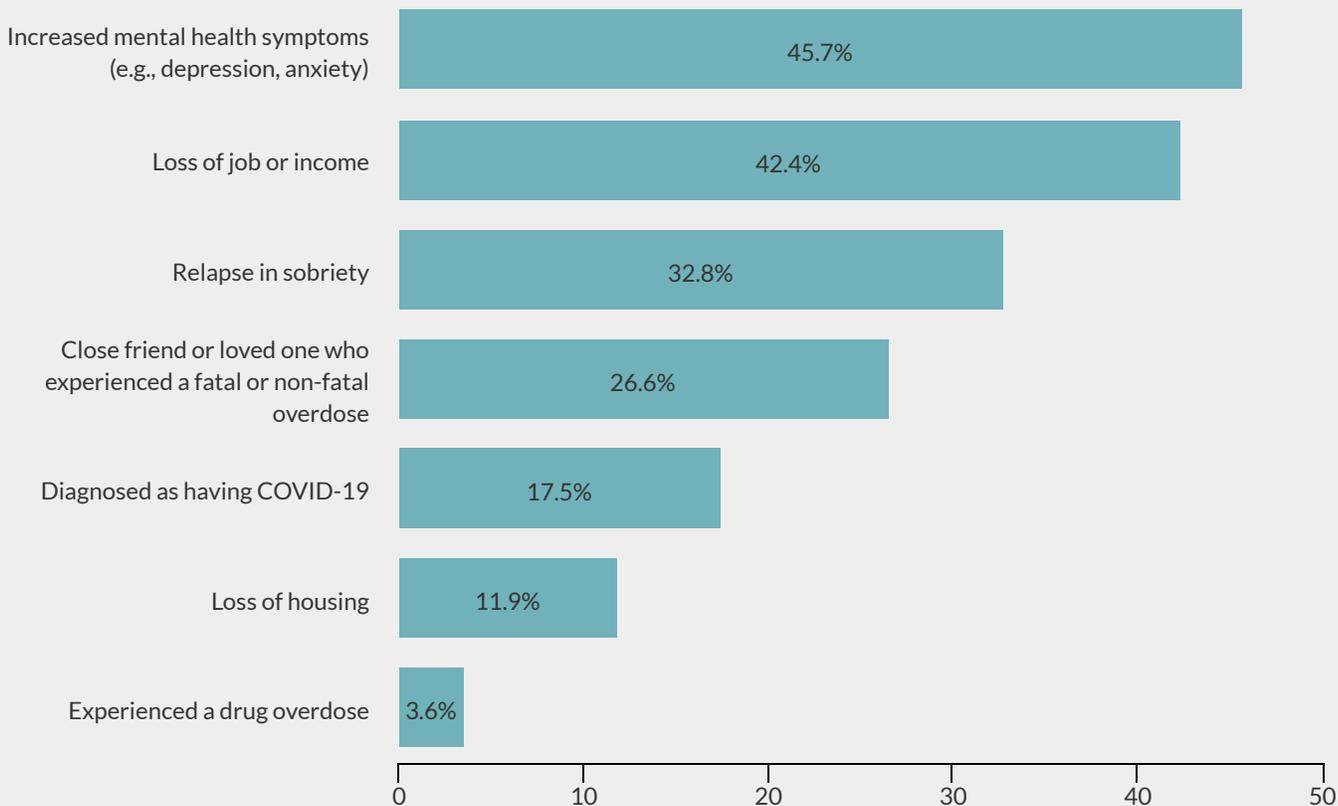
The majority of respondents indicated they had the resources needed to participate in services virtually. Ninety-three percent reported they had the **necessary equipment to participate virtually** (92.9%), 90.3% had **access to reliable Wi-Fi/internet**, and 90.3% have **private space to participate in virtual services**. The majority of respondents also indicated they were **comfortable using technology** to participate in services virtually (89.8%) (Figure 8).

Figure 8: Access to the resources necessary to participate in virtual services



Nearly half of respondents (45.7%) indicated they had experienced **increased mental health symptoms** during the pandemic, 42.4% **lost their job or income**, 32.8% **reported a relapse** in their sobriety. Additional experiences are reflected in *Figure 9* below.

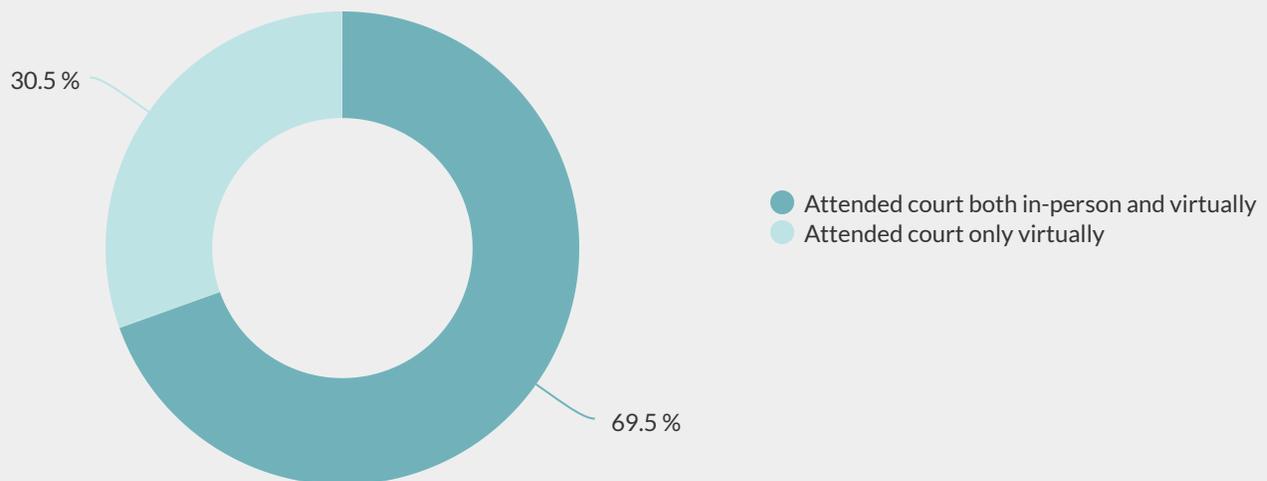
Figure 9: Respondents experiences during the pandemic (N=1,356)



Court Hearings

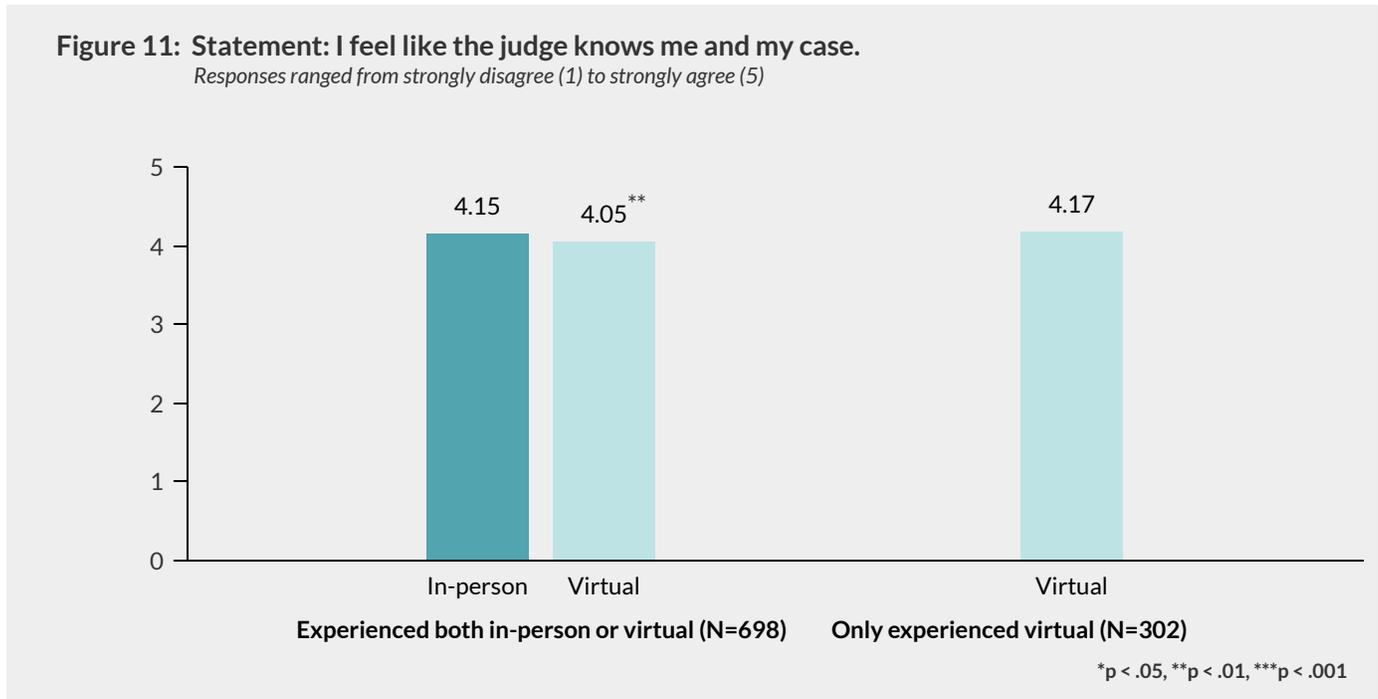
The following section is based on participants who attended at least one court session and had demographic data available. Of the 1,000 participants who met this criterion, 69.5% had experience attending court **both in-person and virtually**. A smaller portion of respondents (30.5%) entered the program after the pandemic and **only experienced a virtual environment** (see *Figure 10*).

