NADCP
National Association of Drug Court Professionals

Equity & Inclusion

Equivalent Access Assessment *and* Toolkit

Adult Drug Court

Best Practice Standard II

Equity & Inclusion

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While the Equity and Inclusion standard (Standard II of the Adult Drug Court Best Practice Standards) covers all aspects of treatment court, this toolkit focuses on access. Recognize that steps you take to improve access will potentially improve retention, treatment, sanctions and incentives, dispositions, and team training.

This is the primary document in the toolkit. It contains links to other helpful documents and tools.

We will begin with a focus on the role professional staff play in determining who accesses your program.

We will look at how to determine who is accessing your program and who should be accessing it.

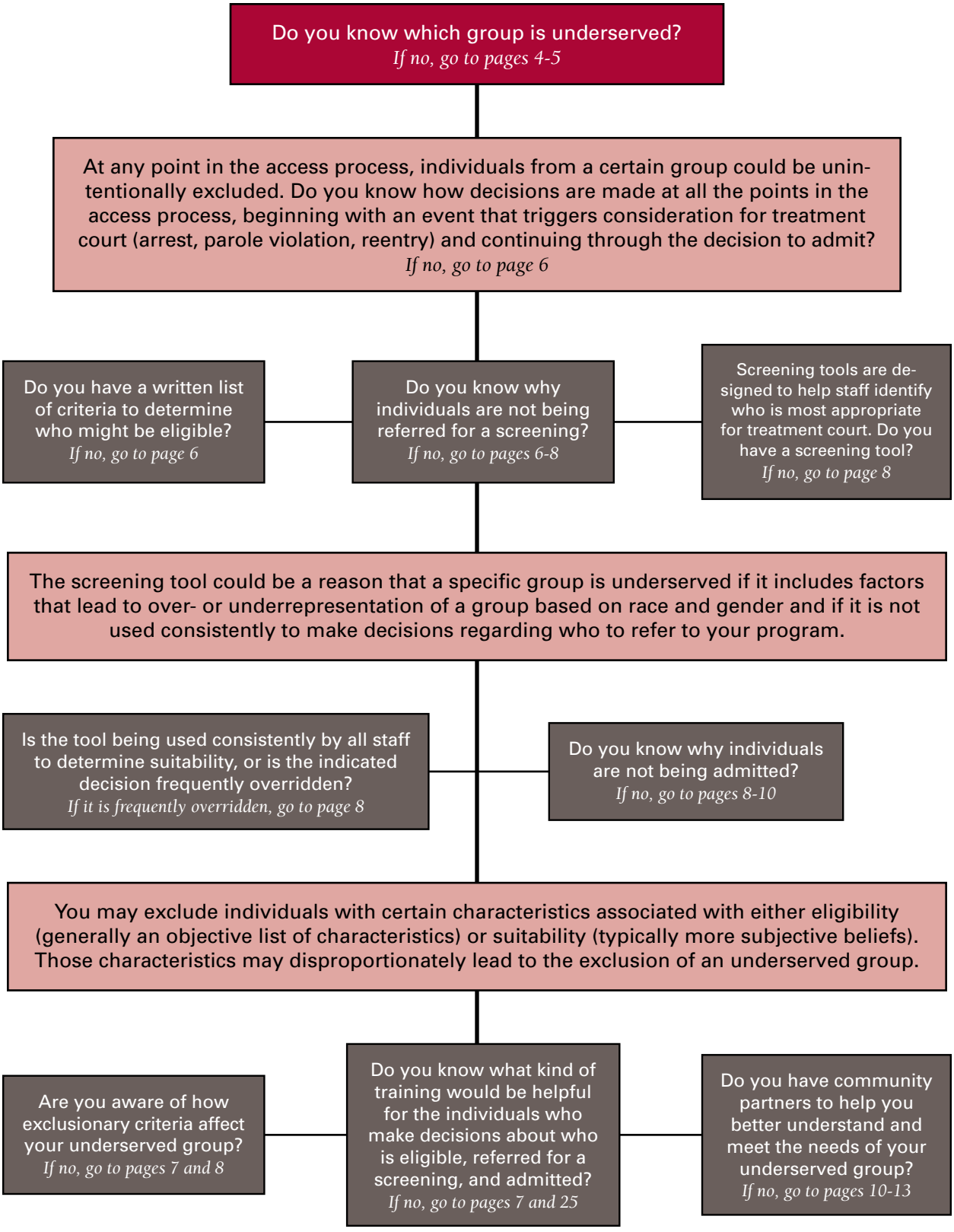
Then we will look at some factors that may be unintentionally excluding certain groups of individuals from your program.

Next the focus will shift to the participants and to viewing your program as a product that you need to market.

We will use principles of social marketing to explore how to encourage a behavior—treatment court participation—in your underserved group.

Equivalent Access Self-Assessment

What are your current strategies for encouraging access by underserved groups?



Identifying Your Underserved Group

Often we have the best of intentions but unknowingly exclude people from participating in our program.

As members of a community, and because of our work with other professionals, we may have a good sense of who is not accessing our program.

Across the United States, African Americans and Hispanics are underrepresented in many treatment courts relative to the arrestee population.

What anecdotal evidence do you have regarding who is underserved by your program? (from media outlets, community observations and current and past participants)

We may also rely on statistical analysis to verify if certain groups are being excluded.

What empirical evidence do you have of statewide and local trends?

- What is being said about the jail population? Arrests? Types of drugs appearing in the community?
- What do you know about the incarcerated population and their treatment needs?
- What are the trends in cases filed on drug charges?

This information gives you a general sense of your underserved group, but you will need some more specific data to identify whether your program is aligned with the trends listed above.

Underserved Group: What Data Are Collected?

Do you collect and examine data by race, ethnicity, and gender?

Do you include an indicator for individuals that identify as more than one race?

Data on mixed race:

- 3% of the U.S. population identifies as mixed race, with the largest proportion identifying as white and Native American (U.S. Census, 2010)
- There is not much research on the significance of being of more than one race because of the tremendous diversity of individuals who could potentially be considered mixed race

Implications of self-identification:

- Provides an indicator of the cultural orientation and the potential risks and needs associated with that group
- Tends to fluctuate over the course of one's life

Implications of "observer" identification:

(when someone else identifies an individual's mixed-race status based on a visual inspection)

- Can be used to monitor practices for potential discrimination

Table 1. Example of EIAT results

Access Step	Black Men	Black Women	White Men	White Women	TOTAL
Number of Drug Cases Disposed	35	10	35	20	**100**
Referred	5 (14.2%)	1 (10%)	14 (40%)	11 (55%)	**25** (25%)

Do not forget other underserved groups. Do you collect data on the following characteristics that could be associated with your underserved group?

- Physical or intellectual disabilities
- Mental health status
- Sexual orientation
- Religious affiliation
- Level of acculturation
- Veteran status
- Socioeconomic status (such as professionals, blue collar workers, chronically unemployed individuals)

If you do not already collect this information, add some questions to your intake form about self-identified ethnic culture and other characteristics relevant to the local population that could be served by your treatment court.

To identify whether you have an underserved group, use the **Equity and Inclusion Assessment Tool (EIAT)** to track a referral cohort as it progresses through the different stages of treatment court. Applying the EIAT is a good first step to help you identify whether you have an underserved group.

Table 1 shows an example.

In this example, black men with a drug case disposed have a 14% chance of being referred to treatment court, black women have a 10% chance, etc.

Note that when you do this statistical analysis, it may be easiest to just use drug cases, but other case types may be associated with drug-using behavior. One state found that 33% of treatment court participants had a non-drug charge.

The Access Process

"The Long Road to Treatment" is the title of an article reporting on a study of the process individuals go through to enter treatment court.

Six programs were studied, and the many steps to admission were identified in each one. The study attempted to explain why so few drug offenders are admitted to treatment courts.

The study found that multiple decision makers were involved, multiple formal and informal criteria were used in the decision process, and multiple opportunities for inclusion and rejection occurred.

The authors concluded with a recommendation to document referral and admission processes to better understand and respond to selection effects.[1]

How Do Individuals Access Your Program?

Let's look more closely at the major steps in the access process and consider each of our roles. Typically, these steps include paper eligibility, referral for a screening, clinical assessment, and admission, and they involve multiple decision makers.

What is the event that triggers an **initial paper eligibility** determination? An arrest? A supervision violation? Another event? Treatment courts generally have a list of criteria related to legal issues that they use to identify who might be eligible. They may then further examine the records of those individuals for substance use patterns and other factors that might indicate that they may benefit from a treatment court program.

What information is used to determine initial paper eligibility, and who is referred for further screening?

- Is it up to the decision maker's discretion?
- Is there a list of eligible legal factors and other criteria?

> *"Eligibility criteria for the treatment court are nondiscriminatory in intent and impact. If an eligibility requirement has the unintended effect of differentially restricting access for members of a group who has historically faced reduced opportunities, the requirement is adjusted to increase representation unless doing so would jeopardize public safety or effectiveness."*
>
> — from Standard II

An eligibility determination will lead to a referral or nonreferral for screening to your program.

Who is and is not being **referred for screening** to your program?

- Why?

Are referrals for screening an area of concern? ***Let's delve deeper.***

[1] Belenko, S., Fabrikant, N., & Wolff, N. (2011). The long road to treatment: Models of screening and admission to drug courts. *Criminal Justice and Behavior, 38, 12*, 1222-1243.

Assessing Referrals for Screening

Understand the role of each of the professionals in the decision process.

Sometimes, in large jurisdictions, the sentencing judges may not all know about treatment court.

Who is involved in the decision regarding referral for screening, and what is each one's role?

- District attorney
- Defense counsel
- Sentencing judge
- Probation officer
- Law enforcement
- Jail staff

What are they saying about your program to potential participants? Are they well-informed about your program?

The more you understand about the views professionals have of your program, the more opportunity you have to educate them about its benefits.

You can survey the decision makers to learn who they believe is suitable for treatment court. While your program may have a specific list of eligibility criteria, some of the staff involved in the referral decision may have a more subjective list of who they believe is suitable.

What are decision makers' beliefs and knowledge about who is suitable for your program?

Consider administering the **Suitability for Treatment Court Survey** to the decision makers in your jurisdiction to help you better understand what they know about individuals who can benefit from your program. You can use the results of the survey to develop training programs.

