



**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE

# Equity and Inclusion

Developed by:  
National Drug Court Institute

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# Disclosure

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# Objectives

- ✓ Recognize an ethical duty to identify and address disparities
- ✓ Recognize why treating everyone the same is not effective
- ✓ Learn tools to detect and correct disproportionate census

**WHY SHOULD I CARE?**

**The WHAT,  
The WHY, and  
The HOW...**

# What Purpose do I Find in My Career?

**Treatment Provider**

**Prosecutor**

**Defense Attorney**

**Probation/Compliance Officer**

**Treatment Court Coordinator**

**Law Enforcement**

**Judge**

# JUSTICE

**Declaration of Independence**

**United States Constitution**

**Georgia State Constitution**

**Pledge of Allegiance**

# HOW DO WE DEFINE JUSTICE?

**COMMUNITY**

**+**

**CARING**



A large, dense grid of many small portrait photographs of diverse people, viewed from an angle, creating a sense of depth. The portraits are arranged in a grid that recedes into the distance. A prominent red banner is overlaid across the center of the image.

# Duty Bound





**RESOLUTION OF THE BOARD OF DIRECTORS**  
**ON THE EQUIVALENT TREATMENT OF RACIAL AND ETHNIC  
MINORITY PARTICIPANTS IN DRUG COURTS**

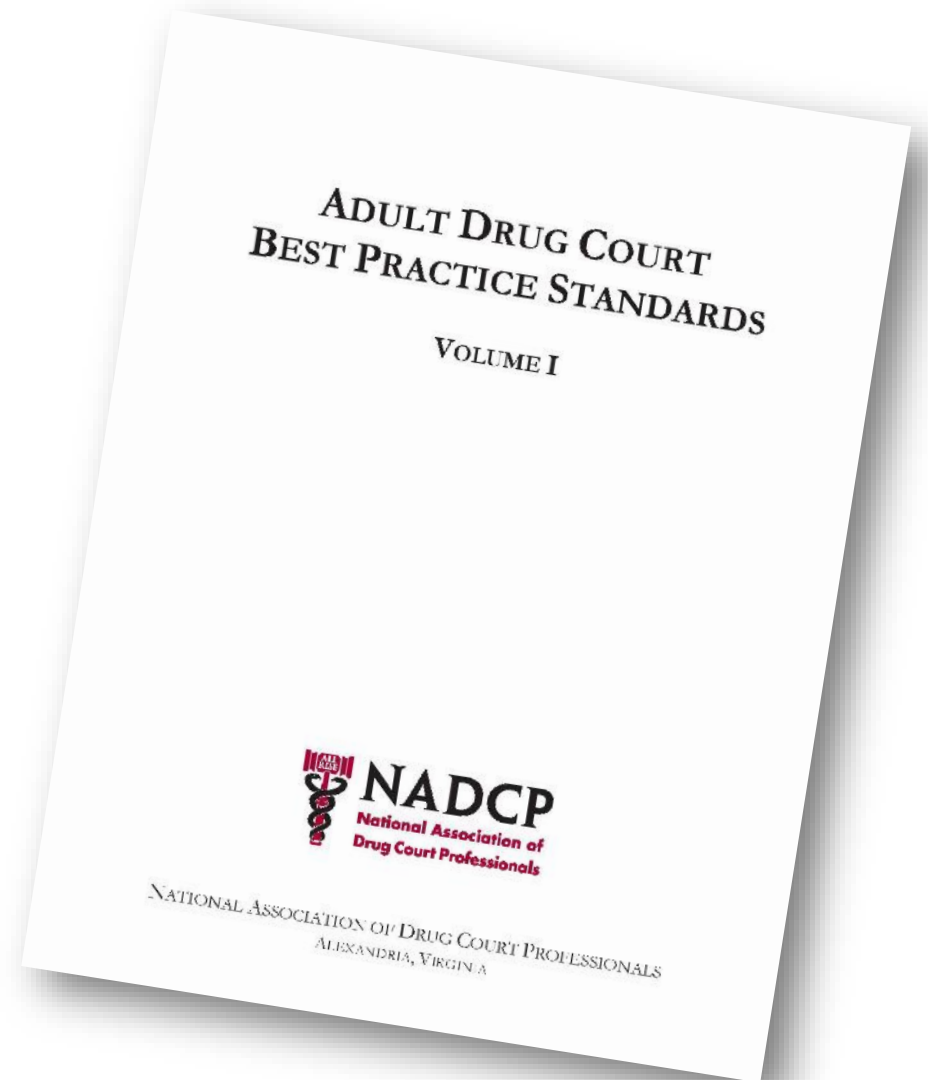
- ✓ **All Drug Courts have an affirmative obligation to examine, in an ongoing manner, whether there are potential racial or ethnic disparities in their programs.**
- ✓ **All Drug Courts have an affirmative obligation to take reasonable actions to prevent or correct any racial or ethnic disparities that may be found to exist.**