Figure 10: Method of attending court, March - June 2021 (N=1,000)

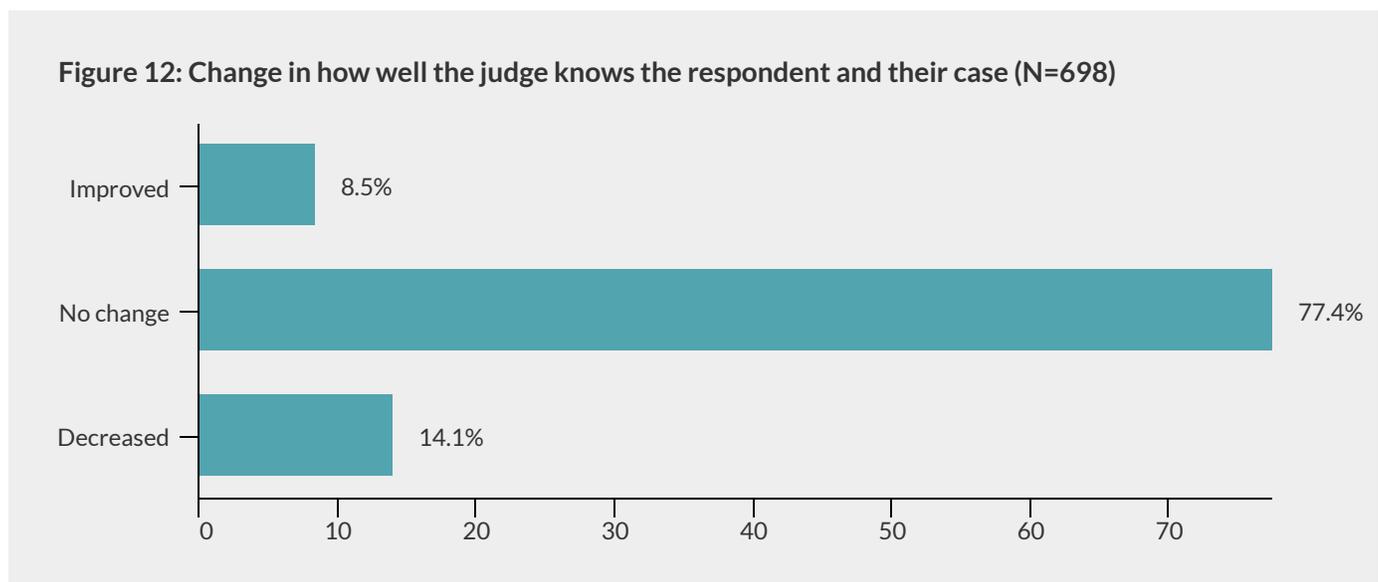


Respondents were asked to rate their agreement with a series of statements about their experiences with in-person court and virtual court. The responses of those who had only experienced virtual court were compared to the group of those respondents who had transitioned from in-person court to virtual court. Options for responses to each statement were 1 (strongly disagree), 2 (disagree), 3 (neither), 4 (agree), and 5 (strongly agree), with averages reported for each statement.

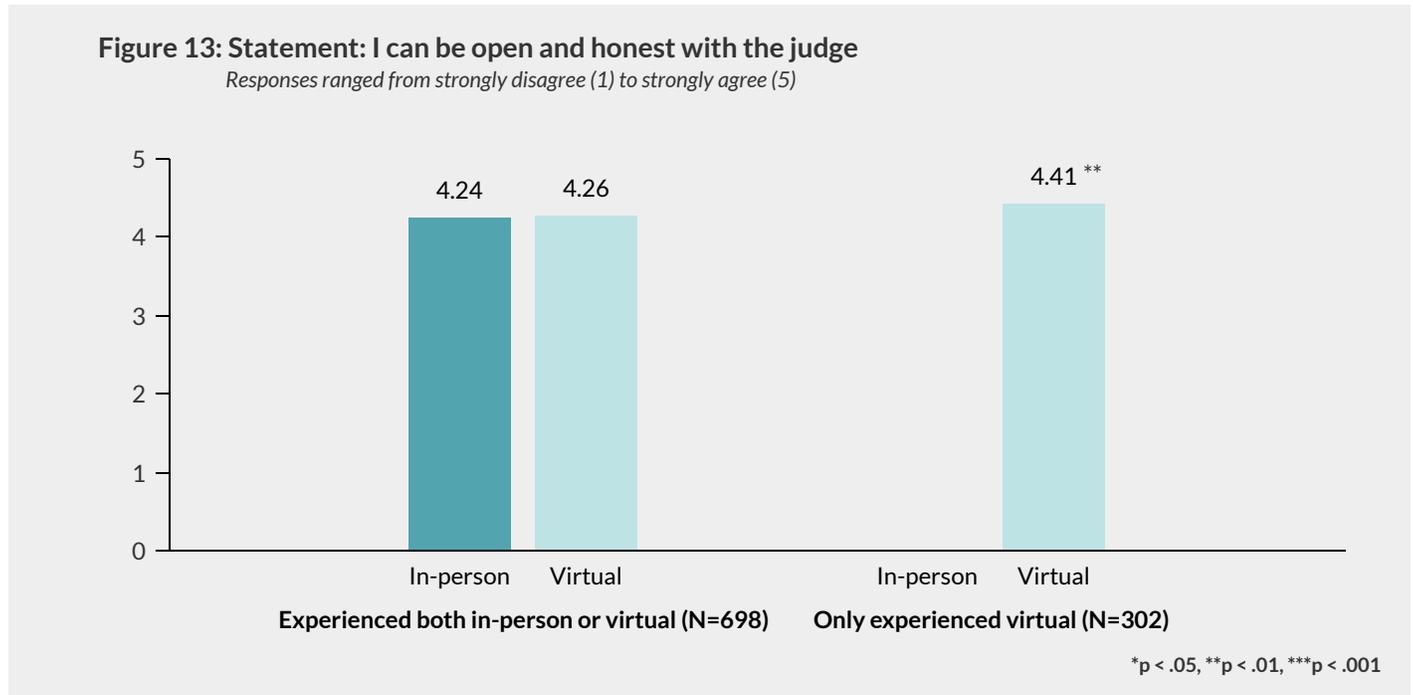
Respondents who attended both in-person and virtual court were more likely to rate the judge’s understanding of them and their case higher when they attended court in-person (4.15) than virtually (4.05). This difference is statistically significant. Respondents who only attended court virtually also rated the judge’s understanding of them and their case high (4.17) (see Figure 11).



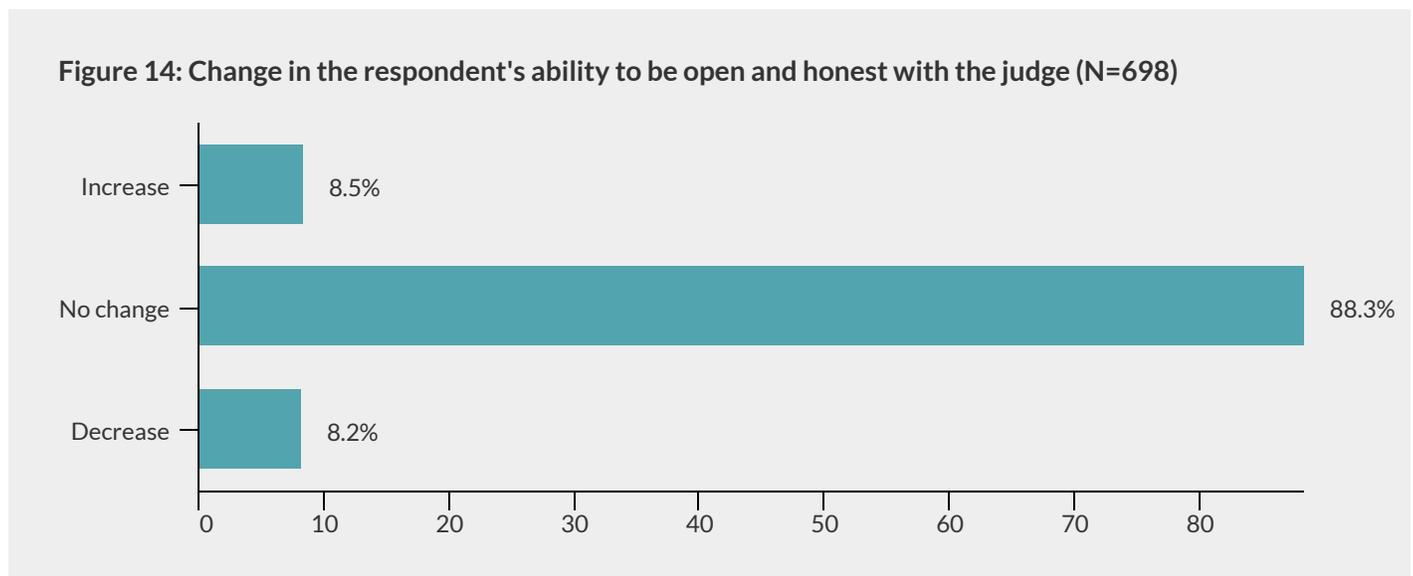
The majority of respondents who had experience with both in-person and virtual court felt there was **no change** in how well the judge knew them and their case as the court transitioned from in-person to virtual (77.4%). Fourteen percent (14.1%) felt there was a **decrease** in how well the judge knew them and their case in virtual court, and 8.5% felt there was an **improvement** in how well the judge knew them and their case in virtual court (see Figure 12).



