2017 NADCP CONFERENCE
July 10, 2017

Adult Drug Court Standards, Vol. I
Standard #1: Target Population

Session A-2: 9:30am – 10:45am

Carol Venditto, MPA
NDCI Sr. Consultant
MEMBER OF ADULT DRUG COURT
STANDARDS COMMITTEE
I. TARGET POPULATION

- Eligibility and exclusion criteria are based on empirical evidence
- Assessment process is evidence-based

A. Objective eligibility criteria
B. High-risk & high-need participants
C. Validated eligibility assessments
D. Criminal history disqualifications
   - “Barring legal prohibitions . . .”
E. Clinical disqualifications
   - “If adequate treatment is available . . . “
TARGET POPULATION

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   ▪ “Barring legal prohibitions . . .”

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   ▪ “If adequate treatment is available . . .“

“Because they have the potential to exclude individuals from Drug Courts for reasons that are empirically invalid, subjective suitability determinations should be avoided.”
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   - “Barring legal prohibitions . . .”
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   - “If adequate treatment is available . . . “

“Barring legal prohibitions, offenders charged with drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court.”
**TARGET POPULATION**

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C. Validated eligibility assessments

D. Criminal history disqualifications
   - “Barring legal prohibitions . . .”

E. Clinical disqualifications
   - “If adequate treatment is available . . . “

“If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions...”
Issue: Which offenders should be admitted into the Drug Court?
Research is Clear: The individuals in the justice system who have historically been the most difficult to deal with, the “hardest nuts to crack,” are also the ones who do best in Drug Court.
**RISK PRINCIPLE**

- *Not* necessarily a risk for violence or dangerousness
- Risk essentially means a difficult prognosis or lesser amenability to treatment
- The higher the risk level, the more intensive the supervision and accountability should be; *and vice versa*
- Mixing risk levels is contraindicated
PROGNOSTIC RISK

✓ Current age < 25 years
✓ Delinquent onset < 16 years
✓ Substance abuse onset < 14 years
✓ Prior rehabilitation failures
✓ History of violence
✓ Antisocial Personality Disorder
✓ Psychopathy
✓ Familial history of crime or addiction
✓ Criminal or substance abuse associations

Must have a three or more to reach high risk.
NEED PRINCIPLE

- Clinical syndromes or disorders

- The higher the need level, the more intensive the treatment or rehabilitation services should be; and vice versa

- Mixing need levels is contraindicated

(Andrews & Bonta, 2010)
SELECTING AND USING RISK AND NEED ASSESSMENTS

VOL. X, NO. 1

DECEMBER 2015
RECOMMENDED INSTRUMENTS

➢ CORRECTIONAL OFFENDER MANAGEMENT PROFILING FOR ALTERNATIVE SANCTIONS (COMPAS)
➢ LEVEL OF SERVICE – CASE MANAGEMENT INVENTORY (LS/CMI) REVISED LSI-R
➢ POST CONVICTION RISK ASSESSMENT (PCRA)

PROMISING INSTRUMENTS

➢ OHIO RISK ASSESSMENT SYSTEM (ORAS) – PRETRIAL ASSESSMENT TOOL (PAT) AND COMMUNITY SUPERVISION TOOL (CST)
➢ RISK AND NEEDS TRIAGE (RANT)
Clinical Diagnosis - Then

Substance use disorders are characterized by loss of control of use, physiologic changes, and negative consequences resulting in distress or impairment of normal functioning.

DSM-IV: previous diagnoses of “abuse” and “dependence”; in the new system introduced in 2013, these are combined into a single diagnosis of “substance use disorder” based on extensive data showing that any of the symptoms—loss of control, physiologic dependence, or negative consequences—could show up at any point in the progression of illness.
CLINICAL DIAGNOSIS AS PER DSM-5

A *substance use disorder* is defined by having 2 or more in the past year resulting in distress or impairment.

