II. Equity and Inclusion

All persons meeting evidence-based eligibility criteria for treatment court receive the same opportunity to participate and succeed in the program regardless of their sociodemographic characteristics or sociocultural identity, including but not limited to their race, ethnicity, sex, gender identity, sexual orientation, age, socioeconomic status, national origin, native language, religion, cultural practices, and physical, medical, or other conditions. The treatment court team continually monitors program operations for evidence of cultural disparities in program access, service provision, or outcomes, takes corrective measures to eliminate identified disparities, and evaluates the effects of the corrective measures.

A. Staff Diversity
B. Staff Training
C. Equity Monitoring
D. Cultural Outreach
E. Equitable Admissions
F. Equitable Treatment and Complementary Services
G. Equitable Incentives, Sanctions, and Dispositions
H. Fines, Fees, and Costs

A. STAFF DIVERSITY

The sociodemographic characteristics or sociocultural identities of treatment court team members reasonably reflect those of program candidates and participants. Outreach and recruitment efforts are performed by persons who have sociodemographic characteristics similar to those of prospective candidates, such as their race, sex, ethnicity, or residential neighborhood, or have similar sociocultural identities, such as their gender identity, sexual orientation, or cultural practices or beliefs. Participants are assigned in the early phases of the program to counselors or peer specialists with congruent sociodemographic characteristics or sociocultural identities, if available.

B. STAFF TRAINING

All team members are trained to define key performance indicators of cultural equity in their program, record requisite data, identify cultural disparities in program operations and outcomes, and implement corrective measures. Team members receive at least annual training on evidence-based and promising practices for identifying and rectifying cultural disparities.

C. EQUITY MONITORING

Team members continually monitor program referral, admission, and completion rates and service provision for evidence of cultural disparities, meet at least annually as a team to review the information and implement corrective measures, and examine the effects of their remedial efforts within the ensuing year. Team members avail themselves of easy-to-use, open-source toolkits and online assessment systems to perform valid and reliable monitoring of cultural equity in their program.

D. CULTURAL OUTREACH

The treatment court takes proactive measures to recruit members of underserved cultural groups. Independent evaluators administer confidential surveys or conduct focus groups assessing whether and how potentially eligible persons first learned about the program, how they view the relative benefits and burdens of participation, what barriers to participation they perceive, and what benefits they would consider most attractive. The treatment court team reviews the findings and makes indicated adjustments to the program's recruitment procedures, practices, or policies to meet the needs of underserved groups. The treatment court distributes informational materials at the jail, arrest processing facility, police or sheriff's department, courthouse, public and private defense counsel offices, pretrial services, and other pertinent settings advertising the benefits of treatment court and explaining how to apply for admission, thereby bringing the program to the attention of persons from underserved groups early in the case process when they are most likely to pursue entry and accept referral offers. In jurisdictions with immigrant or multilingual populations, informational materials are distributed in prospective candidates' native language.

E. EQUITABLE ADMISSIONS

The treatment court promotes culturally equitable referrals from law enforcement, prosecutors, defense counsel, bail magistrates, pretrial services, and other sources and applies evidence-based or promising eligibility criteria and admissions procedures to reduce cultural disparities in program access. Where permissible by law, the treatment court eliminates eligibility restrictions that disproportionately exclude some cultural groups but are not associated with safer or better outcomes, such as drug dealing to support a substance use disorder, some violence offenses that are commonly associated with substance use disorders like domestic violence or non-aggravated assault, and resource requirements that are impacted by socioeconomic status, such as stable housing or transportation. Candidates are evaluated for admission using culturally valid assessment tools. If a validated tool is unavailable for a cultural group or is not available in a candidate's native language, a competent translator administers the items if necessary and the program engages an independent evaluator to solicit confidential feedback from members of that group about the clarity, relevance, and cultural sensitivity of the tools it is using, validates the tools among candidates to the program, and, if feasible, makes indicated adjustments and revalidates the revised tool. The treatment court team does not apply subjective judgment to determine persons' suitability for the program, such as their motivation for change, positive attitude, optimism about recovery, or prognosis for success, because such impressions do not improve outcomes or public safety and are susceptible to implicit bias.

F. EQUITABLE TREATMENT AND COMPLEMENTARY SERVICES

The treatment court delivers treatment and other services that are proven to be effective for cultural groups represented in the program. The treatment court delivers culturally equitable curricula that have been shown to be equivalently effective for cultural groups represented in the program, or culturally proficient curricula that are designed specifically to meet the needs and lived experiences of some cultural groups and are shown to improve outcomes for those groups, if such curricula are available. If a culturally equitable or culturally proficient curriculum is unavailable for a particular group, evaluators who are unaffiliated with the program confidentially survey members of that group about their reactions to the curriculum being delivered, examine its effects for those individuals, and, if indicated, select another available curriculum that is more likely to meet participants' needs or preferences. All participants are screened by trained treatment professionals for culturally related stress reactions or trauma syndromes and, if indicated, receive trauma-informed services from trained treatment professionals that are proven to be effective for treating persons with such syndromes.

