



**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

# Addressing Disparities

Developed by:  
National Drug Court Institute

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# Duty Bound

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

***WHEREAS***, more than 2.3 million adults are now behind bars in the U.S., representing one out of every 100 adult Americans; ***and***

***WHEREAS***, the burden of incarceration is borne disproportionately by racial and ethnic minority citizens, with one out of every 15 African-American men and one out of every 36 Hispanic men presently incarcerated in this country; ***and***

***WHEREAS***, Drug Courts have been credited with helping to alleviate unfair disparities in the incarceration of racial and ethnic minority citizens for drug-related offenses; ***and***

***WHEREAS***, Drug Courts perform their duties without manifestation, by word or conduct, of bias or prejudice based upon race, gender, national origin, ethnicity, disability, age, sexual orientation, language or socioeconomic status; ***and***

***WHEREAS***, Drug Courts are, first and foremost, *courts*, charged with safeguarding and advancing the constitutional rights of all citizens to due process and equal protection under the law; ***and***

***WHEREAS***, more than one-fifth of Drug Courts cannot report reliable information on the representation of racial and ethnic minority citizens in their programs; ***and***

***WHEREAS***, evidence suggests that racial and ethnic minority participants may be experiencing relatively lower success rates than non-minorities in some Drug Courts; ***and***

***WHEREAS***, the adoption of evidence-based, culturally proficient interventions in Drug Courts has been shown to significantly improve outcomes for minority participants:



**RESOLUTION OF THE BOARD OF DIRECTORS**  
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**NOW, THEREFORE, BE IT RESOLVED THAT:**

**1. All Drug Courts have an affirmative obligation to examine, in an ongoing manner, whether there are potential racial or ethnic disparities in their programs.**

At a minimum, the examination of potential racial and ethnic disparities should include the collection of reliable and valid data on:

- the percentage of racial and ethnic minority participants who are enrolled in the Drug Court;
- the degree to which these percentages reasonably reflect the respective arrestee population for Drug Court-eligible offenses in the jurisdiction;
- the factors that might account for any discrepancies in the representation of minorities;
- the percentage of racial and ethnic minority participants who successfully graduate from the Drug Court; and
- the factors that might account for any discrepancies in graduation rates.

**2. 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 by:**

- adopting evidence-based assessment tools, treatments and other interventions that have been proven through scientific research to produce equivalent or superior effects for racial and ethnic minority individuals; and



# II. HISTORICALLY DISADVANTAGED GROUPS

**Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.**

- A. Equivalent Access**
- B. Equivalent Retention**
- C. Equivalent Treatment**
- D. Equivalent Incentives & Sanctions**
- E. Equivalent Dispositions**
- F. Team Training**

