



Understanding and Responding to Disparities in Ohio's Treatment Courts

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Session Goals

1. Summarize research on RED in treatment court outcomes and identify the factors that contribute to disparities in outcomes.
2. Understand policies and practices that can unintentionally create barriers for non-white participants.
3. Discuss concrete steps courts can take to increase recruitment and retention of diverse participants.
4. Strategize ways to implement solutions in local court contexts.

Three Key RED Outcomes (Gallagher, 2019)



Access to Treatment Court

- (1) Subjective eligibility criteria, such as criminal history (particularly prior felony convictions) or even more subjective criteria, such as suspected gang involvement, ability to pay program fees, or perceived level of motivation; (2) “word of mouth”; and (3) implicit bias are factors that may inadvertently exclude some racial and ethnic minorities from treatment court.

Completion Rates

- (1) The underrepresentation of racial and ethnic minorities in some treatment courts; (2) dissatisfaction with the quality of substance use and mental health disorder treatment; and (3) being mandated to attend Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or other 12-Step meetings were associated with lower completion rates for some racial and ethnic minorities.

Criminal Recidivism Outcomes

- (1) A lack of sustainable, career-oriented employment; (2) less education than white counterparts; and (3) environmental and neighborhood risk factors seem to be associated with higher criminal recidivism rates for some racial and ethnic minorities.

Underrepresentation of racial and ethnic minorities in some treatment courts



- As a black man, I want to do good and be a good man. It's hard being a black man in today's society. I am the only black dude at work and in my area. It's tough; I would like to make friends with other black kids in drug court but I don't see too many of them.
- There are not many African Americans in the program. You need a bigger pool of African Americans because black people help other black people, sometimes we can relate better than other people who aren't black.



Dissatisfaction with the quality of substance use and mental health disorder treatment

- I relapsed once while in drug court, but the judge didn't know about it because they didn't pick it up on the drop [urine drug screen], but it wasn't something I wanted to do, so I discussed it in group. Our counselors always talk about being honest, and honesty is the key to recovery and nonsense like that. So I went to group, was honest about my relapse, and then the counselor called my case manager, snitched on me, and I went to jail. Honesty is not part of my recovery, and I can speak for all of us: all we do is lie to the counselors and tell them what they want to hear because no one wants to go to jail.

Dissatisfaction with the quality of substance use and mental health disorder treatment



- I have no respect for the counselors because they judge us and label us *addicts*. One of the counselors even told me that he would not move me to the next phase of treatment until I admit I am an *addict* and in denial or something like that. I see the word *addict* as a derogatory term, and I will not subject myself to their judgments and labels.



Benefit most from natural support, as compared to being mandated to AA & NA meetings

- In my culture, you don't talk about your personal problems in public. At these AA and NA meetings these people are talking about how they were abused as a child and how they tried to kill themselves. I can't relate. I have problems but I don't share them there, I share them with my family.

