

Decision Points: Addressing Racial & Ethnic Disparities

Center for Court Innovation

September 15, 2021

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No. 2019-J2-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.



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Today's Speakers



Monica Christofferson, Esq

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Center for Court Innovation



Alejandra Garcia, MSW

Senior Program Manager, Treatment Court Programs
Center for Court Innovation



Decision Points: Addressing Racial & Ethnic Disparities

 **Center
for
Court
Innovation**

RSAT

September 15, 2021

Alejandra Garcia, MSW

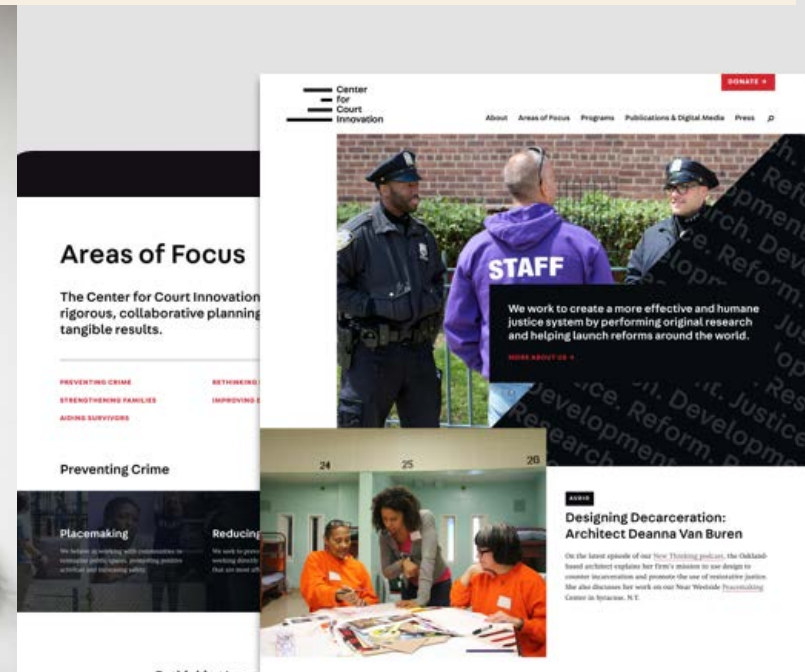
Senior Program Manager

Monica Christofferson, Esq

Associate Director

Center for Court Innovation

OUR MISSION is to make the justice system fair, effective, and humane. We create **operating programs** to test new ideas and solve problems, perform **original research** to determine what works (and what doesn't), and provide **expert assistance** to justice reformers around the world.