G. EQUITABLE INCENTIVES, SANCTIONS, AND DISPOSITIONS

Staff continually monitor their delivery of incentives and sanctions and the dispositions they impose for unsuccessful discharge from the program for evidence of possible cultural disparities. The treatment court team meets at least annually to review the findings, take indicated corrective measures, and examine the effects of their corrective measures within the ensuing year. Staff receive training at least annually on culturally responsive approaches for enhancing participants' perceptions of procedural fairness in the imposition of incentives and sanctions.

H. FINES, FEES, AND COSTS

Conditions that require participants to pay fines, fees, treatment charges, or other costs can disproportionately burden members of some cultural groups. Such conditions are imposed only for persons who can meet the obligations without experiencing financial, familial, emotional, or other distress. Monetary conditions, if required, are imposed on a sliding scale in accordance with participants' demonstrable ability to pay and at amounts that are unlikely to impose undue stress on participants that may impede treatment progress.

COMMENTARY

Cultural Terminology and Concepts

Terminology relating to cultural equity and inclusion is often employed vaguely or imprecisely, thus causing confusion among practitioners and policy makers about how programs should monitor and respond to unfair cultural disparities. Key terms and concepts relating to best practices for ensuring cultural equity and inclusion in treatment courts are defined as follows. Additional terms relating to culturally equitable and inclusive interventions and assessments are defined in Provisions E and F.

- *Sociodemographic groups*—Groups defined by persons' apparent or readily assessable characteristics. Examples may include but are not limited to groups defined by race, some ethnicities, cisgender sex, age, national origin, receptive or spoken language, socioeconomic status, and some physical or medical conditions such as mobility impairments. Persons may or may not self-identify as being members of such groups. Nevertheless, persons with some sociodemographic characteristics are more likely to be perceived by other individuals as being members of such groups, potentially leading to discrimination or harassment, lesser access to needed health and social services, negative interactions with criminal justice and other professionals, and poorer criminal justice and health outcomes (e.g., Benner et al., 2018; Carter, 2007; Koozmin, 2018; Mitchell, 2020; Sahker et al., 2020). To date, most research on cultural equity and inclusion has focused on categorizing persons according to their readily observed or measured sociodemographic characteristics, including age, sex, race, Hispanic or Latino/a ethnicity, and socioeconomic status (e.g., Zemore et al., 2018).
- *Sociocultural identity*—An individual's self-identification as being a member of a particular cultural group and sharing a similar background, philosophy, experiences, values, or behaviors with other members of that group. Examples may include but are not limited to groups characterized by religious or ethnic cultural practices or traditions, gender identity, or sexual orientation. A person's identification with a particular sociocultural group may not be readily observable, and respectful and confidential inquiry or assessment may be required to ascertain the individual's sociocultural affiliations. Resources are available to help programs validly and respectfully assess sociocultural identity (e.g., Abdelal et al., 2009; Barbara et al., 2007; Celenk & Van de Vijver, 2011; Genthon & Robinson, 2021). Unfortunately, few studies have thus far addressed ways to enhance equity and inclusion in the criminal justice or treatment systems based on persons' non-readily assessed sociocultural identity.
- *Underserved or marginalized cultural groups*—Sociodemographic or sociocultural groups that have traditionally experienced heightened discrimination, harassment or culturally related stress, lesser access to needed services and resources, and/or poorer criminal justice and health outcomes.
- *Cultural intersectionality or multiculturalism*—Persons with sociodemographic characteristics or sociocultural identities of more than one cultural group. A person may, for example, identify as being Black, Hispanic, non-binary sex, and low socioeconomic status. Membership in more than one underserved or marginalized group may exacerbate or multiply culturally motivated discrimination, harassment, stress, and barriers to needed services and resources (Najdowski & Stevenson, 2022; van Mens-Verhulst & Radtke, 2011).
- *Cultural equity*—Absence of culturally related discrimination and harassment, equivalent rehabilitation outcomes, and equivalent access to needed services, resources, legal protections, and civil rights regardless of persons' sociodemographic characteristics and sociocultural identity.
- *Cultural inclusion*—Provision of services and resources that support the specific needs of persons with diverse sociodemographic characteristics and sociocultural identities, build on their culturally related strengths, and recognize and value their unique contributions to the broader multicultural environment. Delivering culturally proficient services that incorporate participants' cultural heritage and experiences as core components of the interventions is an example of a culturally inclusive practice (see Provision F).
- *Cultural disparities*—Lesser access to needed services or resources, less effective rehabilitation outcomes, or more frequent or severe negative experiences for persons with specific sociodemographic characteristics or sociocultural identities, which are not explained by culturally unrelated or neutral factors. A significantly lower admission rate in a treatment court for Black persons who

have treatment needs and legal histories equivalent to those of other candidates is an example of a cultural disparity.

