

Equity and Inclusion

Statewide Training Presentation



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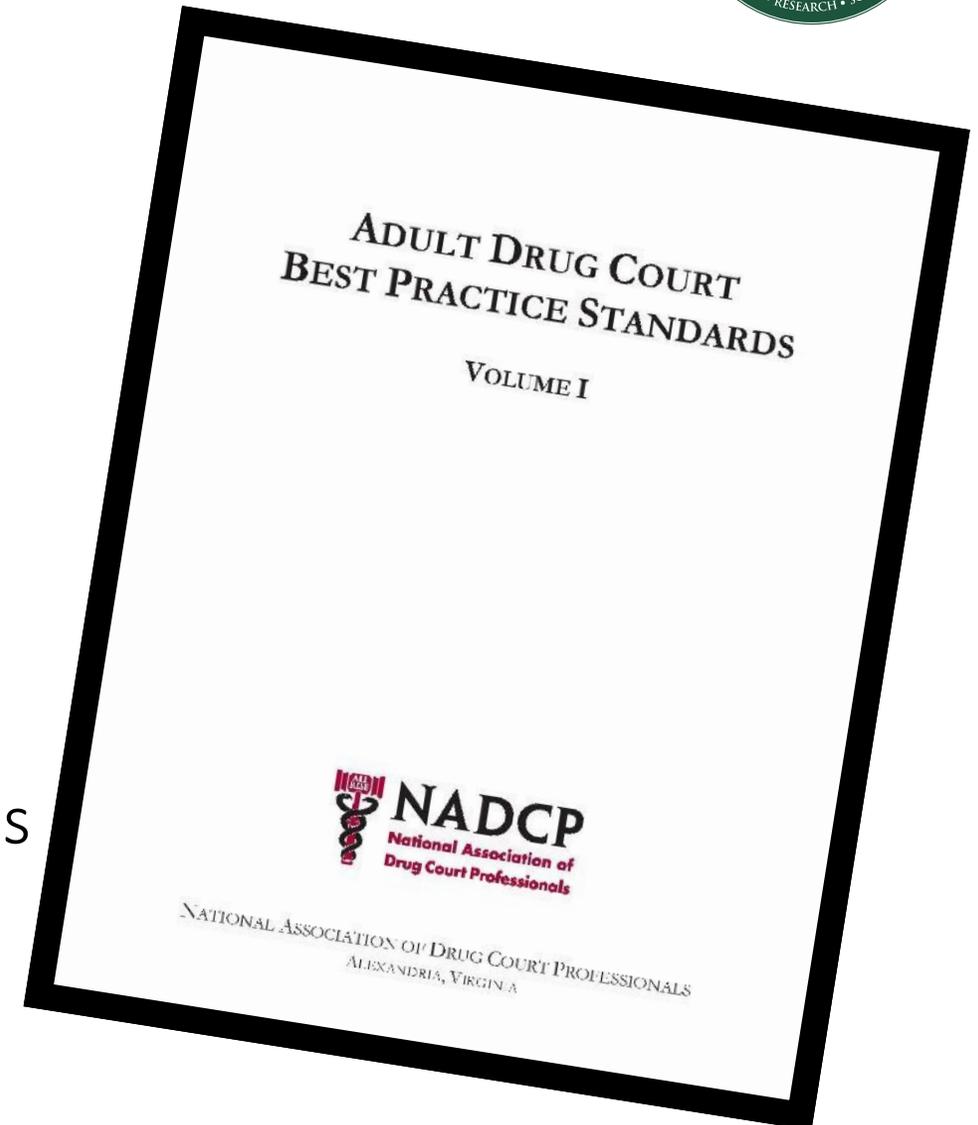