What should you do if stakeholders disagree with each other or are misinformed about what the appropriate targeting criteria should be?

- Share data with them regarding who is underserved and about what is happening at each point in the access process.
- Share data with them about their patterns of decision making with respect to the characteristics of who is admitted and who is not.
- Share research findings on who benefits from treatment court. [See the **Research Brief on exclusionary criteria**]
- Make decisions as a team.
- Agree to disagree, because everyone involved in the decisions may not have the same perspective.
- Provide assessment tools to help staff identify and counter unconscious bias. Tools such as the Harvard University Implicit Bias Test can be a practical and private way for treatment court practitioners to self-assess and self-correct their unconscious bias. [See https://implicit.harvard.edu/implicit/]

Understanding the Role of Prosecutors and District Attorneys

Depending on the state, prosecutors review the evidence for a case. They can either determine how to file a case based on that evidence or can recommend a course of action on a case, including determining whether someone seems to be suitable for treatment court. Consequently, how they make a determination of suitability for your program influences their reading of the evidence and their determinations.

Prosecutors are charged with protecting victims and ensuring public safety. They are elected officials, so the public's impression of them may affect their decisions as well. Generally, they feel the need to appear to be tough on crime. They may have opportunities to speak to the public about their work, including their work with treatment courts. You have an opportunity to work with them in communicating to the public about treatment courts by providing them with facts about your treatment court or by giving them a fact sheet developed by the Department of Justice. [See https://www.ncjrs.gov/pdffiles1/nij/238527.pdf]

You can also ask decision makers to track their reasons for not referring individuals for a screening. That will place a larger time burden on staff but will yield more accurate results.

What are the reasons individuals are not referred for a screening?

While the focus is often on eligibility criteria, what may really matter are the exclusionary criteria.

What are the exclusionary criteria for your program?

How do your exclusionary criteria align with research on how these criteria are associated with success in treatment court, recidivism, and risk of future violent offending? [See the **Research Brief on exclusionary criteria**]

How are participants screened for risk and need levels that indicate whether they are appropriate for your program? Often the screening is done by nonclinical staff who have been trained to administer the screening tool.

- Is it up to the staff member's discretion?
- Is a validated screening tool used?

> *"Screening and Assessment tools that are used to determine eligibility are valid for use with members of groups represented in the arrestee population."*
>
> — from Standard II

The National Drug Court Institute has a publication listing validated tools. You can use it to select a tool for local use. [See https://www.ndci.org/wp-ontent/uploads/Fact%20Sheet%20Risk%20Assessment.pdf]

Over time, as you collect data with the screening tool, you should validate it with your population. A validity study will tell you:

- Whether participants are being assigned to dispositions recommended by the tool
- Whether the tool accurately predicts the likelihood of reoffending
- Whether these predictions are neutral with regard to race and gender

Do you track override rates, which compare what a screening tool recommends to the actual decision? Override rates should not exceed 10%.[2] If they do, a new tool or a revision to the existing tool may be needed.

Even if you use a validated screening tool, be sure to check the override rates, because that will tell you about the role of discretion in the eligibility determination.

Discretion opens up the possibility for bias.

The Decision to Admit to Your Program

Once individuals have been referred for a screening to your program, someone takes a second look at their situation and makes a further determination as to whether to admit them. At this point, potential participants may receive a clinical assessment to identify their needs, or they may not be assessed until they have been admitted.

Ultimately, the potential participant is making the decision to participate or not, even if told they have to go into the program. In their minds they may still not accept the program. If you cannot engage them, they may abscond.

[2] Lowenkamp, C. T., Latessa, E., & Bechtel, K. (2008). A reliability and validation study of the Offender Screening Tool (OST) and Field Reassessment Offender Screening Tool (FROST) for Arizona. Cincinnati: Center for Criminal Justice Research, University of Cincinnati.

Tracking the reasons for nonadmission by race and gender will provide useful information on how to address access issues.

One state found that for 50% or more of the African Americans who were not admitted to treatment court, the reason given was that the prosecutor decided they were not suitable. In addition, about 30% of all potential participants decided not to participate when offered the option of treatment court. These two factors explained, for the most part, the large difference between the number of drug cases filed for African Americans and the proportion admitted to treatment court. The next step was to understand more about the prosecutors' decisions and why African Americans were opting out, using surveys and focus groups.

Are admissions an area of concern?
Let's delve deeper.

Trends Over Time in the Composition of Admissions

Here is an example of how to track admissions over time. Calculate the proportion of total admissions for each racial and ethnic group. Table 2 shows an example.

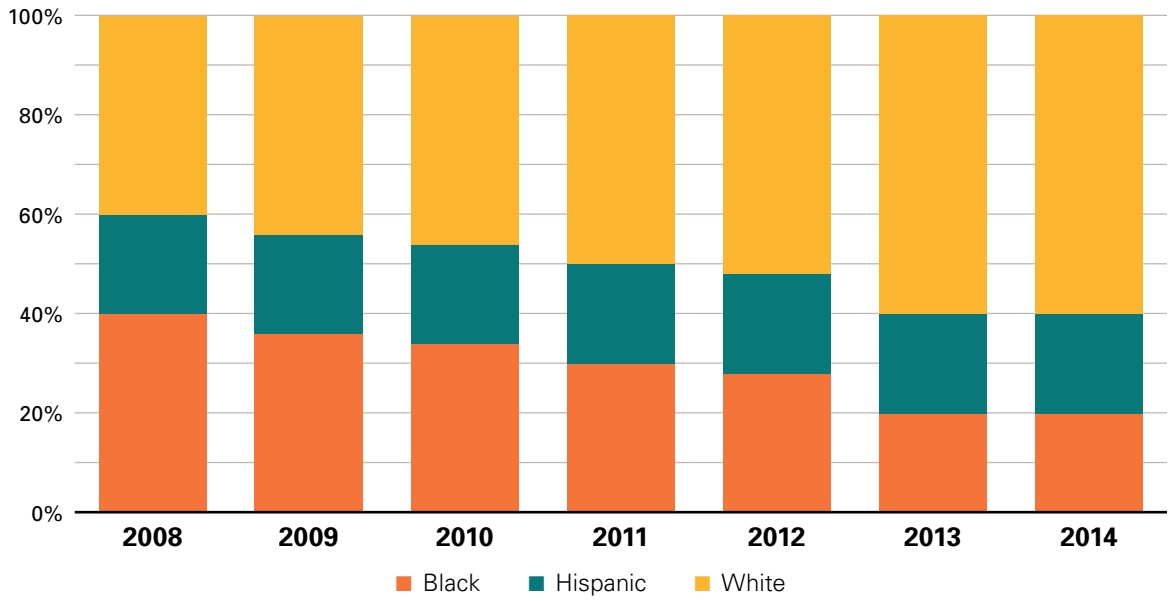
Then create a chart to see the visual pattern (Figure 1).

In this example, the probability that referred African Americans will be admitted to the program has decreased substantially over time, the probability for Hispanics has remained fairly constant, and the probability for whites has increased significantly.

Table 2. Sample: Probability of a referral being admitted by race

Year	Black	Hispanic	White
2008	40%	20%	40%
2009	36%	20%	44%
2010	34%	20%	46%
2011	30%	20%	50%
2012	28%	20%	52%
2013	20%	20%	60%
2014	20%	20%	60%

Figure 1. Bar chart showing the data in Table 2
Probability of a referral being admitted by race



Do you know why individuals are not being admitted to your program?

Track the reasons, which may include:

- Medical needs
- Mental health needs
- Admission to a different treatment court program
- Case dismissed
- Judicial override
- Not eligible
- Defendant opted out
- Warrants in other jurisdictions
- Staff decision (prosecutor, judge, team)

Are you concerned about the reasons individuals are not being admitted to your program?

- Are resources available to meet medical and mental health needs?
- Being admitted to a different treatment program indicates that their needs are being recognized and met with appropriate resources.
- If a main factor is "judicial override" or "staff decision," you may want to survey these decision makers using the **Suitability for Treatment Court Survey** and then offer a training program to address knowledge gaps.
- If you find that a significant proportion of individuals are being found not eligible, you should review your eligibility criteria and see if they need to be adjusted.
- If defendants are opting out, you will want to look closely at the next section of this toolkit.

You have gathered the evidence that some group is underserved by your program. Now it's time to identify a strategy to improve access to your program for underrepresented groups.

Forming a Community Partnership

Have you formed a community partnership with representatives from the neighborhoods where your underserved group lives?

Do you know how to keep community partners engaged in your program?

Are you concerned about your community partnership? *Let's delve deeper.*

Who is the community?

- A community partnership should include representatives from the neighborhoods where your underserved group lives. Such individuals could include representatives from law enforcement, the faith-based community, schools, local agencies, and the informal go-to people. The composition of the partnership may evolve depending on the focus of the group.

Form Your Partnership

Before you approach individuals and invite them to join a partnership, think about how to present your program in a way that will align with their interests.

For instance, begin with a presentation on the value of treatment court to participants and describe your local challenges to equity and inclusion. Have former participants share their stories of the effect of treatment court on their lives.

Items to keep in mind:

Keep the partnership active only until the need is met.

Invite about twelve individuals, anticipating that because of scheduling conflicts and a mismatch of needs and interest you can expect about eight people to show up for a meeting.

Have a judge deliver the invitation and attend at least the first meeting. The involvement of the judge signals the importance of the partnership and the value placed on participation.

Example: Forming a Community Recreational Partnership

Suppose you have participants from a specific neighborhood who have many needs beyond treatment for a substance use disorder. Recognizing that your program cannot meet every need, but that participants will do better if they have positive recreational options, you decide to form a community recreational partnership.

Some options for partners could include staff from the local parks and recreation department and from the school district (to identify school facilities available for activities like basketball or a track for walking and running). A community police representative could also be a good addition, because they sometimes organize recreational activities. To find the neighborhood "go-to" individuals who have a good sense of the community, you can ask current or former program participants as well anyone else you contact about the partnership.

In scheduling a meeting, consider the type of individuals you have invited.

- Are they all professionals who work 8-to-5 jobs and can attend meetings at breakfast or lunch?
- Are they individuals whose responsibilities preclude attending meetings on weekdays from 8 to 5?
- Also consider the location of the meeting and how accessible it is for your partners.
- If you have many individuals from a neighborhood, can you hold meetings in the neighborhood? Often churches will allow their facilities to be used for community meetings, especially if a member is involved.