## ADULT DRUG COURT BEST PRACTICE STANDARDS

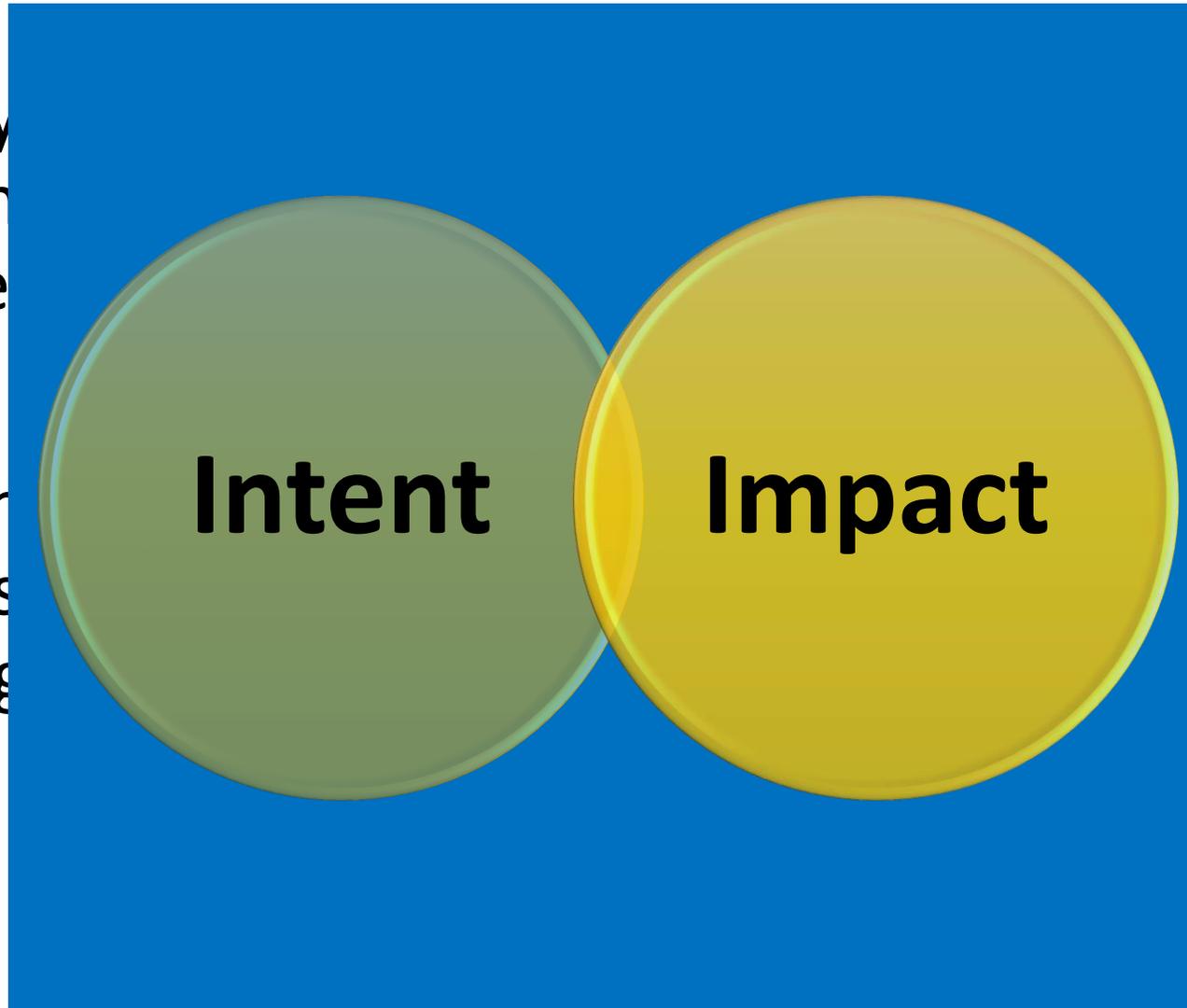
VOLUME I



NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS  
ALEXANDRIA, VIRGINIA

# Historically Disadvantaged Groups

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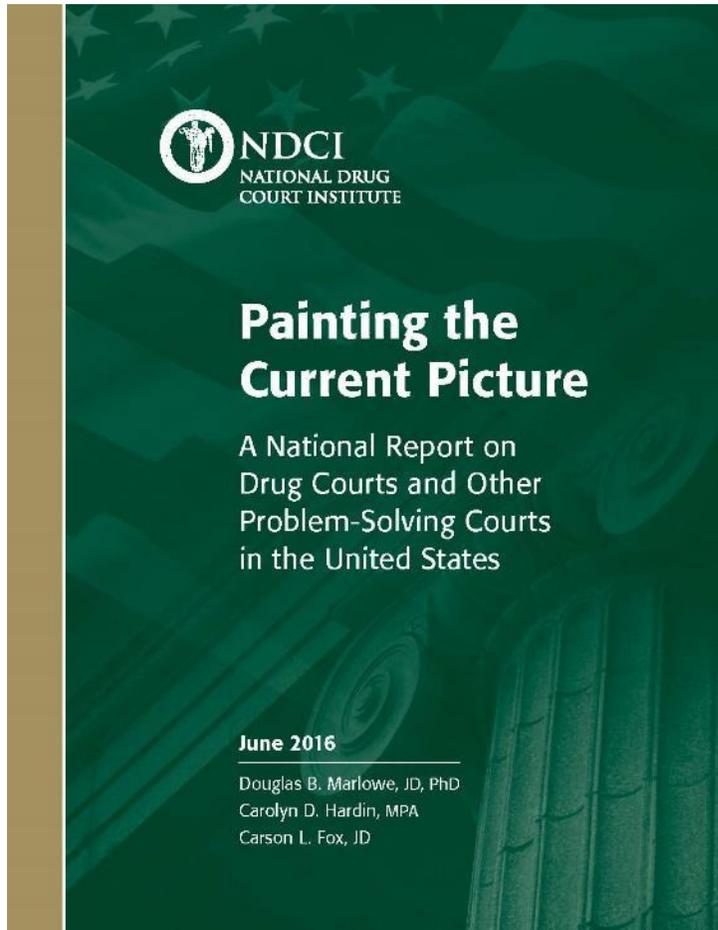
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# National Report Card:

*How did we do?*

A Review of the  
Scientific Literature

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# 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 Drug Courts at rates substantially below those of other Drug Court participants.