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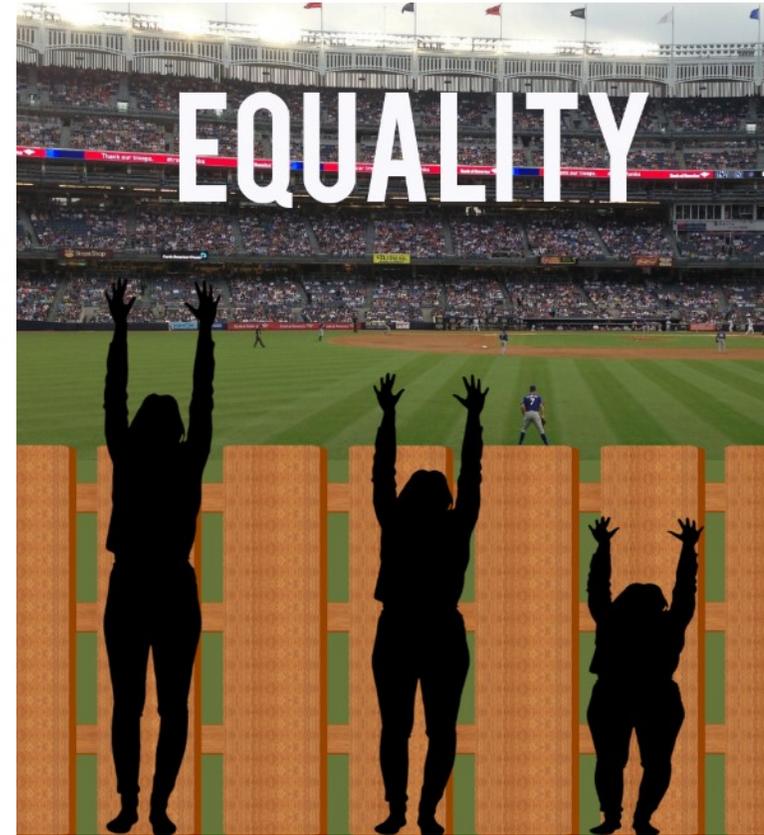
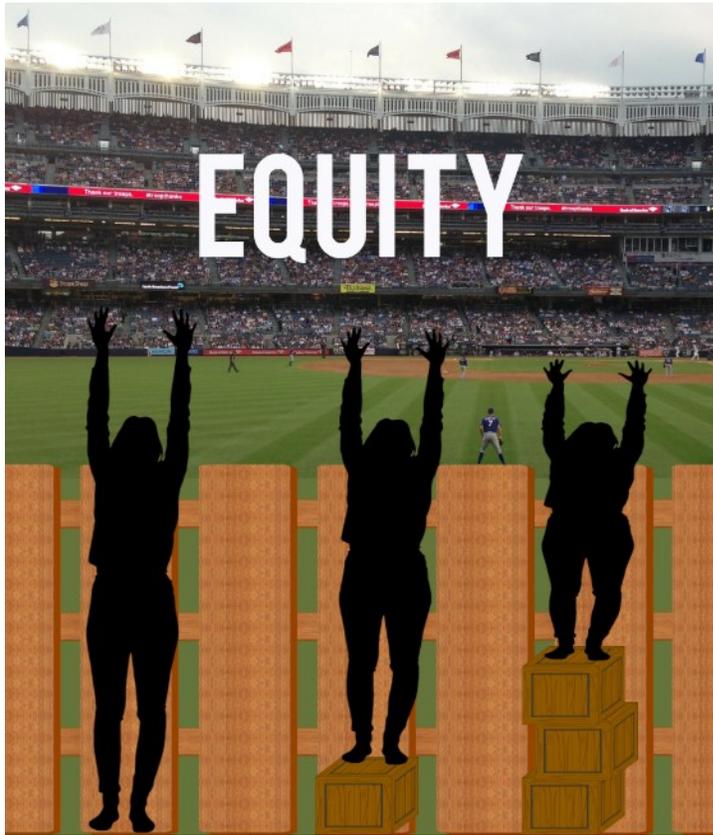
Standard II: Equity and Inclusion



