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ADAPTING WORK CONDITIONS DURING THE COVID-19 PANDEMIC: A SURVEY OF ILLINOIS MENTAL HEALTH COURT STAFF

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
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Abstract: As social distancing measures continue to be necessary as a result of the COVID-19 pandemic, mental health court personnel and other criminal justice professionals have adapted to alternative work conditions. In this study, Illinois mental health court staff were surveyed to examine how the pandemic may have impacted normal operations. Responses indicated mental health courts adopted physically distanced work conditions (e.g., remote work, virtual meetings), but the conditions may have limited program effectiveness.

Introduction

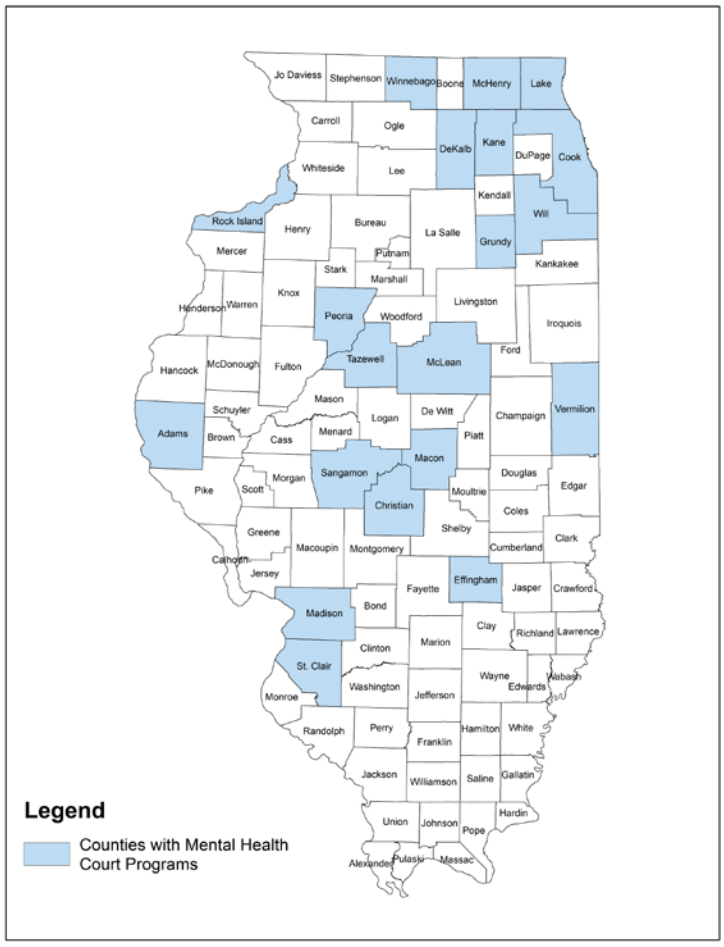
The novel COVID-19 pandemic has impacted the United States at unprecedented levels making it the global epicenter of the pandemic.[1] To date, there have been over six million confirmed cases of COVID-19 and over 180,000 deaths as a result of COVID-19 infections.[2] The pandemic has affected much of the government sector, including the criminal justice system. Given the large roles in-person and community involvement play in courts and community corrections, reducing physical interaction among criminal justice practitioners and justice-involved individuals has become a necessity. Pandemic-related challenges for community corrections departments have included difficulties maintaining in-person client contacts or check-ins, limited client access to treatment services, and threat of layoffs due to funding limitations.[3] As a result, some notable changes to normal community corrections have included reductions in drug testing, electronic monitoring, and arrests for probation violations.[4]

This article offers a review of Illinois court responses to the COVID-19 pandemic, variations in the routine operations of Illinois mental health court (MHC) programs, and Illinois MHC staff survey responses on the pandemic's impact on court programming.

Description of Mental Health Courts

Mental health continues to be a common issue for many people involved in the criminal justice system.[5] A report by the Bureau of Justice Statistics found that about a quarter of jail inmates showed symptoms of serious psychological distress, and over 40% of inmates had a history of mental health issues.[6] MHCs are problem-solving courts (PSC) that emphasize non-adversarial forms of community corrections and offer broader access to social services and treatment.[7] MHCs manage separate court dockets for justice-involved individuals with mental health disorders and are staffed by a supervisory teams of criminal justice practitioners and clinical professionals. Participation by defendants is voluntary. The goal is to reduce incarceration. Roughly 470 MHCs are operating in jurisdictions across the United States, including 25 in Illinois (Map 1).[8]

Map 1
Counties in Illinois with Mental Health Court Programs



Source: SAMHSA Adult Mental Health Treatment Court Locator, accessed July 7/14/2020.