# **Going the Extra Mile Beyond “Duty Bound”**

# Standard II: Equity and Inclusion

- ✓ Ensure equal opportunity for everyone to participate and succeed regardless of race, ethnicity, or gender.
- ✓ Take affirmative steps to detect and correct disproportionate census, inequitable services, and disparate outcomes involving those who have historically faced discrimination.
- ✓ Teams are responsive to the cultural differences within their population.







**Why should we monitor  
race, ethnicity, and gender  
in treatment courts?**



# Historical Discrimination

## Why the focus on racial and ethnic minorities?

1. Historical constitutional violations
2. Most researched
3. Most observable

# CHALLENGES

- 1. Inherited Imperfect System**
- 2. Explicit Bias**
- 3. Implicit Bias**
- 4. Fear of Judgement**
- 5. Promoting an Aspirational Persona**
- 6. Lack of Data**

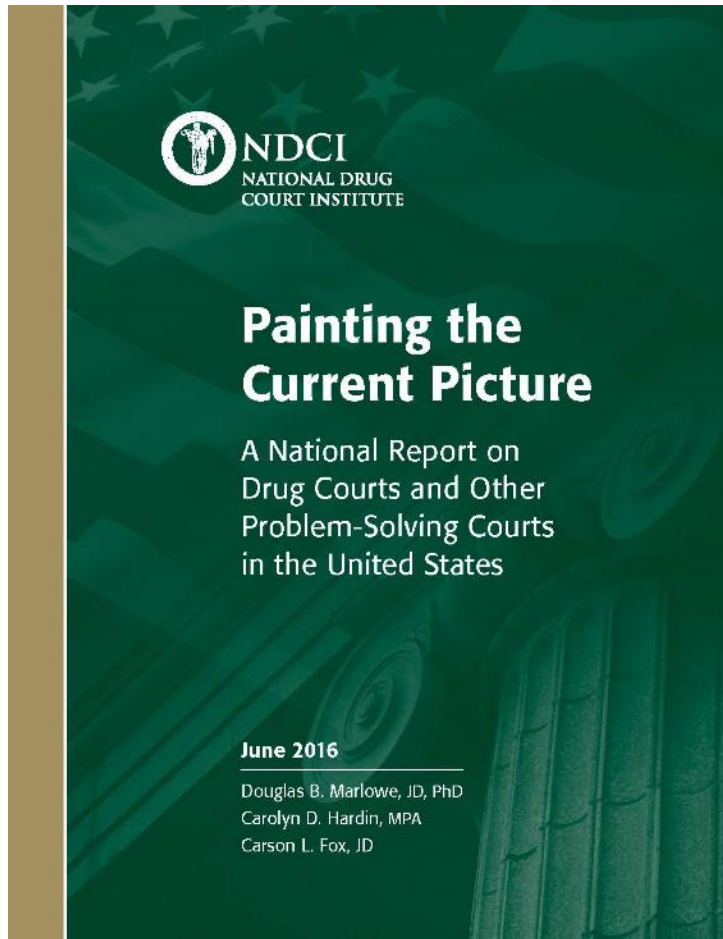


# IMPLICIT BIAS: WE ALL HAVE IT



WHAT HAVE WE BEEN CONDITIONED TO THINK?