- 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 Equity?



Culture



- **Culture** is defined by a community or society.
- **Culture** structures the way people view the world.
- **Culture** involves the particular set of *beliefs, norms, and values* concerning the nature of relationships, the way people live their lives, and the way people organize their environments.



Race and Ethnicity



Race refers to biological or genetic variations in skin and/or hair color

Ethnicity refers to a conception of cultural identity through learned behaviors, common heritage, geographic origins, and mutual language.



Cultural Awareness Interview



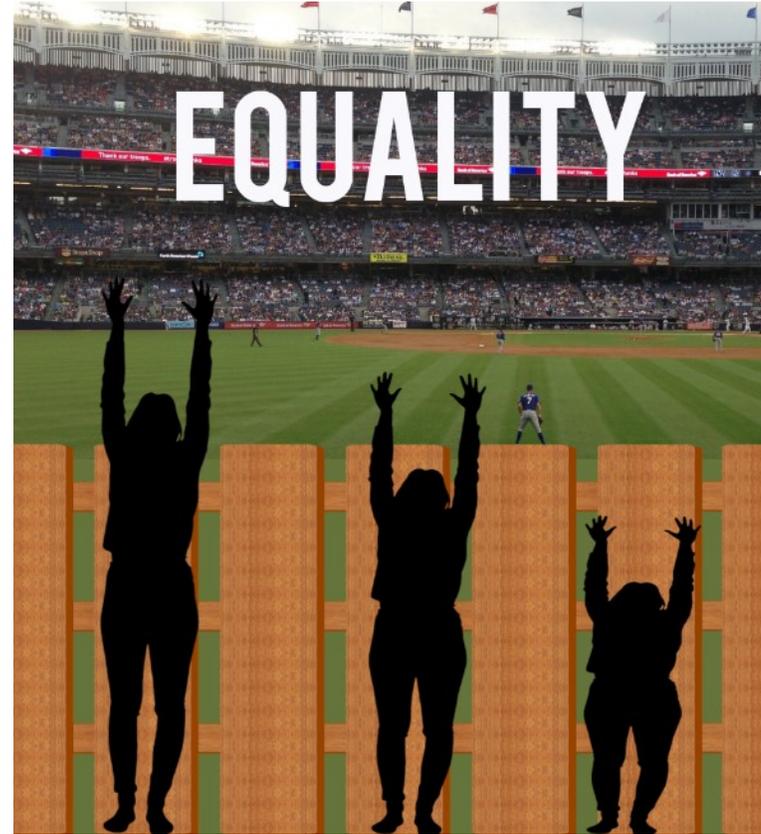
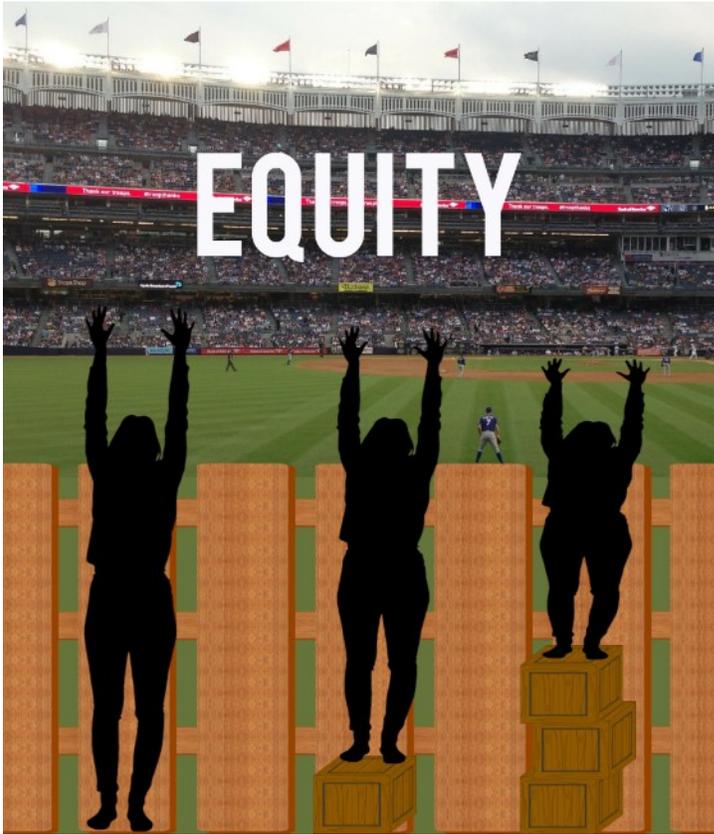
- Tell me about your racial /ethnic /religious background and share something about the commonly held values and beliefs of people in your community.
- How are you the same as others in your community?
- How are you different from others in your community?
- If you were placed within the drug court system what two things would help the system deliver effective service to you?

Know Your Client



What information do you need about me to better understand why I do what I do and better match interventions to my needs based on my culture, values, attitudes and behaviors?

Why Equity?



Why the focus on racial and ethnic minorities?



Historical Discrimination

- Native People
- Descendants of Enslaved Person
- Women
- LGBTQ
- Immigrants, Refugees and Asylum Seekers
- Incarcerated
- Substance Use Disorders/
Drug User

Disparate Impact



“Latinos are less likely to voluntarily seek help than non-Latino groups, and they do seek help it is frequently when their condition has reached a crisis or chronic level.”

Aguilar et al. (2012). *Community-Defined Solutions for Latino Mental Health Care Disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report.*
https://www.ucdmc.ucdavis.edu/newsroom/pdf/latino_disparities.pdf

Disparate Impact



American Indians experience far worse overall health than other racial/ethnic groups in the United States and have an average life expectancy of 5.2 years less than the general population.