Respondents who attended both in-person court and virtual court provided similar responses about being open and honest with the judge, regardless of how they appeared in court (in-person 4.24 compared to virtually 4.26). Respondents who only attended court virtually rated their ability to be open and honest during virtual hearings higher (4.41) than those who transitioned from in-person to virtual court. The difference is statistically significant (see Figure 13).



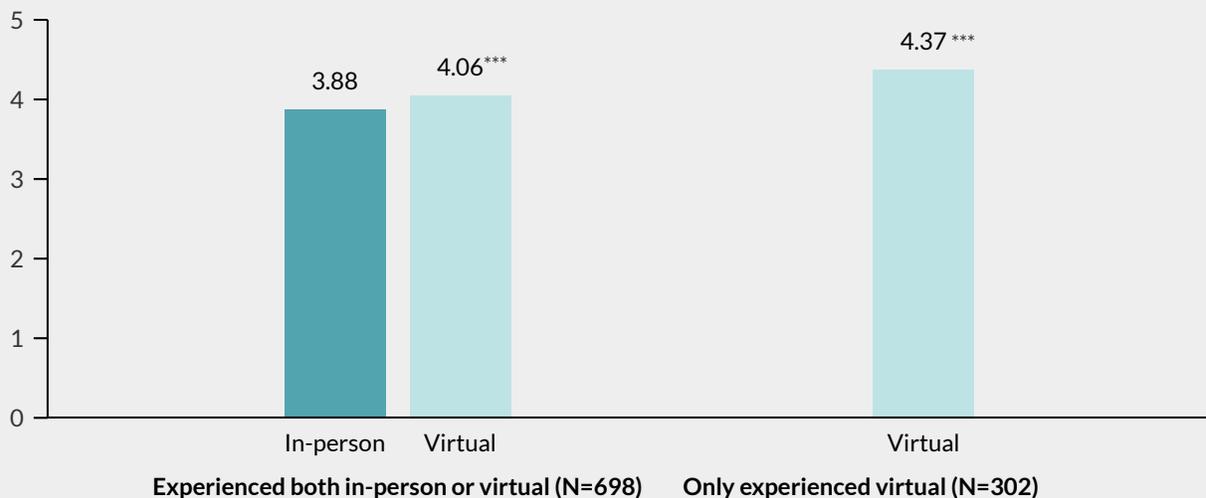
The majority of respondents who had experience with both in-person and virtual court felt there was **no change** in their comfort being open and honest with the judge when the court transitioned from in-person to virtual (88.3%). Eight percent (8.2%) felt there was a **decrease** in how comfortable they were being open and honest with the judge in virtual court, and 8.5% felt there was an **increase** in how comfortable they felt being open and honest with the judge in virtual court (see Figure 14).



Respondents attending court in-person rated their comfort participating in court sessions lower (3.88) than those attending court virtually (4.06). This difference was statistically significant. Respondents who only attended court virtually rated their comfort participating in court sessions higher than those who transitioned from in-person to virtual (4.37). The difference between the virtual-only participants and the group that transitioned from in-person to virtual was also statistically significant (see Figure 15).

Figure 15: Statement: I am comfortable participating in court sessions.

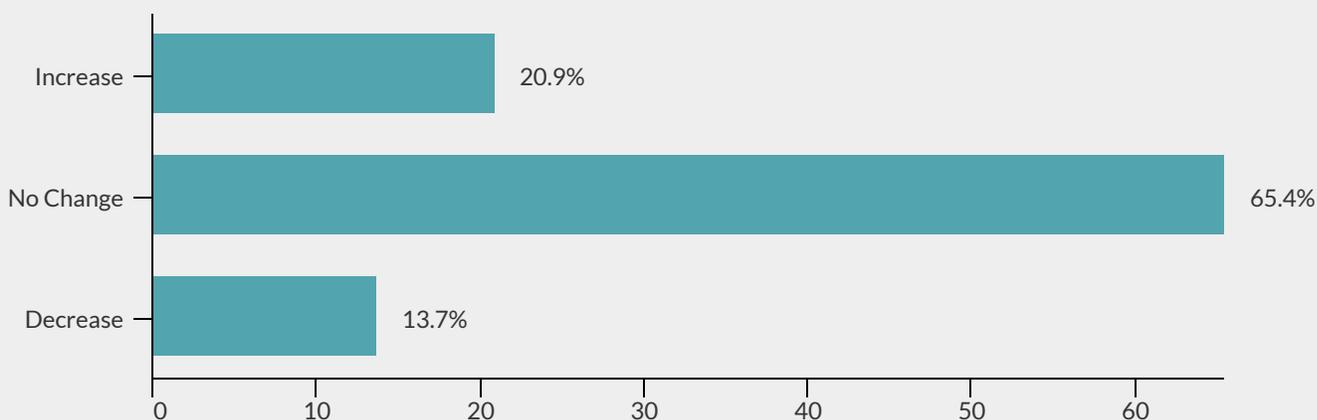
Responses ranged from strongly disagree (1) to strongly agree (5)



*p < .05, **p < .01, ***p < .001

Most respondents who had experience with both in-person and virtual court felt **no change** in their comfort participating in court when the court transitioned from in-person to virtual (65.4%). Fourteen percent (13.7%) felt there was a **decrease** in how comfortable they felt participating in virtual court sessions, and 20.9% felt there was an **increase** in how comfortable they felt participating in virtual court sessions (see Figure 16).

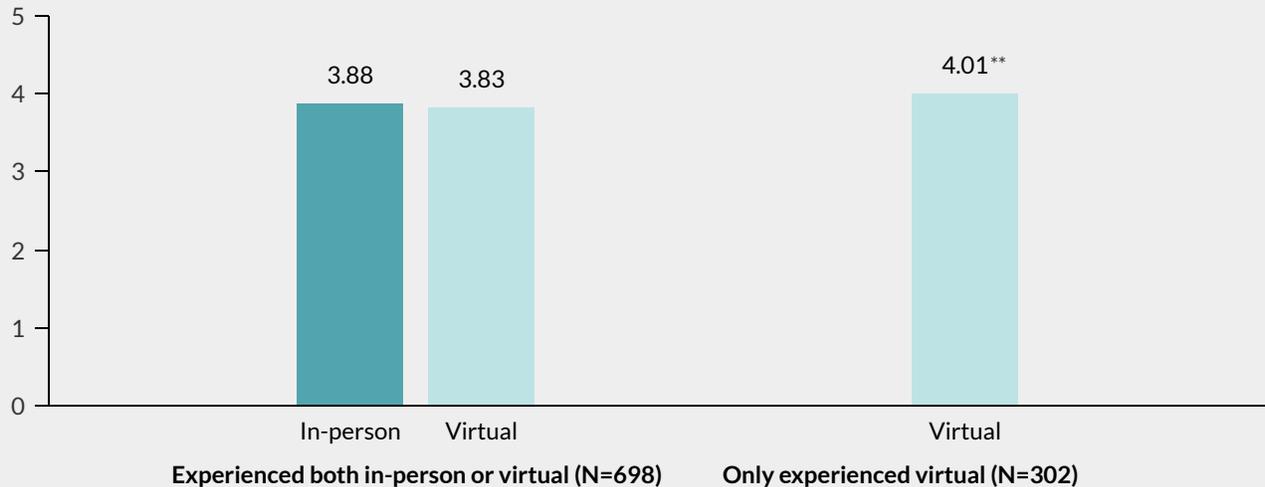
Figure 16: Change in how comfortable the respondent is participating in court sessions (N=698)



Respondents who attended court in-person rated the helpfulness of watching the judge talk with other participants higher (3.88) than those who attended virtually (3.83). Respondents who only experienced virtual court rated the helpfulness of watching the judge talk with other participants higher (4.01) than the group that transitioned from in-person to virtual. This difference was statistically significant (see Figure 17).

Figure 17: Statement: I find watching the judge talk with other participants helpful.