# National Report Card:

*How did we do?*

A Review of the  
Scientific Literature

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# Painting the Current Picture

On average, Caucasians represented two-thirds (67%) of participants in respondent treatment courts in 2014, African-Americans represented 17% of participants, and Hispanics represented 10%.

In 2014, representation of African-American and Hispanic individuals in respondent treatment courts was lower than the arrestee, probation, and incarcerated populations.

# Painting the Current Picture

Based on available data from roughly one-half of U.S. states and territories, African-American and Hispanic participants graduated from some treatment courts at rates substantially below those of other treatment court participants.



# National Studies

Estimate that 21% of treatment court participants are African-American and 10% are Hispanic or Latino.





# What is it about race and ethnicity that matters in treatment court?

**Disproportionality** – There is a difference in the total volume of activity for minority individuals compared to Caucasian, non-Hispanic individuals or the majority population.

- Example: Who is arrested vs. who gets into treatment court
- 50% of drug arrestees are African-American, and 35% of treatment court participants are African-American.



# Avoid: Being color-blind is not helpful

- “We treat everyone the same in our treatment court.”
- Research indicates that practicing an ideology of color-blindness is ineffective, provides interracial tension, and promotes inequality. (Neville, Awad, Brooks, Flores, & Bluemel, 2013)
- What to do instead?
- Discourage color-blind attitudes among staff. Include community partners and participants with the team to engage in hard discussions about race.



# Begin with the end in mind

- Compare the exit status of your participants in gender, race, and ethnic groups.
- Do similar proportions graduate?
- If yes, compare your rates to state and national rates.
- If the answer is still yes, your program is performing well.







# Equal Opportunity

## Participate and Succeed

## Regardless of Gender



A vertical strip of diverse human faces, including men and women of various ages and ethnicities, some wearing head coverings or sunglasses, positioned along the left edge of the slide.

# Painting the Current Picture

- Women represented approximately one-third (32%) of participants in respondent treatment courts in 2014, and appear to have received at least proportionate access to treatment courts.
- Based on available data from roughly one-half of U.S. states and territories, female participants graduated from some treatment courts at rates substantially below those of male treatment court participants.

A vertical strip of diverse human faces, including men and women of various ages and ethnicities, some wearing head coverings or sunglasses, positioned along the left edge of the slide.

# Gender-Specific Issues

- Trauma, domestic violence, child care, guilt
- Self-medicating for abuse and trauma
- 12-step programs designed for men
- Research shows that gender-specific programs lead to better treatment court outcomes





**Don't Get Stuck:  
Other Factors**

# Don't Get Stuck: Other Factors



- Socioeconomic status
- Social and geographic isolation
  - Rural communities
  - Segregated neighborhoods
- Lack of public transportation
- Lack of housing
- Lack of employment

- Lack of child care
- Lack of anonymity – everybody knows everybody
- Poverty
- Accessible health care
- Drug use and trends