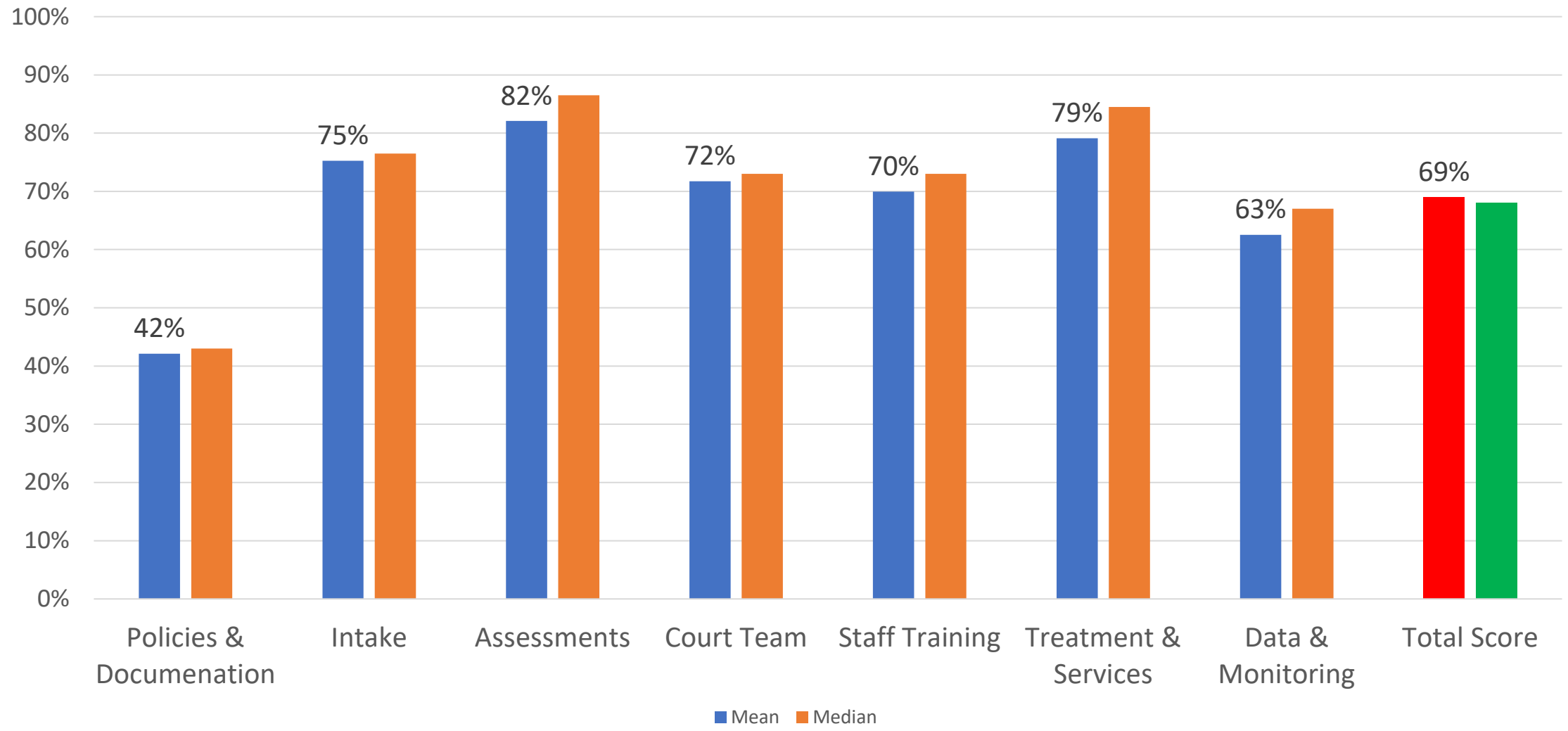
Benefit most from natural support, as compared to being mandated to AA & NA meetings



- When I was getting high, I didn't care about how I looked. I was a mess, sometimes didn't shower for a few days and never did my hair and nails. Once I got clean, I started taking care of myself better. Every week I get my hair and nails done and when I leave there I feel great! My beautician is like my counselor; she hears all my problems and gives me advice. She is a major part of my recovery, and she knows I am in drug court and all the challenges I face. The court makes us go to NA meetings each week, but I find getting my hair and nails done is much more helpful. NA meetings can't make me feel beautiful, and when I feel beautiful, I am less likely to relapse and more likely to complete drug court.