Cultural Equity and Inclusion in Treatment Courts

Treatment courts were created to improve outcomes in the criminal justice system, including making outcomes and service provision more culturally equitable and inclusive. Yet cultural disparities in referral, admission, and completion rates are reported in many programs. A study of more than 20,000 participants in 142 adult drug courts, DWI courts, and reentry courts reported an average successful completion rate of 38% for Black or African American participants and 49% for Hispanic or Latino/a participants compared with 55% for non-Hispanic White participants (Ho et al., 2018). Another study in 10 geographically diverse communities in the United States found that Black persons arrested for drug offenses were approximately half as likely as White persons to be referred to drug court. Of those referred, Black persons were less likely to be admitted in 7 of the 8 jurisdictions for which admission data were available, and of those admitted, Black persons were less likely to graduate in 6 of the 10 jurisdictions (Cheesman et al., 2023). These findings suggest that cascading impacts at successive stages in the treatment court entry and completion process may contribute additively or multiplicatively to higher justice system involvement for Black and Hispanic or Latino/a persons, lesser access to needed treatment and social services, and poorer criminal justice and health outcomes. Comparable research has not, to date, been conducted for members of other sociodemographic or sociocultural groups, such as Native American persons or LGBTQ+ persons, raising concern that inequities could be broader than currently recognized.

In 2010, NADCP's Board of Directors issued a unanimous resolution directing treatment courts to examine whether unfair racial or ethnic disparities exist in their programs, and to take reasonable corrective measures to eliminate disparities that are detected. A subsequent board resolution in 2021 provides further guidance for treatment courts to monitor their operations at least annually for evidence of disparities by race, ethnicity, or other cultural characteristics. The resolution further states that treatment courts adjust their eligibility criteria, assessment procedures, and treatment services as necessary to eliminate disparities that are detected. The board resolutions place an affirmative obligation on treatment courts to know whether cultural disparities exist in their programs and to eliminate or modify practices contributing to those disparities, regardless of whether the practices were intended to serve a culturally neutral purpose—unless doing so would demonstrably threaten public safety or program effectiveness.

To assist treatment courts in meeting these obligations, All Rise developed a suite of open-access resources, including the Equity and Inclusion Toolkit (NADCP, 2019), to help programs measure cultural disparities; increase entry and engagement of various racial, ethnic, and other cultural groups; and apply culturally proficient practices to enhance equitable outcomes (https://allrise.org/trainings/). All Rise offers training and technical assistance to teach treatment courts how to use these tools to diagnose disparities, implement promising remedial measures, and evaluate the success of their remedial efforts. The Substance Abuse and Mental Health Services Administration (SAMHSA) also offers online resources, training, and technical assistance to help treatment professionals and other staff interact respectfully and competently with individuals of diverse cultures (https://www.samhsa.gov/behavioral-health-equity).

A. STAFF DIVERSITY

The sociodemographic characteristics or sociocultural identities of treatment court team members should reflect those of program candidates and participants. As a practical matter, teams cannot include staff members from all cultural groups represented in their program, especially given that many participants may have multicultural or intersecting cultural identities. Programs should, however, include at least some staff members or peer specialists who live in the participants' communities and are familiar with their neighborhood culture, experiences, and perspectives. Studies in adult drug courts and family treatment courts have reported significantly greater racial and ethnic equivalence in program completion rates when teams included Black or Hispanic staff members who lived in the participants' neighborhood communities (Breitenbucher et al., 2018; Ho et al., 2018).

Many treatment court participants prefer to be matched with counselors or peer specialists with sociodemographic characteristics that are congruent with their own, including sex, race, ethnicity, and approximate age (Connor, 2023; Gallagher, 2013a; Gesser et al., 2022). This practice appears to be most impactful during outreach and recruitment efforts and in the early months of counseling. Once a therapeutic alliance has been established, only matching by sex has, thus far, been shown to improve long-term outcomes (Cabral & Smith, 2011; Steinfeldt et al., 2020). Because White treatment court staff have reported having a more difficult time

developing an initial therapeutic alliance with Black participants (Connor, 2023), matching by race may be especially important for Black participants in the early phases of the program.

Matching participants with counselors or therapists of the same sex has been shown to improve long-term treatment outcomes, especially for persons with trauma histories or symptoms. Better long-term improvements in substance use, mental health and trauma symptoms, program completion rates, and criminal recidivism have been reported when women and Black or Hispanic men were treated in single-sex, trauma-focused counseling groups with group leaders of the same sex (Covington, 2019; Covington et al., 2022; Grella, 2008; Marlowe et al., 2018; Messina et al., 2012; Powell et al., 2012; Waters et al., 2018).

Comparable research is lacking for other sociodemographic and sociocultural groups, but similar findings might be anticipated. LGBTQ+ persons or recent immigrants, for instance, might be more likely to enter treatment court and invest in counseling if they are recruited or served by counselors or peer specialists with backgrounds and experiences similar to their own, and they may perform better in group counseling if group membership is stratified by gender identity, sexual orientation, immigrant status, native language, or other factors. Research is needed to investigate these hypotheses and identify best practices for members of other sociodemographic and sociocultural groups.