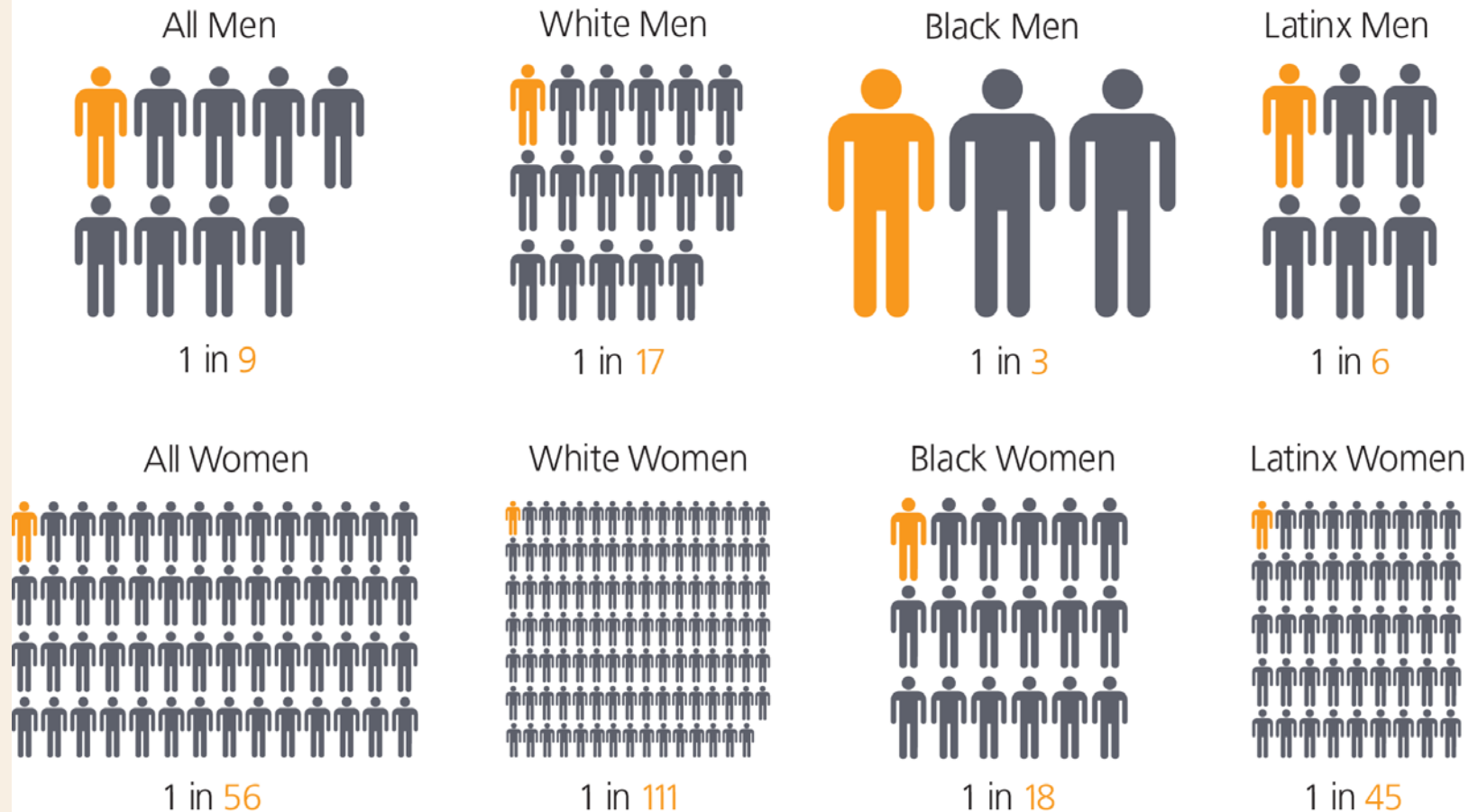
Overview of Today's Session

1. National snapshot of racial and ethnic disparities in courts
2. Training and technical assistance priorities and resources
3. Introduction to Decision Points Action Planning framework
4. Examining the Best Practice Standards for Decision Points



National Snapshot

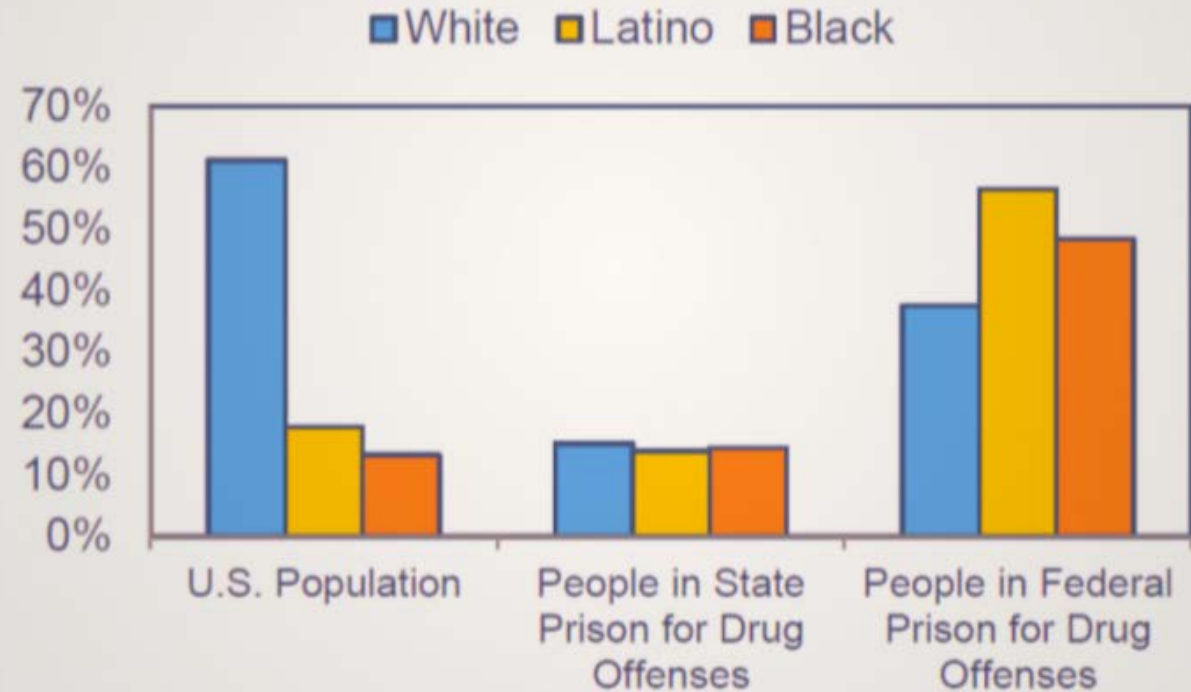
Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001