The diagnosis is made separately for each substance.

Severity is rated by the number of symptoms present:

- 2-3 = mild
- 4-5 = moderate
- 6+ = severe
# Alternative Tracks

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<thead>
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<th>Criminogenic Needs</th>
<th>High Need (dependent)</th>
<th>Low Need (abuse)</th>
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<tbody>
<tr>
<td><strong>High Risk</strong></td>
<td>Standard Track</td>
<td>Supervision Track</td>
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<tr>
<td>Treatment &amp;</td>
<td>Treatment &amp;</td>
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<td>Habilitation</td>
<td>Habilitation</td>
<td>Habilitation</td>
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<tr>
<td><strong>Low Risk</strong></td>
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<td>Diversion Track</td>
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<td>Secondary</td>
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<tr>
<td>Habilitation</td>
<td>&amp; Habilitation</td>
<td>Prevention</td>
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**Prognostic Risks**

- High Risk
- Low Risk
## Practical Implications

### Prognostic Risks

<table>
<thead>
<tr>
<th>High Risk</th>
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<tr>
<td>High Need (dependent)</td>
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<table>
<thead>
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<tr>
<td>Treatment</td>
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<tr>
<td>Pro-social &amp; adaptive habilitation</td>
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</tr>
<tr>
<td>Abstinence is distal</td>
<td>✓</td>
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<tr>
<td>Positive reinforcement</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Self-help/alumni groups</td>
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<tr>
<td>~ 18-24 mos. (~200 hrs.)</td>
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<tr>
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<td>✓</td>
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<td>Treatment (separate milieu)</td>
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<tr>
<td>Adaptive habilitation</td>
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<tr>
<td>Abstinence is distal</td>
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<tr>
<td>Positive reinforcement</td>
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<tr>
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<td>✓</td>
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<tr>
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<tr>
<td>~ 12-18 mos. (~100 hrs.)</td>
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<td>✓</td>
</tr>
<tr>
<td>Individual/stratified groups</td>
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<td>✓</td>
</tr>
<tr>
<td>~ 3-6 mos. (~12-26 hrs.)</td>
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II. Equity & Inclusion

DR. ANNE DANNERBECK JANKU
In this presentation we will:

Briefly review national work on addressing disparities

Look at the ‘story behind the numbers’ using statistics from Missouri

Consider some research findings that may help you create equivalent experiences for all treatment court participants

Identify performance indicators to use in your programs
“White people always ask us [black activists] what they can do. We have enough to worry about with plain old survival. I say wholeheartedly to you with no malice: Figure out what you do well and get in the game. Why sit there and wait for us to figure it out? We didn’t create the problems.”

Damon Davis, producer of Whose Streets?, a 2017 documentary film about Ferguson, MO.

Ouagadougou, Burkina Faso, 1981
RESOLUTION OF THE BOARD OF DIRECTORS
ON THE EQUIVALENT TREATMENT OF RACIAL AND ETHNIC
MINORITY PARTICIPANTS IN DRUG COURTS

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.

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.
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
Painting the Current Picture

• In 2014, representation of African-American and Hispanic individuals in respondents’ Drug Courts was lower than the arrestee, probation, and incarcerated populations.

• African-American and Hispanic participants graduated from some Drug Courts at rates substantially below those of other Drug Court participants.
Do no harm.....

Equivalent Dispositions

If 35% of drug offenders are African American and 15% of drug court participants are African American, should you recruit more African American participants?

It depends

◦ On how well the program actually meets their needs,
◦ On their ability to successfully complete the program,
◦ And on who is best suited to participate in your program.
Begin with the End in Mind

Performance Indicator: your graduation rates compared to state and national graduation rates

Missouri adult drug court graduation rates for 2016:
- 56% Caucasians
- 38% African Americans

National graduation rates among BJA recipients*:
- Caucasians: 50%
- African Americans 54%
- Hispanics: 59%
- Native Americans: 47%
- Others: 66%

* West, Kenyon, & Pryce 2016
Why do the exit rates differ?
Race, a proxy or indicator of bias?

