



NDCI
NATIONAL DRUG
COURT INSTITUTE

Same Kind of Different Addressing Disparities

Developed by:
National Drug Court Institute

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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

State Constitution

Pledge of Allegiance

HOW DO WE DEFINE JUSTICE?

COMMUNITY

+

CARING

A large, dense grid of numerous small, square photographs of diverse human faces, arranged in a perspective that recedes into the distance. The faces vary in age, ethnicity, and expression. A prominent red banner with a slight gradient is centered horizontally across the middle of the grid. The text "Duty Bound" is written in a white, serif font on this banner.

Duty Bound



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

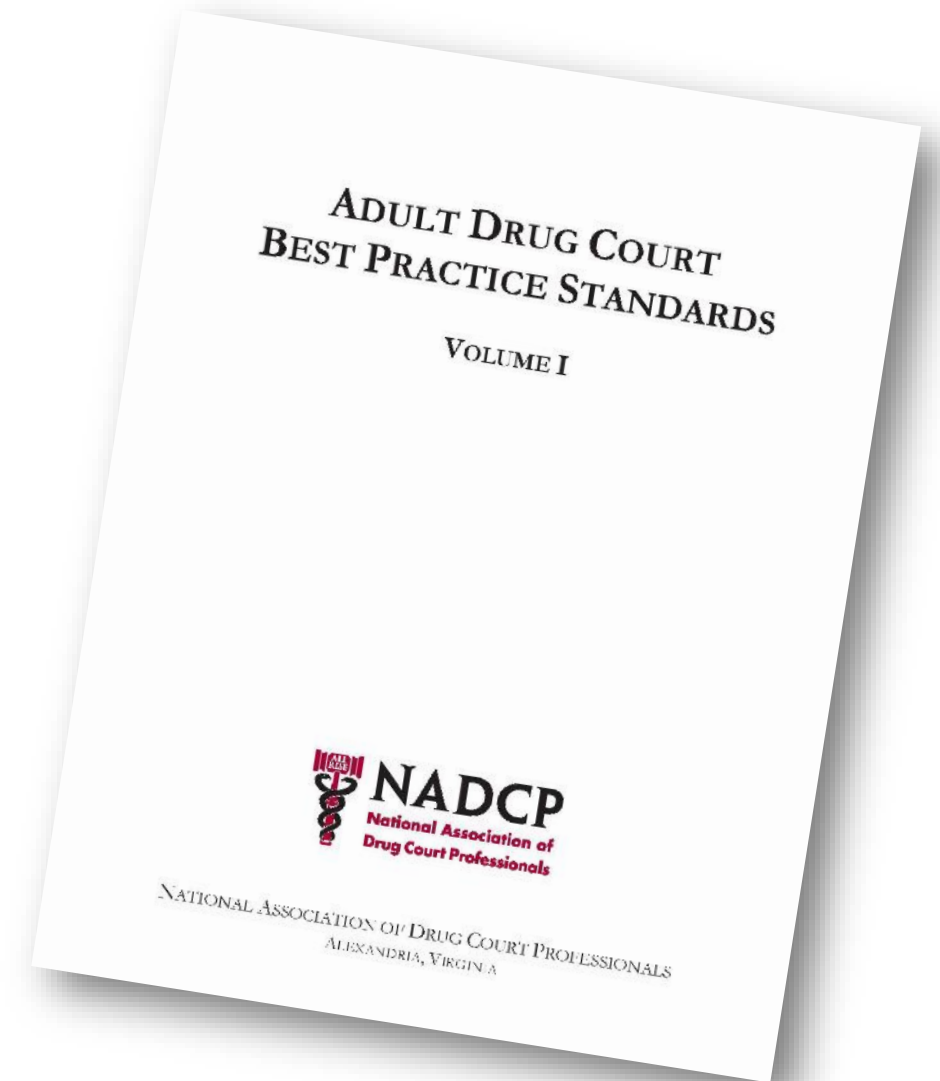
- ✓ **All Drug Courts have an affirmative obligation to examine, in an ongoing manner, whether there are potential racial or ethnic disparities in their programs.**
- ✓ **All Drug Courts have an affirmative obligation to take reasonable actions to prevent or correct any racial or ethnic disparities that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

Inherited Imperfect System

Explicit Bias

Implicit Bias

Fear of Judgement

Promoting an Aspirational Persona

Lack of Data

IMPLICIT BIAS...we all have it

Brandon del Pozo, Chief of Police, Burlington, Vermont

June 14, 2018

Notes From the Field

If **cholera** hit Burlington, Vermont, the police department would be on the streets giving out 30,000 bottles of water and dropping off latrines to stop the disease from spreading.