Racialized War on Drugs

- 1830s: alcohol (Indigenous peoples)
- 1870s: opium (Chinese immigrants)
- 1900s: cocaine (emancipated Black Americans)
- 1930s: cannabis (Mexican immigrants)
- 1970s: Nixon & the War on Drugs (poor Black Americans)
- 1980s: Reagan & Crack (100:1 sentencing)
- Today: fentanyl re-scheduling (Black/Brown Americans)

Disproportionate Impact of Drug Laws on Black and Latino Communities



Drug criminalization and racial disparities as of 2018 (via DPA)

“Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on Drugs.”

–Michelle Alexander, *The New Jim Crow* (2010)

National Landscape: Treatment Court Disparities



National Adult Drug Court Best Practice Standard II: Equity and Inclusion

- Covers access, retention, treatment, and graduation
- Still, treatment courts have consistently produced disparate racial/ethnic outcomes in each area

What we know:

- Disparities related to views on treatment, use of incentives and sanctions, and representation in recovery supports
- Non-white participants experience lengthier sentences after program termination

Source: *Advancing Justice Volume I Identifying and Rectifying Racial, Ethnic, and Gender Disparities in Treatment Courts* NADCP, 2018; NDCI's *Painting the Current Picture*, 2016



National Landscape: Treatment Court Disparities



Implications:

- Treatment courts are contributing to systemic health and legal disparities
- Treatment courts are contributing to participant, community, and societal harm
- These disparities are contributing to a reduction in program sustainability

Source: *Advancing Justice Volume I Identifying and Rectifying Racial, Ethnic, and Gender Disparities in Treatment Courts* NADCP, 2018; NDCI's *Painting the Current Picture*, 2016



Federal Priorities

BUREAU OF JUSTICE ASSISTANCE

- Utilize evidence-based practices and principles, which are incorporated into the NADCP drug court Standards
- Responsive to the Biden Administration's priorities for racial equity

POLICY CHANGES

Biden Drug Policy priorities:

- Racial equity
- Harm reduction

Possible federal decriminalization

Center for Court Innovation: Racial & Ethnic Disparities TTA Strategic Planning Model

The Center's RED TTA strategic planning model is a five-phase statewide model:



Statewide Recommendations

1. Schedule yearly anti-racist and RED, cultural competency regional and statewide trainings
2. Include anti-racist and RED component in all training initiatives including judges' trainings
3. Develop statewide RED mission and vision statements and other equity language for local treatment courts
4. Develop a statewide RED data dashboard
5. Identify statewide decision points that address subjectivity in court operations based on the national adult drug court best practice standards

Statewide Training

Curriculum includes an interactive multidisciplinary series that addresses the interpersonal, organizational, and structural processes of treatment court practitioners. All trainings include equitable engagement activities.

Session 1: History of race and the war on drugs

Session 2: Cultural humility/bias training

Session 3: Identifying and addressing data collection

Session 4: Decision points workshop

Treatment Courts

About RED Program Assessment Tool

The Racial and Ethnic Disparities (RED) Program Assessment Tool was designed to capture information about treatment courts' operations and procedures, with an emphasis on examining areas where racial and ethnic disparities may exist in their courts. The underlying goals of the RED tool are:

1. Raising awareness about RED in treatment courts;
2. Assisting courts identify RED in their systems and processes; and
3. Offering recommendations on alleviating racial/ethnic disparities.

Testimonials



"I believe treatment courts should routinely examine their policies and practices to identify accessibility barriers which lead to racial and ethnic disparities. The Program Assessment Tool enables courts to start this assessment process and provides informed recommendations for making programmatic adjustments to alleviate racial and ethnic

Take The
RED Assessment[Forgot Password?](#)[Log In](#)

Equity and Inclusion

Ensuring that all individuals have equal access to & retention within treatment court programs is an issue to which all programs should attend and is outlined in Best Practice Standard #2. These resources will assist treatment court stakeholders with examining programmatic data for the purposes of identifying and addressing issues of inequity and/or exclusion.

