

ONLINE SUPPLEMENT: METHODOLOGICAL APPENDIX

Recruitment and sample. The Court Management Specialist at NC Judicial Branch disseminated the web survey via email to all conference registrants. Participants had the option of entering into a raffle to win a \$50 gift card. Out of 325 who registered, 72 completed the survey and met eligibility criteria for the study. The study was approved by the Duke University IRB.

Basic information about all conference registrants was provided by the conference organizer to evaluate representativeness of the sample. Conference registrants' titles and self-descriptions were used to classify study participants into the same role categories used in the survey. The statistical distribution of study participant roles closely resembled that of conference registrants: judges made up 8.3% of the sample vs. 8.6% of the registrants; court coordinators/administrators, 25% vs. 19.4%; attorneys, 15.3% vs. 12.3%; probation, 8.3% vs. 7.4%; treatment services, 34.7% vs. 38.2%; and miscellaneous others, 8.3% vs. 14.2%.

Survey participants included people from 6 of the 7 types of NC specialty courts: Adult Drug Court (ADC), Family Drug Court (FDC), Youth Drug Court (YDC), Mental health, Veterans, and Driving While Intoxicated (DWI). Participants were from 21 or more of the 26 North Carolina counties with specialty courts (three respondents did not provide county names).

Triangulation of respondent-reported county with court type showed that the sample was diffused across many county-courts, with 16 of 19 county-ADCs, 5 of 8 FDCs, and both county-YDCs represented. Of the 21 counties represented in the survey, 7 were represented by one respondent, 8 by 2-4 respondents, and 6 by 5-8 respondents. Tier 3 counties (low socioeconomic distress, see Measurement section) were more likely to be represented by 2 or more participants ($p=0.099$) and there was a similar trend for urban counties. There were no statistically significant differences between the 21 counties represented and 5 not represented with regard to court funding, socioeconomic distress tier, rurality. Counties were also compared on opioid overdose emergency visit rates, health outcome ranking, health factor ranking, and availability of mental health prescribers and non-prescribers in 2012, with no significant differences between those represented vs. not.

Measurement. The survey was designed to get a broad and general picture of court functioning from the perspectives of people who work with them. We collected demographics, contextual information about the court and county, and attitudes and perceptions of court outcomes, court operations, and access to services and treatment. Most questions were closed-ended, asking participants to rate agreement with positive statements using 5-point scales, which we collapsed to facilitate reporting and interpretation. Two open-ended questions elicited perspectives on their court's best elements and areas for improvement. Survey content was reviewed by the Court Management Specialist at NC Judicial Branch.

The survey was centered on a series of questions about court participant outcomes (3 questions), miscellaneous court operations (5 questions) and meeting clients' treatment needs (4 questions), and response options ranged from strongly disagree to strongly agree with "neither" as the middle option. We also included questions about the availability of mental health and substance use outpatient treatment providers for court clients, with response options ranging from "Excellent" to "Virtually non-existent." Two open-ended questions allowed free-text responses: "What elements of your recovery court do you think work best?", and "What elements of your recovery court could be improved?". Most closed-ended responses were reduced to dichotomous indicators to simplify analysis and presentation.

We gathered information about the individual respondent and his or her court. Court types were grouped into three categories: ADC, other drug treatment courts (family and youth, FDC/YDC), and other courts (mental health, veterans, DWI). All individuals affiliated with both ADC and another type of court were classified as ADC. To classify professional role, respondents selected among 5 categories—

judge, court administrator/coordinator, attorney, probation officer, treatment provider--or specified an "other" role. Some "other" roles were lumped into the five categories. We asked questions about demographics (gender, age, education), professional experience (how long worked in courts), and court characteristics (number of clients served by court, whether population served is primarily rural or urban, county name).

County characteristics were assembled from public data sources. County indicators were merged to the survey data to provide context and evaluate the representativeness of the sample. Classifications of county socioeconomic distress tiers were obtained for NC's 100 counties from the NC Chamber of Commerce; tiers are calculated based on the average unemployment rate, the median household income, the percentage growth in population, and adjusted property tax base per capita in 2019 (<https://www.nccommerce.com/grants-incentives/county-distress-rankings-tiers>). Tier 1 represents the 40 most distressed counties, Tier 2 the next 40, and Tier 3 the 20 least distressed. NC Rural Center classified all NC counties as either rural, regional city/suburban, or urban, representing average population density per square mile of <250, 250-750, and >750 respectively (<https://www.ncruralcenter.org/about-us/>, based on 2014 U.S. Census population estimates). County rankings on health outcomes and health risk factors in 2019 were obtained from County Health Rankings and Roadmaps (<https://www.countyhealthrankings.org>) and used to classify counties into quartiles. Emergency department visits for opioid overdose in each county in 2018 were divided by county population using information from the Injury and Violence Prevention Branch of the NC Department of Health and Human Services (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>). These county indicators were assembled in a stand-alone county-level dataset (n=100) and also merged into the survey dataset (n=72).

Analysis. Descriptive statistical analyses were conducted using SAS 9.4, with Fisher's exact test used to assess the statistical significance of associations between categorical variables; some cross-tabulation cells had fewer than 5 observations. Alpha was set at 0.1, reflecting the exploratory nature of this study. Logistic and linear regression models were estimated using SAS PROC GENMOD. Missing answers were omitted from calculation of percentages, resulting in a variable sample size for most results.