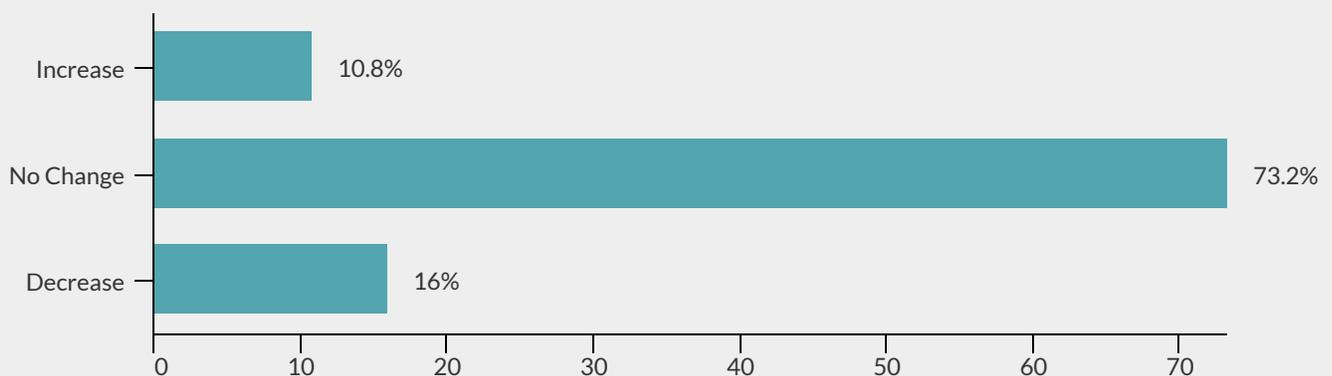
Responses ranged from strongly disagree (1) to strongly agree (5)



*p < .05, **p < .01, ***p < .001

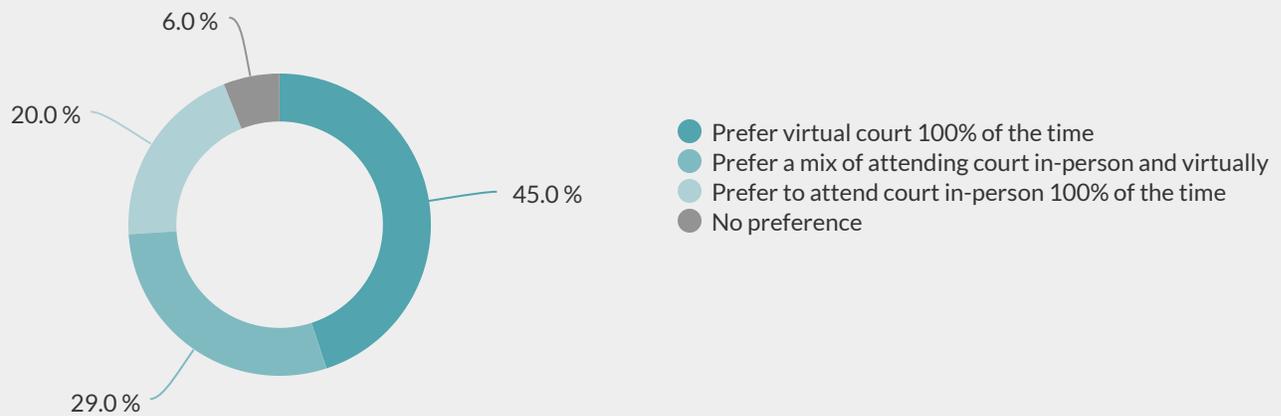
The majority of respondents who had experience with both in-person and virtual court felt there was **no change** in how helpful they found watching the judge talk with other participants when the court transitioned from in-person to virtual (73.2%). Eleven percent (10.8%) felt there was an **increase** in how helpful they found it to watch the judge talk with other participants in virtual court, and 16.0% felt there was a **decrease** in how useful they found it to watch the judge talk with other participants in virtual court (see Figure 18).

Figure 18: Change in how helpful the respondent finds it to watch the judge talk with other participants (N=698)



Participants whose court attendance while in the judicially led diversion program was exclusively virtual had the highest preference for attending court virtually in the future (4.01 compared to 3.88). Forty-five percent (45%) of the respondent sample as a whole indicated a preference to attend court only virtually in the future. Twenty-nine percent (29%) preferred a mix of attending court in-person, and virtually, 20% preferred attending court in-person, and 6% had no preference (see Figure 19).

Figure 19: Preference for continuing virtual court (N=1,231)



Participants were asked to identify why they preferred virtual court hearings. The top three reasons included:

1. I am more comfortable talking in a virtual setting.
2. I am less anxious when I attend virtually.
3. It saves me or my loved one's time.

Respondents were invited to offer open-ended comments about their preferences. The following quotes are representative of the feedback provided.

Virtual court reduces barriers for some respondents.

- *I appreciate all the help. I don't know how I would have attended all the classes, court appearances, and urinalysis due to gas and living in my car when I lost my apartment if we did not go virtual.*
- *I am more confident about completing the program successfully, knowing I can participate virtually if I need to sometimes.*
- *Having everything done virtually through this program has made the transition into a better me easier because it doesn't add any unnecessary stress of having to take off time from work to head to the courthouse across town.*

Virtual court reduces anxiety for some respondents.

- *Drug Court is so much more enjoyable now that it is virtual. I used to dread court, but now I love it.*
- *I feel more confident telling the truth virtually. I can speak more freely without everyone else watching me.*

Virtual court reduces health concerns for some respondents.

- *I have an underlying illness, and I would prefer to keep everything virtual to keep my family and me safe from COVID-19.*
- *I sometimes worry about getting sick and getting our family sick with all the in-person contact.*
- *COVID has claimed many around me. I feel most comfortable doing things virtually.*

For those indicating they would prefer in-person court, the top three reasons include:

1. I am more comfortable talking in person.
2. I like seeing my peers in person.
3. I feel disconnected from court when I am participating virtually.

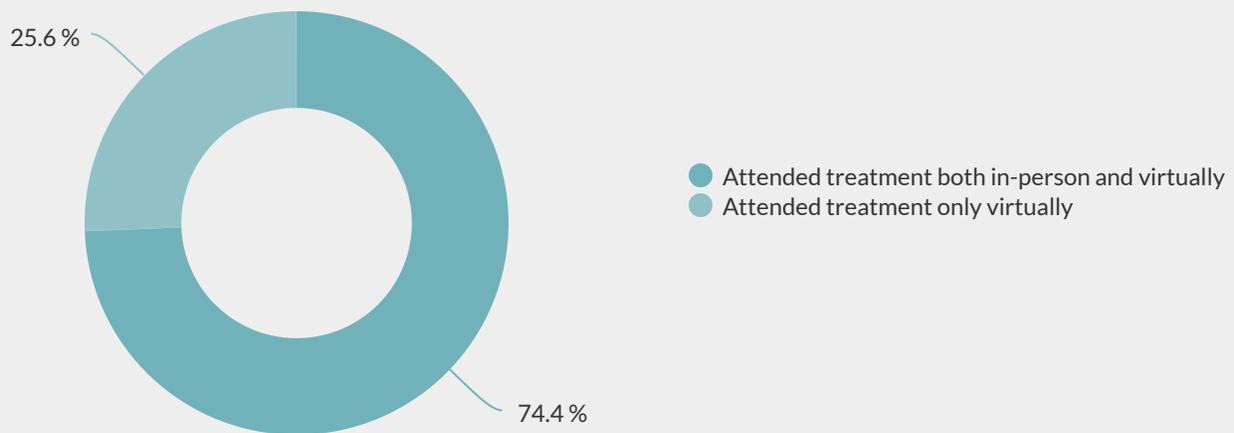
In-person court helps some respondents feel more connected, comfortable, and accountable.

- *I feel the judge doesn't know me as well because we are virtual.*
- *There has been an increase in the difficulty of the court program. It is more impersonal.*
- *More in-person court promotes honesty. If court were always virtual, it wouldn't seem real.*
- *I feel it would be better to do everything in person. I am not big on technology, plus I think it would be more beneficial for people in recovery*
- *I miss in-person court sessions.*

Treatment and Recovery Support Services

Among the survey respondents, 73.7% (1,000 respondents) attended at least one treatment session within their judicially led diversion program at the time of the survey and provided demographic information. The majority of those with treatment experience (74.4%) had experience attending court both in-person and virtually. A smaller portion of respondents (25.6%) entered the program after the pandemic and only experienced a virtual environment (see *Figure 20*).

Figure 20: Method of attending treatment, March - June 2021 (N=1,000)



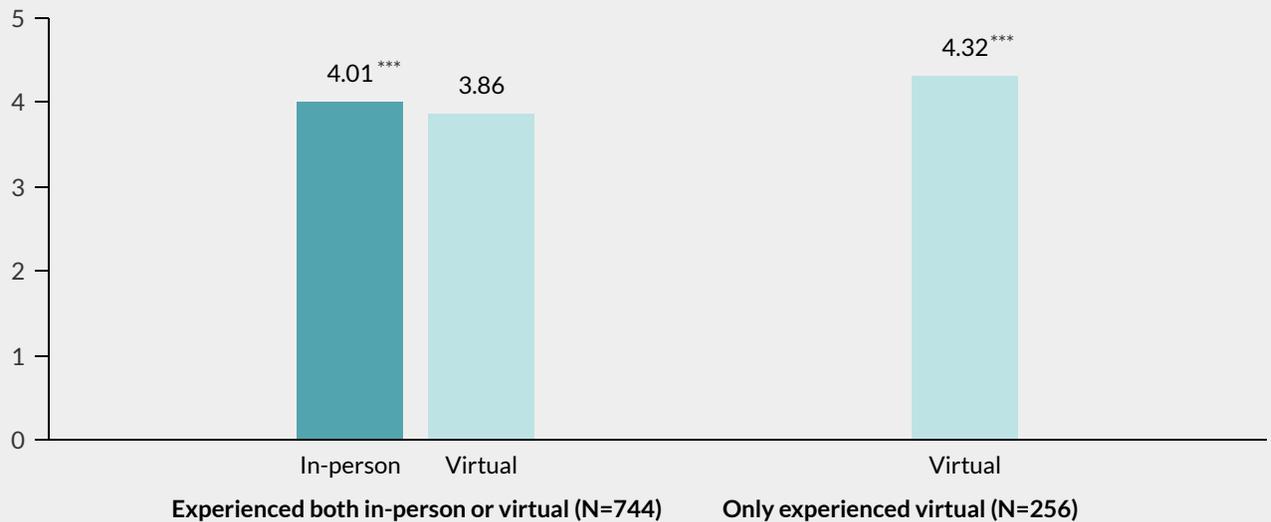
Respondents were asked to rate their agreement with a series of statements about their experiences with in-person treatment and virtual treatment. The responses of those who had only experienced virtual treatment were compared to the group of respondents who had transitioned from in-person treatment to virtual treatment.