Resource Category [↗ Reset](#)Show per page Search:

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[Immigrant Offenders in Drug Court](#)[Hispanics and Latinos in Drug Courts Cultural Strategies to Enhance and Sustain Recovery](#)[Equity and Inclusion Assessment Tool](#)

Resource Categories

[Document](#)[Document](#)[Document](#)**NADCP**
National Association of
Drug Court Professionals

Equity & Inclusion

EQUIVALENT ACCESS
ASSESSMENT *and* TOOLKITAdult Drug Court
Best Practice Standard II

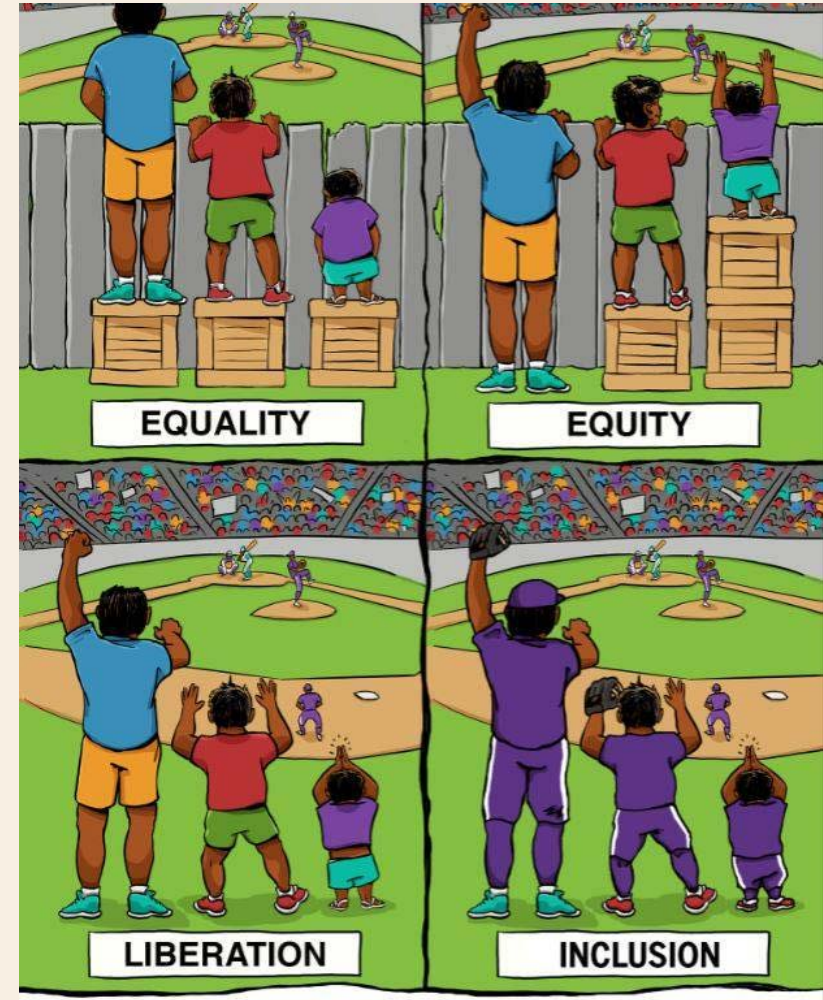
Racial Justice and Equity

Racial Justice:

The systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all.

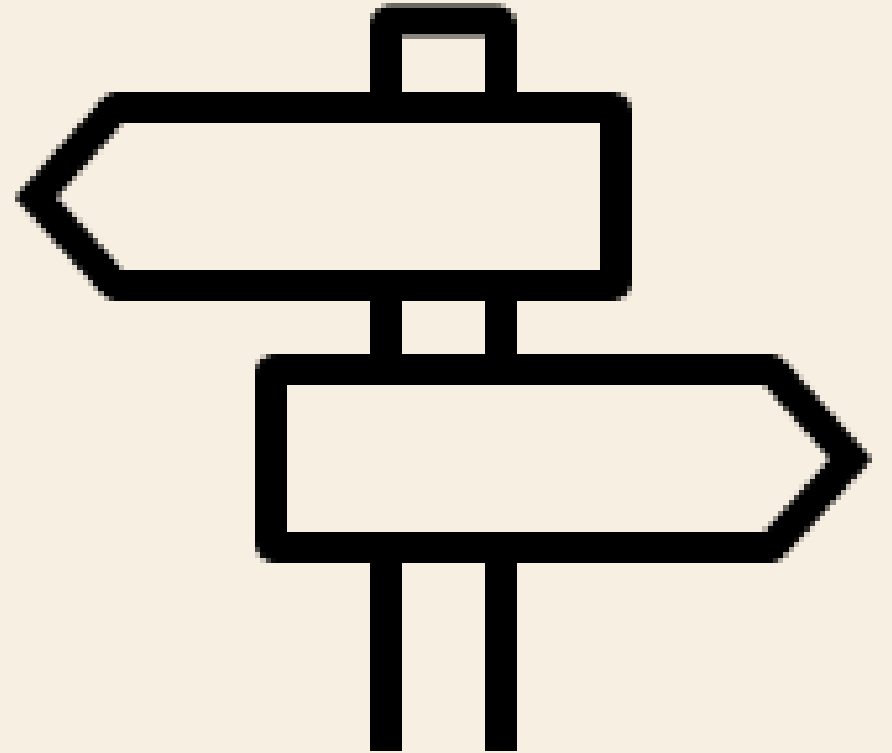
Racial justice—or racial equity—goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the **presence of deliberate systems and supports** to achieve and sustain racial equity through proactive and preventative measures.