Illinois Mental Health Court Standards and COVID-19

While there is no definitive MHC model, these programs, and PSCs more broadly, tend to utilize close supervision and service provision to monitor client progress. Field observations of seven Illinois MHC programs in 2020 revealed much of the programming involves in-person status hearings (i.e., court calls), meetings with case managers and probation officers to discuss client progress and issues, and in-person, community-based mental health treatment or private or group therapy services.[9]

MHCs feature court-based client status and progress reviews, and clients are encouraged to actively client participate[10] with court coordinators, probation officers, judges, and other staff for support during the program.[11] The Illinois Mental Health Court Treatment Act (730 *ILCS* 168/) authorizes the chief judge of each judicial circuit court to establish MHCs and grants programs flexibility to provide appropriate services to justice-involved individuals suffering from mental health issues.

In 2015, the Illinois Supreme Court established uniform standards for PSC certification in Illinois and the Administrative Office of Illinois Courts (AOIC) oversees the certification process.[12] PSCs must acquire and retain certification in order to operate and AOIC may revoke certification if the court is found to be violating AOIC standards. The uniform standards detail PSC operations and planning procedures for meetings and court hearings conducted in-person.[13] The standards require formation of non-adversarial PSC teams of court actors (e.g., probation officers, judge, prosecutors and defense attorneys, treatment providers, court coordinator) that convene regular collaborative meetings (also referred to as staffings) to discuss court clients.[14] Following PSC team staffings, clients appear before the designated judge for status review hearings (also referred to as court calls) to inform the judge of any issues or updates, and receive sanctions or incentives based on their progress and compliance or non-compliance. The standards were deemed integral to PSC goals of reducing recidivism and incarcerated populations.[15] Given the pandemic conditions, many of the standards may be difficult to achieve.

COVID-19 Orders to Courts

The Illinois Supreme Court ordered the courts to adopt social distancing measures in response to the COVID-19 pandemic in March 2020.[16] The order stated all non-essential court proceedings must be conducted electronically or over the phone, limited in-court procedures, ordered plexiglass shield installation in courtrooms, and called for routinely sanitizing courtroom surfaces.[17]

Illinois social-distancing restrictions eased, as Illinois progressed through Restore Illinois phases.[18] The Illinois Supreme Court issued new guidelines on resuming Illinois Judicial Branch operations in May 2020.[19] Guidelines included:

- Continued promotion of the use of remote court hearings.
- Continued triaging or prioritizing of cases.
- Measures to ensure clean courthouses and courtrooms (e.g., providing hand sanitizer, requiring face masks or coverings, installing plexiglass shields, adhering to fixed cleaning schedules).
- Maintaining social distancing in courthouses and courtrooms.[20]

Given these guidelines, Illinois MHCs have begun altering operational procedures to greatly reduce in-person interactions between MHC staff and clients. While state standards for MHCs do not provide guidelines for pandemic conditions, they do allow for telecommunication when in-person attendance is not possible or feasible. This provision granted flexibility to MHCs in maintaining compliance with state orders for social distancing and public health while continuing standard operations and procedures.

However, many courts may be challenged to meet all standards while operating under pandemic conditions. For example, AOIC recommends that PSC team members participate in trainings, webinars, and other events designed to ensure effective implementation and planning for programming and service administration. While pandemic conditions pose little to no barriers to webinar participation, other in-person training events may be limited. Therefore, PSC staff may find it challenging to remain up to date on best practices for treatment and community

corrections. Other operations, such as client meetings, drug tests, court calls, and treatment services also may be difficult to adapt to social distancing measures.

It is important to understand what challenges MHC staff and clients have experienced in adopting these new work conditions. Understanding the degree to which Illinois MHC programs have adopted alternative working conditions will provide needed context when evaluating future client outcomes and program effectiveness.