# Painting the Current Picture

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



# Best Practice Standards

- Duty to avoid disproportionate access and impacts irrespective of intent**
- Affirmative obligation to know wherever disparities exist**
- Take corrective actions unless doing so would demonstrably threaten public safety or effectiveness**
- Evaluate success of corrective actions until disparities are eliminated**

## ADULT DRUG COURT BEST PRACTICE STANDARDS

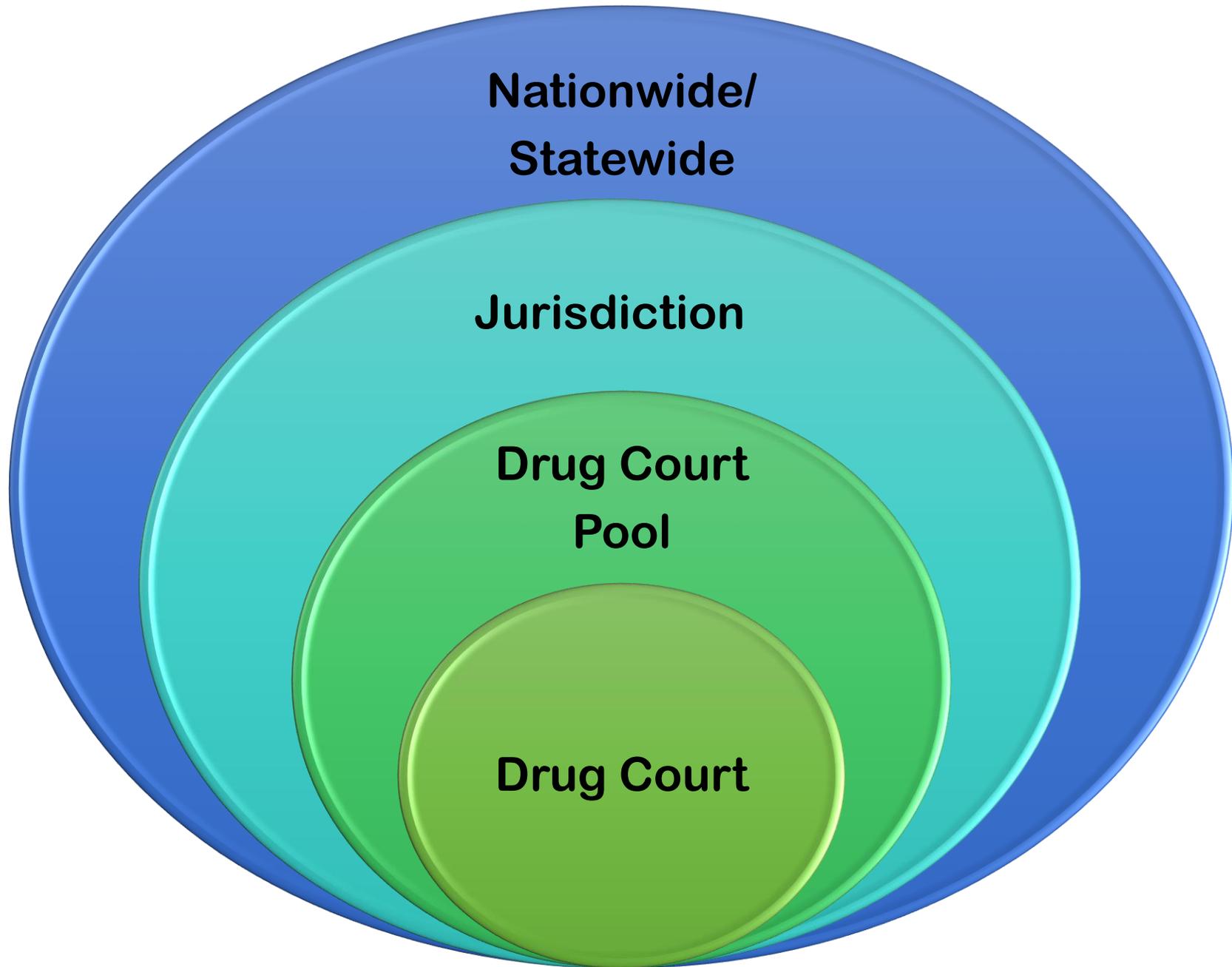
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Equivalent Access