Options for responses to each statement were 1 (strongly disagree), 2 (disagree), 3 (neither), 4 (agree), and 5 (strongly agree), with averages reported for each statement.

Respondents who attended treatment groups in-person and virtually rated treatment staff’s ability to help them higher (4.01) than those who attended virtually (3.86). Respondents who had only participated in treatment groups virtually rated treatment staff’s ability to help them higher (4.32) than those who attended in-person groups and those who transitioned from in-person to virtual. The difference in ratings is statistically significant (see Figure 21).

Figure 21: Statement: I feel like the treatment staff can help me when I participate in treatment groups.

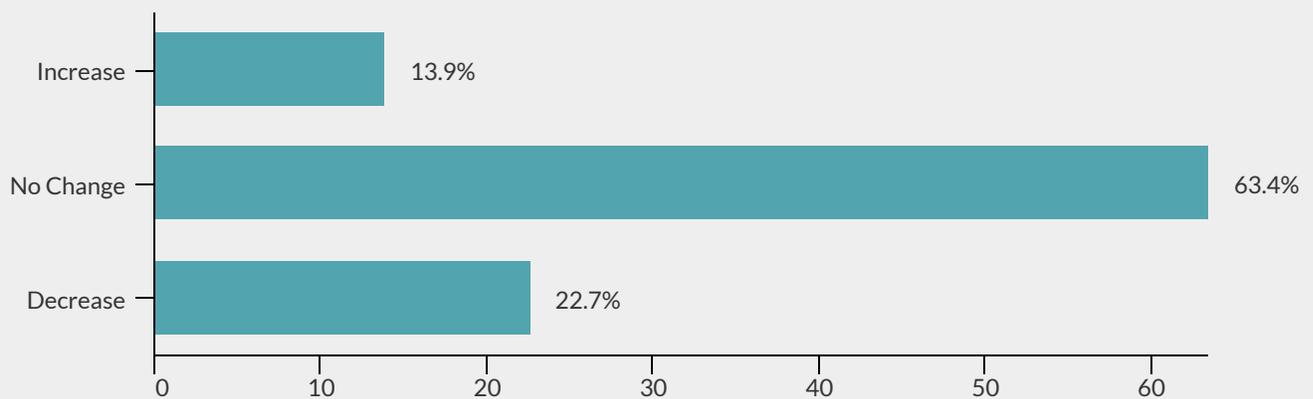
Responses ranged from strongly disagree (1) to strongly agree (5)



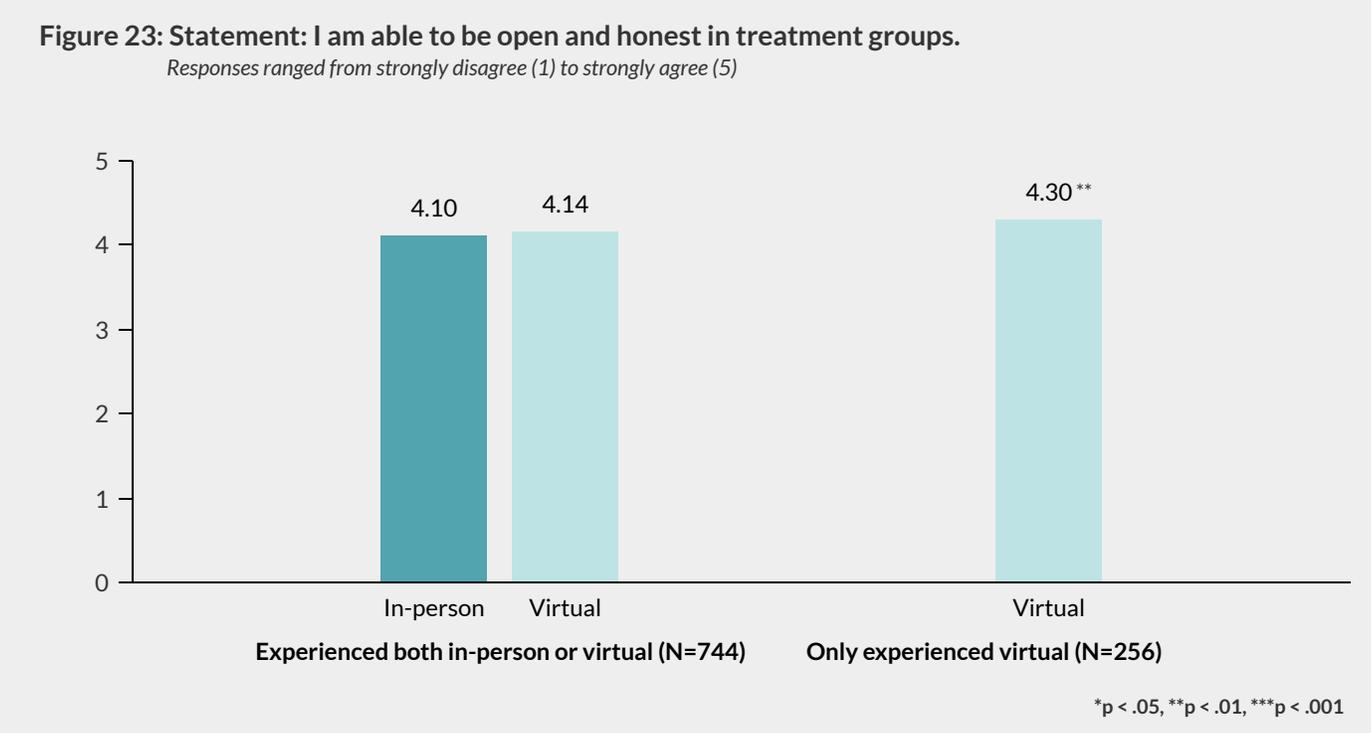
*p < .05, **p < .01, ***p < .001

The majority of respondents who had experience with both in-person and virtual treatment indicated **no change** in how much they felt the treatment staff could help them when they participated when treatment transitioned from in-person to virtual (63.4%). Twenty-three percent (22.7%) felt there was a **decrease** in how much they felt the treatment staff could help them in virtual treatment groups, and 13.9% felt there was an **increase** in how much they felt the treatment staff could help them in virtual treatment groups (see Figure 22).

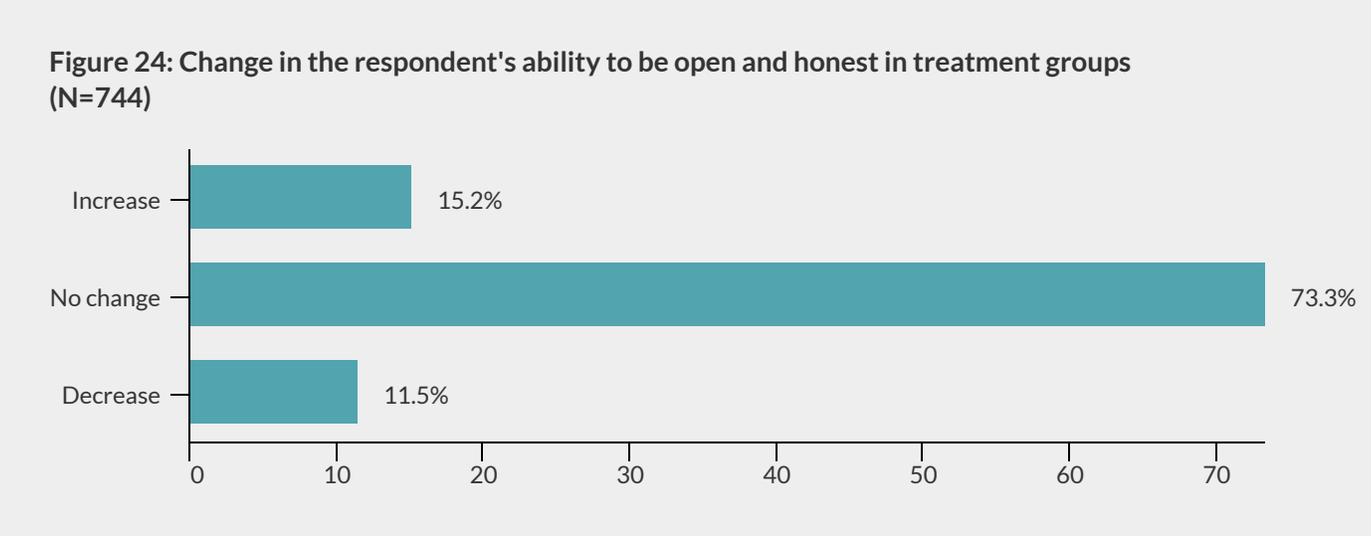
Figure 22: Change in how the respondent feels about the ability of treatment staff to help them in treatment groups (N=744)