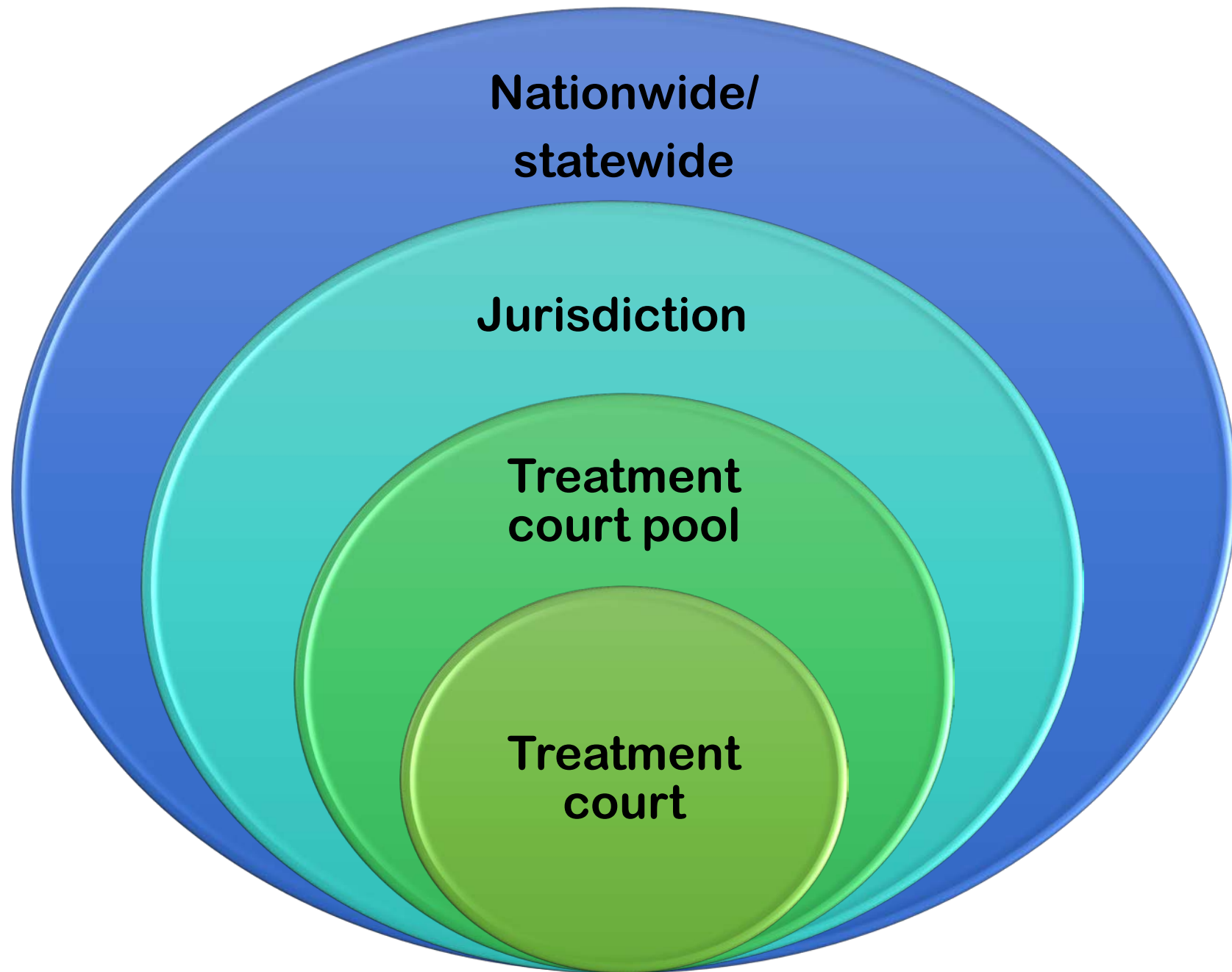


**What to do?**



A hand holds a smartphone in the foreground, displaying a digital globe composed of a grid of many small, diverse human faces. The background is a larger, similar globe of faces, creating a sense of depth and global connectivity. The overall image is in grayscale, emphasizing the diversity of the faces.

Equivalent Access





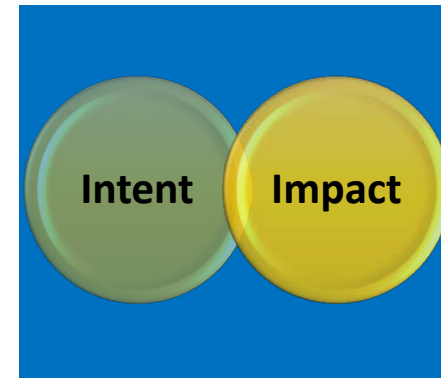
# Eligibility Criteria



# Be Careful: Intent vs. Impact

## Requirements for program entry:

- Transportation
- Program fees
- Sober
- Housing





# Equivalent Access

1. Review criteria to ensure that they do not restrict access, unless doing so threatens public safety or program effectiveness.
2. Assessment tools must be validated with groups who have historically experienced discrimination within your potential treatment court pool.