Generally, serving food, whether it is a light meal or snacks, is appropriate and signals gratitude and welcome.

Keep Community Partners Engaged

To keep community members engaged, begin with a concrete goal.

Choose something that will allow the group to experience some success.

Here are some possible action items to have the community partners address.

- Review eligibility criteria and program requirements for potential impacts on specific groups.
- Assess how knowledgeable treatment court staff are about the world view of the group.
- Identify ancillary services of benefit to participants.
- Identify barriers to accessing treatment court services and possible ways to overcome barriers.
- Explore ways to share information about treatment court in the community.

Use Participatory Meeting Methods

For community people to stay at the table, they must feel they have a voice and that their time and efforts are benefiting the community. With a community partnership, the meetings may be a little less formal and more social.

Participatory Meeting Methods

Social time: At the start of your meetings, include a few minutes for informal conversation to allow everyone to meet and greet. This will help develop relationships and trust.

Opening circle: Provide a prompt (see below) and have everyone speak to it for 3 minutes.

- What's going well, what's challenging, what support will make a difference?
- What is on your mind? Why is it important? What can be done about it?

Closing circle: You can also close a meeting with the same kind of prompt.

Appreciations: Have everyone share what they appreciate currently.

Check-in: Pause during the meeting and ask everyone to evaluate progress.

Culture and spirit: Have a cultural aspect to your meeting, focusing on an underrepresented group: music at the beginning, an appropriate reading from someone of the underserved group, a performance by a group from the community, or refreshments prepared by a community group.

Vision questions: These are questions that set no limits.

- If money were no object, what would you do for families in your community?
- What do you wish for the <<young men>> (or whoever your underserved group is) and their future?

What can be done to keep the current partnership motivated and engaged?

- Develop plans and document the plan and update the progress. [See the Action Planning Worksheet on the next page]

To remind everyone of the accomplishments, have celebrations when you experience success.

- What will you celebrate? And how?

Action Planning Worksheet

Vision Theme:	Project:
Project Purpose:	Timeframe for Completion:
Workgroup members:	Date:

Critical Steps	Who Is Involved?	Resources	Information and assistance needs	Timeline	How will we know if we are successful?

What difficulties do we anticipate? _____

_____

How will we address them? _____

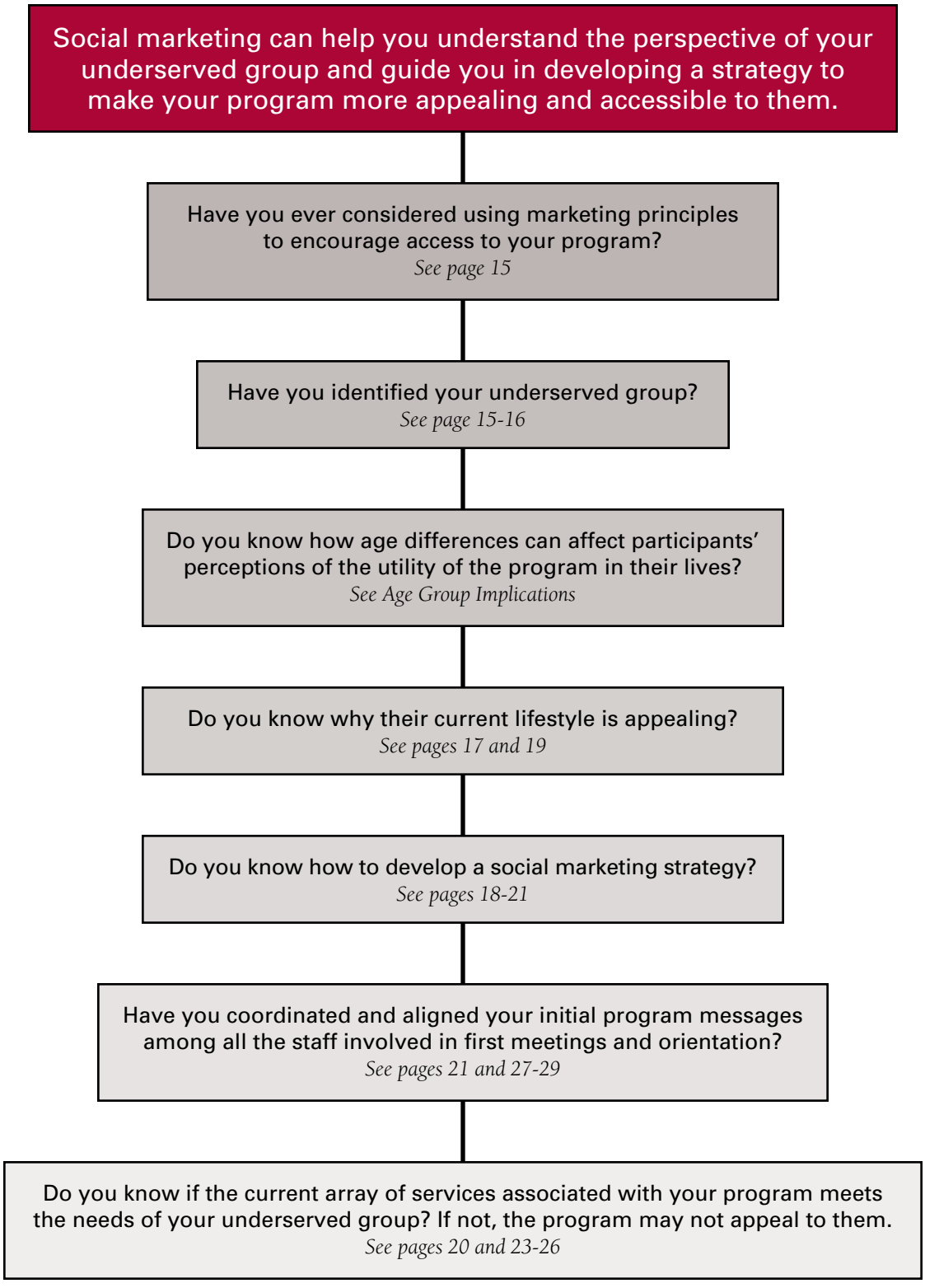
_____

How will we address unanticipated difficulties? _____

_____

Assessing the Participant's Perspective

Do you need to take a more active approach to encourage an underserved group to access to your program?



Now we will turn to a focus on participants and how to encourage them to participate in your program.

You need to see your treatment court as participants see it and encourage more to opt in and fewer to abscond or be terminated.

Using social marketing, you will encourage people to change their behavior and will look at your "product" from their perspective to make sure it is appealing to them.

You can use social marketing to understand potential participants and help shape their impressions of treatment court and the services you offer through your program.

You may be asking, why do we need to market our program if we already have the authority of the courts telling people they have to participate?

Why do we have social marketing campaigns to encourage people to use seat belts if there are laws telling us we have to use them?

The Theory of Reasoned Action[3] can help us understand what actually affects behavior. People may know they should behave in a certain way, but they will be influenced by the attitudes and beliefs of their peers, by their own beliefs about the relative costs and benefits of a behavior, and by their assessment of whether they can actually adopt the behavior.

In the seat belt example, a successful social marketing campaign used the message "Click it or ticket" to affirmatively state the desired behavior and the costs of not adopting the behavior.

What are the principles of social marketing?

They are the same as those of commercial marketing, the so-called 4 Ps.[4]

Product: Desired behavior and the services to support the behavior

Price: What is given up to adopt the desired behavior

Place: Where and when a behavior occurs; adopting the behavior should be as convenient and pleasant as possible

Promotion: The message and the media channels used to share the message

We will work through an exercise to help you understand how these principles apply to your program and participants.

First, we need to identify the target audience, our underserved group. Marketers segment their audience by characteristics that influence behavior and perceptions of the benefits and costs of the behavior and the services.

What are the characteristics of the underserved group?

- Race or ethnicity
- Gender
- Age groups: 17 to 25, 26 to 35, 36 to 60, over 60 [see Age Group Implications]

What other characteristics are important to know for reaching the underserved group?

- Physical or intellectual disabilities
- Mental health status
- Sexual orientation
- Religious affiliation
- Level of acculturation
- Veteran status
- Socioeconomic status (such as professionals, blue collar workers, chronically unemployed individuals)

[3] Ajzen, I., & Fishbein, M. (1980). Understanding attitudes and predicting social behavior. Englewood Cliffs, NJ: Prentice-Hall.

[4] Kotler, P., Roberto, N., & Lee, N. (2002). Social Marketing: Improving the Quality of Life, 2nd ed. Thousand Oaks, CA: Sage.

What is the behavior of concern related to access?

- Decision makers' use of exclusionary criteria [return to the previous section]
- Participants opting out — *Let's delve deeper.*
- Other reasons for nonreferral or nonadmittance [return to the previous section]

Do the services of your treatment court support the underserved group in making behavioral changes? A clear indication that the services are not meeting their needs is low retention rates. A low graduation rate for the underserved group compared to other groups would indicate that the services are not meeting their needs.

What are the differences in each of the following for the underserved group compared to other participant groups?

- Absconding rates
- Early terminations
- Voluntary withdrawals
- Graduation rates

How can social marketing help us answer these questions? *Let's delve deeper.*

Social Marketing

First impressions affect behavior choices. We can use marketing principles and techniques to influence target audiences to voluntarily:

- Accept a new behavior (treatment court participation) and
- Abandon an old behavior (a current lifestyle involving substance use, such as the street culture) for the benefit of individuals, groups, or society

You want to understand the product or service (treatment court) from the consumer perspective.

You need to offer a service that recognizes the costs to the consumer and offsets those costs with the benefits of the service.

You can arrive at an understanding of the consumer through data analytics, interviews, and focus groups.

By understanding more about current impressions of your treatment court as articulated by participants, you can develop countermessages about the benefits of the program and develop product enhancements to make the program more appealing.

Even if potential participants are not motivated to enter treatment, and to become clean and sober, something about the program must appeal to them initially. Social marketing techniques can help identify what that might be.

How do you find out what people think about your program? Conduct focus groups or interviews [see the **Focus Group Protocol**] or use the findings of researchers who have worked with people similar to your underserved group [see **Testimonials**].

To understand why people opt out of your program, you can ask current participants:

"Why do some people choose not to participate?"

