



Monitoring for Racial Disparities



NADCP
National Association of
Drug Court Professionals





Obstacles to Optimal Health

- Race
- Ethnicity
- Religion
- SES
- Gender
- Age
- Mental Health
- Disability
- Sexual Orientation
- Gender Identify
- Geographic Location
- Unhealthy coping strategies



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
314-992-0858 for recorded information

Gender-Specific Treatment

Substantial evidence shows that women, particularly those with histories of trauma, perform significantly better in gender-specific substance abuse treatment groups (see, e.g., Liang and Long, 2012)



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)





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

1. Alvarez, et al. 2004. Heterogeneity among Latina and Latinos entering substance abuse treatment: Findings from a national database. *Journal of Substance Abuse Treatment*, 26, 277-284.
2. Anderson, E. 1999. *Code of the street: Decency, violence and the moral life of the inner city*. New York: Norton.
3. Bettancourt, et al., 2003. defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care, *Public Health Reports*, 118,4, 293-302.
4. Blumstein, A. 1993. Racial disproportionality in U.S. prison populations revisited. *University of Colorado Law Review*, 64, 743-760.
5. BUREAU OF JUSTICE ASSISTANCE DRUG COURT CLEARINGHOUSE (February 10, 2007) Information Relevant to Female Participants in Drug Court.
6. Dannerbeck, A. Harris, G., Sundet, p., & Lloyd, K. 2006. Understanding and responding to racial differences in drug court outcomes. *Journal of Ethnicity in Substance Abuse*, 5, 2, 1-22.
7. Dannerbeck, A. 2010. Examining emerging adulthood in the context of the justice system. In Douglas, E. (ed.) *Innovations in child and family policy*, Lanham, MD: Lexington Books.
8. Guerro, E., et al., 2013. Disparities in completion of substance abuse treatment between and within racial and ethnic groups. *Health Services Review*, 48, 4.
9. Marlowe, D. 2013. Achieving racial and ethnic fairness in drug courts. *Court Review*, 49, 40-47.
10. Miller, W. 1958. Lower-class culture as a generating milieu of gang delinquency. *Journal of Social Issues*, 14, 5-19.
11. Moffitt, T. 1994. Natural histories of delinquency. In E. Weitekamp & H. Kerner (Eds.), *Cross national longitudinal research on human development and criminal behavior* (pp.3-61). Dordrecht: Kluwer Academic Press.
12. Thornberry, T., Huizinga, D., & Loeber, R. 2004. The causes and correlates studies: Findings and policy implications. *Juvenile Justice*, 10, 1, 3-19.
13. Yu, et al., 2009. Reducing cultural barriers to substance abuse treatment among Asian Americans: A case study in New York City. *Journal of Substance Abuse Treatment*, 37, 398-406.