Current Study

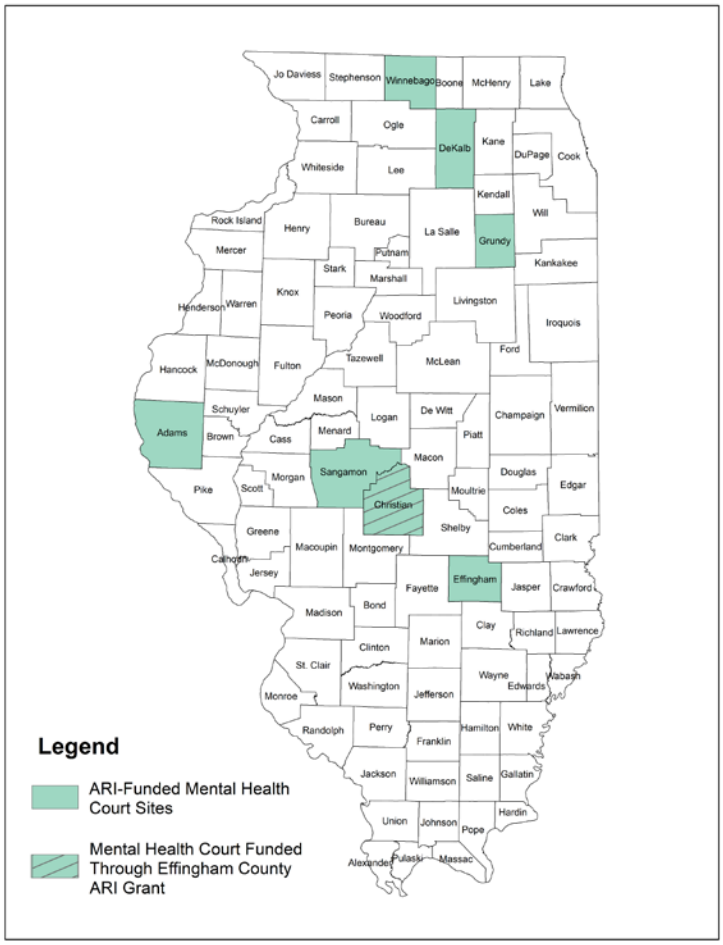
Given the lack of publicly available information regarding criminal justice staff experiences during a pandemic, MHC staff were surveyed regarding their work conditions. This project was approved by the ICJIA Institutional Review Board.

Methods

I used Qualtrics software to create an online survey, which was distributed to MHC staff members, including probation officers, case managers, and other supervisory/managerial staff members. The survey included 13 questions to gauge the extent to which working conditions in MHCs have changed as a result of the COVID-19 pandemic. The questions were asked as part of an evaluability assessment of Illinois MHCs, funded by ICJIA's Adult Redeploy Illinois (ARI) grant program. The survey was distributed first to court coordinators or supervisors with instructions to forward the survey to other MHC probation officers, case managers, or supervisors. Survey responses were collected from May 2020 to June 2020.

Survey respondents were staff members at MHC sites in seven Illinois counties—Adams, Christian, DeKalb, Effingham, Grundy, Sangamon, and Winnebago Counties (Map 2). Of the 32 total survey respondents, 12 respondents did not identify as a probation officer, case manager, or supervisor/court coordinator and were excluded from this analysis, as were those who did not provide participation consent (n=6). A total of 15 respondents remained in the final sample. Eight respondents identified as probation officers, four respondents identified as supervisors or court coordinators, and three respondents identified as case managers.