B. STAFF TRAINING

Calling attention to cultural disparities without providing actionable guidance to address the problem raises staff anxiety and defensiveness and is unlikely to improve results. The only interventions that have been shown to improve cultural equity are those that teach staff how to measure disparities in their program, explain how to use that information to understand where and why problems may be emerging, and offer practical solutions to address identified hindrances (Devine et al., 2012; Elek & Miller, 2021). Examining program practices and outcomes provides concrete evidence to skeptical staff members and other officials that a problem exists, locates the cause(s) of the problem in program operations as opposed to staff character (thus reducing defensiveness), and helps pinpoint where in the program the cause(s) may lie, thus pointing toward promising remedies. All treatment court staff members should receive training on how to define key performance indicators (KPIs) of cultural equity in their program, record requisite information, identify disparities in program operations and outcomes, and implement promising corrective measures (see also Standard X, Monitoring and Evaluation). Although evaluators may be primarily responsible for conducting valid equity data analyses, all staff members must understand how and why critical information should be collected and what corrective approaches have been found to be effective by other treatment courts or researchers.

Implicit bias training aimed at bringing prejudicial or stereotypical attitudes into conscious awareness and examining their accuracy and fairness is a commonly employed method for addressing cultural inequity. Studies raise questions, however, about overrelying on this approach. Any improvements in assessment scores on instruments like the Implicit Association Test (IAT) are typically small and short-lived, and rarely translate into productive action (Devine et al., 2012; Dobbin & Kalev, 2018; Elek & Miller, 2021; Hagiwara et al., 2020; Oswald et al., 2013). Some studies have also reported counterproductive effects, in which staff resistance increased after the training or changes in practices produced unintended negative consequences (Blair et al., 2011). Investigators have observed, for example, that some staff may have attempted to overcompensate for their biases by being too permissive with some clients, leading them to overlook behaviors requiring attention or making them seem inauthentic or condescending to the clients (Hagiwara et al., 2020). Other investigators have reported that some "high-status" persons like White professionals felt unduly singled out for criticism in the trainings, thus raising their defensiveness and resistance to change (Dobbin & Kalev, 2018; Dover et al., 2016). Although implicit bias training might be a useful first step to raise staff awareness about the important issue of cultural equity and inclusion, considerably more practical instruction is required to help staff apply the lessons and implement effective change strategies.

Studies have not determined how frequently staff should receive training on cultural equity and inclusion; however, researchers have found that outcomes in drug courts were significantly better when team members attended training workshops or conferences at least annually on topics relating generally to treatment court best practices (Carey et al., 2012; Shaffer, 2011). Studies of probation officers have similarly reported that knowledge retention and delivery of evidence-based practices declined significantly within 6 to 12 months of an initial training (Lowenkamp et al., 2014; Robinson et al., 2012), thus necessitating annual booster trainings to maintain efficacy and ensure that the professionals stayed abreast of new information (Bourgon et al., 2010; Chadwick et al., 2015; Robinson et al., 2011). This available evidence indicates that treatment

court staff should receive training at least annually on evidence-based and promising practices for ensuring cultural equity and inclusion in their program.

C. EQUITY MONITORING

Many treatment courts are unaware of whether cultural disparities exist in their programs because they do not collect or analyze pertinent information (Marlowe et al., 2016). Program improvement strategies such as continuous performance improvement (CPI), continuous quality improvement (CQI), and managing for results (MFR) are designed to help programs detect unrecognized problems in their operations and enhance adherence to effective and equitable procedures. These evidence-based strategies involve collecting real-time information about a program's operations and outcomes, feeding that information back to staff members and key decision makers on a routine basis, and implementing and evaluating remedial action plans where indicated. Research indicates that continual self-monitoring and rapid cycle testing of corrective measures improves outcomes and increases adoption of best practices in the health care and criminal justice systems (Damschroder et al., 2009; Rudes et al., 2013; Taxman & Belenko, 2012). These strategies are especially helpful for interdisciplinary programs like treatment courts that require collaboration between multiple service providers (Berman et al., 2007; Bryson et al., 2006; Carey et al., 2012; Wexler et al., 2012). Because treatment courts require ongoing communication, input, and service coordination from several agencies, there are numerous junctures where miscommunication and conflicting practices or policies can contribute to inadvertent cultural hindrances.

Studies have not determined how frequently programs should review performance information; however, common practice among successful organizations is to monitor program operations on an ongoing basis and meet at least annually as a team to review the information and take self-corrective measures (Carey et al., 2012; Rudes et al., 2013; Taxman & Belenko, 2012). In line with this evidence, treatment courts should examine their referral, admission, and completion rates and service provision at least annually for evidence of cultural disparities among candidates for and participants in the program, implement corrective measures where indicated, and examine the effects of their remedial efforts in the ensuing year (see also Standard X, Monitoring and Evaluation).