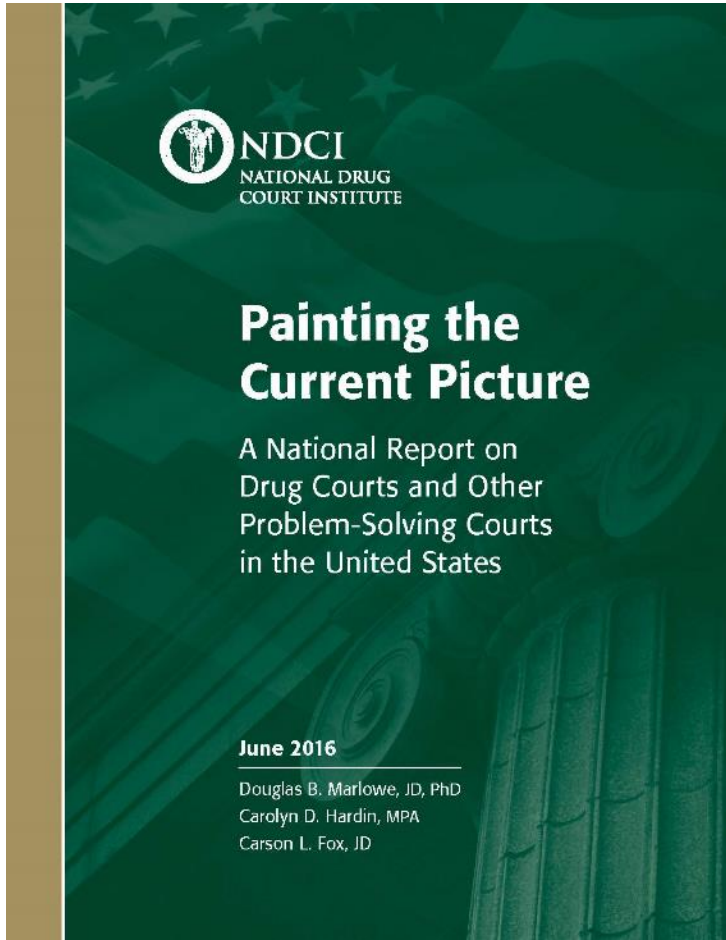
If there was a **radiation exposure** incident, we'd distribute massive quantities of potassium iodide.

I grew up in New York City in the '80s and couldn't walk to the subway from high school without virtually slipping on the condoms that were widely distributed to curb the spread of **AIDS**, which was claiming thousands of lives a year.





WHAT HAVE WE BEEN
CONDITIONED TO THINK?



NDCI
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COURT INSTITUTE

Painting the Current Picture

A National Report on
Drug Courts and Other
Problem-Solving Courts
in the United States

June 2016

Douglas B. Marlowe, JD, PhD
Carolyn D. Hardin, MPA
Carson L. Fox, JD

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



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.



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



Overdose Families Usage
Political Epidemic
Drugs Heroin
Laws
Fatal
Addiction Deaths
Communities
Treatment
Depression
Withdrawal
Adverse
Laws
Dependence
Injections
Antidote
Drugs

OPIOID CRISIS



DRUG OF CHOICE



THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



116

People died every day from opioid-related drug overdoses



11.5 m

People misused prescription opioids¹



42,249

People died from overdosing on opioids²



2.1 million

People misused prescription opioids for the first time¹



2.1 million

People had an opioid use disorder¹



17,087

Deaths attributed to overdosing on commonly prescribed opioids²



948,000

People used heroin¹



19,413

Deaths attributed to overdosing on synthetic opioids other than methadone²



170,000

People used heroin for the first time¹



15,469

Deaths attributed to overdosing on heroin²



504 billion

In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017

Updated January 2018. For more information, visit: <http://www.hhs.gov/opioids/>



Consider this....