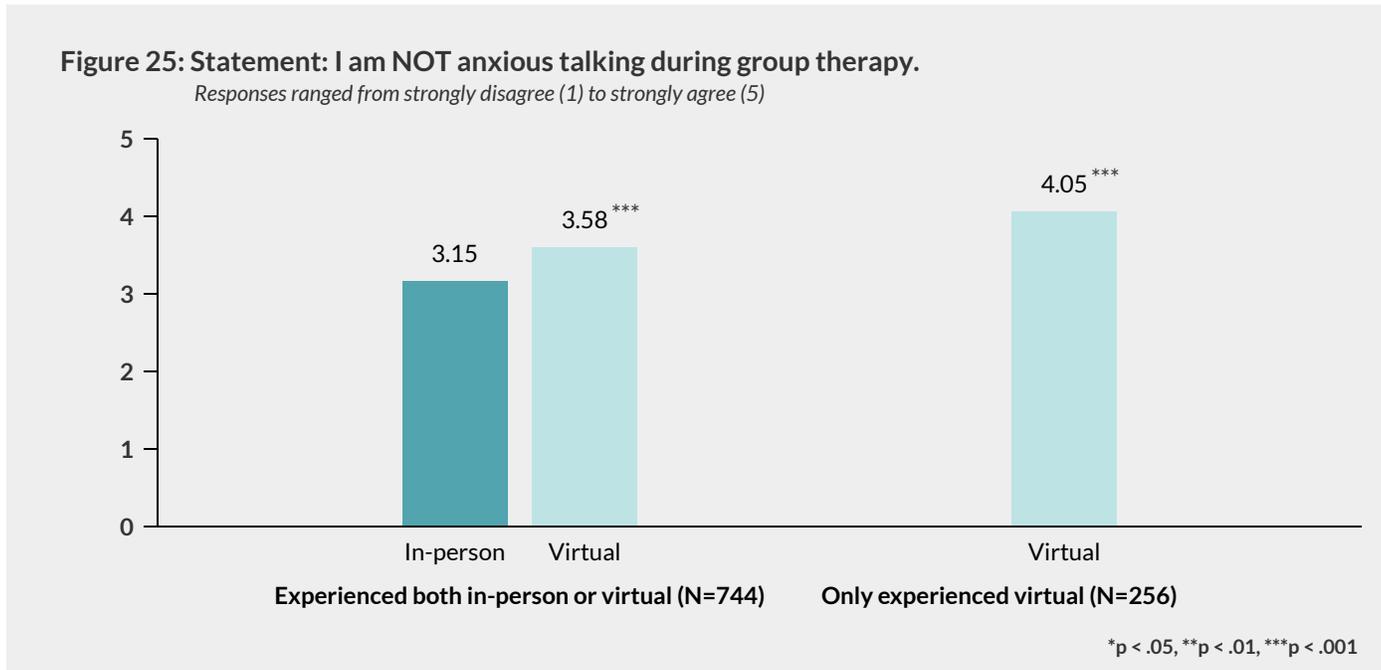
Respondents who attended treatment groups in-person rated their ability to be open and honest in groups lower (4.10) than those who attended virtually (4.14). Respondents who had only attended treatment groups virtually rated their ability to be open and honest higher (4.30) than those who attended in-person groups and those who transitioned from in-person to virtual. The difference in ratings is statistically significant (see Figure 23).



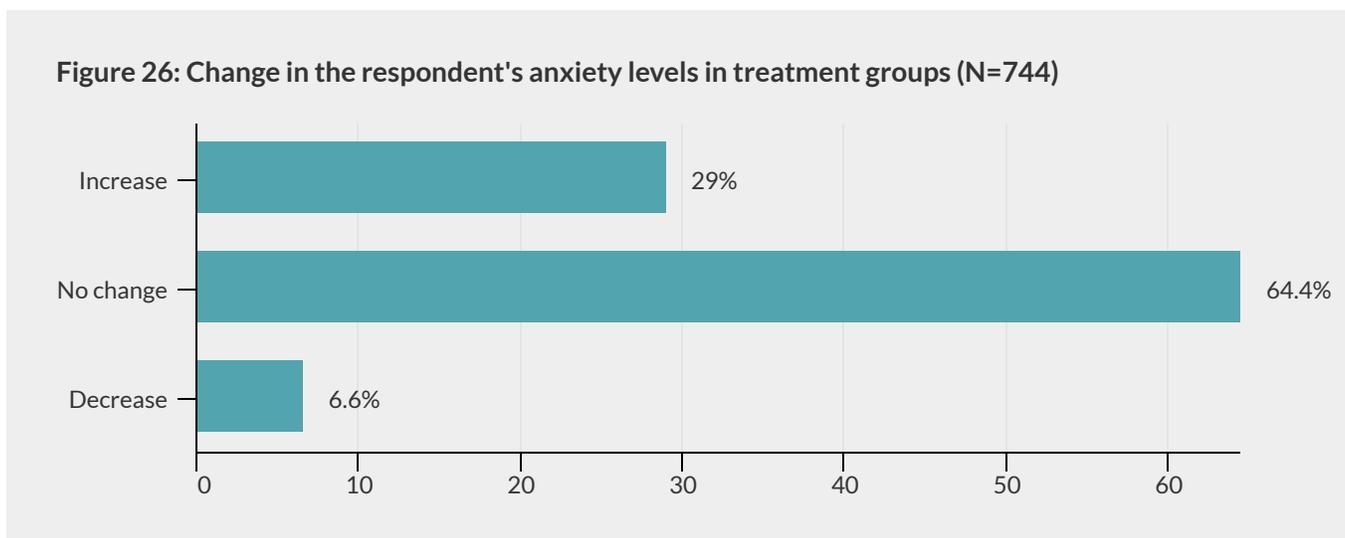
The majority of respondents who had experience with both in-person and virtual treatment indicated **no change** in how much they felt they could be open and honest in treatment groups when treatment transitioned from in-person to virtual (73.3%). Twelve percent (11.5%) felt there was a **decrease** in how much they thought they could be open and honest in virtual treatment groups, and 15.2% felt there was an **increase** in how much they thought they could be open and honest in virtual treatment groups (see Figure 24).



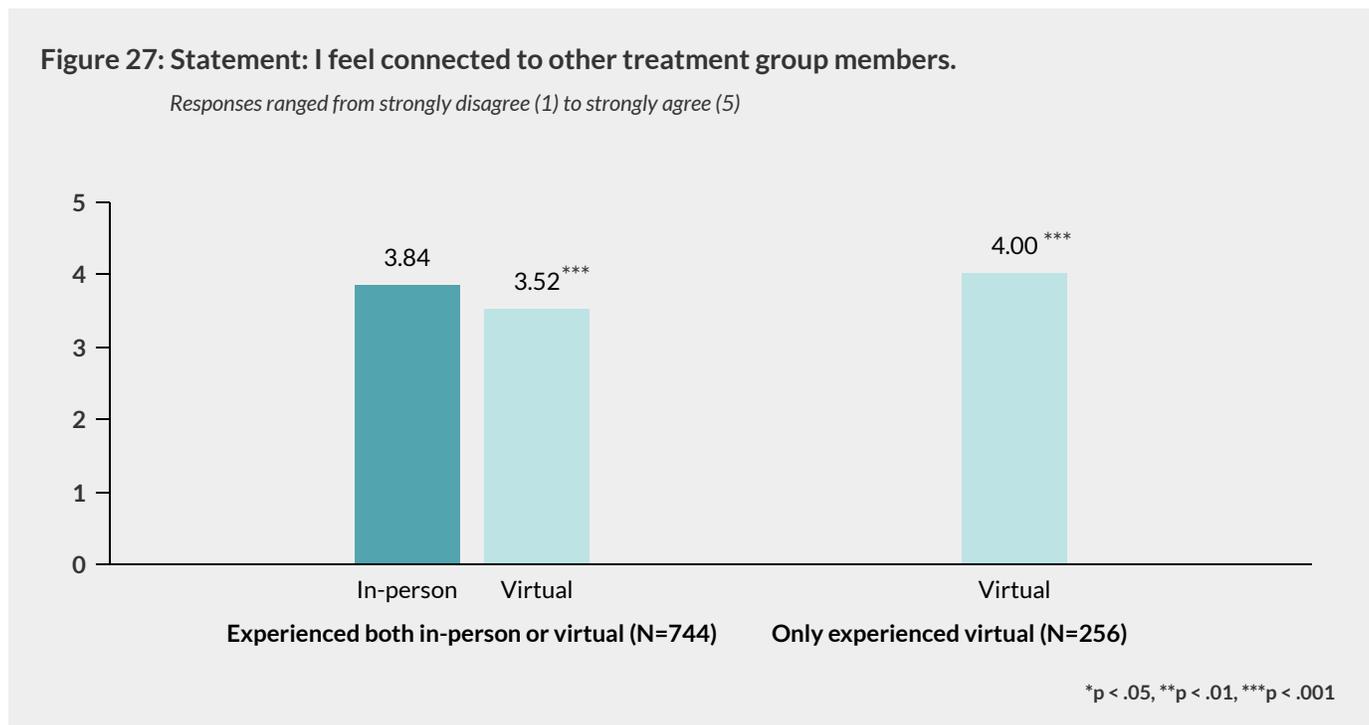
Respondents who attended treatment groups in-person rated their anxiety lower when they talked in group therapy (3.15) than those who attended virtually (3.58). The difference is statistically significant. Respondents who had only attended treatment groups virtually rated their anxiety talking in treatment groups lower (4.05) than those who attended in-person groups and those who transitioned from in-person to virtual. The difference in ratings is statistically significant (see Figure 25).