They also show higher alcohol-attributable morbidity and mortality than all other major racial/ethnic groups, underlining the importance of alcohol intervention in this population.

Disparate Impact



“African Americans, especially women, are more likely to experience and mention physical symptoms related to mental health problems... Additionally, men are more likely to receive a misdiagnosis of schizophrenia when expressing symptoms related to mood disorders or PTSD.”³

³ National Alliance on Mental Illness. (2016). African American mental health. <https://www.nami.org/Find-Support/Diverse-Communities/African-Americans>

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



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 It is not Helpful



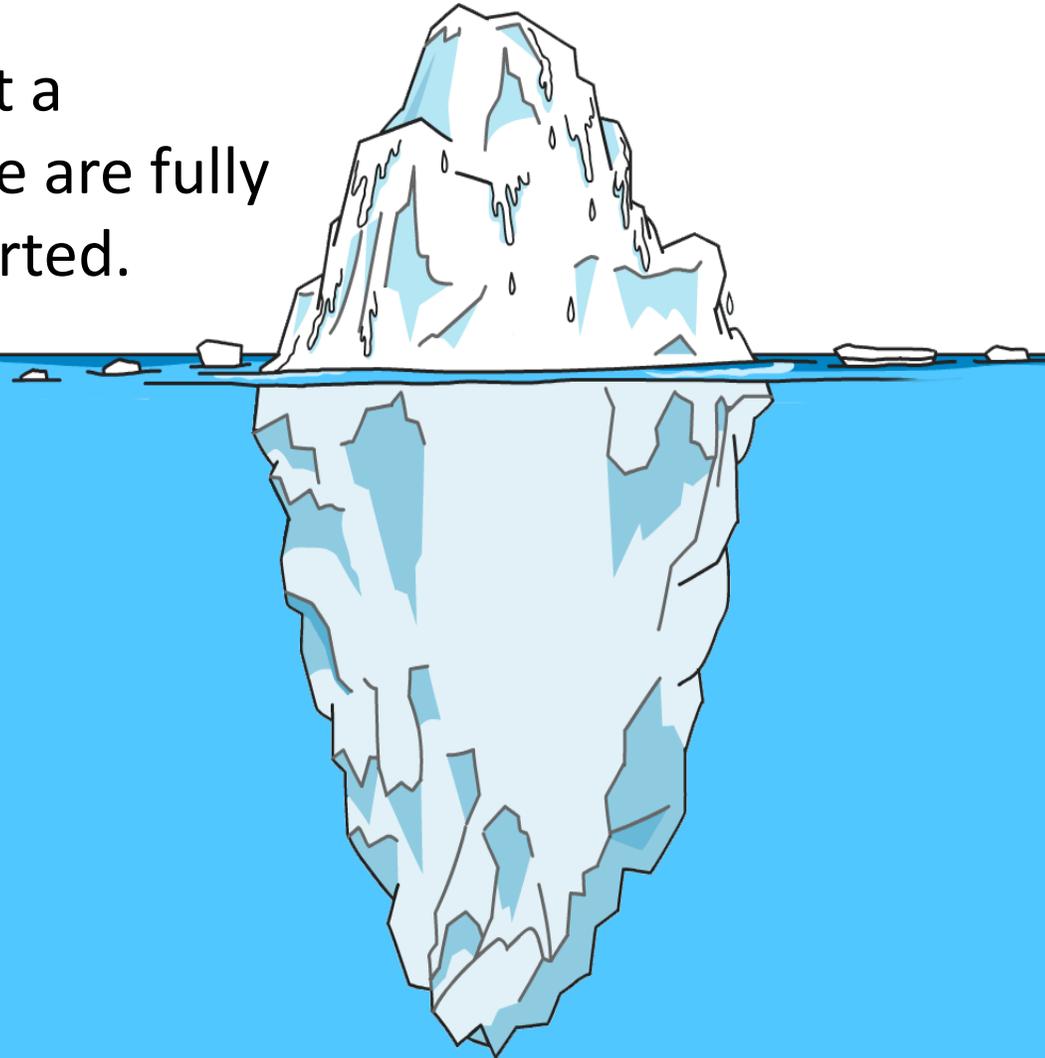
- “We treat everyone the same in our treatment court.”
- Research indicates that practicing an ideology of color-blindness is ineffective, provides interracial tension, and promotes inequality. (Neville, Awad, Brooks, Flores, & Bluemel, 2013)
- What to do instead?
- Discourage color-blind attitudes among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

Explicit Bias

Attitudes and beliefs that we have about a person or group on a conscious level. We are fully aware of these, so they can be self-reported.