*More than 80% of crime is
drug or alcohol fueled*



WHAT IF WE *JUST* PUT THEM IN PRISON

Half are rearrested within the first year

Two-thirds are rearrested within three years



Consider this.....

23.5 million people are in need of substance use disorder treatment



10% of 8th graders report using an illicit drug in the past month



345,000 Iraq and Afghanistan war veterans have a substance use disorder



50% of offenders have a moderate to severe substance use disorder



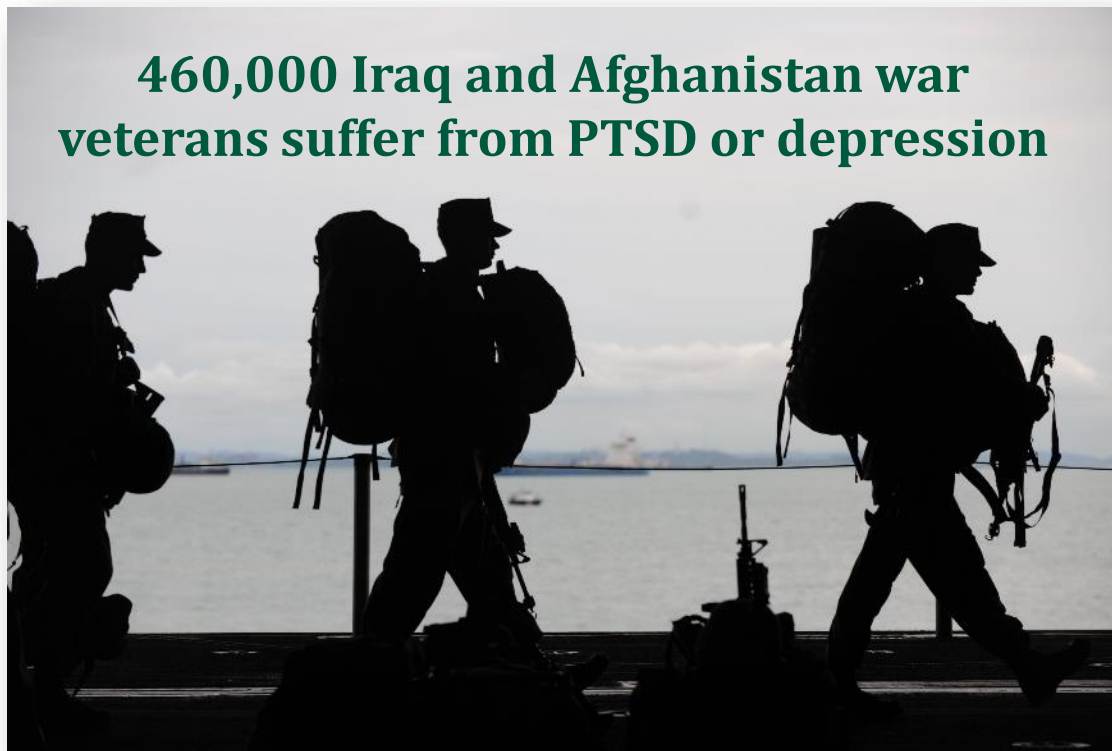
Three-fourths of persons referred to treatment never enter or leave prematurely





Consider this...

*Approximately 50% of offenders
have a mental health disorder*





Consider this.....

About one-third of traffic fatalities were alcohol-impaired crashes



69% of those fatalities include a driver registering a blood alcohol level of 0.15 or higher



One in three traffic fatalities includes the presence of a drug



Finances tho.....

Estimated cost of drug use to society is \$6,120 per second

In 2015, the cost to society was more than \$700 billion

	Health Care	Overall
Tobacco	\$130 billion	\$295 billion
Alcohol	\$25 billion	\$224 billion
Illicit drugs	\$11 billion	\$193 billion