Equity Monitoring Resources

Resources are available to help treatment courts define KPIs to assess cultural equity in their program and examine disparities in service provision and outcomes (Casey et al., 2012; Cheesman et al., 2019; Rubio et al., 2008). In collaboration with All Rise, the National Center for State Courts developed an open-source, Excel-based calculator called the Equity and Inclusion Assessment Tool, or EIAT (https://allrise.org/publications/equity-and-inclusion-assessment-tool/). The EIAT assesses proportional differences in referral, admission, and completion rates by race, ethnicity, sex, gender identity, age, and sexual orientation. Easy-to-use drop-down menus capture the reasons why some persons did not enter or complete the program, thus providing critical information to help programs pinpoint indicated remedial strategies. The Justice Programs Office at American University similarly developed the Racial and Ethnic Disparities Program Assessment Tool, or RED tool (https://redtool.org/). The RED tool is a free web-based platform that includes open- and closed-ended questions examining a program's intake procedures, assessments, participant sociodemographic characteristics, team diversity and training, treatment and support services, and evaluation and monitoring practices. The tool yields summary scores providing immediate feedback to treatment court teams about their adherence to equitable practices and offers recommendations to reduce disparities. A recent study employing the RED tool in 30 treatment courts found substantial differences in completion rates for White participants (65%) compared with participants of other races (30%), and these disparities appear to have been explained by a failure to perform equity analyses on the programs' service provision and outcomes as well as excessive reliance on subjective suitability determinations in admissions decisions (Gallagher et al., 2023). Studies such as these provide actionable information for treatment courts to detect cultural disparities in their operations, uncover potential causes of those disparities, and identify promising corrective measures.

Equity Analyses

Some equity analyses, such as comparing completion rates between sociodemographic groups, are relatively simple and straightforward to perform. Others may be more difficult because requisite information is often unavailable, or because differences in participants' risk and need levels must be accounted for in the analyses. Few jurisdictions, for example, collect the requisite information to determine whether persons arrested for drug-related crimes meet drug court eligibility criteria, thus complicating analyses of disparities in referral rates. Information is often unavailable, for instance, on whether such persons have a substance use disorder, making them potentially eligible for drug court. Out of necessity, many programs use *drug abuse violations* as defined in

the Uniform Crime Reporting (UCR) Program as the best available proxy for estimating drug court-eligible charges. This UCR category includes drug crimes such as possession, sale, manufacturing, and possession with intent to distribute drugs; however, it excludes arrests for other drug court-eligible offenses (e.g., burglary or larceny committed to support a substance use disorder) and may include arrests for persons who are not eligible for drug court (e.g., drug dealing by a person who does not have a substance use disorder). Efforts are needed in these jurisdictions to encourage law enforcement, pretrial services professionals, defense attorneys, and other officials to complete brief confidential surveys or checklists indicating whether an alleged offense appears to be drug related and whether the person is suspected of having a substance use disorder or other serious treatment needs.

Jurisdictions must also make greater efforts to collect information on other sociocultural characteristics, including but not limited to ethnicity (which is often erroneously conflated with race), gender identity, and sexual orientation. This information is most likely to be accurate and complete when obtained via participant self-report (Barbara et al., 2007; Genthon & Robinson, 2021), and some data elements may not be readily observable or attainable from administrative databases. This information must, of course, be obtained knowingly and voluntarily and shielded from public disclosure. In many instances, the data can be recorded anonymously for purposes of examining cultural disparities cross-sectionally. If the information needs to be connected to data collected at ensuing intervals (e.g., correlated with admission or recidivism data), it should be coded with a confidential subject identifier available only to duly authorized evaluation personnel. Adequate safeguards exist to protect persons' privacy and trial rights while enabling treatment courts to monitor and enhance their adherence to equitable practices.

Finally, some equity analyses will require the expertise of trained evaluators. For example, differences in treatment court completion rates might be explained by differences in participants' risk and need levels when correlated with race, ethnicity, or other cultural variables. Studies have found, for example, that participants' employment status, educational history, socioeconomic status, and/or substances used (e.g., cocaine or heroin) differed significantly by race or Hispanic or Latino/a ethnicity and were responsible for differences in completion rates (e.g., Belenko, 2001; Dannerbeck et al., 2006; Miller & Shutt, 2001). When the evaluators accounted for the influence of these variables in their analyses, racial or ethnic differences in completion rates were no longer statistically significant. Such findings do not absolve treatment courts of responsibility for addressing cultural disparities but are critical for identifying unmet needs requiring service enhancement. For example, enhancing vocational, educational, or mental health services might reduce or eliminate some disparities. Equity analyses are also more complicated when examining service provision or outcomes for persons with intersecting or multicultural identities. Such analyses must examine interaction effects or moderator effects to determine which cultural factors, alone or in combination, are accounting for or exacerbating disparities and what service enhancements or adjustments are needed to rectify those disparities. Treatment courts will usually need to consult with a trained evaluator to perform these types of analyses. (For further discussion of scientifically valid methods for performing equity monitoring, see Standard X, Monitoring and Evaluation.)

D. CULTURAL OUTREACH

Evidence suggests that Black and Hispanic or Latino/a persons may be less likely than White persons to be informed about treatment court in a timely and engaging manner, thus making them less likely to accept referral offers. Resources and training curricula are available from All Rise (NADCP, n.d.) to educate treatment court teams about promising strategies to recruit underserved populations.