Implicit Bias

Unconscious attitudes that lie below the surface but may influence our behaviors.



Homework – Take the Test



Implicit Association Test at Harvard <https://implicit.harvard.edu/implicit>

Tests developed to identify hidden bias in terms of race, gender, age, sexual orientation



Eligibility Criteria

Intent versus 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.



A RESEARCH BRIEF ON EXCLUSIONARY CRITERIA

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Research Brief

Exclusionary Criteria and Their Impacts on the Likelihood to Reoffend, Racial Bias, and Outcomes in Treatment Court

Violent offense (current or past)

One of the most common criteria for exclusion from treatment court is a history of violence. Violent behavior is often one of the items listed on assessments of risk for reoffending. Such behavior endangers public safety and is costly. Perceptions of risk of violent victimization influence the public and those who answer to them, namely elected officials. Understandably, minimizing the risk of violence is a goal of the justice system. Thus, listing a history of violence as an exclusionary criterion is understandable. However, the research on violence and its association with recidivism suggests that its treatment as an automatic exclusion should be reconsidered.

Property and drug offenses have the highest association with recidivism (Langan & Levin, 2002). The severity of the violence involved in an index offense is not associated with general, violent, or sexual offense recidivism (Hanson, 2009). Drug involvement (possession with intent to use) among individuals with a history of violence increases the likelihood of reincarceration. A close association exists between drug possession (but not distribution), violence, and reincarceration (Stahler et al., 2013). The likely explanation is that drug users commit acts of violence (robbery) to get the funds to buy drugs.

Certain types of drugs, namely alcohol and cocaine, are strongly associated with violent behavior. In particular, individuals who tend to suppress anger while sober are prone to violent tendencies when inhibitions are removed by substance use (Burnette et al., 2008; Chermack et al., 2008).

The association between violent history and treatment court outcomes is unclear. Criminal history, not current or previous violent charges, is associated with recidivism (Saum & Hiller, 2008).

Comparisons of treatment court participants with and without a prior history of violence demonstrate that the two groups have equivalent reductions in recidivism (Carey, Mackin, & Finigan, 2012). Treatment courts that include those with a history of violence can achieve significant cost savings for their community by reducing recidivism among individuals involved in violent crimes, which are more costly than nonviolent crimes. Comparing courts, rather than individuals, indicates that programs accepting violent

- Summarizes research on how exclusionary criteria impact recidivism, treatment court outcomes, and racial disparities.
- Encourages program staff to revisit these criteria to decide if they are justified.

A SURVEY INSTRUMENT COVERING 'SUITABILITY FOR TREATMENT COURT'

- Subjective beliefs about who is suitable for treatment court may influence decisions about access.
- This survey can help staff identify subjective beliefs.
- The results can be used to develop training programs for decision makers to counter beliefs with facts.

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Suitability for Treatment Court Survey

Understanding How Decision Makers Assess Criteria for Suitability for Treatment Court

Purpose: Identify potential training needs of professional staff who are involved in the decision to refer and admit individuals to treatment court.

Scoring: The easy-to-follow method to compile results is to calculate the percentage of responses associated with each level of suitability and identify which response is the most frequent for an item. Alternatively, you can score "unsuitable" = 1, "somewhat unsuitable" = 2, "somewhat suitable" = 3, and "very suitable" = 4. (Use the same approach for the effectiveness scale.) Calculate an average score for each item. Comparing the difference in averages between items in a general category, such as number of prior misdemeanors, will provide an indication of where cutoffs are appropriate.