Steps to Take



# Step 1: Collect Demographic Data

## **Demographic Data**

- Age
- Sex
- Race
- Ethnicity

## **Collect at Three Processing Points**

- Referral
- Admission
- Exit





# Static Base

“Referral cohort”: Everyone referred to treatment court during a specified time period (usually quarterly or biannually)

*Provided by Dr. Fred Cheesman, National Center for State Courts*



## Step 2: Create a Referral Information Form

- Date of referral
- Source of referral
- Reason for referral



## Step 3: Compare the Referral Cohort

It is insightful to compare referral cohort demographics to the demographics of arrestees for treatment court—eligible offenses or, at a minimum, the demographics of the jurisdiction's adult offender population—to look for disproportionality in the referral process.



## Step 4: Track

- Track each referral cohort to the point of admission and then compare demographics at admission (admitted vs. not admitted) with those of the referral cohort to look for signs of disparities.
- Track reasons for rejection in the case of referrals not granted admission to treatment court.





## Step 5: Track and Compare

A portion of the referral cohort admitted to the treatment court should be tracked to the point of exit.

- Need the following: date and type of exit (successful, termination, voluntary withdrawal, etc.).
- Important to identify absconders.
- Compare demographics of the referral cohort admitted with those exiting, by type of exit.



## Step 6: Recruitment

- If minorities are underrepresented in your treatment court (verified with statistical evidence), how can you increase their participation?
- Educate key stakeholders.
- Interview current participants from the target group and people in jail.

St. Louis Drug Court

# KEY TO YOUR **FREEDOM**



Free from...

Felony Charge • Prison • Life of Crime  
Street Violence • Losing Your Kids  
Lack of Education • Unemployment  
Drug Dealers • Death by Overdose

Tell your lawyer...

Ask the Judge  
to Screen for Drug Court

*Drug Court is the **Key to Your Freedom***

[www.stlcircuitcourt.com](http://www.stlcircuitcourt.com)  
314-992-0858 for recorded information





# Possible Retention Strategies

- Discuss cultural themes.
- Use motivational interviewing to engage clients in treatment at onset.
- Engage family in treatment.
- Solicit feedback on cultural sensitivity from participants and community members.



# Components That Increase Graduation Rates

- Providing vocational services
- Using cognitive behavioral therapy (CBT)
- Focusing treatment on drugs of choice in the affected community
- Preparing participants for what to expect
- Administering culturally tailored interventions for young African-American males
- Providing gender-specific groups



# Actions to Reduce Disparities

- Staff should have personal involvement in communities of color and program development of linkages and resources in minority communities.  
(Yu, Clark, Chandra, Dias, & Ting-Fun, 2009)
- Ensure that clients are referred to programs in their communities (distance to treatment makes a difference).
- Design program policies and procedures to assess and serve minority clients effectively.
- Hold treatment providers accountable for provision or coordination of comprehensive care (mental health, HIV prevention, and primary care services).





# Actions to Reduce Disparities

- Programs with higher staff readiness for change and organizational climate supportive of change were more likely to coordinate with mental health and public health care.
- Hold treatment providers accountable for delivery of culturally and linguistically responsive care; ask them about their competencies, practices, and connections with communities and evidence-based care.
- *“When African-American and Latino clients received comprehensive services and stayed in treatment long enough, they were more likely to complete treatment successfully and report sobriety 6 months after.” (Guerrero, Marsh, Cao, Shin, & Andrews, 2014)*



# Actions to Reduce Disparities

- Ensure that clients are enrolled in Medicaid or other publicly funded sources of payment so they can access and stay in treatment as needed.
- (Source: Dobbin & Kalev, 2016)