Map 2
Mental Health Court Sites in Sample

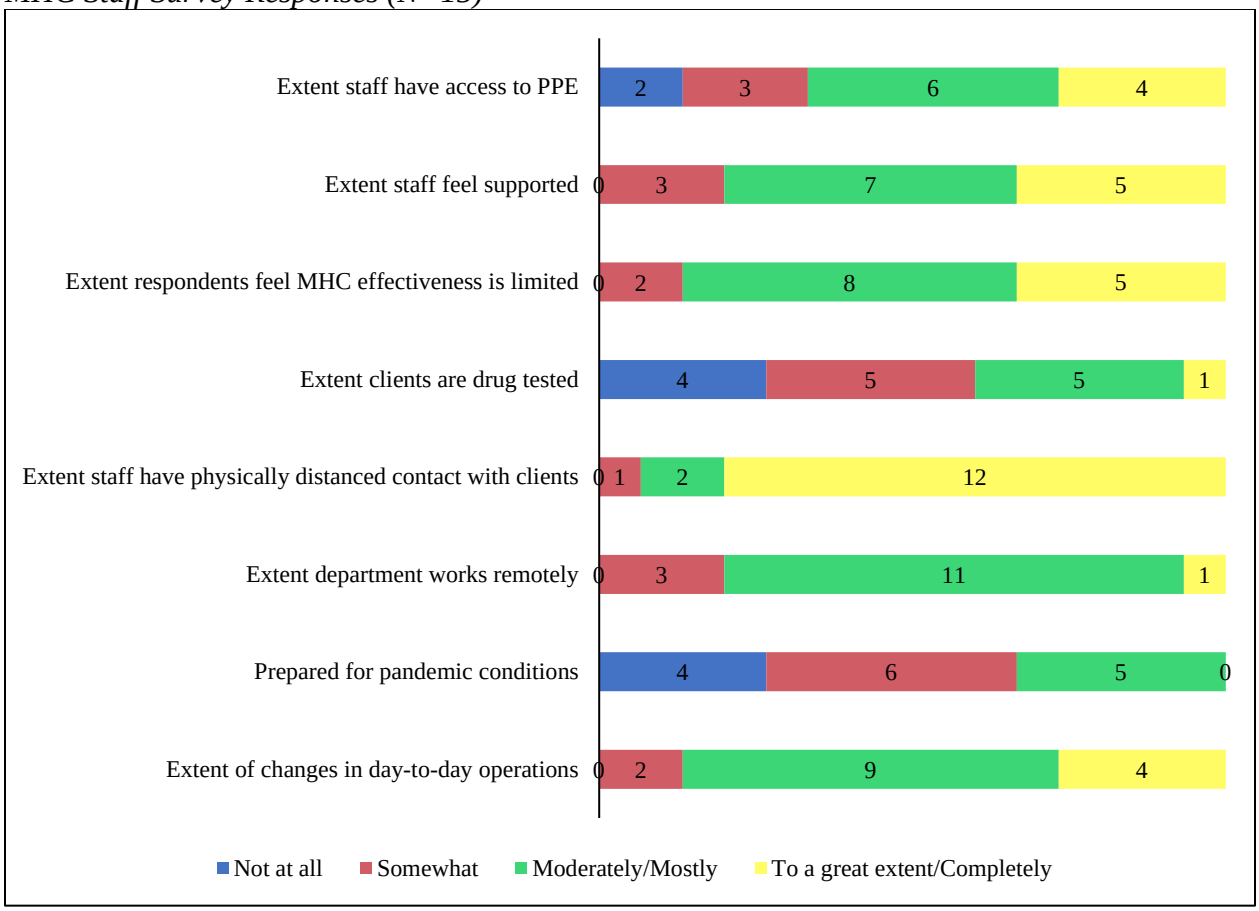


Source: Adult Redeploy Illinois

Study Results

Figure 1 illustrates the survey results. All but two of 15 respondents indicated day-to-day operations of their MHC changed either to a great extent (n=9) or completely (n=4). In fact, all respondents noted that department staff at least sometimes worked remotely as a result of the pandemic; 12 of 15 respondents indicated that staff mostly or completely work remotely. A majority of respondents shared that they had phone, video, or other physically distanced communication with clients (n=12).

Figure 1
MHC Staff Survey Responses (N=15)



Source: Survey data analyzed by ICJIA

Respondents reported making adjustments to their drug testing protocols. Ten respondents stated their departments were either somewhat or moderately conducting drug testing. One respondent reported their department was conducting drug testing *to a great extent*. Only four respondents indicated their departments were not conducting drug testing.

Ten respondents indicated their departments were relying on alternative methods to monitor client substance use. When asked to specify the alternative methods, six respondents reported using drug testing sweat patches, adhesives designed to trace narcotic substances. Sweat patches may support physically distanced programming as they can be self-applied, and one patch can be used for several weeks.[21] This method offsets the need for frequent meetings with clients for standard urinary testing.

In terms of organizational support, all respondents noted they were at least somewhat supported by their departments during the pandemic. Ten respondents indicated that they felt either somewhat or moderately supported, while five responded that they felt supported to a great

extent. Almost all respondents shared that they did not receive any expansion of sick time or other job benefits (n=13). Two respondents indicated they had no access to personal protective equipment (PPE; e.g., face masks, gloves) as protection from virus contraction.

All respondents agreed COVID-19 protection measures limited the effectiveness of their MHC programs. A total of 10 respondents indicated the effectiveness was either somewhat (n=2) or moderately (n=8) limited, while five respondents said the pandemic limited the effectiveness of their programs to a great extent.