This is a question in the Focus Group Protocol. Participants may have had conversations with others who have opted out, and they may come from a similar background and understand the attraction of a "competing behavior." You can use this information to understand the perceived costs of your program.

Focus groups or interviews can be conducted with current participants, those who have successfully and unsuccessfully completed the program, and those who have chosen not to participate (who may be in jail).

Develop a Strategy to Market Your Treatment Court Program

Gather your team and let's go through a series of questions to guide you to develop a social marketing strategy.

This exercise will provide your team with clear direction for what you want to say about your program and how you will communicate the message.

Begin by summarizing the behavioral goal.

Articulate the change: _____

_____

Give the target group: _____

_____

Describe the new behavior: _____

_____

Example of a general behavioral goal: When they know the program benefits [change articulated], more [underserved group] will participate in treatment court [new behavior].

In this example, however, members of the underserved group are not being given a clear message about the benefits available to them in treatment court.

You need to unpack this idea.

- Think about the choice to opt in or out from their perspective.
- From their perspective, what are the benefits of your program?
- How do these benefits outweigh the costs?
- What is their alternative?
- Why would the alternative be more appealing?
- What do we envision as the change we would like to see in the behavior?

In this example, the change is more will participate in treatment court.

- How will we measure the change?

In this example, we can compare admissions and retention before and after we implement a marketing strategy.

Understand the target audience: their knowledge, beliefs, behaviors.

To develop messages and an enhanced program that will appeal to your underserved group, you must understand more about their knowledge, beliefs, and behaviors associated with the justice system. What they think and believe about the justice system will have a big impact on what they initially think about treatment court.

- What are some common experiences?

Their beliefs are based on their culture, family, and social environment, which may include growing up in a resource-poor neighborhood.

- What are their beliefs about people like them?
- What are their beliefs about themselves?
- What have been their typical behaviors and lifestyle?
- What are their livelihood strategies?
- How do they earn money? How do they acquire resources: goods, services, relationships, love/affection?
- How do they store wealth?
- What kinds of resources do they typically have?
- What resources does your program provide to allow them to adopt new livelihood strategies?

Communicate an Objective

Beginning with what you have identified as what they already know, create an objective about what you want them to know about treatment court.

For example, they may think they have always been dealt a bad "hand of cards" by the justice system. Let them know that treatment court will give them some good cards to improve their "hand" (that is, it will give them better life chances).

Beginning with what you have identified as what they already believe, create an objective about what you want them to believe about treatment court.

- What do they believe about their self and collective efficacy (their belief in their ability to set a goal and achieve it)?
- What do they believe about how society values them?
- How do these beliefs influence their behavior?
- How will treatment court lead to a different belief or a change in behavior?
- What value do treatment court staff place on them?

Beginning with what you have identified as what they already do, create an objective about what you want them to do regarding treatment court.

For instance, if the underserved group is young African American men, many of them may have survived by hustling (finding ways to earn money in the informal economy), which takes a great deal of energy, is very risky, and is dangerous, but they know how to hustle and it has provided them with the means to survive.

How does treatment court lead to a different kind of hustle? One that still takes a great deal of energy but is rewarding and not so dangerous?

What kinds of alternatives does treatment court offer to hustling?

In this example, your objective could be for them to believe that they can use their natural intelligence, exert the same amount of energy, and successfully make it through this program and learn new ways to earn money.

Describe the Benefits of Behavior Change (as Avoided Costs)

To encourage the behavioral objective, you need to recognize how your underserved group would view the benefits and costs of the change.

- What are the costs to them personally to continue their current lifestyle?
- What are the costs to their family?
- What are the costs to their community?
- How can changing their behavior lead to avoiding these costs and creating benefits in each area?

Here's an example of a message and a counter-message about the price of your program from a participant's perspective.

> *"Guys don't participate, because they see it as a choice between making $2,000 a week on the streets or $6 an hour with a job you get while in this program."*
>
> —Focus group participant

Counter-message: You will temporarily earn $6 an hour while getting help to move away from the street life into a life that is safer and more positive for you, your family, and your community.

How do you respond to that loss of income?

- Have participants ever plotted out the personal cost of getting arrested for trafficking and spending time in jail away from family?
- What is the future cost to their family of their current lifestyle if they don't participate?
- What are the nonmonetary costs?
  - Possible loss of a store of wealth in the form of social networks, possible loss of respect from old peers.

What do you need to do to decrease these costs?

- Does the program have opportunities for participating in positive social activities and cultivating new social networks?
- Can you do more to connect participants to career-track employment opportunities?
- Can you help participants find ways to help their families?

Offer Supports for Behavior Change

What are the services offered through treatment court?

- Given what you know about the underserved group, are there other services that would benefit them?
- Most potential participants have had previous experiences in the justice system that were not positive and may cause them not to trust your staff. Do you try to show them that their experience with your program will be different?
- What is the composition of your staff? Do they reflect the participants in terms of race, ethnicity, and other relevant characteristics? Seeing people who look like them and who may have had common experiences may help build trust.
- Have you identified how your program differs from the rest of the justice system?

Having thought more about your underserved group, are there additional resources that would support them?

For example, one state faced a situation in which the African American male population was underserved in its treatment courts. One reason was that outside the major metropolitan areas, the programs had only one or two African American participants at any one time. These men often felt isolated and not well understood. The programs did not have enough participants to create a support group, nor did they have any staff from the underserved group. One provider created an online, avatar support group for such individuals and offered it to participants across the state. They were able to find a community of support this way.

This is also the time to gather stories and testimonials from former participants about how the program helped them change. [See Testimonials]

Credible sources may include other members of the community who are familiar with your program.

Who are the other credible sources for your underserved group?

Identify Openings

At what point in the life of a case would an individual be open to hearing about your program? An effective product promotion happens early and often.

- How can you promote your program so that you reach individuals at those points when they are attentive and able to commit to a behavior change?

How are individuals hearing about your program?

- At meetings with their defense counsel?
- In court?
- From program staff who visit the jail?
- From a probation officer?
- From the person who conducts a screening?
- From family members or peers?

What are these individuals saying about your program? Do you need to provide them with some training about your program, so they are well-informed?

Use Participant-Focused Communication

Consider both passive and active forms of communication.

Passive forms could involve putting up posters or flyers in businesses where your underserved group spends time, such as hair care services or neighborhood convenience stores.

Another option would be to show a video, possibly in jail.

Active forms of communication could include face-to-face communication—for instance, having a staff person visit the jail on a regular basis to explain the program and answer questions.

When you communicate with new participants and are orienting them to the program, do you adjust for cognitive impairments? [See **Information Comprehension Techniques**]

Each member of the team contributes to the image of treatment court and to how participants assess treatment court as compared to the alternative.

- Be aware of how all staff address and treat participants (showing respect and taking the time to meaningfully greet individuals are very important in many cultures).
- Frame messages in a participant-centered perspective. For example, participants could hear, '*You have to call in every day. We don't care how you do it, but you have to call or you will be sanctioned.*" The same information conveyed using a participant-centered perspective might be: "*You are expected to call in every day. We know some of you don't have a phone. Other people have been in this situation and have found a way to call. We can help you find a way to call in.*"

Position Your Treatment Court as a Way to Achieve Change

Use Motivational Interviewing (MI) skills. MI is centered on the participant having choices and working to identify a change goal (abstaining from illicit drugs for a better life than street life) and helping to develop motivation and self-efficacy for change.

How do you want participants to think and feel while they participate in treatment court?

> An example of how you might want individuals to think about your program is "Drug court is difficult, but with all the benefits they provide, I can make it in this program."

Now you and your team have some ideas about how to convey meaningful information about your program to your underserved group. Next, you will want to identify strategies to enhance your program and market it to your underserved group. [See Rationale and Strategies to Enhance the Access of African American Men to Treatment Court]

Rationale and Strategies to Enhance the Access of African American Men to Treatment Court

African American men are underrepresented in many treatment court programs relative to their numbers in the arrestee and correctional supervision populations. The following strategies were developed based on research conducted with African American men who identify with the street culture. Some individuals may have other characteristics that would require a different set of program enhancements or approaches to increase their access to the program. For instance, African American gay and bisexual men statistically have high rates of substance abuse and have faced discrimination based on racial identity *and* sexual identity. They may benefit from treatment court, but the courts may need to use different strategies to gain their trust and may need to offer different supportive services. African American men who are veterans, employed professionals, and working-class individuals reflect other distinct groups that might require different strategies to encourage them to access treatment court. Recognize the characteristics of your underserved population as you review the strategies below to make sure they are a good fit in your community.

Exclusionary criteria may be one reason for underrepresentation in your program. For more information on exclusionary criteria and their differential impacts on African Americans, see the **Research Brief on exclusionary criteria**.

A major reason for lower admission rates to treatment court among African American men is that they choose to opt out. Based on information shared in focus groups, several main factors contribute to this choice: the perceived difficulty of the program, a mistrust of the entire justice system, the perception that they will lose their freedom, and a lack of perceived benefits.

Social marketing techniques can be used to develop a strategy to enhance access to treatment court. First, it is important to identify a target population group. The research that informs the strategies listed here targeted African American men who identify with the street culture.

One of the most important aspects of marketing is to identify the costs (what they have to give up) that the target group associates with the behavior (treatment court). The focus groups identified the costs of treatment court as a high risk of failure, a loss of freedom, significant income loss (hustling vs. minimum wage), and too much effort. They also described the messages at orientation as being focused on rules with no mention of the benefits. Their insights provided direction for a marketing strategy that includes customizing the product, being relevant to them, reaching them through their media, having African American staff, and being involved in events in their neighborhoods.

Goal: Street-identified African American men will recognize how treatment court can help them and will see it as something they can accomplish.

The first step is to review the current product. Does it meet the needs of African American men, or does it need some enhancements? The focus groups provided suggestions for improving treatment court programs for them.

Product Enhancements

Product enhancement 1: Provide connections to start participants on a career pathway.