Race may be a proxy for other variables- including bias/prejudicial treatment.

Dannerbeck et al, 2006, found that the effects of race (being black) on graduation probability decreased when one accounted for low community SES, unemployment and low social support.

The more disadvantaged the neighborhood, the less likely an individual is to graduate (Howard 2016).
And speaking of race......Mixed Race

3% of US population identifies as mixed race with the largest proportion identifying as White and Native American (US Census 2010)

Not much research because of the tremendous diversity of individuals who could potentially be considered mixed race

Implications of self-identification
- Risk and needs indicator
- Tends to fluctuate over the life course

Implications of ‘observer’ identification
- Monitor practices for potential discrimination
Women and Drug Court

“My child’s first sentence was: ‘Mommy with her PO.’ I cried.”
female drug court participant, 2015

- Gender specific issues: Trauma, domestic violence, child care, guilt
- Self-medicating for abuse and trauma
- 12-step programs designed for men
- Gender responsive programs lead to better drug court outcomes

Artist, Patricia Erickson
Costa Rica
Begin with the end in mind
Outcomes for Participants from a Health Perspective

Reduction in stress
Improvement in behavioral health issues (depression, substance use disorders)
Increase in strength and resiliency
Stress (poverty, discrimination) and coping

Discrimination has an additive effect above other social determinants of health status that often leads to the elevation of chronic stress hormones which have a corrosive effect at the cellular level (Swain, Johnson, & Ports, 2016).

Parents who experience chronic stress can pass on changes in gene expression at the cellular level. The effects on the children are the same as if they had directly experienced the stress.
History

Slavery. Did there ever exist a more annoying way to try to make a modern-day black man feel like his troubles were insignificant, that he should be satisfied with the sorry hand society dealt him? Cha-Cha, a character in Angela Flourney’s The Turner House, p 82

Amazing how in the beginning of time we were the first people to have a great civilization and we were some of the most important people on this planet. Then 1000s of years of erasing our history and hundreds years of us being chained up and brought down. And now we are here. We see more of us than of them [in prison]. Focus group participant
Post traumatic slavery syndrome

State Capital
Columbia, SC, May 2015
Confederate Memorial Day
Where do your participants live?
St. Louis, MO

Blue dot= white person; green dot= black person
Source: http://demographics.coopercenter.org/DotMap/
Residential Segregation

Neighborhood segregation may create differences in:

- employment opportunities,
- community resources,
- transportation access,
- treatment availability
- and other factors that impact drug court participant success.
Neighborhood Disadvantage

Biggest thing from Af Am standpoint, know white people using drugs. Don’t buy drugs in their neighborhood. They go somewhere or someone brings them the drugs.

Coming from neighborhood where gangs and drugs are part of neighborhood environment, it is difficult to come in program like this where you are expected to follow the straight and narrow and be clean but you are back home to that.

Growing up we had opportunities, had parks, community centers. Mom and pop stores. Resources in community allowing us to live effectively as a community. Had grocery stores, dental clinics, family practice health care. Stores selling fruits and vegetables.

Today no resources for individual to come out and be productive.
Many African-Americans relate to the culture of the streets. 

You have people who grew up, their mama not there, daddy locked up, no uncles or anybody to guide them so they feel like the streets is right here and the streets is their home and they are protected when they around the people in the streets because those people feed them, help them, do things for them, rob for them. The streets is their home, that’s why they fall right in, join a gang. Certified youth

Didn’t want to be told what to do, when to do it and how to do it. I’m a man and I have been living on the street and I’ve been doing what I been doing to get by. So how dare somebody come and try to tell me how to live my life. Focus group
So why don’t you just move?