**Nationwide/  
Statewide**

**Jurisdiction**

**Drug Court  
Pool**

**Drug Court**



# Eligibility Criteria



## Equivalent Access

1. Review criteria to ensure it does not restrict access, unless doing so threatens public safety or program effectiveness.
2. Assessment tools must be validated with Historically Disadvantage Groups within your potential drug court pool.



# Possible Retention Strategies

- Discuss culture/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



Equivalent Retention



# Possible Retention Strategies

- Discuss culture/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

# Cultural Competence in Drug Court Treatment





# Cultural Competence

- Achieved by:
  - Training staff
  - Hiring minorities
- Component of *Responsivity* in RNR model
- Drug court program run by an African-American clinician and utilizing culturally sensitive interventions demonstrated superior effects for African-American participants (Vito and Tewksbury, 1998)



# Cultural Competence in Drug Court Treatment

- SAMHSA TIP 59: Improving Cultural Competence:  
<http://store.samhsa.gov/shin/content//SMA14-4849/SMA14-4849.pdf>
- Culturally responsive services can improve client engagement in services, therapeutic relationships between clients and providers, and treatment retention and outcomes

## Steps for counselors to become culturally competent

- Understand own culture
- Acquire knowledge about clients' cultures
- Incorporate culturally appropriate knowledge , understanding, and attitudes into their actions (e.g., communication style, verbal messages, treatment policies, services offered)



# Cultural Competence in Drug Court Treatment

Culturally competent counselors:

- Frame issues in culturally relevant ways.
  - Allow for complexity of issues based on cultural context.
  - Make allowances for variations in the use of personal space.
  - Are respectful of culturally specific meanings of touch (e.g., hugging).
  - Explore culturally based experiences of power and powerlessness.
  - Adjust communication styles to the client's culture.
  - Interpret emotional expressions in light of the client's culture.
  - Expand roles and practices as needed.



# Cultural Competence in Drug Court Treatment

Culturally responsive evaluation and treatment planning involves the following steps:

1. Engage clients
2. Familiarize clients and family members with the evaluation and treatment process
3. Endorse a collaborative approach in facilitating interviews, conducting assessments, and planning treatment. clients and family members to give feedback on the cultural relevance of the treatment plan.
4. Obtain and integrate culturally relevant information and themes.