The focus group participants said, *Put guys in a position to learn a trade while in the program. They go from earning $10,000 every 2 weeks to making $6 an hour. When they make meager amounts, it's not worthwhile.*

A variety of strategies could be responsive to this idea:

- Start with job skill fundamentals and smaller, achievable goals such as identifying skills and aptitudes and work history and turning those into a resume, and helping them prepare for job interviews.
- *Offer life skills classes: balancing a checking account, budgeting, job interviews, resume building.* (focus group)
- Provide career and life coaching opportunities. A local or state human resources professional society may volunteer such services.
- Develop a relationship with a workforce development office that may have resources for career aptitude assessments, training, links to employers, and sometimes even for subsidized employment, job coaching, and case management.
- Build contacts with vocational education institutions that may also have grants to provide subsidized training to demographic groups that match your participants.
- Identify employers who may be willing to hire some of your participants into positions that have a career path.
- If you do not know what resources are available in your area, here are some ideas to get you started.
  - Talk to your prosecutors, who often meet extensively with business owners, civic groups, and other key members of the electorate. They may have good relations with local businesses and be able to build a bridge for your participants to jobs.
  - Contact the county university extension office, which may be able to link you to job assistance resources.

When individuals begin the program, they may have had little prior experience with formal employment. While holding an entry-level job with low pay will not offset the cost of losing significant income associated with hustling, it will provide them with basic job skills. If they are informed at the beginning of the program that they will have access to career path connections later in the program, they may be encouraged to stick with the first job and with your program.

Program enhancement 2: Provide life skills training.

Even before participants get a job, they may benefit from life skills training in the following areas:

- Writing a resume
- Completing job applications
- Interviewing
- Resource management, including budgeting, banking, and time management
- *You have classes, NA meetings, but in all those things nothing gave me tools to become better. Many had no way to get a job, haircut, clothes.* (focus group) Community partners may be able to link your participants to agencies that provide clothing, haircuts, and other job readiness resources.

Program enhancement 3: Provide connections to African American culture.

We have to go through a lot of trials and tribulations. (focus group)

African American men need to get back on top of being family oriented, back into the community life, give back. (focus group)

We see more of us than them in the justice system. (focus group)

The cards are not in our favor, but we have to use our natural intelligence. (focus group)

These statements reflect what research shows. Marketing research indicates that African Americans identify strongly with their ethnicity and are proud of it. They feel they face discrimination and that their people have overcome many disadvantages to succeed. They identify with images portraying strong, proud black men. They respond most positively to marketing that highlights their ethnicity in a positive way. Expressive arts, especially music, are strongly associated with their ethnic identity.

- Connect participants to opportunities for expressive arts, including poetry, the spoken word, a comedy routine, dance (contemporary hip-hop, freestyle), visual arts, creative writing, or a talent show that helps them tap into creative expression.
- Connect them to a variety of musical styles, and use music as part of the treatment program. Have discussions about different styles of music, the messages conveyed and their impacts, and why different styles appeal to different people.

Program enhancement 4: Provide a place where they can safely discuss the street culture, discrimination, and other aspects of their lives.

Let participants know they can discuss the stress, anger, and frustration they feel related to being black/African American. Offer a place to discuss current events that demonstrate that African American men may be at risk of harm (police shootings, unfair arrests). Focus group participants talked about their difficult situation in society as black men (*The cards are stacked against us*) and about discrimination, including being stopped on the street by law enforcement because they are black. They may hold a deep distrust of the justice system from these experiences. Trauma from violence in the home and on the streets may also contribute to a sense of distrust and an assessment of how safe treatment court is. Research has shown that providing them a safe place to talk about issues of culture, their common experiences, and how events of the day affect them personally will help them see the relevance of the program to their lives and retain them in the program.

- Create a peer support group for African American men where they can safely discuss these issues.
- Offer HEAT (Habilitation, Empowerment, Accountability Therapy). This is a cognitive behavior therapy program designed specifically for African American men who identify with the street culture. [https://www.heattime.com/about-2/]
- If you have a smaller program and very few African American men, you won't be able to sustain a viable peer group. Instead, find a provider who will offer a comparable program remotely, using a telemedicine-style approach to service delivery.

Program enhancement 5: Expand the scope of trauma treatment to address historical factors.

These factors include prior interactions with the criminal justice system and the legacy of slavery and other historical traumas that have caused a collective wounding across generations and continue to greatly influence how African Americans interact with the rest of society. One result is that African Americans tend to have a much higher number of adverse childhood experiences than Caucasians. Largely untreated, these experiences generate deep levels of trauma that must be addressed as part of the recovery process.

- Provide trauma-informed training for all staff, and create a safe environment in your program using the Sanctuary Model. [http://sanctuary-web.com/TheSanctuaryModel.aspx]
- Teach participants new ways to manage their safety.
- Make sure the trauma treatment provider is equipped to address historical traumas.

Program enhancement 6: Create a diverse team of staff and treatment providers.

Research indicates that, to engage minority participants in treatment, providers need to have staff who understand the participants and are knowledgeable about their daily lives.[5] When individuals first enter your program, they may be looking at the staff to find people who have a common understanding of their life situation. If they feel staff will not understand them, they may opt out of the program.

- Recruit a workforce that reflects your participants.
- Partner with agencies that reflect the diversity of your population, for access both to staff and to information to help your team better understand your participants.
- Provide a comprehensive training plan that addresses attitudes (implicit bias training), knowledge (cultural congruency training), peer expectations (staff discussions of topics such as why being color blind is not helpful or why neighborhood matters), and skill building (practice in how to talk to a diverse array of individuals). Motivational Interviewing should be a key part of this training.

Program enhancement 7: Create an atmosphere of social accountability.

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.[6]

- Discourage color-blind attitudes among staff.
- Use performance indicators, both statistics and interview materials, to engage in continuous improvements.
  - Have staff review them regularly.
  - Have a stakeholder group review the performance indicators periodically, and encourage them to ask questions.

Program enhancement 8: Offer activities that build the self-efficacy of participants.

Self-efficacy is the belief that an individual has the ability to set goals and achieve them. Many African American men have low self-efficacy because they live in resource-poor neighborhoods where few people can be seen being successful in a conventional lifestyle. *It was just easier to sit out the rest of my sentence and not risk failing at something that sounds really hard to do.* (focus group)

- *Give them responsibilities to feel part of something positive.* (focus group)
  - For community service, after they have been doing it for a time, ask for feedback on how to improve the experience.
  - Create opportunities for participants to give back to their communities, such as having them speak to youth groups.
- *Have the counselor pick someone to run a class.* (focus group)
  - Have someone be in charge of making sure everyone signs in.

[5] Guerrero, E., et al., 2013. Disparities in completion of substance abuse treatment between and within racial and ethnic groups. *Health Services Review, 48*, 4.

[6] Dobbin, F., & Kalev, A. 2016. Why diversity programs fail. *Harvard Business Review*. July-August.

- Deliver consistent and uplifting messages from all staff to participants.
  - "We will give you many chances to put your life back together."
  - "We will help you to help yourself."
- Create experiences to build confidence and self-esteem.
  - *In treatment, the instructions in the workbook and groups allowed me to open up. Seeing other people there before me presenting gave me the idea, "I can do it". . . seeing them do step 2 when I am on 1.* (focus group)
- Provide peer support mentors to coach them and encourage them, especially when they experience setbacks. Research has shown that mentors increase the likelihood of retention. *When you move up, you should become a mentor of a new person.* (focus group)

Program enhancement 9: Create an environment that builds collective efficacy.

A sense of support is needed. (focus group)

It takes a village, and there's no village left anymore. (focus group)

The individualized nature of treatment court may run counter to participants' cultural orientation.

- Share power with participants by giving them choices. This action will help them feel safe.
- Examine opportunities for team building among participants and staff, including social or recreational activities, even a potluck lunch.
- Have staff members show up at neighborhood events.
- Develop or connect participants to a culturally relevant support group of African American men.
- Ask community partners to identify ways to get the participants involved in positive community activities.
- Provide peer support mentors, mentioned in the previous enhancement, to help build the sense of a community striving toward goals and helping each other.
- Offer culturally relevant activities and a peer support group to build a sense of a collective group working together and supporting each other.

Program enhancement 10: Use social media to market and keep participants engaged.

A recent Pew Research Center study[7] found that among young adults, those with low incomes and minority status were the groups most likely to be **smartphone** dependent. How can you use this device to enhance access to your program?

- Create a social media strategy with participants who tell their stories of success.
- Incorporate recovery support technologies that offer tools for participants to remain drug free, with alerts, chat features, and even GPS warnings when they are near danger zones.
- Send text reminders about appearance dates.
- Have clinicians and probation officers do quick check-ins on their mental state, cravings, or activities to see how participants are doing.
- Send drug testing reminders via text.
- Conduct some clinical interventions over smartphones.
- Distribute online reviews of Narcotics Anonymous or Alcoholics Anonymous groups to help participants find a good match.
- Create or recommend an app for stress reduction.
- Link participants to health literacy information.
- Encourage community members to form a virtual network to offer support to participants.

[7] Pew Research Center. 2015. *A portrait of smartphone ownership*. Available at: http://www.pewinternet.org/files/2015/03/PI_Smartphones_0401151.pdf

Orientation Enhancements

Once you have reviewed and possibly adjusted your program components, it is time to consider how to more effectively promote the program in the African American community. Promotion efforts may be concentrated at orientation, or they may reach further into the community.

Here are some strategies that would be appropriate for the preadmission period:

Preadmission enhancement 1: Create culturally affirmative posters and display them where the target audience will see them.

Consider what individuals from the underserved group see as benefits to your program. Some examples of images are as follows:

- To address the need for future direction in life, post an image showing a participant in a career-oriented job at community centers or convenience stores;
- To acknowledge the influence of family support, post an image of a mother who has her son (participant) back at hair care salons so the "mothers" will see it.
- To acknowledge the role of males in the culture, post an image of a participant who is now caring for his family in convenience stores or other places in the neighborhood of the underserved population.

Preadmission enhancement 2: Distribute a brochure about your program.

Be sure to include images such as those described above, and avoid making written materials too text heavy. These brochures could be distributed through the individuals who have first contact with potential participants (such as defense attorneys), or they could be distributed in conjunction with the posters.

Preadmission enhancement 3: If someone administers a screening tool at the jail, have him or her explain the program.

The discussion should convey the messages your team has agreed upon about the program benefits. Here are some strategies that would be appropriate for orientation:

Orientation enhancement 1: Revisit the messages conveyed at orientation about the rules and benefits of the program.

Focus group participants commented that rules were emphasized at orientation, but that they heard very little about benefits of the program. Staff, on the other hand, frequently stated that they covered the benefits but no one seemed to hear them.