-Race Forward



Decision Points Action Planning

- * A framework and exercise for practitioners that can be used at the **personal, programmatic, and statewide level**
- * This strategic planning exercise will **empower** practitioners to identify “decision points,” or **areas of change** that address racial and ethnic disparities in court or program operations
- * An identified decision point can be micro or macro and is based on the practitioner's **role, responsibilities, and experience** in treatment courts (or other field).



Guiding Questions:

What are the opportunities in my current role to address racial and ethnic disparities?

Which stakeholders need to be involved?

What materials can be updated?

Consider:

Screening

Assessment

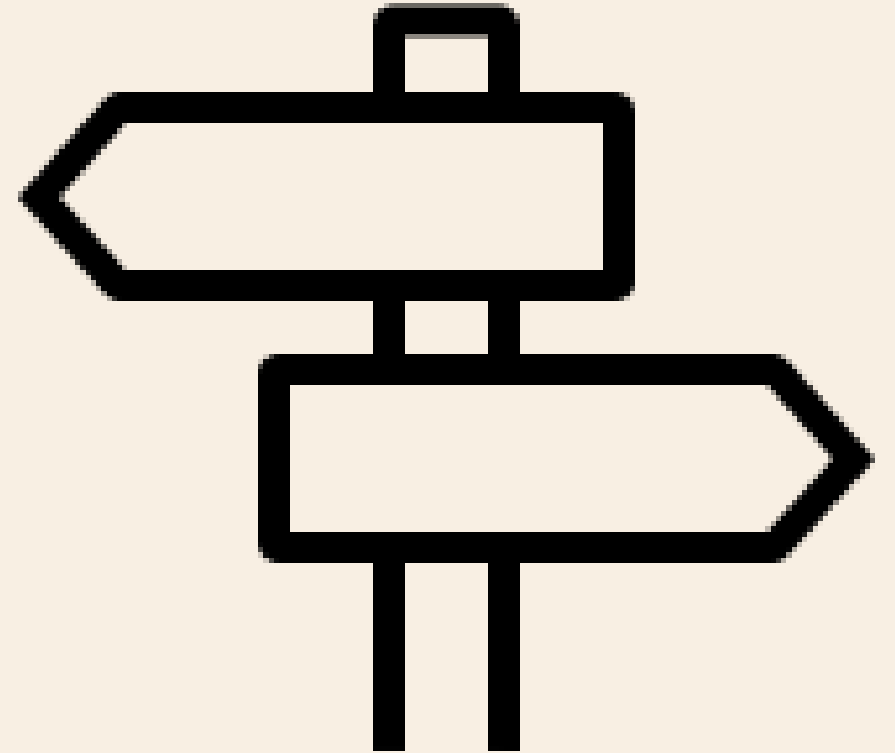
Treatment planning

Drug testing

Aftercare

Decision Points Action Planning

- * The National Adult Drug Court Best Practice Standards can be examined for areas of **subjectivity that impact racial and ethnic disparities** in the courts.
- * The exercise results in an action plan that provides the courts with an **implementation structure for policy and program change.**



Taking a Look at the Standards:

Decision Points in Treatment and Service Provision

Standard V: Substance Use Disorder Treatment

SUD TREATMENT SUMMARY

Participants receive substance use disorder treatment based on a standardized assessment of their treatment needs. Substance use disorder treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

SUD TREATMENT TOPIC AREAS

- Continuum of Care;
- In-Custody Treatment;
- Team Representation;
- Treatment Dosage & Duration;
- Treatment Modalities;
- Evidence-Based Treatments; Medications;
- Provider Training & Credentials;
- Peer Support Groups;
- Continuing Care

Standard V: SUD Treatment

SUD TREATMENT RED CONSIDERATIONS

Does your agency have a policy to incorporate and increase client voice in treatment planning?