# Cultural Competence in Drug Court Treatment

Culturally responsive evaluation and treatment planning involves the following steps:

5. Gather culturally relevant collateral information.
6. Select culturally appropriate screening and assessment tools.
7. Determine readiness and motivation for change.
8. Provide culturally responsive case management.
9. Integrate cultural factors into treatment planning



# Cultural Competence in Drug Court Treatment

## Counseling for African and Black Americans:

- Respond better to egalitarian and authentic relationships with counselors
- Cognitive-behavioral approaches
- Contingency management, especially with cocaine users
- Family Therapy
- Group therapy



# Cultural Competence in Drug Court Treatment

## Counseling for Hispanics and Latinos:

- Socializing the client to treatment
- Reassurance of confidentiality
- Client–counselor matching based on gender
- Client–program matching: Matching clients to ethnicity-specific programs appears to improve outcomes for Latinos
- Cognitive-behavioral approaches
- Contingency management and motivational interviewing
- Family therapy



# Cultural Competence in Drug Court Treatment

## Counseling for Native Americans:

- Engage community in treatment process
- Holistic view of health, incorporating physical, emotional, and spiritual elements
- Help clients engage in traditional healing practices
- Self-disclosure to relative strangers should be avoided
- Cognitive-behavioral approaches
- Motivational interviewing
- Family therapy at the time of discharge from treatment



# Cultural Competence in Drug Court Treatment

## Counseling for Native Americans:

- Use active listening and reflective responses.
- Avoid interrupting the client.
- Refrain from asking about family or personal matters unrelated to substance abuse without first asking the client's permission to inquire about these areas.
- Avoid extensive note-taking or excessive questioning.
- Pay attention to the client's stories, experiences, dreams, and rituals and their relevance to the client.
- Recognize the importance of listening and focus on this skill during sessions.



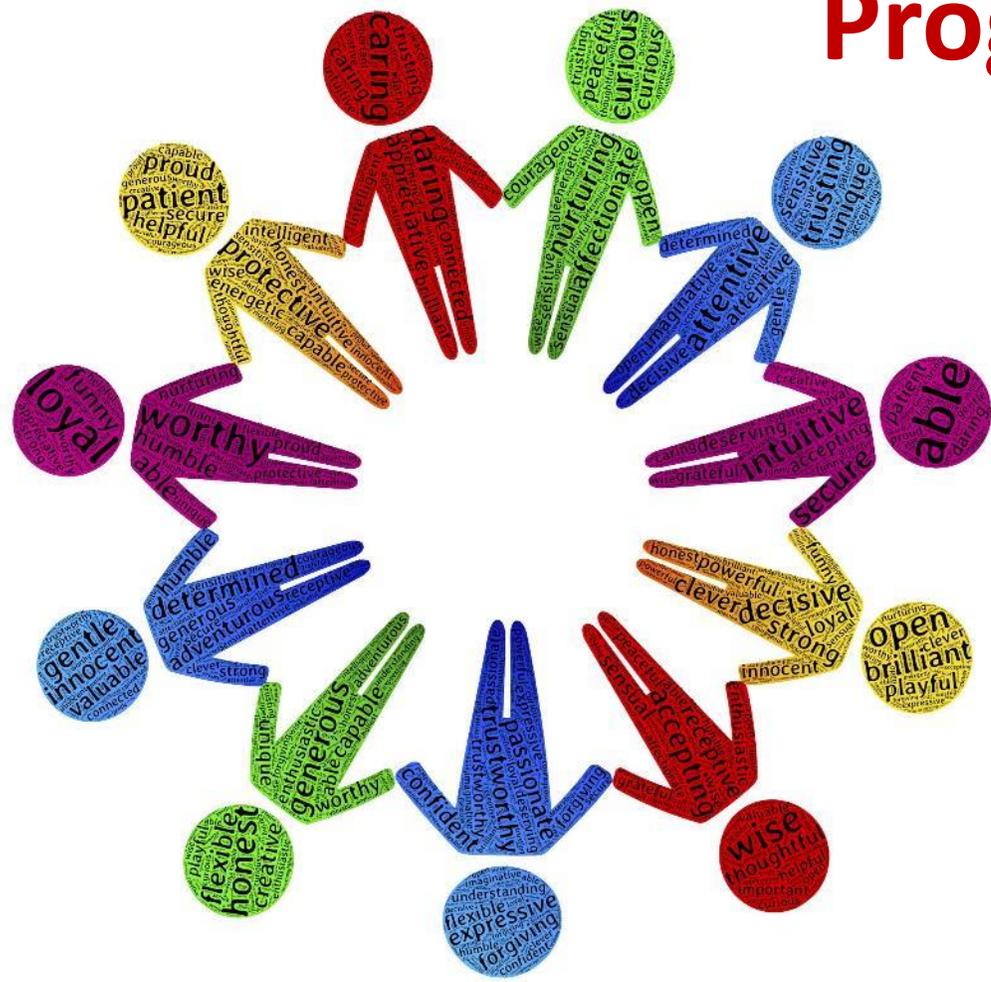
# Cultural Competence in Drug Court Treatment