- It may be that potential participants have some cognitive limitations related to high anxiety, trauma, and substance use. They may not be absorbing all the information presented at orientation. Distribute a visually appealing **flyer** listing the **benefits**.

I don't think the staff understand the burden you have when you take this on. Big weight. Have to redirect every piece of your life. (focus group)

People terminate because they never learn how to manage it all. (focus group)

- Create a benefits package.
  - Conduct either focus groups or interviews with participants to identify benefits, or use the **testimonials** available in this toolkit. Consider dividing the benefits into sections on self, family, and community. Be sure to list avoided costs as well. Have your community partners help you. Create a visually appealing flyer that lists the benefits.
- Recast your orientation messages using a client-centered approach, with inclusive language.
  - For instance, participants said they were told, *"You have to call every day. We don't care if you don't have a phone, you gotta call."* Instead, take a participant-centered approach, acknowledging the challenge faced by someone without a phone and helping them strategize a way to make calls (or obtain a phone).
  - Use a message such as, "It may be hard, but you can redirect every piece of your life."
  - One program had a message that participants often repeated: "It is on me; it is my choice."

Orientation enhancement # 2: Consider who is introducing people to your program and how they are communicating information.

- *It would help to have a younger person who had been through the program [rather than a middle-aged white lady] paint a picture of what it will be like.* (focus group)
- Recognizing the potential for cognitive impairments, work with all staff to coordinate what is said and by whom. The basic guidelines for communicating with those who have cognitive impairments are to limit the amount of information, provide the information in a variety of formats, and keep the communication in language familiar to the recipient.

When I started, they put a big packet of information in front of me. But there was no way I was going to read it. (focus group)

- Ask permission to share information with potential participants. Individuals may then be more receptive.
- Check the reading level of your materials. Make sure they are not above a 6th-grade level.
- Consider how to make your materials more visually interesting by adding graphics.

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)

- Start orientation with the benefits and then move into the rules. Make the session interactive. Use Motivational Interviewing to guide participants into an understanding of how your program can help them and what they can accomplish.
- Balance messages about rules and structure with the benefits. Apply Motivational Interviewing principles to work with participants on what the messages should convey.
- Provide a flyer listing benefits. Present the benefits to answer the "What's in it for me?" question that is going through the minds of potential participants.
- Have a peer who has been through the program talk to people at orientation.
- Emphasize the program enhancements you have made to address African American men, such as a peer support group, career development opportunities, or involvement in their community.

Orientation enhancement #3: Counteract the belief that treatment court is just like the rest of the justice system and should not be trusted.

Focus group participants commented that what made treatment court so different was that staff knew and understood them, and so when decisions had to be made and consequences meted out for behavior, they felt the decisions were fair.

- A good way to convey this message is to display a **poster** showing a judge, a clinician, and a probation officer standing shoulder to shoulder with a participant, with the message "Treatment court: Where people will understand and support you."
- Distribute a visually appealing **flyer** with the heading "Treatment Court: A Different Kind of Court Program."
- Use Motivational Interviewing to help staff convey that participants will feel listened to and understood by how the staff engage, interact, ask questions, and reflect back what the participants say.

Also recognize that mistrust of health care and other treatment services may affect how individuals view your program and the services offered. African Americans are often treated differently in health care settings. They are less likely to have their pain acknowledged and treated than are similarly situated Caucasians.[8] Minorities report lower

[8] Meghani, S., Byun, E., & Gallagher, R. 2012. Time to take stock: A meta-analysis and systematic review of analgesic treatment disparities for pain in the United States. *Pain Medicine, 13*(2), 150-174.

levels of satisfaction with treatment.[9] They underutilize treatment because of potential stigma,[10] distrust of providers,[11] and a lack of financial resources.[12] Historically, African Americans have been exploited by some members of the medical community. In particular, enslaved women were subjected to experimental practices in the development of the field of gynecology in the mid-1800s, and men were exposed to syphilis and left untreated in what was called the "Tuskegee Study of Untreated Syphilis in the Negro Male." [www.cdc.gov/tuskegee/timeline.htm]

- Educate your staff on the history of African American treatment in the health care system.
- Tell participants that you do not want them to feel unsafe.
- Create a trauma-informed environment in your program. In particular, create a predictable environment by letting participants know what will happen, how it will happen, and the expected impacts of what they will experience.

Orientation enhancement #4: Counter the attraction to the street culture.

The freedom of the streets is a powerful lure to many men. You can use the concept of the streets to emphasize the opportunity to take life in a new direction (go down a new street).

I'm a man and I have been living on the street and doing what I been doing to get by. Don't want to be told what to do, when to do it, and how to do it. How dare somebody come and tell me how to live my life? (focus group)

When I was out there, if I seen something I didn't like, I was gone. I never faced adversity. (focus group)

- At orientation, balance messages about rules with the idea that by following rules one achieves a different kind of freedom.
- Distribute a **flyer or poster** conveying the idea of taking life in a new direction.
- The message about a different kind of freedom can carry over into the program by reviewing the costs of living on the streets to self, family, and community.
- Share counter messages:
  - *Nobody here wakes you up at 5:30 and says "go march" or "clean the toilet."* (focus group)
  - *You can eat out of your own refrigerator.* (focus group)
  - *You are still on the streets, but now you have more options.* (focus group)
  - *In prison you have to do what they tell you to do. In drug court you have a choice: go to treatment or get kicked out.* (focus group)

Orientation enhancement #5: Whatever messages you decide to emphasize at orientation, continue to share those messages.

- Be as explicit as possible in stating your messages, so that the benefits are practical and concrete.
- State the benefits up front, early and often, throughout their participation.

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[9] Wells, K., Klap, R., Koike, A., & Sherbourne, C. 2001. Ethnic disparities in unmet need for alcoholism, drug abuse and mental health care. *American Journal of Psychiatry, 158*, 2027-2032.

[10] Menke, R., & Flynn, H. 2009. Relationships between stigma, depression, and treatment in white and African American primary care patients. *Journal of Nervous and Mental Disease, 197*, 407-411.

[11] Freimuth, V., et al. 2001. African Americans' views on research and the Tuskegee Syphilis study. *Social Science and Medicine, 52*, 797-808.

[12] Hines-Martin, V., Malone, M. Kim, S., & Brown-Piper, A. 2003. Barriers to mental health care access in an African American population. *Issues in Mental Health Nursing, 24*, 237-256.

Testimonials About the Impacts of Treatment Court

If you do not have the resources to conduct focus groups or interviews, the following statements from participants about the benefits of treatment court may give you some ideas to create your own benefits flyer.

Source: Focus groups with African American male treatment court participants conducted in the summer of 2017

At first it was a gift and a curse. Curse was gotta do something I don't want to do. Make court, meetings, therapy sessions I didn't know I needed. Gift [was] to get record clear and get help. Needed it. Didn't know I needed it at the moment, but I did. It was an epiphany.

Not [going] back to prison with my momma sending me money or my girl/kids' mother sending me money. When that money could go to my kids for something for summer school.

Look at us today. You continue to succeed in your business. You are in right state of mind. Productive member of society. When we make it we can reach back and pull others in. Everybody need guidance. I'm grateful because I wouldn't be where I'm at today.

In prison, you are around a multitude of people. Anything can happen—you can get more time, get cut, raped. Difference here, we are taught structure. Punishment is not that hard. Your feelings are hurt but you have to accept it. With prison you gotta serve 28 of 30 years before you see the board. Here, I would get 2 days and some structure. I would rather have that any day. I pled, through [the] Supreme Court, [and] all mine got wiped out. That's freedom within itself.

You are being judged by people who actually know you, your character, so it's a huge benefit. You are treated more fairly.

I fessed up to myself and haven't looked back. Clean, sober, 18 months. Rewards are new house, new fiancée, better self. Doing things I haven't done in a long time. Or even thought I could do. Reward [for] being honest and humble, [doing] what you are supposed to do. Any person coming into this program, they got to have [the] will to do it. Will be consequences, but what are you willing to do? They have the tools here.

[I have] more understanding [of] how to approach life now.

I could get a second chance. Put what I did behind me.

It was like a carrot in front of me. You can get this felony taken off your record. Got my attention.

Got into [the] program and it opened my eyes.

We all hit [the] stage when we realized we actually learned something. Whether you want to or not.

I was doing drugs since 9. I never thought clear. Living for the day. [Treatment court] showed me a way to think clear and what to do with opportunity rather than blowing it off. Could use [the] opportunity to better myself, so that's what I did.

Equity & Inclusion

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 demonstrated 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

offenders have lower reductions in recidivism than those programs that accept only nonviolent offenders (Mitchell, Wilson, Eggers, & MacKenzie, 2012). Violent offenders may need a different array of treatment and supervision, which may affect a court's effectiveness in treating those individuals (NADCP, 2013).

Does a violent history create disparate access to treatment court for African American men? The answer is unclear. Among the categories of violent crimes, African Americans have the largest proportions charged with murder and robbery, while whites are charged with over half of all violent crimes (FBI, 2016). Although an exclusion for murder seems understandable, if programs systematically exclude individuals with robbery charges but not other violent crimes, they may be disproportionately excluding African Americans.

Recommendation

Recognize that violent offending is most closely associated with certain substances, namely cocaine and alcohol. Also recognize that certain individual risk factors are associated with violent behavior: prior criminal history, negative peers, antisocial personality disorder, and being young (Saum & Hiller, 2008). Individuals can be assessed for the probability of violent reoffending using a tool such as the Hare PCL-R (http://www.hare.org/scales/pclr.html). Individuals with histories of violent behavior usually have multiple criminogenic needs that must be addressed using more complex, intensive, multimodal methods to engender attitudinal or behavioral change. Structured individual counseling, interpersonal skills training, and cognitive behavioral therapy have consistently been shown to reduce violent behavior (Lipsey & Wilson, 1998).

Weapons charge

Another very common exclusionary criterion is having a weapons charge associated with the case that leads one to be considered for treatment court. A key motivation for carrying a weapon is for defensive purposes, to avoid violent victimization. In potentially violent situations, the presence of a weapon decreases the likelihood of actual violence through a deterrent effect (Brennan & Moore, 2009). Individuals involved in drug purchases may carry a gun for protection (Lizotte, Krohn, Howell, Tobin, & Howard, 2000).