People are a product of their environment. People in my house were non-functional. It was hard to get out of that environment. After getting out of prison I had to go back and stay with family who did not support me in drug court. That happens to other people I know. Sometimes you can’t change where you live because you have no resources and no housing choices. Drug court participant
Wealth accumulation through respect and social relationships

Digre, Burkina Faso, 1981
A Deficit of Trust

I have been disrespected by the system. Say I am tall, African American, and have short hair. I could be walking down the street and get stopped multiple times because I fit the description: tall, African American, short hair. Once I was walking from my house to a park and I got stopped three times. Why? I didn’t do nothing. (certified youth)

When you have been arrested and locked up you get used to a system. People enter drug court with the idea that its just like the rest of the system. There’s unconscious distrust of anybody in authority positions. Focus group

Painting by Lynette Yaidom-Boakye
As printed in Vogue April 2017
Coping Strategies

“Relationship frequently trumps everything else.” (p. 28)

Hypersensitivity about matters of respect.

“Greeting becomes a symbol which underscores the importance placed on the relationship.” (p. 31)

Possible association between performance and perceptions of one’s relationship with those in charge.

Source: DeGruy 2005
Participants often mention their relationship with the judicial officer as a key element of their success. Research suggests that the principles of procedural fairness are strongly associated with success (Mackenzie 2016).

- **Voice** I knew they listened to me when they gave me a travel pass.
- **Neutrality** There are rewards for those who do well and punishments for those who do bad. That’s just the way it is in this program.
- **Respect** Showed disrespect in the way they talk to us sometimes.
- **Trustworthiness** Drug court peoples you can see the hand they offer to you. Give you chance to help yourself.
Equivalent Treatment
Recognize that equivalent does not mean treating people the same.

Equivalent
◦ Equal in effect
◦ May differ in appearance but has the same value to the recipient

The trauma of racism and discrimination and the role of drugs and drug trafficking in coping with such discrimination may need to be addressed in treatment.
Equivalent Treatment
Some factors to consider

African Americans may cope with stress through: smoking, alcohol, drugs, comfort foods (Mezuk et al. 2011).

African Americans have a lower incidence of mental health problems than similarly situated whites (Kressler, et al. 1994) but more physical health problems over the life course.

They are less likely to have their pain acknowledged and treated than are similarly situated Caucasians. False stereotypes may be factors driving this trend. (Meghani, Byun, & Gallagher, 2012).

Minorities report lower levels of satisfaction with treatment (Wells et al. 2001). They underutilize treatment because of potential stigma (Menke & Flynn 2008), distrust of providers (Freimuth, Quinn, & Thomas 2001) and lack of financial resources (Hines-Martin, et al. 2003).

Lower levels of education and income in the community may impact participants’ self-efficacy and their perceptions of the benefits of staying in treatment (Saloner & Cook 2013).

To engage minority participants in treatment, providers need to have staff who understand the participants and are knowledgeable about their daily lives (Guerro, et al. 2013.)
Smoking at age 50 accounts for 20% to 48% of the black-white gap in male life expectancy.

Black men are more likely to be ever smokers.

Black men have lower cessation rates.

Smoking serves as a self-medicating mechanism and form of relaxation among low income individuals facing high levels of stress. (Ho & Elo 2013)

Blacks tend to smoke fewer cigarettes but are more likely to smoke menthol cigarettes (which numb throat and allow for deeper inhalations) and those with higher tar yields experience higher indices of smoke exposure and may be at risk for greater physical dependence. (Sellers 1998)
Coping: The Alcohol Paradox

African Americans are more likely to abstain from drinking than are whites yet they are more likely to be problem drinkers. (Keyes, et al. 2015)

Problem drinking among African Americans is linked to discrimination. (Borrell et al. 2013)

Having religious beliefs and engaging in religious behaviors protect against problem drinking.