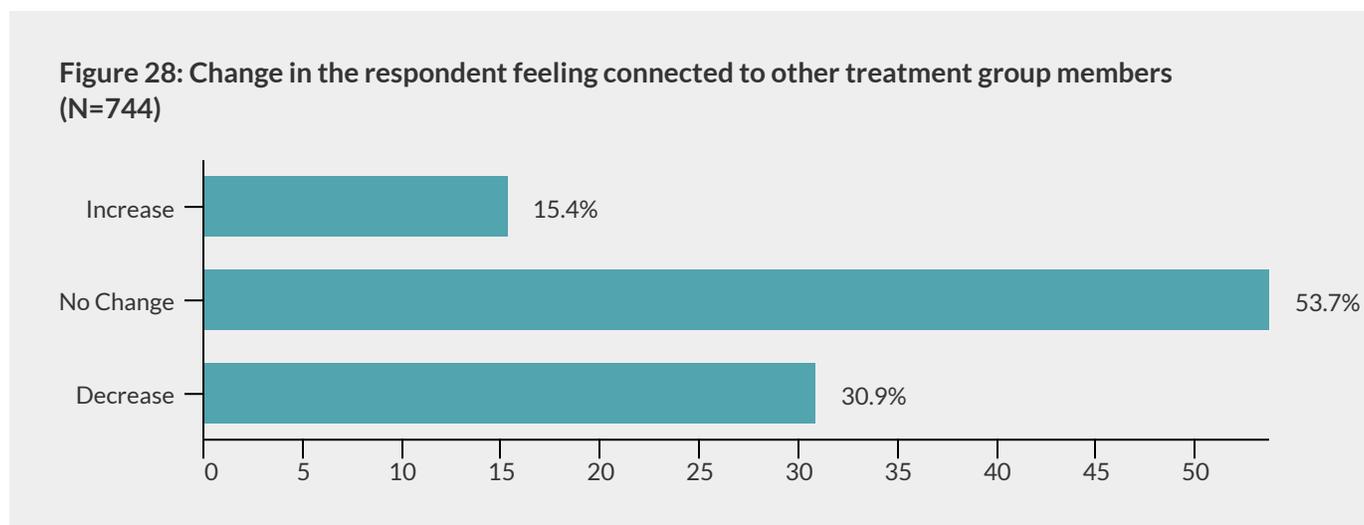
Most respondents who had experience with both in-person and virtual treatment indicated **no change** in how anxious they were talking in treatment groups when treatment transitioned from in-person to virtual (64.4%). Twenty-nine percent (29.0%) felt there was a **decrease** in anxiety in virtual treatment groups, and 6.6% felt there was an **increase** in how anxious they felt talking in virtual treatment groups (see Figure 26).



Respondents who attended treatment groups both in-person and virtually rated their feeling of connection to other members in their treatment group higher (3.84) in-person than those who attended virtually (3.52). The difference is statistically significant. Respondents who only attended treatment groups virtually rated their feelings of connections (4.00) higher than those who attended in-person groups and those who transitioned from in-person to virtual. The difference in ratings is statistically significant (see Figure 27).

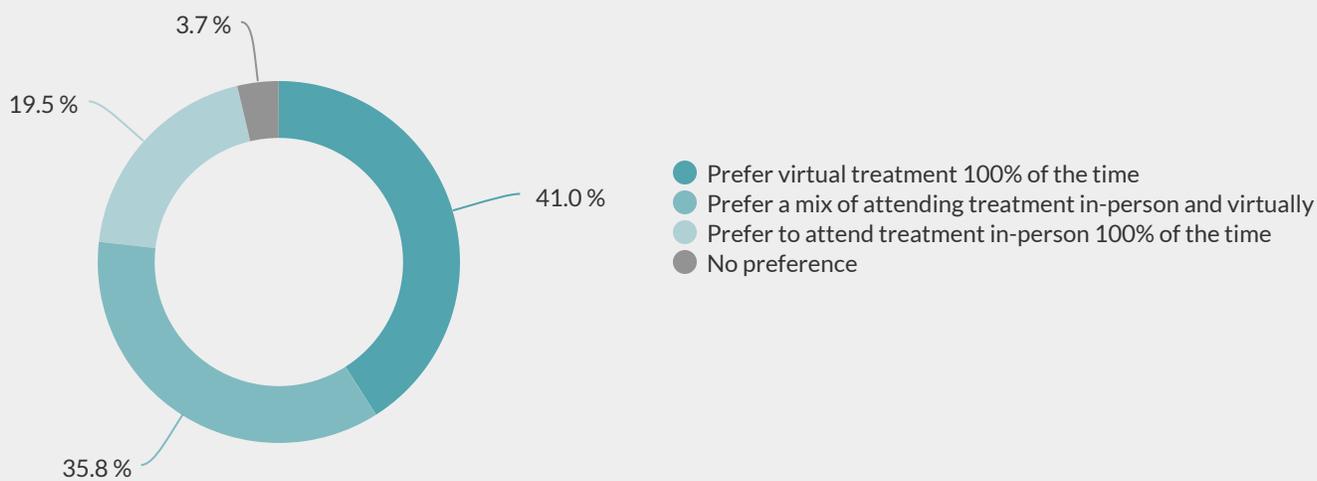


About half of the respondents who had experience with both in-person and virtual treatment indicated **no change** in how connected they were to other treatment group members in treatment groups when treatment transitioned from in-person to virtual (53.7%). Thirty-one percent (30.9%) felt there was a **decrease** in how connected they felt to other group members in virtual treatment groups, and 15.4% felt there was an **increase** in how connected they felt to other group members in virtual treatment groups (see Figure 28).



Forty-one percent (41.0%) of the respondent sample as a whole indicated a preference to attend treatment only virtually in the future. Thirty-six percent (35.8%) preferred a mix of attending treatment in-person, and virtually, 19.5% preferred attending treatment in-person, and 3.7% had no preference (see Figure 29).

Figure 29: Preference for continuing virtual treatment (N=1,270)



Respondents were asked to identify why they preferred virtual treatment. The top three reasons include:

1. I am more comfortable talking in a virtual setting.
2. I feel safer being at home during the pandemic.
3. I am less anxious when I attend virtually.

Respondents were invited to offer open-ended comments about their preferences. The following quotes are representative of the feedback provided.

Virtual treatment reduces anxiety for some respondents.

- *Having treatment held in a virtual space has been immensely beneficial to me. Before the pandemic, my anxiety and mental health made it extremely difficult to get what I needed from treatment groups and counseling sessions. Once the transition to virtual space occurred, I found it much easier to open up and be honest.*
- *Virtual counseling promotes a comfortable environment to share things I would never share in person.*

Virtual treatment reduces health concerns for some respondents.

- *Previously, I was diagnosed with COVID and am more comfortable participating virtually in group and court because I have a baby under a year old at home.*

Virtual treatment reduces barriers for some respondents.

- *It is rather difficult for those out in the boonies because our phone service is sometimes sketchy. But I think it is so much better virtually. I'm still trying to get used to it, but I believe it will only get better with time.*
- *I believe virtual meetings are in the best interest of all. Less time out of work schedule. Less expense and time in getting there and back.*

For those indicating they would prefer in-person treatment, the top three reasons include:

1. I am more comfortable talking in person.
2. I like seeing my peers in person.
3. I feel disconnected from treatment when I am participating virtually.

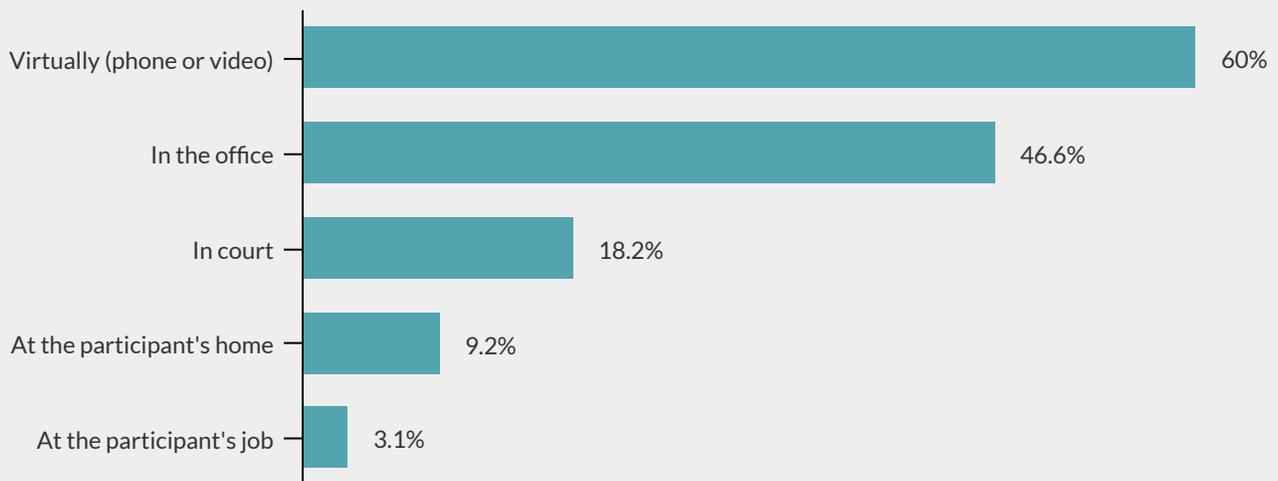
In-person treatment helps some respondents feel more connected.