Candidate Perceptions

A crucial first step for equitable outreach is to survey potentially eligible persons (including those who did not enter treatment court) to understand whether and how they learned about the program, how they view the risks and benefits of participation, perceived barriers to participating, and what benefits they would consider most attractive. Understanding these issues from the consumer's vantage point is critical for developing effective outreach strategies, and no view should be considered "wrong" or argued against. Although staff may hope that candidates desire treatment and an opportunity for recovery, many may be precontemplative (unmotivated) for change, but they may be highly motivated to receive faster pretrial release, avoid a criminal conviction, or have their arrest or conviction expunged from their record (e.g., Eschbach et al., 2019; Fulkerson et al., 2016; Patten et al., 2015). Advertising the benefits that candidates find most appealing is likely to enhance equitable admission applications and referral acceptances.

Programs should also engage an independent evaluator to conduct confidential surveys or focus groups soliciting feedback from prospective candidates about

the cultural relevance and sensitivity of the program's policies, procedures, and services. Again, there is no wrong answer, and participant responses should not be used to justify low recruitment rates for some cultural groups. Discrepancies between what respondents want and what the program offers do not justify lower access for some cultural groups, but rather should prompt efforts to obtain desired services or perhaps revise certain policies if doing so would not demonstrably threaten program effectiveness or public safety. For example, focus group studies have reported that many Black drug court participants desired greater access to vocational, educational, and mental health services (Cresswell & Deschenes, 2001; Gallagher, 2013b; Gallagher & Nordberg, 2016). Incorporating these services into the curriculum is apt to make the program more appealing for these individuals. And once such services are available, advertising their accessibility to potential candidates and their defense attorneys is likely to increase culturally equitable admission rates.

Social Marketing

Social marketing principles can help treatment courts employ more effective outreach approaches to engage underserved populations. Focus groups have found that many Black defendants and drug court participants objected to the way they were informed about drug court (Janku, 2017). Several participants reported that they first heard about drug court from a source they did not trust (typically the prosecutor), emphasis was placed on a long list of rules and obligations and the punitive consequences that would ensue for infractions, and stigmatizing terms were often used in describing the program, such as "addicts," "relapse," or "dirty urine." Retailers do not advertise their goods or services by emphasizing the negative features, predicting failure, and shaming potential customers. Better social marketing of treatment court may enhance referral acceptances.

How a program is described to potential consumers and the perceived credibility of the person delivering the message can strongly influence acceptance rates. Clinically trained professionals such as counselors, social workers, and psychologists are most likely to be competent in motivational enhancement strategies aimed at resolving persons' ambivalence about entering treatment and possible pessimism about their chances for recovery (Clark, 2020; SAMHSA, 2019). In addition, peer recovery specialists with relevant lived experience are most likely to be viewed as a reliable source of information about the pros and cons of participation. Pairing clients with peer specialists is associated with positive effects on motivation for change, treatment engagement, and self-esteem in treatment courts (Belenko et al., 2021; Burden & Etwaroo, 2020; Carey et al., 2022). Clinicians or peer specialists who are familiar with treatment court operations (e.g., program staff or alumni), live in the same neighborhood as prospective candidates, and have similar sociodemographic or sociocultural characteristics are most likely to be perceived as trustworthy (Gallagher, 2013a). Although evidence is mixed as to whether better outcomes are achieved when peer specialists are the same race or ethnicity as participants, evidence does suggest that congruent age and gender are perceived as important and may influence recruitment and retention rates (Gesser et al., 2022). Promising effects from peer specialists have also been reported in American Indian or Native American populations, suggesting that familiarity with candidates' cultural heritage and practices can enhance treatment engagement (Kelley et al., 2021).

Pretrial Detention

Numerous studies have reported that Black and Hispanic or Latino/a persons were significantly more likely to be detained pretrial and were detained longer than non-Hispanic White persons with comparable criminal charges and arrest histories (e.g., Eaglin & Solomon, 2015; Marlowe et al., 2020; Sawyer, 2019). Longer pretrial detention can increase persons' risk and need levels through associations with high-risk peers and stressors emanating from the jail environment, thus reducing their motivation for change and their likelihood of success in rehabilitation (Prins, 2019). Focus groups with Black pretrial defendants and drug court participants found that many first learned about drug court after they had already served several weeks or months in pretrial detention (Janku, 2017). At that point, they were likely to be sentenced to time served if convicted of the index offense(s) and were understandably disinterested in further involvement with the criminal justice system. Some drug courts have reported receiving more timely referrals of Black pretrial defendants by posting informational flyers and brochures at the jail, courthouse, and defense counsel offices advertising the benefits of drug court and how to apply for admission (Janku, 2017). Treatment courts should distribute informational flyers and post placards in all pertinent settings to bring the program to the attention of eligible persons early in the case process before they have served undue time in pretrial detention and when they are most likely to pursue entry and accept referral offers. In jurisdictions with immigrant or multilingual populations, informational materials should be distributed in prospective candidates' native language.