Having such beliefs without a religious practice actually increases the risk of alcohol abuse. (Brechting et al. 2010)
Coping: Religion and Faith-Based Institutions

African Americans may utilize religious and spiritual coping mechanisms. (Neblett, et al. 2010)

For those under financial stress, ‘the collection basket’ can be another stressor (Hudson et. al. 2016).

Potential stigma among church attendees about associating with justice-involved individuals and their families. (DeGruy 2005)

Younger generation don’t have same feelings about church. Seen as European, from slavery. Focus group
Being color blind is not helpful

“We treat everyone the same in our drug court program.”

Research indicates that practicing an ideology of color blindness is ineffective, provokes interracial tension, and promotes inequality. (Neville, et al. 2013).

What to do instead?

◦ Discourage color blind attitudes among staff.
◦ Engage in hard discussions about how race may matter in your program.
◦ Include community partners and participants in these discussions.
Drugs may not be the ‘problem’

Not just focus on drug treatment because that is not an addict’s whole downfall. Drugs is not the problem. Addicts have more than one problem. All you focus on is drug problem, then you aren’t going to get down to the serious problems.

Education might be a much bigger problem than drugs.

Job problem might also be bigger. I don’t want to play the race card but being African American it really does make a big difference, especially when you are a felon.
What type of services?

**Focus on Habilitation - life skills training, a career, not just a job**

The evidence points to a need to focus on habilitation (being able to function independently in an adult world) especially for poor urban men, 50% of whom are black or Hispanic. (Institute on Research on Poverty 2016)

2/3 are fathers with children raised in female headed households.

60% have not worked in past 12 months.

Employment rates for urban black men have decreased from 73.4% in 1970 to 44.7% in 2010 vs. from 85% to 77% for white men.

50% of black and Hispanic men have been arrested by age 35.

Employment status at drug court entry is a significant predictor of exit status. Providing an equivalent experience may entail offering additional resources for employment supports.
Equivalent Retention

Most difficult group across types of interventions: young black males, 17-25

Typical comment: “I’m not an addict. I just choose to smoke weed. Its part of my lifestyle.”

Emerging adult characteristics- brain not mature, weak connections to social control mechanisms, establishing a lifestyle

High prevalence of gateway drugs-alcohol and marijuana –related to experimentation, instability and stress, peer influence (Dannerbeck, 2010)
Performance Indicators

Break down participants by age group:

- 17-25 emerging adults
- 26-35 young adults
- 36-60 middle adults
- 60+ older adults

- Look at length of time in program, risks, needs
- Look for patterns of absconding, early termination

Equivalent Retention
I don’t have none of that addiction stuff. I don’t even see why I am in drug court. I guess because I had drugs but I don’t know what. They should have a different program to talk about how to get money. They should put me in a different room to talk about why I want fast money... I don’t have an addiction it is more of a lifestyle. You know how you grow up seeing your older cousins and brothers doing this. You like what you see. They have good clothes, shoes, game systems. Just trying to live the good life. Without having to do nothing for real for it just somebody put it in your hand real quick and easy like that. None of that ‘oh my feet hurt’ coming home from work type stuff.

Retention evaluation
To help with retention, assess for risk and needs

**MO Drug Court Exits by Race & RANT Score**

<table>
<thead>
<tr>
<th>Risk/Need</th>
<th>Hi/Hi</th>
<th>Hi/Low</th>
<th>Low/Hi</th>
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<tr>
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<td>666</td>
<td>75</td>
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<td>81%</td>
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<td>183</td>
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<tr>
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<td>64%</td>
<td>26%</td>
<td>5%</td>
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</table>
HEAT, A promising intervention

Habilitation, Empowerment and Accountability Therapy

created by Guy Wheeler and Darryl Turpin

Manualized cognitive behavioral therapy designed for those who identify with the culture of black males between the ages of 17 and 29

Focuses on spirituality, community, family and self.