# Resources

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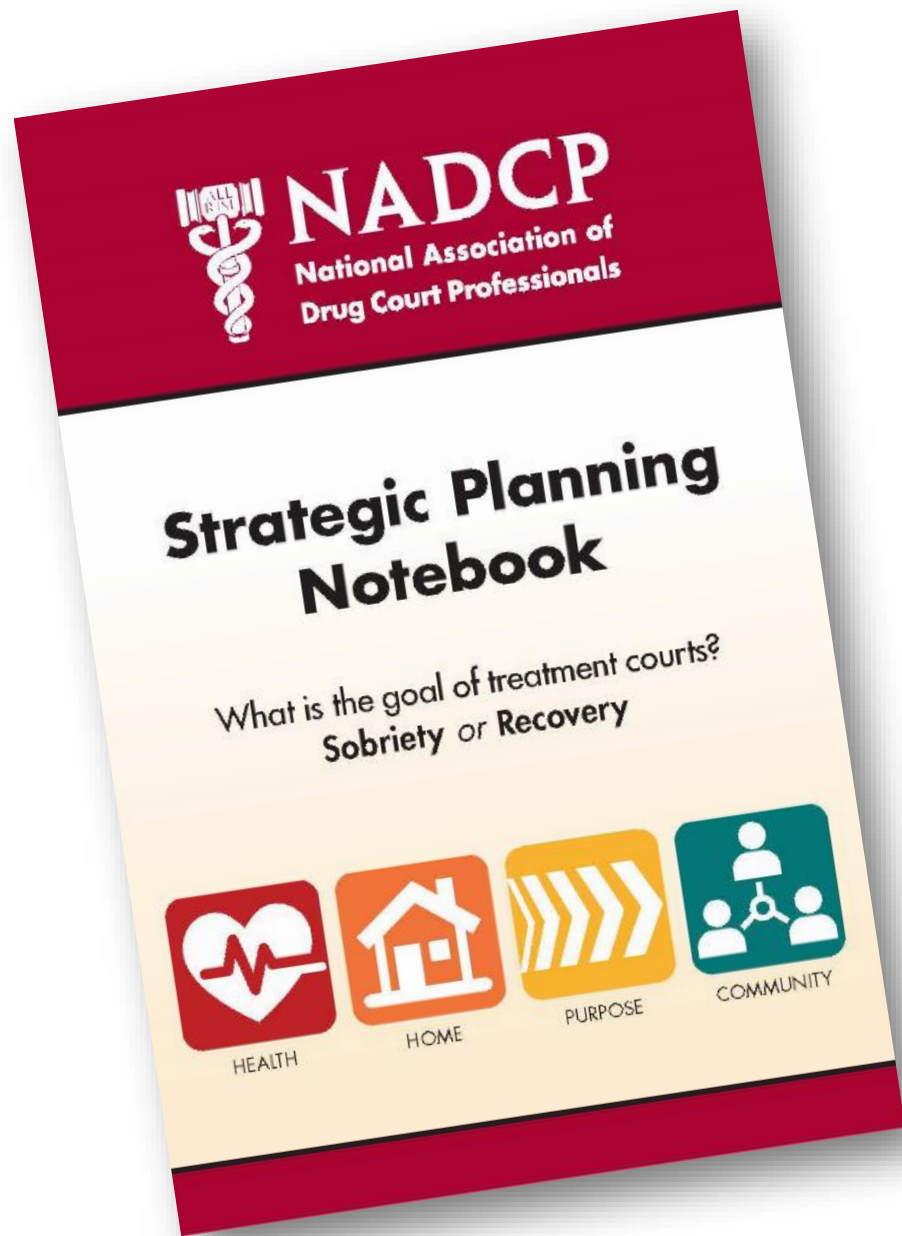
**END GOAL**

**JUSTICE**

**FOR**

**ALL**





# Strategic Planning Notebook

Connect how the topic relates to recovery

Write down these connections to recovery

Share ideas on how to incorporate the topic  
into your program