Estimated cost of alcohol-impaired driving is \$29.8 billion

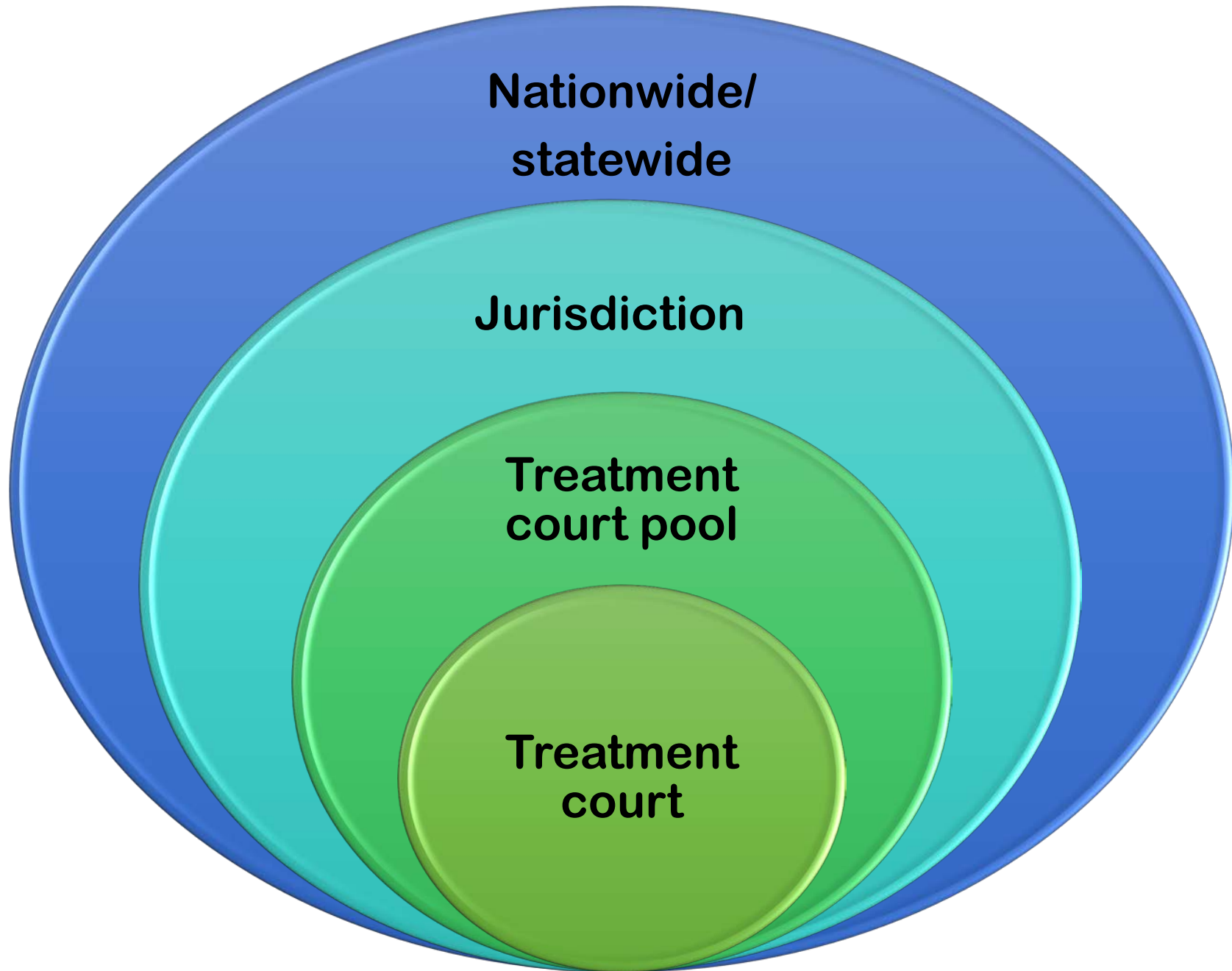




What to do?



Equivalent Access



**Nationwide/
statewide**

Jurisdiction

**Treatment
court pool**

**Treatment
court**

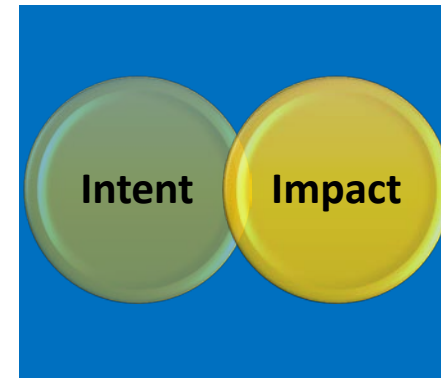


Eligibility Criteria

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)

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.stlcitycircuitcourt.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