Geared to reduce recidivism, reduce drug use, address trauma, ambivalence and resistance
Consider ways to connect your program to the participants to improve retention

A recent Pew Research Center study (2015) found that young adults, those with low incomes and minority status were the groups most likely to be **smart-phone** dependent. How can you use this device to enhance access to your program?

Send text reminders about appearance dates.

Clinicians and probation officers can do quick check-ins on mental state, cravings, or activities to see how participants are doing.

Drug testing reminders can be sent via text.

Some clinical interventions may be conducted over smart-phones.

On-line reviews of NA/AA groups can help individuals find a good match.

Create an app for stress reduction.

Link participants to health literacy information.

Community members can form a virtual network to offer support to participants. (Anderson & Olson, 2016)
Equivalent Retention: Family Engagement

For participant support:
After 3 jail sanctions, *What helped me to stop the B.S. was a call from my daughter, ‘Daddy, me and Granny was talkin’ and we concluded you ain’t doin’ what you’re supposed to be doin’*. ADC focus group participant

*My brother was there to support me but a lot of people don’t have that.*

To help family members:
Adverse Childhood Experiences study found parent substance use to be a risk factor for other ACEs, including child maltreatment. Children with a large number of ACEs are likely to use substances and be justice involved. A good time to identify and treat at-risk children are while their parents are in treatment using a family centered approach in ADC.
Incentives and sanctions

Performance indicators

Interview participants

◦ Were sanctions a punishment or a form of help?

_A jail sanction doesn’t help if you are used to being locked up. You are used to that. Its comfortable. Give people the opportunity to step outside themselves, go talk at a youth center._

Drug court participant

Nurturing self efficacy- helping participants vs. giving them what they need to do things themselves
Equivalent Opportunity in Drug Court

✓ If your rates didn’t measure up to state and national benchmarks, you examined your program.

✓ Are you accepting the appropriate people based on their risks and needs?
  ◦ Especially regarding addiction vs. abuse and mental health status, trauma/racism?

✓ Are you providing the appropriate services to meet those risks and needs?

✓ And providing the services in a culturally appropriate manner?

Then it is time to consider program access.
Recognize when Equivalent Access is not being Achieved

### Adult Drug Court Admissions by Race and Ethnicity

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<th>Year</th>
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<td>0%</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>0%</td>
<td>0%</td>
<td>20%</td>
<td>0%</td>
<td>79%</td>
</tr>
<tr>
<td>2016</td>
<td>0%</td>
<td>0%</td>
<td>17%</td>
<td>1%</td>
<td>82%</td>
</tr>
</tbody>
</table>
## 2016 Statewide Statistics related to Adult Treatment Court

<table>
<thead>
<tr>
<th></th>
<th>Black Females</th>
<th>Black Males</th>
<th>White Females</th>
<th>White Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of all Felony Drug Charges Filed</td>
<td>2%</td>
<td>15%</td>
<td>29%</td>
<td>52%</td>
</tr>
<tr>
<td>Proportion of all Admissions</td>
<td>4%</td>
<td>12%</td>
<td>33%</td>
<td>49%</td>
</tr>
<tr>
<td>Proportion of in group exits graduating</td>
<td>34%</td>
<td>36%</td>
<td>57%</td>
<td>56%</td>
</tr>
</tbody>
</table>
Recruitment considerations

Why are certain groups underrepresented in your program?
- Prosecutorial decisions or judicial considerations?
- Word on the street – “Drug court is a trap.”
- Other access issues: affordability, transportation, scheduling, neighborhood
- Eligibility criteria—are any unnecessarily exclusionary? Language, housing stability, geography,
- Perceptions of program requirements- a help or a burden?