## Counseling for Native Americans:

- Accept extended periods of silence during sessions.
- Allow time during sessions for the client to process information.
- Greet the client with a gentle (rather than firm) handshake and show hospitality (e.g., by offering food and/or beverages).
- Give the client ample time to adjust to the setting at the beginning of each session.
- Keep promises.
- Offer suggestions instead of directions (preferably more than one to allow for client choice)



# SAMHSA's National Registry of Programs and Practices (NREPP)



Contains information on interventions that have been evaluated among substantial numbers of racial and ethnic minorities participants, women, and members of other historically disadvantaged groups

<http://www.nrepp.samhsa.gov/>



# Steps to Take

# Step #1: Collect Demographic Data

## Demographic Data

- Age
- Race
- Sex
- Ethnicity

## Collect at 3 Processing Points

- Referral
- Admission
- Exit



# Static Base

“Referral Cohort” – everyone referred to drug court during a specified time period (usually quarterly or biannually).

# Step #2: Create a Referral Information Form

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

## Step #3: Compare Referral Cohort

It is insightful to compare referral cohort demographics to arrest for drug court eligible offenses or at a minimum, the demographics of the jurisdiction's adult **offender** population to look for bias in the referral process

## Step #4: Track

- Each referral cohort to the point of admission and then compare demographics at admission (admitted/not admitted) with those of the referral cohort to look for signs of bias.
- Reasons for rejection in the case of referrals not granted admission to drug court.

# Step #5: Track and Compare

Portion of referral cohort admitted to the drug 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 drug court (verified with statistical evidence), how can you increase their participation.
- Educate key stakeholders
- Interview current participants from 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



# Components that Increase Graduation Rates

- Providing vocational services
- Using Cognitive Behavioral Therapy (CBT)
- Focusing treatment on drugs of choice in the local minority community
- Preparing participants for what to expect
- Administering culturally tailored interventions for young black males
- Providing gender specific groups



# Actions to Reduce Disparities

- Staff have personal involvement in minority communities and program development of linkages and resources in minority communities (Yu, et al., 2009)
- Ensure clients' are referred to programs in their communities (distance to treatment makes a difference).
- Programs have policies and procedures designed to effectively assess and serve minority clients
- 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, 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, 2013).*