Carrying a weapon in the commission of a crime is a common exclusionary criterion that creates a disparity in access to treatment court for African Americans. They tend to live in segregated, resource-poor neighborhoods with high levels of violence. They may carry guns for defensive purposes, which may actually reduce violence through the deterrent effect of gun possession.

Recommendation

Treatment courts may need to examine the reasons for carrying a weapon to avoid reducing the likelihood of treatment court access for those who do not have violent tendencies and could be otherwise eligible.

Trafficking charge

Studies have shown that individuals with substance use disorders tend to turn to drug sales and distribution to fund their habit. No research has conclusively shown that excluding traffickers with a substance use disorder from treatment court is warranted. Programs must determine whether the primary motivation for trafficking was to obtain drugs or for financial gain. The latter group should be excluded from treatment court. Research indicates that individuals supporting a habit through drug sales perform as well as (Marlowe, Festinger, Dugosh, Arabia, & Kirby, 2008) or better than (Cissner et al., 2013) those with a drug possession charge.

Research indicates that whites are more likely to be involved in trafficking, but blacks are more likely to be arrested for this offense. This difference occurs because blacks tend to traffic in the open, on city streets, which are heavily monitored by law enforcement, whereas whites tend to traffic in more discreet settings, primarily indoors (Ingraham, 2014). Exclusions for trafficking charges may differentially exclude African Americans from treatment court.

Recommendation

Examine the underlying motivation for drug trafficking as well as the quantities in possession of the individual. A separate track for traffickers with a substance use disorder may need to be established to keep them away from users who could potentially be exploited as "customers."

Prostitution charge

Individuals may become involved in prostitution to fund their drug habit. Individuals, primarily women, involved in prostitution often have a history of victimization starting in childhood and continuing into their lives as prostitutes. Thus, they often have a history of violence, drug use, and depression (Millay, Satyanarayana, O'Leary, Crecelius, & Cottler, 2009).

Treatment court participants who have been involved in sex trafficking may require special services and an emphasis on trauma-informed care. Women and men who have sex with men may need services such as domestic violence counseling, trauma treatment, and services for sexual health, as they are at high risk for HIV and other sexually transmitted illnesses. Those who have been victims of sex trafficking are often reluctant to talk about their victimization experiences unless they are in a group setting with other individuals with similar experiences.

African American women are at higher risk of being involved in prostitution because of poverty, family instability, and weak educational ties (Heil & Nichols, 2015). If prostitution is an exclusionary criterion, it may create a disparity in access for African American women.

Recommendation

Recognize that some of your participants (both men and women) may have been involved in sex trafficking but are reluctant to reveal this history. They may have complex needs requiring domestic violence counseling, trauma treatment, and services for sexual health. There is no reason, per se, to deny this group access to treatment court.

First-time offender

Criminal history is a key indicator of risk level. The more extensive the history, the higher the risk of reoffending. Those with a longer criminal history are less likely to complete treatment court. It may seem that a program that admits first-time offenders would have a higher graduation rate, but the impacts on rearrests and cost avoidance are much lower for first-time offenders than they are for those with an extensive criminal history (Lowenkamp, Holsinger, & Latessa, 2005). First-time offenders are generally considered low risk and not amenable to the conventional Ten Key Components treatment court.

Recommendation

Excluding first-time offenders from treatment court is usually justified. If they are admitted, they should be in a separate track with an educational component and minimal supervision unless their need level is high.

Severe mental illness

Treatment courts that excluded participants with serious mental health problems had over 50% less cost savings (Carey, Mackin, & Finigan, 2012) than those that included such individuals. Those with a co-occurring disorder are at increased risk of reoffending and not successfully completing treatment court if they do not receive treatment for their disorder and if their attendant needs for housing stability and employment are not addressed (Kushner, Peters, & Cooper, 2014).

African Americans have lower reported mental health conditions and lower reported incidence of accessing mental health services. Some of the barriers to reporting mental health issues and seeking treatment include stigma, mistrust of providers, and lack of financial resources.

Recommendation

To be effective, the treatment for substance use disorders and mental health issues should be integrated, with the same staff at the same facility providing both (Drake et al., 2006). Do not use severe mental illness as an exclusionary criterion, per se.

Homelessness

A lack of stable housing increases the risk of recidivism (Huebner & Berg, 2011; Makarios, Steiner, & Travis, 2010). The status of homeless individuals in treatment court has not been studied extensively. Housing instability would make it difficult to meet all the requirements of treatment court without specially targeted services, which might include low-cost housing, case management, and connections to community services to address the underlying reasons for housing instability. One evaluation of a transitional housing program for homeless individuals entering drug court showed a significant improvement in the ability of this population to succeed in drug court (McKee, 2009).

Recommendation

Allow those with unstable housing to enter your program if you can assist them in finding stable housing. The need for housing must take precedence over substance use disorder treatment in the short run.

Non-drug-related charge

The offending behavior of many individuals involved in the criminal justice system is linked to their drug use, with estimates of 40% to 80% of such individuals having a substance use problem. A meta-analysis of multiple treatment court studies found that programs that accepted individuals with non-drug charges actually had a 95% greater reduction in recidivism than programs that accepted only individuals with drug possession charges (Carey, Mackin, & Finigan, 2012).

African Americans are arrested and incarcerated at much higher rates than other population groups in the United States both for drug-related and non-drug-related charges (Nicosia, MacDonald, & Arkes, 2013). Even though they may not have a drug charge, their offending behavior may be related to substance use, so this exclusionary criterion may reduce their chances of entering treatment court.

Recommendation

Instead of basing eligibility on the charge, examine the background of the individual for evidence that substance use is a factor associated with the offending behavior (such as robbery or forgery).

No treatment motivation

Individuals who are mandated to treatment by the criminal justice system experience outcomes related to substance abuse and recidivism that are similar to (Kelly, Finney, & Moos, 2005) or better than (Coviello et al., 2013) those experienced by individuals seeking treatment voluntarily.

Little research has been done specific to African Americans and treatment motivation. One study found that treatment readiness among African American crack cocaine users was significantly related to recognizing that their drug use was a problem needing to be addressed. Most of the individuals in the study had numerous unmet needs, and treatment for substance use was not always a high priority compared to these other needs (Zule, Lam, & Wechsberg, 2003). Another reason for seeming lack of motivation to enter treatment may be cultural incongruence stemming from a treatment approach that focuses on sharing sensitive information with strangers and being urged to admit they are powerless, approaches that run counter to norms of African American culture (Bowser & Bilal, 2001). African Americans may also have low self-efficacy regarding their ability to successfully complete treatment (Wechsberg, Zule, Luseno, & Lam, 2007), or they may distrust a white treatment provider because of historical experience with discrimination and exclusion (Sue, 2016).

Recommendation

Regardless of an individual's seeming motivation to participate, focus on engaging them in accessing all the benefits of your program. Do not exclude them because they do not seem motivated. Use Motivational Interviewing to engage them in a collaborative conversation about their needs and goals and to identify an aspect of the program that may appeal to them, such as career development services.

Marijuana users and effectiveness of treatment

Marijuana is the most widely used illicit substance in the United States. In 2012-13, 3 in 10 marijuana users had a clinically diagnosed marijuana use disorder (Hasin et al., 2013). Typical patterns of use may make marijuana as difficult if not more difficult for the user to quit than other substances. The typical use pattern that leads to chronic use is multiple failed attempts to quit, periods of reduced use, periods of no use, and periods of continuous use. These experiences create barriers to complete cessation through withdrawal symptoms and low self-efficacy for treatment completion (Zvolensky et al., 2018).

If marijuana as the drug of choice is an exclusionary criterion, African Americans may be disproportionately excluded, because they are 3.73 times more likely to be arrested for marijuana possession than whites despite having similar proportions who report using it (ACLU, 2013; National Academy of Science, 2017). They also have a higher prevalence of marijuana use disorders than whites (Hasin et al., 2013), suggesting a need for treatment.

Recommendation

Assess marijuana users carefully for a substance use disorder to determine their eligibility for treatment court. Some may have a clinically diagnosed disorder associated with marijuana, but others may not receive such a diagnosis and would not be suitable for treatment court.

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Equity & Inclusion

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.

Survey

In general, how suitable for drug court are individuals with the following characteristics:

Unsuitable: **1**
Somewhat unsuitable: **2**
Somewhat suitable: **3**
Very suitable: **4**

The primary substance is	
Marijuana	
Cocaine or crack	
Heroin	
Synthetics and/or methamphetamine	
Prescription narcotics	
SECTION TOTAL	

Number of previous contacts for substance use treatment	
None	
1	
2 to 5	
6 or more	
SECTION TOTAL	

Current criminal charge	
Possession	
Possession with intent to distribute	
Distribution or manufacture	
Forgery or fraud	
Nonviolent acquisitive crime	
Violent acquisitive crime	
Any related weapons offense	
SECTION TOTAL	

Number of prior misdemeanors	
None	
1	
2 to 5	
6 or more	
SECTION TOTAL	

Number of prior nonviolent felony convictions	
None	
1	
2 to 5	
6 or more	
SECTION TOTAL	

Survey *(continued)*

Number of prior violent felony convictions	
None	
1	
2 to 5	
6 or more	
SECTION TOTAL	

History of mental illness	
SECTION TOTAL	

Current employment status	
Unemployed	
Student	
Half-time employment	
Full-time employment	
SECTION TOTAL	

Current social support and living arrangements	
Homeless or unstable housing	
Living alone but in stable housing	
Spouse or partner only in home	
Spouse or partner and children in home	
Other family in home	
SECTION TOTAL	

Education	
Less than high school	
Some high school	
High school graduate or GED	
Any post-high school or technical training or degree	
SECTION TOTAL	

The following items are elements of many drug or other treatment courts. How effective is each of them?

Very ineffective: **1**
Somewhat ineffective: **2**
Somewhat effective: **3**
Very effective: **4**

Substance abuse treatment in reducing drug use	
Therapies that address criminal thinking in reducing criminal behavior	
Treatment for mental illness in reducing criminal behavior or drug use	
Medication therapy (Suboxone or methadone) in reducing drug use	
SECTION TOTAL	

Equity & Inclusion

Age Group Implications for Treatment Courts

Why should we track statistics by age group? Each age group has certain developmental tasks to accomplish and characteristics that may affect individuals' participation in your program. Marketers use such information to segment audiences because they recognize that what appeals to different segments varies.