- *Since the pandemic, I realized how much I need to have in-person contact with people to help me remain involved with society and build positive peer support to help me stay sober and focused on what I want in life.*
- *I feel in-person therapy is more beneficial than virtual, although I also appreciate the convenience of virtual meetings.*

Community Supervision

Among the survey respondents, 77.1% (1,045 respondents) reported they had contact with a community supervision officer while involved with their judicially led diversion program. Respondents reported meeting with their community supervision officer in a variety of locations during this time period, including virtually (60.0%), in the probation office (46.6%), in court (18.2%), at the participant's home (9.2%), and at the participant's job (3.1%) (see *Figure 30*).

Figure 30: Location of community supervision, March - June 2021 (N=1,045)

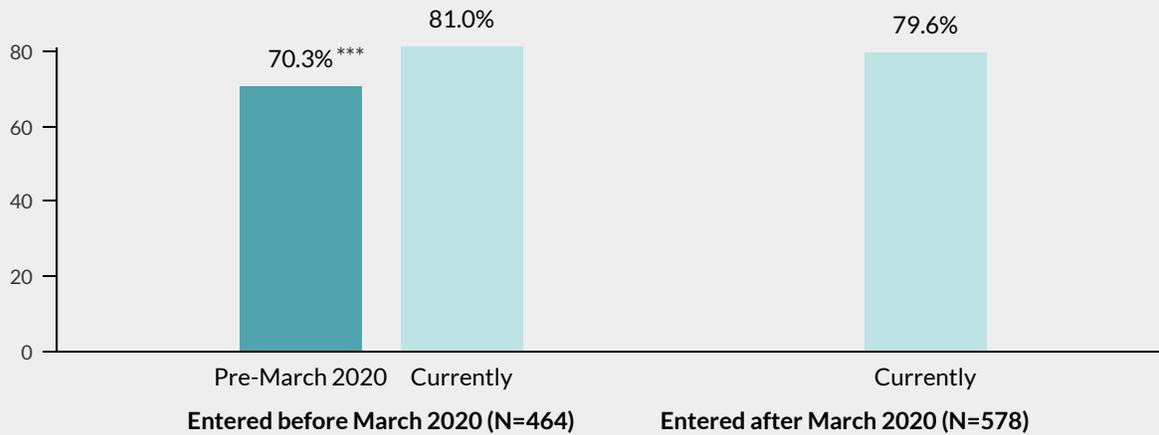


Among those respondents with community supervision officers, 578 (55.4%) began supervision after March 2020, and the remaining 464 respondents (44.6%) were in the program before March 2020. Respondents were asked to rate their agreement with a series of statements about their experiences with community-based supervision. The respondents who were on supervision before March 2020 were compared to those respondents who began supervision after March 2020.

Respondents were positive about their contact with their probation officer overall, with the majority of respondents agreeing or strongly agreeing that their contact with their officer helped them. However, post-pandemic ratings of the helpfulness of their probation officer were higher than the pre-pandemic ratings (for those who experienced both periods). The difference in pre- and post-pandemic ratings is statistically significant (see *Figure 31*). The reason for higher ratings post-pandemic is not known. However, the additional analysis did not find a correlation between higher ratings and reduced supervision conditions (e.g., reduced drug testing or sanctions).

Figure 31: Statement: The contact I had/have with my probation officer helps me.

Percent who agree or strongly agree.

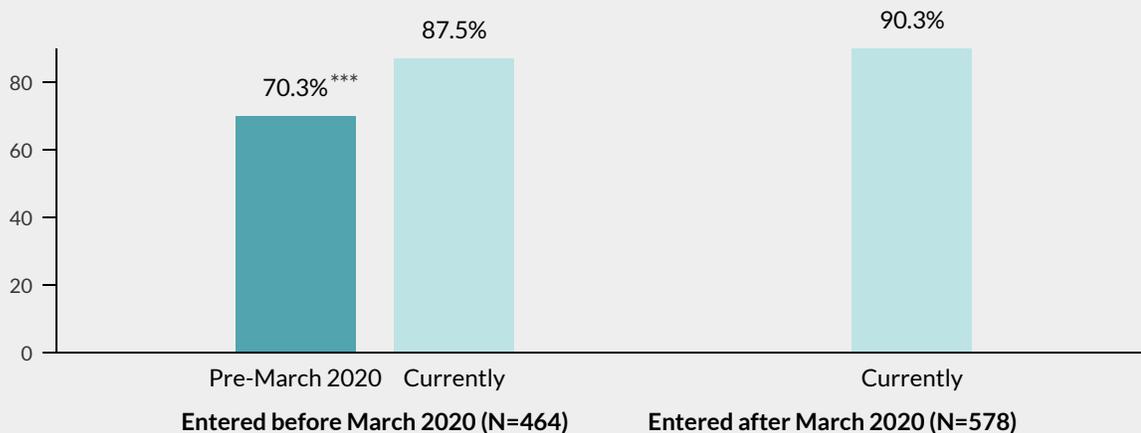


*p < .05, **p < .01, ***p < .001

Respondents were also positive about their ability to be open and honest with their probation officer overall. Post-pandemic ratings of the respondent's willingness to be open and honest with their probation officer were higher than pre-pandemic ratings (for those who experienced both time periods and those who had only experienced supervision post-pandemic). The difference in pre- and post-pandemic ratings is statistically significant (see *Figure 32*).

Figure 32: Statement: I feel like I can be open and honest with my probation officer.

Percent who agree or strongly agree.



*p < .05, **p < .01, ***p < .001

Conclusions



To our knowledge, this is the first study examining court participants' perceptions of virtual versus in-person court services and treatment services. Additionally, we compared attitudes between those participants who had experienced a transition from in-person to virtual services versus those who had only ever experienced virtual services during their time as a court participant. Importantly, we found that participants felt more comfortable participating in virtual court sessions than in-person court. Still, participants were less likely to feel like the judge was familiar with their case during virtual court sessions.

From the treatment perspective, participants felt more connected with other group members and reported greater benefit from treatment staff when treatment services were delivered in person. However, participants felt less anxious when treatment groups were virtual. These mixed results for virtual experiences reflect the difficulty of developing human connections using remote technologies, even though virtual experiences may feel more comfortable (e.g., less anxiety-inducing) than in-person experiences. While more research is needed, these results suggest a potential technological trade-off between increased comfort in attending services and the ability to formulate connections with staff/group members. Future research should examine how to improve client connections with staff/group members during virtual court or treatment sessions, particularly as courts and treatment providers are likely to continue some services virtually into the future.

Interestingly, we found that court participants who had only ever experienced virtual services (i.e., never experienced in-person services) consistently had more positive attitudes toward virtual services than those who had experienced in-person services. This finding held for both court services and treatment services. Our results suggest that the recollection of positive in-person services taints the perception of virtual services. A limitation of our study is its retrospective cross-sectional nature; in other words, participants answered questions based on the recollections, which may or may not accurately reflect how they felt about in-person services at the time they were delivered.

In a previous survey of court staff, there was notable concern about barriers for the court participants that included access to technology and Wi-Fi skills to use virtual services. However, in this survey, participants reported few barriers for them-

selves, possibly reflecting the online nature of the survey. Judicially led diversion programs have found creative ways to support participants who lack access to technology or are uncomfortable with technology by establishing "Zoom rooms" in courthouses and treatment facilities that allow participants to access virtual services. Courts have also provided participants training to understand how to connect virtually and navigate online platforms.

Of note, at least one-quarter of respondents in our study reported a barrier related to family, work, or transportation. Regression models revealed that these barriers are important predictors of both court and treatment attitudes among virtual clients. While it is unclear how representative our respondents are of court participants in general, our results suggest that court administrators and staff may be more likely to improve participant attitudes toward court and treatment services by decreasing family, work, and transportation barriers than by decreasing technological barriers (e.g., Wi-Fi access.) More research should examine how court administrators and staff could decrease family, work, and transportation barriers, but potential options include greater flexibility in scheduling appointments, providing childcare in courthouses, and bus passes.

Previous research on virtual court or telehealth benefits has focused on increased access to services and reduced barriers. The frequency with which respondents identified reduced anxiety as a primary benefit merits further exploration in future research. Understanding how individuals' symptoms and preferences impact their ability to engage in services through different formats can help shape how a hybrid format of virtual and in-person service delivery could improve client outcomes.