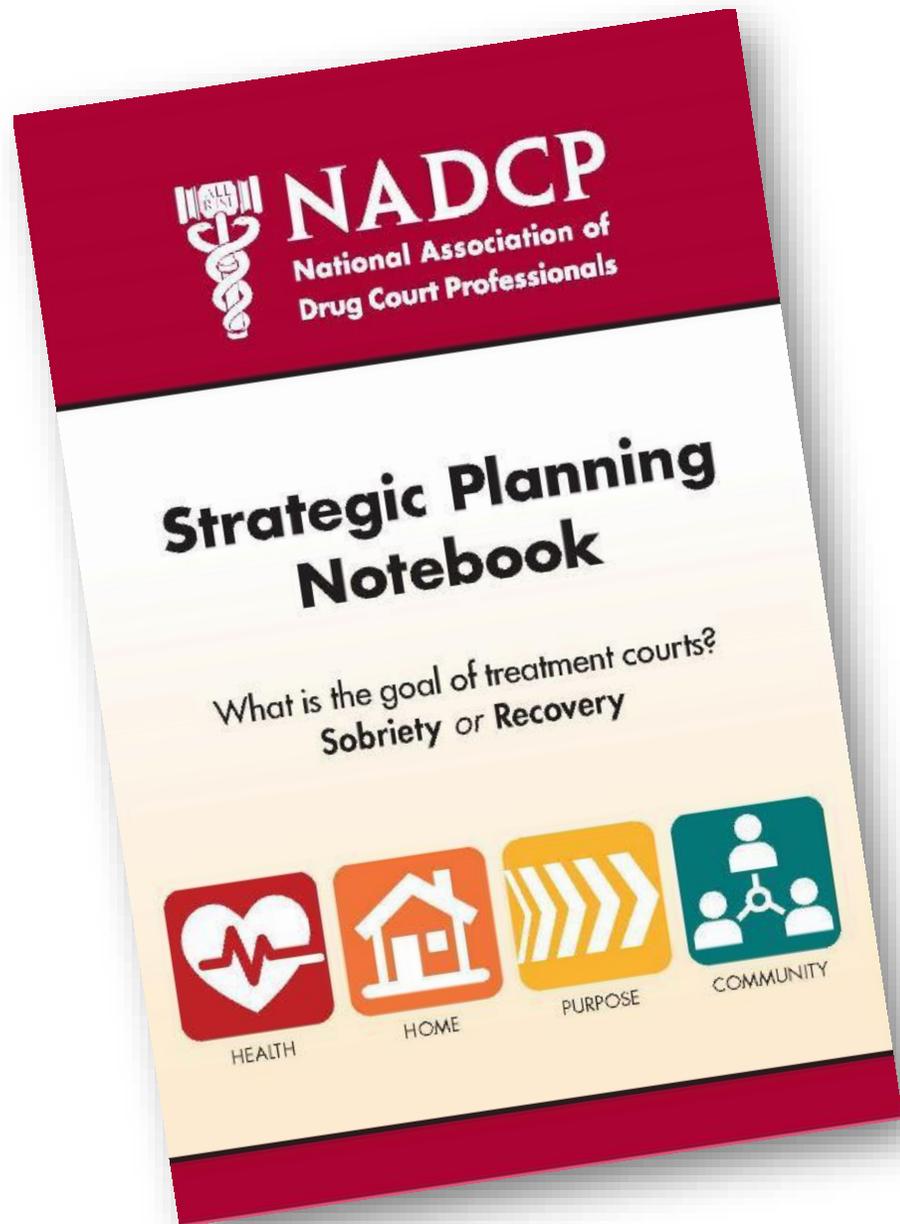


# Actions to Reduce Disparities

- Ensure clients' are enrolled in Medicaid or other publicly funded sources of payment so they can access and stay in treatment as needed.
- Dobbin, F. & Kalev, A. 2016. Why diversity programs fail. *Harvard Business Review*. July-August.

# Resources

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# Strategic Planning Notebook

Connect how the topic relates to recovery

Write down these connections to recovery

Share ideas how to incorporate the topic into  
your program