Does your program offer a continuum of care that is culturally appropriate, and that includes peer support groups?

Do you regularly schedule meetings with your treatment provider to discuss staff credentialing and training?

Do clients have access to treatment providers in their native language? Is language access a barrier to treatment?

Standard V: SUD Treatment

SAMPLE DECISION POINTS ACTION STEPS

- **Team Representation:** Identify where more racial and ethnic representation is needed with staff and community partners
- **Treatment Dosage & Duration:** Provide training and education on the difference between noncompliance and non-responsive to treatment interventions
- **Treatment Modalities:** Ensure you understand the diverse cultures within the SUD treatment population and are separating treatment needs
- **EBP/Medications:** Develop a resource map to identify where treatment deserts exist specifically noting where MOUD is not accessible

What is meant by culturally- “safe” or “responsive” treatment?

Standard VI: Complementary Services

COMPLEMENTARY TREATMENT & SOCIAL SERVICES SUMMARY

Participants receive complementary treatment and social services for conditions that cooccur with substance use disorder and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.

COMPLEMENTARY TREATMENT & SOCIAL SERVICES TOPIC AREAS

- Scope of Complementary Services;
- Sequence and Timing of Services;
- Clinical Case Management;
- Housing Assistance;
- Mental Health Treatment;
- Trauma-Informed Services;
- Criminal Thinking Interventions;
- Family and Interpersonal Counseling;
- Vocational and Educational Services;
- Medical and Dental Treatment;
- Prevention of Health-Risk Behaviors;
- Overdose Prevention and Reversal

Standard VI: Complementary Services

COMPLEMENTARY SERVICES RED CONSIDERATIONS

Does your program ensure supportive services are culturally safe, responsive, and trauma informed?

What is your program's approach to overdose prevention?

Do you consider a person's history with and access to educational institutions, state social service agencies, healthcare, housing, law enforcement, and the criminal legal system?

Standard VI: Complementary Services

SYSTEM UNDERPERFORMANCE DISORDER (THE OTHER “SUD”)



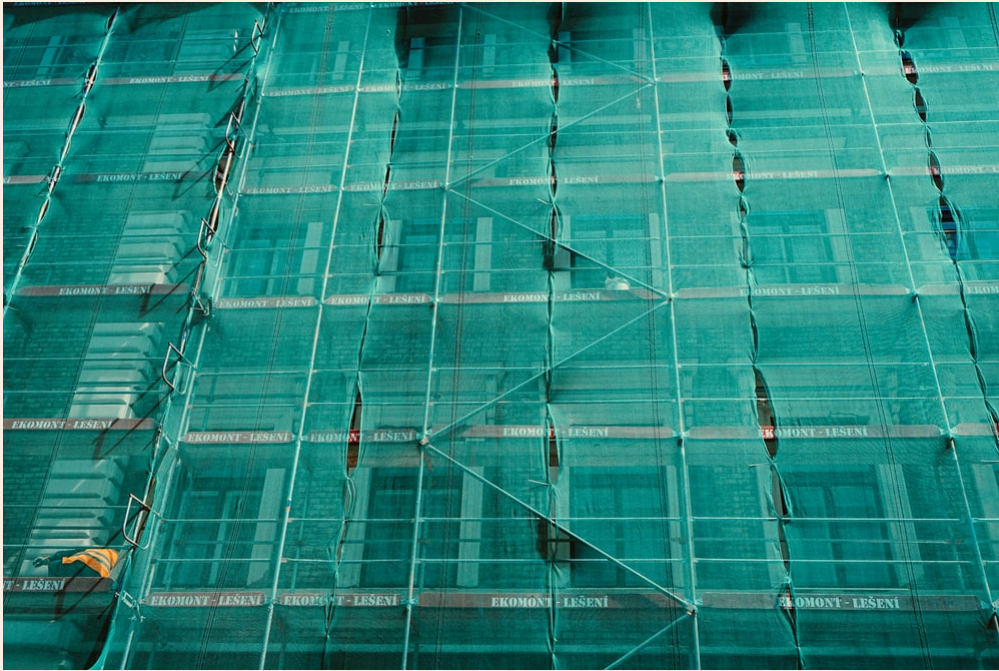
Consider person's history with:

- Schools / teachers
- Child welfare / social workers
- Healthcare / doctors, nurses
- Social services / housing
- Psychiatry / doctors
- Jails and prisons / police
- Courts / judges, lawyers
- Media / journalists, public opinion