- At orientation they throw a lot of rules at you. ‘Do this.’ ‘Don’t do that.’ There was no focus on how the program can help you. A lot of guys decided they didn’t want to go through it. Focus group
Market your program
## Performance Indicator

**Understand reasons for non-admittance**

<table>
<thead>
<tr>
<th>Reason for Non-Admittance</th>
<th>Black Females</th>
<th>Black Males</th>
<th>White Females</th>
<th>White Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defendant Opt-Out</td>
<td>12/33%</td>
<td>78/37%</td>
<td>123/37%</td>
<td>134/27%</td>
</tr>
<tr>
<td>Medical</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Admit to Other Treat Pgm</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Dismissed</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Judicial Override</td>
<td>0</td>
<td>3</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>PA Decision</td>
<td>18/ 50%</td>
<td>262/ 68%</td>
<td>81/ 24%</td>
<td>145/29%</td>
</tr>
<tr>
<td>Not Eligible</td>
<td>5/ 14%</td>
<td>39/ 10%</td>
<td>91/ 27%</td>
<td>138/28%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>36</strong></td>
<td><strong>385</strong></td>
<td><strong>333</strong></td>
<td><strong>492</strong></td>
</tr>
</tbody>
</table>

Cases that received a RANT but were not admitted to Treatment Court, Jan 1, 2014 through December 31, 2015
Poverty and Access to Drug Court

“Participants who are employed at program entry and who can pay their fees are more likely to graduate. “ program staff

Ask the following at program entry:

To what extent do you think your income is enough for you to live on?

- Not at all adequate
- Can meet basic necessities only
- Can afford some of the things I want
- Can afford about everything I want
- Can afford everything I want and still save money
In 2015 NPC Research completed a best practices assessment of Missouri drug courts.

Just 16% had a community partnership.

Who should be included in such a partnership?

- Related agencies like mental health, prosecutors
- Reps from community organizations (including faith based) serving neighborhoods where target population resides, key employers, and the informal go-to people from neighborhoods and schools.
Community partners can....

- Review eligibility criteria and program requirements for potential impacts on specific populations
- Help find staff who are knowledgeable about the world view of the population
- Help identify ancillary services of benefit to DC participants
- Identify barriers to accessing drug court services and possible ways to overcome barriers
- Share the word on the street about drug court
Create an atmosphere of social accountability

Plays into our desire to look good to our peers. Knowing that we may have to explain our decisions leads us to change our behavior (Dobbin & Kalev 2016)

Discourage color blind attitudes among staff.

Provide training on implicit bias and

Use performance indicators, both statistics and interview materials to engage in continuous improvements.

- Have staff review them regularly
- Have a stakeholder group review them periodically and ask questions.
Distribute Status Reports including:

A review of the jurisdiction's charges filed population vs. the treatment court population was conducted and is outlined in the tables below.

<table>
<thead>
<tr>
<th>Charges Filed</th>
<th>Type of Case</th>
<th>Black Female</th>
<th>Black Male</th>
<th>Other Female</th>
<th>Other Male</th>
<th>White Females</th>
<th>White Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges Filed</td>
<td>Felony Drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CY15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Court Admissions</td>
<td>Program Type</td>
<td>Black Female</td>
<td>Black Male</td>
<td>Other Female</td>
<td>Other Male</td>
<td>White Females</td>
<td>White Males</td>
</tr>
<tr>
<td>CY15</td>
<td>Adult Drug Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Court Exits</td>
<td>Exit Status</td>
<td>Black Female</td>
<td>Black Male</td>
<td>Other Female</td>
<td>Other Male</td>
<td>White Females</td>
<td>White Males</td>
</tr>
<tr>
<td>Adult Drug Court</td>
<td>Graduates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CY15</td>
<td>Terminations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MATCP Committee for Equity in Missouri Treatment Courts

Promote training on equity in treatment courts
Make recommendations on treatment and practice
**References**


Mackenzie, B. 2016. The judge is the key component: The importance of procedural fairness in drug-treatment court. *Court Review, 52*, 1, 8-34.


Saloner, B. and Le Cook, B. 2013. Blacks and Hispanics are less likely than whites to complete addiction treatment, largely due to socioeconomic factors. *Health Affairs, 32*, 1,135-145.