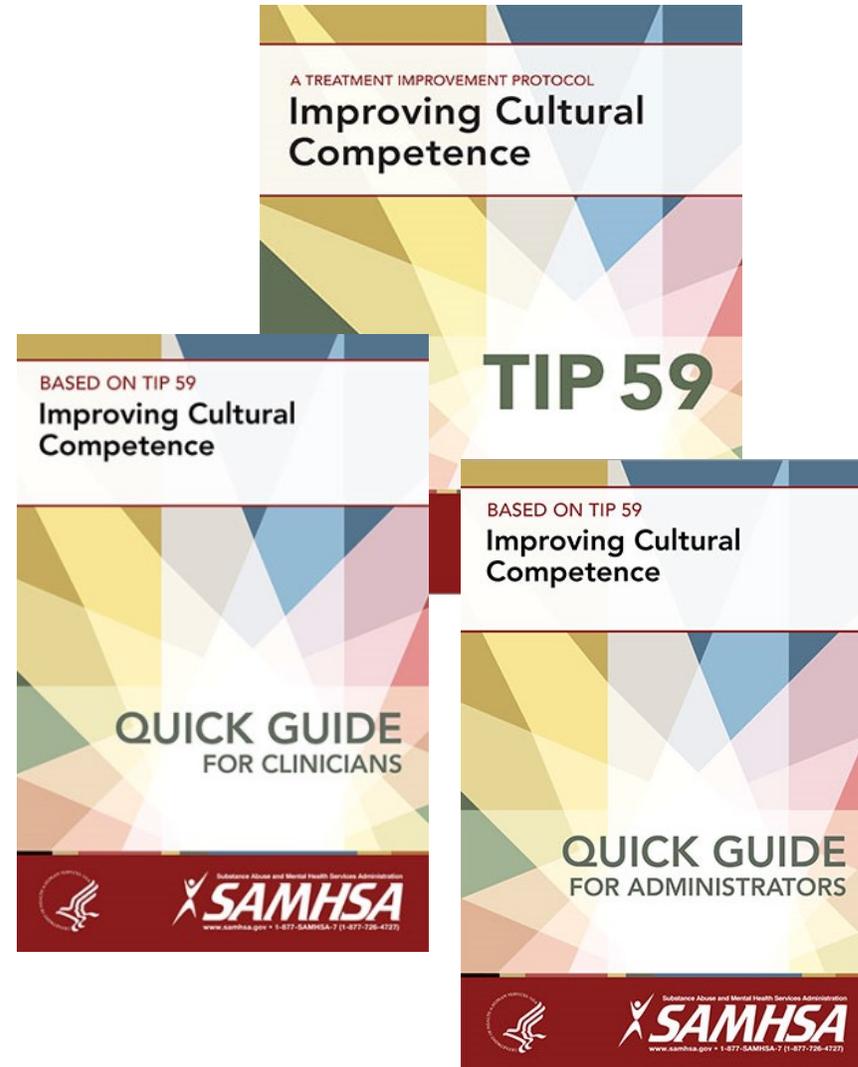
Interpretation of results: For a discussion of research on how the items in the survey relate to treatment court, recidivism, and racial disparities, see the **Research Brief on exclusionary criteria**.

Source: This survey instrument is based on one reported in Brown & Gassman (2013).¹³ The original instrument was obtained from the first author, who gave permission for it to be reproduced. It has been modified to simplify the scale scores, and some changes were made to the items covered.

¹³ Brown, R., & Gassman, M. 2013. Assistant district attorney decision making when referring to drug treatment court. *American Journal on Addictions*, 22, 381-387.

SAMHSA Treatment Improvement Protocol: Improving Cultural Competence

- Improving Cultural Competence: TIP 59
- Improving Cultural Competence: Quick Guide for Administrators
- Improving Cultural Competence: Quick Guide for Clinicians
- Improving Cultural Competence: KAP Keys for Clinicians
- <http://store.samhsa.gov>



Journal for Advancing Justice



- Research outlines practices that work
- Consider adding these to your program to improve outcomes

JOURNAL
for Advancing Justice

AJ Advancing
Justice

Practices to Reduce Disparities



- Offer family counseling services
- Ensure representatives from participants' communities of origin are part of the treatment court team or advisory committee
- Avoid terminating participants for new drug possession offenses.
- Deliver culturally congruent treatment services.



Practices to Reduce Disparities



- Focus on participant's pressing treatment goals.
- Utilize culturally proficient treatment such as the promising Habilitation Empowerment Accountability Therapy (HEAT).
- Recognize that trauma-informed treatment may initially increase rates of self-reported trauma exposure and trauma symptoms.

Practices to Reduce Disparities



- Defense attorney attends staffing is a 50% reduction and a 63% if they attend court hearings.
- Providing vocational services
- Using cognitive behavioral therapy (CBT)
- Focusing treatment on drugs of choice in the affected community



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.

Actions to Reduce Disparities



- Hold treatment providers accountable for provision or coordination of comprehensive care (mental health, HIV prevention, and primary care services).
- 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)

**ANY
QUESTIONS?
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