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002969>
<https://www.recoveryanswers.org/addiction-101/etiology-what-causes-addiction/>
https://www.researchgate.net/publication/232060659_Risk_Factors_Associated_with_Drug_Use_The_importance_of_'risk_environment'
https://www.brucekalexander.com/pdf/roots_addiction_2001.pdf

Standard VI: Complementary Services

“SYSTEM SURVIVORSHIP”



FLIPPING THE SCRIPT

- “Mistrusting” ...intuitive
- “Hesitant” ...cautious
- “Unmotivated” ...pragmatic
- “Indifferent” ...protective
- “Ambivalent” ...seeks clarity
- “Overconfident” ...hopeful
- “Challenging” ...passionate
- “Critical” ...has standards

Standard VI: Complementary Services

SAMPLE DECISION POINTS ACTION STEPS

- **Scope of Services:** Develop a resource map to identify all resources available especially underserved community resources; Conduct cross-training and meet across disciplines to share views from each team members expertise
- **Clinical Case Management:** Train multidisciplinary team members and community partners in client-centered care including equity training

Standard VII: Drug & Alcohol Testing

DRUG & ALCOHOL TESTING SUMMARY

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.

DRUG AND ALCOHOL TESTING TOPIC AREAS

- Frequent Testing;
- Random Testing;
- Duration of Testing;
- Breadth of Testing;
- Witnessed Collection;
- Valid Specimens;
- Accurate and Reliable Testing Procedures;
- Rapid Results;
- Participant Contract

Standard VII: Drug & Alcohol Testing

DRUG AND ALCOHOL TESTING RED CONSIDERATIONS

Is your program ensuring all screens for all clients are truly random and protocols are followed equitably?

Does your program ensure all clients are provided a review, with a confirmed understanding, and acceptance of testing protocols in writing at a third or fourth grade reading level?

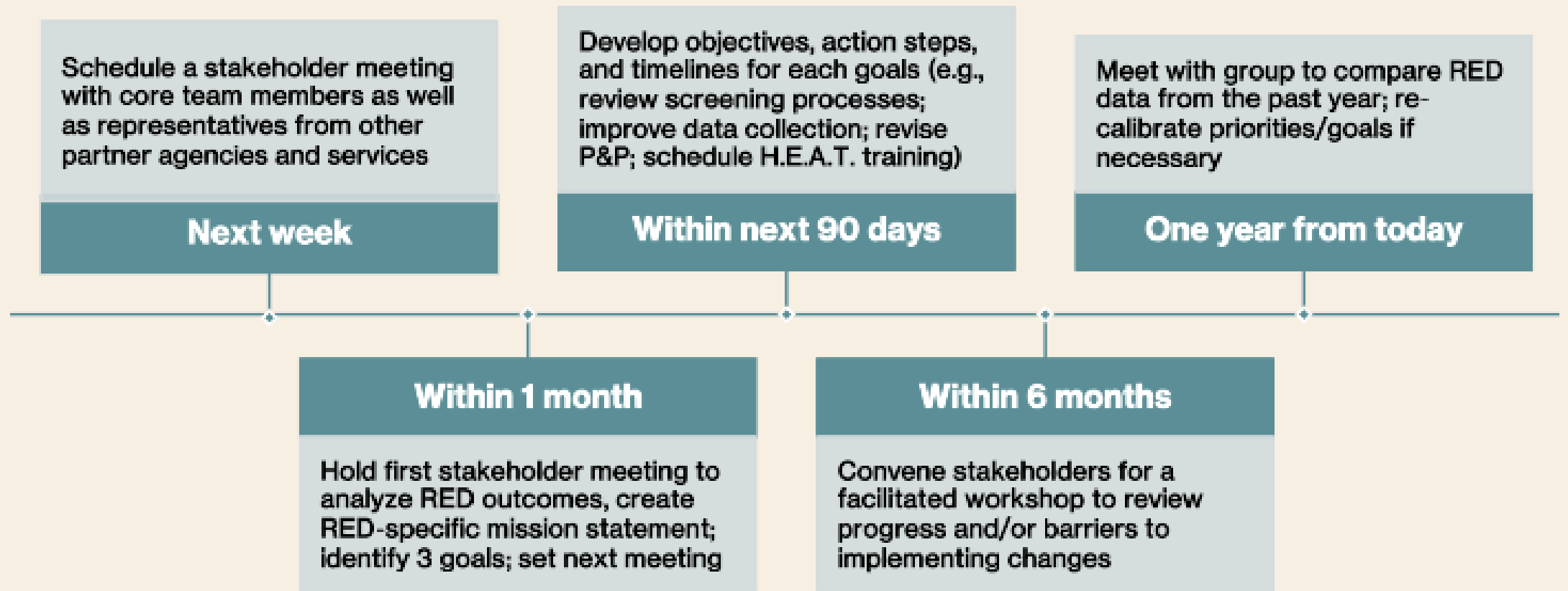
Do clients who contest drug screens get access to counsel and a hearing on the matter?