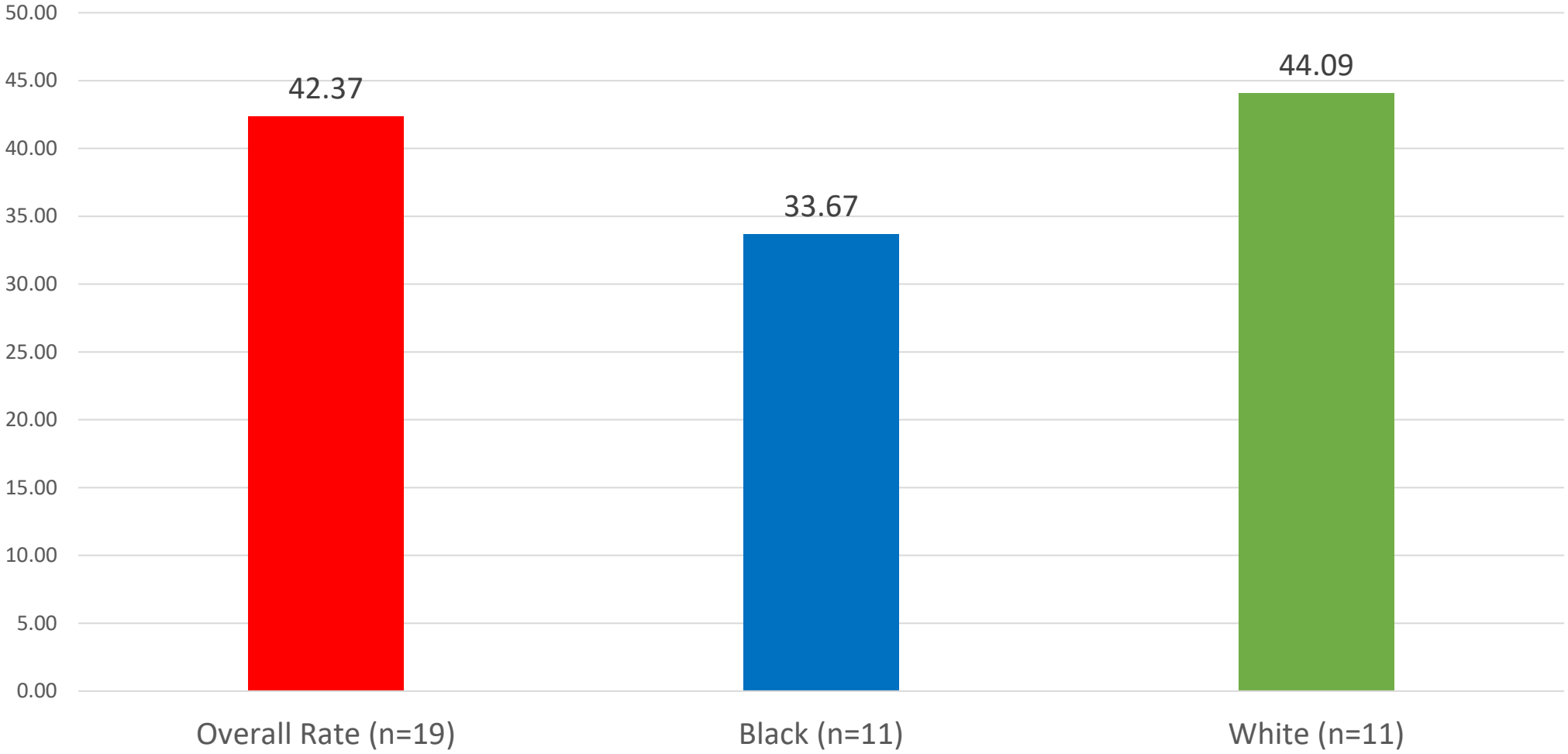


Overall RED Assessment Scores





Graduation rates from sample of Treatment Courts in Ohio



24 courts included in the sample, only 11 (45%) could provide graduation rates by race. This graph shows averaged court reported rate.

Key Findings from Ohio: 2022 - 2024



Staff / Team Training

- **92%** of the courts received some training in racial equity in the past five years
 - 95% of judges from these courts attended the training
- **60%** of courts received Cultural Competency training in the past five years
 - 72% of the judges from these courts attended the training
- **45%** of the courts who received racial equity training made changes to their program following the training
- **35%** of the courts who received cultural competency training made changes to the program following the training

Key Findings from Ohio: 2022 - 2024

Treatment & Support Services

- **96%** of the courts reported using evidence-based treatment practices
 - And 85% reported that they had evidence that their counsellors were licensed and trained
- **75%** of courts reported using culturally competent or relevant counselling strategies
- **75%** of courts reported that minorities experience equitable treatment and receive the same quality of programming as White participants

Key Findings from Ohio: 2022 - 2024

Evaluation and Monitoring

- **71%** of courts track graduates' outcomes post-program
- **55%** of courts regularly examine graduation and / or termination data to determine the completion rate for participants of different races/ethnicities
- **33%** of courts have engaged an external evaluator to assess outcomes by race/ethnicity
- **45%** of courts provided graduation data by race on the assessment

Portage County: Collecting Participant Survey Data



1. Why did you start using a survey in your court?
2. What's on the survey you use?
3. Why did you ask about those specific things?
4. What do your participants think / feel about being asked those questions?
5. What results or interesting findings have you seen from the survey? And have you made any changes based on the results?
6. How do you administer the survey, what's the process, modality etc.?
7. What's your experience administering the survey and processing the results?

References



Note: This presentation was developed based on the following research.

- Gallagher**, J. R., Collinson, M. R., & Francis, Z. (in press). Maintaining fidelity to the treatment court model through evaluation: The racial and ethnic disparities (RED) program assessment tool. *Journal of Human Behavior in the Social Environment*.
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- Gallagher**, J. R., Wahler, E. A., & Lefebvre, E. (2020). Further evidence of racial disparities in drug court outcomes: Enhancing service-delivery to reduce criminal recidivism rates for non-White participants. *Journal of Social Service Research*, 46(3), 406-415.
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References



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- **Gallagher, J. R.** (2019). *Issue brief: Racial and ethnic disparities (RED) in treatment courts*. Washington, DC: American University, Justice Programs Office, School of Public Affairs.
- **Gallagher, J. R., & Nordberg, A.** (2018). African American participants' suggestions for eliminating racial disparities in graduation rates: Implications for drug court practice. *Journal for Advancing Justice, Volume I*, 89-107.
- **Gallagher, J. R., & Wahler, E. A.** (2018). Racial disparities in drug court graduation rates: The role of recovery support groups and environments. *Journal of Social Work Practice in the Addictions, 18*(2), 113-127.
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- **Gallagher, J. R.** (2013). African American participants' views on racial disparities in drug court outcomes. *Journal of Social Work Practice in the Addictions, 13*, 143-162.



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