E. EQUITABLE ADMISSIONS

The admissions process in some treatment courts may include non-evidence-based eligibility criteria, multiple gatekeepers, and numerous junctures where candidates can be disapproved for entry (Belenko et al., 2011; Government Accountability Office, 2023; Greene et al., 2022). Inadvertent barriers occurring at successive stages in the admissions process can contribute additively or multiplicatively to larger cultural disparities in admission rates. Where permissible by law, treatment courts should retract invalid eligibility restrictions and apply evidence-based admissions procedures to reduce cultural disparities in their referrals and admissions (see also Standard I, Target Population).

Criminal History

Studies find that police and prosecutors tend to file more serious charges against Black and Hispanic or Latino/a persons than against non-Hispanic White persons after accounting for their offense features, criminal history, and other sociodemographic characteristics (Berdejo, 2018; Kochel et al. 2011; Lantz & Wenger, 2020; Mitchell, 2020; Starr & Rehavi, 2013). As a result, Black and Hispanic or Latino/a persons are more likely to have drug dealing and violence charges or convictions in their records, thus disqualifying them disproportionately from some treatment courts for comparable conduct (Gallagher et al., 2020; Mantha et al., 2021; Sheeran & Heideman, 2021; Sibley, 2022).

These criminal history disqualifications are empirically invalid and do not serve public safety or public health objectives. Compared with other treatment court participants, equivalent or better reductions in substance use and criminal recidivism are reported for participants with substance use disorders charged with drug-dealing offenses (Cissner et al., 2013; Marlowe et al., 2008) and many common violence offenses such as non-aggravated assault and domestic violence (Carey et al., 2012; Cissner et al., 2015; Rossman et al., 2011; Saum et al., 2001; Saum & Hiller, 2008). As noted in Standard I, persons charged with offenses involving violence, or who have a history of such offenses, should be evaluated on a case-by-case basis to determine if they can be safely supervised in treatment court. In cases involving domestic violence, treatment courts should work with victim services agencies to ensure victim safety. Contrary to some assumptions, persons who are convicted for violent crimes do not recidivate at a higher rate than those convicted for drug or property crimes. Studies of persons who were rearrested for a new crime after release from prison found that those who had previously been incarcerated for drug crimes were rearrested at nearly the same rate for violent crimes as those who had been incarcerated for violent crimes (7% vs. 11% in the first year after release; Alper et al., 2018). Classifying persons according to the nature of their crime is often misleading because "drug offenders" and "violent offenders" do not stay in their lane and often cross crime categories (Humphrey & Van Brunschot, 2021). Avoiding such misleading labels and removing invalid criminal history disqualifications is likely, therefore, to improve treatment court outcomes and reduce unwarranted cultural disparities without jeopardizing public safety (see Standard I, Target Population).

Resource Requirements

Treatment courts should not impose resource requirements, such as requirements for stable housing or reliable transportation, as a condition of admission to the program. The ability to meet such conditions is strongly impacted by a person's socioeconomic status or access to social or recovery capital, and such conditions may differentially exclude members of some cultural groups. This practice is also likely to prevent the persons with the greatest treatment needs from accessing available services (e.g., Morse et al., 2015; Quirouette et al., 2015). Unless adequate resource assistance is reasonably available in other programs, treatment courts should serve such persons and make every effort to offer transportation or housing assistance and other resources to help them attend services and meet program requirements. Importantly, participants should not receive punitive sanctions if they are unable to satisfy treatment court conditions because of insufficient resources, and they should not receive a harsher sentence or disposition if they are unable to complete the program because of such limitations. If the program cannot provide adequate resource assistance to enable participants to succeed in the program, affected participants should receive due recognition for their efforts in the program and should not receive punitive sanctions or a harsher disposition for noncompletion. (see also Standard IV, Incentives, Sanctions, and Service Adjustments; Standard V, Substance Use, Mental Health, and Trauma Treatment and Recovery Management; and Standard VI, Complementary Services and Recovery Capital).

Suitability Determinations

Treatment courts should avoid subjective suitability determinations in their admissions decisions (see Standard I, Target Population). Some treatment courts may screen candidates for their *suitability* for the program based on the team's subjective impressions of

the person's motivation for change, recovery attitude, readiness for treatment, or prognosis for treatment success. Suitability determinations have been found to have no impact on drug court graduation rates or post-program recidivism (Carey & Perkins, 2008; Rossman et al., 2011). Intrinsic motivation for change and an optimistic attitude about recovery are not significant predictors of success at entry into drug court; however, they become important by the time of discharge to ensure that treatment gains are maintained after graduation (Cosden et al., 2006; Kirk, 2012). Studies also find that criminal justice professionals are more likely to attribute negative motivations and a poorer treatment prognosis to persons from cultural groups that are different from their own in the absence of reliable supporting evidence (Casey et al., 2012; Rachlinski et al., 2009; Seamone, 2006). Because suitability determinations have the potential to exclude individuals from needed services for invalid reasons and may exacerbate unfair disparities because of implicit or unconscious cultural biases, they should be avoided, and eligibility criteria should be based on objective and empirically valid entry criteria.