Standard VII: Drug & Alcohol Testing

SAMPLE DECISION POINTS ACTION STEPS

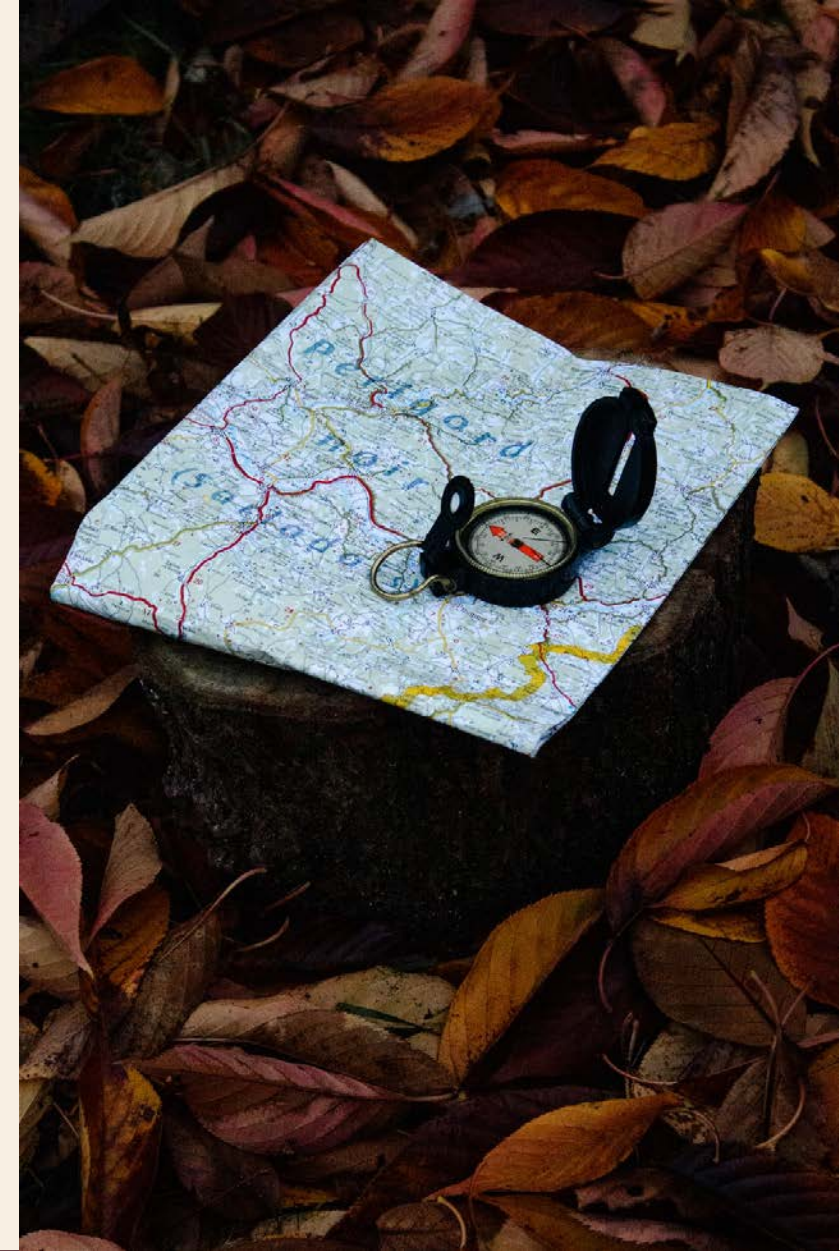
- **Frequent Testing:** Provide multiple testing locations to create ease of access; Identify transportation barriers for clients
- **Random Testing:** Identify subjective engagement where implicit bias related to self-reported use and lab testing can occur
- **Accurate and Reliable Testing Procedures:** Ensure there is consistency when collecting toxicology screens

Sample Timeline



Decision Points: Next steps...

- Who do you need to talk with to start a RED conversation in your program?
- What needs to take place to formally address RED?
- Where does the authority lie to move forward?
- When can the process start?
- How do you prioritize the process of addressing RED?



Questions?

Thank You!

Please feel free to reach out to us anytime:

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<https://survey.alchemer.com/s3/6526830/September-15-2021-RSAT-Webinar-CEH>

CONTACT



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