Study Limitations

One study limitation was lack of finding generalizability due to the small sample size (N=15) and geographical focus. Additionally, all respondents were staff of Illinois MHCs and their responses may not reflect COVID-19-related conditions of MHCs in other states. Second, survey responses were collected at one point in time from May to June 2020, relatively early on in the global pandemic. MHC procedures and practices may change in accordance with pandemic conditions and changing state guidelines and the results of this study may not necessarily reflect current conditions. Lastly, in order to limit the length of the survey, we did not ask respondents to share demographic information (e.g., race, gender, age), which could have revealed important distinctions between respondents in regard to their experiences.

Discussion and Conclusion

The survey responses indicated work conditions for MHC staff were greatly affected by the COVID-19 pandemic, as all respondents noted that their departments had adopted remote work at least to some extent. These findings were consistent with national preliminary community corrections data on COVID-19, which found that over half of respondents noted an increase in remote work.[22]

This study found that drug testing—a routine condition of MHC programs—either ceased or was modified as a result of the limitations created by the pandemic. Most MHC programs have begun relying on sweat patches as an alternative to in-person collection of urinary samples for drug testing. However, while sweat patches may be effective in monitoring substance use, they are not considered the best practice for drug testing (i.e., in-person collections of urine samples).[23] The American Society of Addiction Medicine states that while evidence regarding the use of sweat patches as a means for drug testing may be promising, it is insufficient, and that more research is needed before it is recommended for routine use.[24]

Most respondents indicated receiving only moderate support from their departments during the pandemic and almost all indicated they had not received expanded job benefits or sick time. Although the federal government expanded sick leave requirements for both private and public employers of 50-500 employees through the Families First Coronavirus Response Act, the Illinois legislature has yet to pass any laws expanding job benefits for Illinois citizens.[25] Additionally, while most respondents reported that their departments provided at least some PPE to staff, two respondents noted that their departments did not provide PPE. Research suggests that the use of PPE, such as surgical face masks, significantly reduces the chances of spreading

coronavirus.[26] Extending additional support to MHC staff and ensuring that all have access to PPE may limit the risk of contracting COVID-19 or spreading the virus to court clients or other staff.

The Illinois Mental Health Court Treatment Act of 2009 (730 *ILCS* 168/) and the standards for PSC operation maintained by AOIC intentionally provide MHC programs with flexibility by not denoting specific models of operation or programming.[27] As such, compliance with the guidelines for court operations during the COVID-19 pandemic does not necessarily require deviance from AOIC standards or the Act. However, socially distanced court operations may still impact the effectiveness of the program, as indicated by survey responses. In fact, all respondents indicated the pandemic has limited the effectiveness of their MHC programs. As previously noted, regular meetings and contact with court practitioners, as well as in-person therapeutic treatment sessions, account for a large proportion of court programming. Disrupting the frequency of these interactions or limiting them to virtual meetings may reduce desired outcomes.

While it is unknown whether the pandemic will last long enough to have a substantial effect on MHC program effectiveness, the current survey results indicated operations have changed greatly and that staff view the changes generally as detrimental to program effectiveness.

It is strongly recommended that MHCs and other community corrections departments maintain social distancing practices as necessary,[28] despite the possible limiting effect this might have on positive client outcomes. As the United States passes more than 180,000 COVID-19-related deaths to date,[29] community public health must be prioritized over MHC court operations to ensure public safety wherever possible. Future research should explore how and to what extent modified MHC programming and work conditions impact client outcomes. Additionally, research should incorporate more detailed investigations into staff and client experiences as they adapt to socially-distanced conditions. Such research would further help inform program evaluation by providing valuable context needed to fully understand the pandemic's impact.

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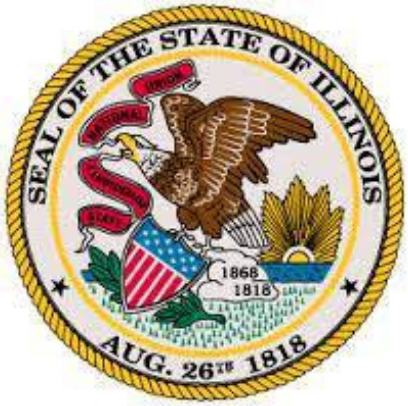

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