Emerging adults ages 17 to 25 are involved in the justice system in disproportionately high numbers, and they have high rates of recidivism.

Typical comment: *"I'm not an addict. I just choose to smoke weed. It's part of my lifestyle."*

- Characteristics of emerging adults include an immature brain, a tendency toward impulsiveness, highly charged emotional reactions, and risk-taking behaviors. They tend to have weak connections to social control mechanisms (of family, work, and school) that could otherwise counterbalance some of these tendencies.
- This age group has a high prevalence of alcohol and marijuana use, which is related to experimentation, instability, and stress, as well as peer influence.
- Because the brain is not fully developed, they have tremendous capacity for growth, adaptation, and change.
- For optimal development, individuals in this age group need to have many opportunities to find a direction in life, opportunities that may be missing if they live in resource-poor neighborhoods.
- Be sure that you are adequately assessing for substance use disorders. Many emerging adults are high risk (criminogenic thinkers) but low need (no substance use disorder).
- They are very media savvy and influenced by what peers share on social media.

Can you adjust your program to accommodate them?

How can your program be presented as offering opportunities that will appeal to this age group? You may find some ideas in the publication footnoted below.[14]

[14] Schiraldi, V., Western, B., & Bradner, K. (2015). *Community-Based Responses to Justice-Involved Young Adults*. Monograph. Washington, DC: National Institute of Justice. Retrieved from: https://www.ncjrs.gov/pdffiles1/nij/248900.pdf

Young adults, ages 26 to 34, are focused on economic independence and independent decision making. Where should I work and live? How do I budget? How do I form a family? They tend to make choices regarding love, occupation, friendship, values, and lifestyle using experience from their family of origin and from their emerging adult period. If they have been involved in the justice system, they may have missed out on opportunities for development. Treatment court can offer them such opportunities, as the following focus group participant explains:

> *"I wasn't ready when I started this thing. I didn't care about nobody but myself, just running the streets and getting high, all I wanted to do. Now that I have drug court in my life, I care for my kid and my wife, care for my responsibilities. It made a big change."*

They may find practical skills training to be very helpful. This training could include budgeting, banking, interviewing, resume writing, and other career development opportunities.

Those in **middle adulthood**, ages 35 to 60, tend to be part of a generational cohort that affects their experience and lives. For those involved in the justice system, the cohort may have been defined by a particular drug culture, as described by this focus group participant:

> *"I used 3-crack, PCP, and marijuana. I knew I had to talk about it to get over it. Lot of people using PCP are dead or loony. I did it for 23 years."*

This individual goes on to say:

> *"I 'fessed up to myself and haven't looked back. Clean, sober 18 months. Rewards are new house, new fiancée, better self. Doing things I haven't done in a long time. Or even thought I could do."*

Messages about, as well as services targeted toward, opportunities for change and transformation may appeal to this age group, who are often tired of their lifestyle.

Older adults, ages 60 and older, often have a desire to give back to society and share their wisdom. However, if your program is focused on younger adults and their need to accomplish certain developmental tasks, older adults may feel that the program does not align with their current needs.

> *"Got a situation with my disability. Told my probation officer and she made me get a job even with the disability. In the process of it, I knew I couldn't win, so I got a little job. I was comfortable just getting my check, but she wanted me to get a job, so I had to get one or there would be consequences behind it. But I shouldn't have to get a job. I've been retired since 2012. I am almost 70. I worked 37 years of my life."*

Screening and assessment tools have not been designed for older adults.[15] Older adult substance users may have typical age-related disorders such as diabetes, dementia, and depression, which may mask substance use disorders. Among an in-custody population they may be vulnerable to victimization because of the increased likelihood of physical and cognitive impairments. They may be better served by community-based programs such as treatment court.[16] The limited research that has been done indicates that older adults respond better to treatment when they are among their peers, because of differences in the antecedents of use and in other medical conditions. Therapy groups may need to proceed at a slower pace, because of differences in the cognitive learning abilities of older adults.[17]

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[15] Dowling, G., Weiss, S., & Condon, T. (2008). Drugs of abuse and the aging brain. *Neuropsychopharmacology, 33*, 209-218.

[16] Rothman, M., & Dunlop, B. (2006). Elders and the courts: Judicial policy for an aging America. *Journal of Aging and Social Policy, 18(2)*, 31-46.

[17] Feidler, K., Leary, S., Pertica, S., & Strohl, J. (2002). Substance abuse among aging adults: A literature review. Fairfax, VA: National Evaluation Data Services (NEDS).Retrieved from: https://www.public-health.uiowa.edu/icmha/outreach/documents/SubstanceAbuseAmongAgingAdults.pdf

If older adults, aged 60 and above, are being considered for your program, besides the usual suitability criteria, you should also consider their mobility status. Do they have the capacity to readily access all the providers who are part of your program: probation, treatment, the court, community service, and drug testing? In addition, you may want to reconsider the job requirement if they are retired. Will holding a job still serve the intended purpose, or is there another activity, such as enhanced community service, that would better fulfill the purpose?

For each of these stages of development, how can your program align with the specific needs and orientation?

Equity & Inclusion

Focus Group Protocol for Underserved Groups

Objectives: The focus group will elicit discussion on the experiences of <the underserved group> in adult treatment courts.

Specific discussion areas will include trust and the justice system, coping resources, relationships with staff, impacts of neighborhood, and first impression of treatment court.

Description of participants: Focus groups will be held with <underserved group> adult drug court participants.

The participants will be selected with assistance from the local drug court administrator. The group should include <members of the underserved group> drug court participants who are either in the program or have exited.

Each group will include 8 to 10 participants. Aside from the participants, the focus group facilitator (an experienced neutral party) and a co-facilitator will be present.

Description of the focus group: The participants and facilitator will sit around a table for the discussion. The co-facilitator will take notes and make sure that the recording device is functioning properly. The facilitator will begin the discussion by introducing himself or herself and explaining the purpose of the focus group. The focus group will last between 60 and 90 minutes. The discussion will be recorded.

Focus group discussion guide: The following questions will provide the framework for the focus group discussion. While questions that are not listed here may be asked in order to follow up on participants' responses, the focus group discussion will center on these main questions. The introduction and debriefing statements will be read to participants.

Introduction

The purpose of this focus group is to identify ways to provide a good chance for <members of the underserved group> to succeed in drug court. We would like you to share your honest thoughts.

At times you may not agree with what someone else says. Please speak up and share your perspective. We would like to hear about the pros and cons of all ideas discussed today. Please be respectful of the opinions and experiences of the other participants.

We have a limited amount of time, so I might have to interrupt from time to time to keep things moving.

Opening Question

The opening question is an icebreaker to get everyone talking and is the one time where we will go around the table and systematically have everyone talk.

What was your first thought when you heard about drug court?

Introductory Questions

Launches the group into the subject area.

What led you to decide to participate in drug court?

Why do some people choose not to participate?

Transitional Questions

What are the differences between drug court and traditional court?

How did your past experiences with the police and courts affect what you thought might happen in drug court?

Was there a point at which you started to trust drug court? What made you trust drug court to help you?

Key Questions

- What about your life has made it hard for you to complete drug court? (lifestyle, family influence, time commitment, neighborhood, home situation)
- Our neighborhood and the people around us can make us feel either like we can reach goals or that we might as well not even bother to have goals because people like us will never reach any goal. To what extent has drug court helped you feel like you can reach your goals?
- When you went to drug court, how did you know the judge was really listening to you?
  - How did staff let you know that your voice was heard in drug court?
- Out on the streets you may have had the experience of being stopped by police and in some way treated differently because of who you are. The decision to stop you or treat you differently may not have seemed very fair. In drug court, when decisions were made to sanction you, was it the same kind of experience? If not, how was it different?
- Was there a point at which you realized that jail sanctions were a help and not a punishment? If so, describe what led to that change of perception.
- Tell us about a time when you or someone else was not respected in drug court.
  - How would you know if someone did not respect you?
  - How important is it to you to be respected?
- Let's talk about neighborhood. In this town/city, are neighborhoods segregated? What about living in a segregated neighborhood makes it hard to do everything drug court wants you to do?

Key Questions *(continued)*

- When you are in your neighborhood or on the streets, you may need to act in a certain way. How easy or difficult is it to act differently in drug court?
  - How easy or difficult is it to act differently in the places drug court expects you to go, like when you get a job?
- To what extent has your relationship with the judge and staff affected your ability to make it through the program?
- As part of your recovery, how important is it to talk about racism and discrimination?
- In some communities there is stigma about getting mental health treatment. There's the idea that certain things are nobody's business and that you should not trust others with your business.
  - What made it difficult for you to go to individual and group counseling, and what helped you to take part in drug abuse treatment?
- How would you feel if you knew that staff were trying to figure out ways to treat people differently in drug court based on different needs? Or would it be better if they treated everyone the same?

Ending Question

Any last thoughts or ideas on what would make drug court a better opportunity for <underserved group>?

Follow-up questions will be asked when appropriate to gather further information related to the questions.

Debriefing

I would like to thank you for your participation. The information you gave us today will be shared with the {insert name of agency and/or organization}. **The information will help drug courts better respond to the needs of all participants.**

Finally, I would like to provide you with a chance to ask questions that you might have about this research. Do you have any questions for me?

Equity & Inclusion

Information Comprehension Techniques

"We tell them about the benefits of the program, but they don't seem to hear us." (staff communication)

We may need to vary communication practices with individuals whose cognitive abilities may be impacted by substance use, trauma, anxiety, and mental illness as well as limited literacy. Individuals may have temporary or long-term limitations to their ability to process information and make informed decisions.

Both oral and written communication should:

- Use language familiar to the recipient.
- Be somewhat repetitive.
- Focus on one thing at a time.
- Keep the information short and simple.
- Occur in a place that is quiet and free of distractions.
- Avoid talking down to the individual, as that is a sign of disrespect.
- Be flexible and recognize that you may need to limit today's communication to a few simple ideas rather than the entire orientation packet.

Consider body language as well:

- Sit at the same level as the client
- Keep your arms at your sides (not crossed) to signify openness to communicate. This holds for in-person meetings as well as for photographic images used in promotional materials and videos.
- Face the person and look him or her in the eye (if culturally appropriate).

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