Culturally Valid Tools

Cultural factors can impact the reliability and validity of risk and need assessment tools that treatment courts use in their admissions decisions (see also Standard I, Target Population). Many substance use assessment tools were developed and validated on samples consisting predominantly of White men (Burlew et al., 2011). Treatment courts cannot assume, therefore, that the tools they use are valid for other sociodemographic or sociocultural groups. Studies have determined that women and Black and Hispanic or Latino/a respondents interpreted some test items differently than other respondents did, possibly making those items less valid for these individuals (e.g., Carle, 2009; Perez & Wish, 2011; Wu et al., 2010). Evidence also suggests that some risk tools may overestimate the risk of recidivism or serious technical violations for Black persons (Angwin et al., 2016; Harcourt, 2015).

Treatment courts must be mindful of these concerns and should take considerable care to avoid relying on biased instruments in their decision making. If available, treatment courts should use assessment tools that have been validated specifically for cultural groups represented among candidates for and participants in their program. Programs in jurisdictions with immigrant populations or multilingual communities should also administer instruments in participants' native language where available. For example, Spanish translations are available for several risk and need assessment tools and have been validated among Hispanic and Latino/a persons in the United States and some South American countries. Examples of such tools include but are not limited to the ones listed below. All Rise and other technical assistance providers can help treatment courts identify other risk and need assessment tools that have been validated for cultural groups represented among candidates for and participants in their program and translated into other languages.

- Global Appraisal of Individual Needs (GAIN) https://gaincc.org/instruments/
- Level of Service Inventory – Revised (LSI-R) https://storefront.mhs.com/collections/lsi-r
- Structured Clinical Interview for the DSM-5 (SCID-5) https://www.appi.org/products/structured-clinical-interview-for-dsm-5-scid-5
- Texas Christian University (TCU) Drug Screen 5 https://ibr.tcu.edu/forms/tcu-drug-screen/

If validated tools are not available for some cultural groups or are unavailable in their native language, a program should ensure that assessment items are administered by a competent translator if necessary, and should engage an independent evaluator to solicit confidential feedback from candidates and participants about the clarity, relevance, and cultural sensitivity of the tool it is using, validate the tool among participants in the program, and, if feasible, make indicated adjustments and revalidate the revised tool (see also Standard I, Target Population). Adjusting and revalidating assessment tools requires considerable psychometric expertise and requires large numbers of participants for the analyses, and examining the tool's predictive validity for program outcomes can take a long time. This process might not be feasible for many treatment courts. At a minimum, however, staff should consider participant feedback and the cultural validity of available tools when deciding what tools to use and how to rely on them for program entry and treatment-planning decisions. If assessment items are administered by a translator, a trained assessor should retain responsibility for accurately tabulating the responses, calculating scale scores, and interpreting the results.

Importantly, if culturally validated tools are unavailable for some groups, this fact alone does not justify forgoing standardized assessments and relying solely on staff judgment for team decision making. Studies have consistently determined that the use of standardized instruments significantly reduced cultural disparities in probation conditions and detention decisions compared with professional judgment alone (e.g., Lowder et al.,

2019; Marlowe et al., 2020; Viljoen et al., 2019; Vincent & Viljoen, 2020). Professional judgment can be impacted by a host of confounding factors, including unconscious biases and inadvertent cognitive errors in decision making. Taking standardized test information into account in team decision making, while thoughtfully considering possible cultural limitations of the tools, helps to counteract misconceptions and logical errors and reduce implicit biases. In all cases, staff should have a specific and articulable rationale for overriding assessment results and relying solely on staff judgment.

Evidence also suggests that Black and Hispanic or Latino/a persons, particularly young adult males, may underreport mental health, substance use, and trauma symptoms to criminal justice authorities, thus potentially disqualifying them from treatment court and other sorely needed treatment programs (Covington et al., 2022; Waters et al., 2018). Assessors in treatment courts should be trained on how to use effective interviewing and rapport-building techniques to boost disclosure of treatment needs, especially among Black and Hispanic or Latino men. Failing to probe adequately for pressing symptoms may exacerbate cultural disparities in admission rates and exclude many individuals from needed treatment, consigning them to an uninterrupted pattern of harmful and costly involvement in the criminal justice system. Training in motivational interviewing techniques may help assessors develop rapport with persons from different cultural groups and elicit fuller and more accurate disclosure of relevant information (e.g., Leong & Park, 2016; SAMHSA, 2019). To encourage accurate self-reporting and protect participants' trial rights, all parties should also agree in writing prior to the assessment that information derived directly or indirectly from the assessment cannot be used to substantiate a criminal charge or technical violation against the individual, bring new charges, or increase their sentence if convicted. Defense attorneys should advise candidates about the legal effects of these assurances and explain any lawful exceptions that might allow some information to be disclosed in legal proceedings outside of treatment court (e.g., information pertaining to child maltreatment, threats to other persons, or intended future crime).

F. EQUITABLE TREATMENT AND COMPLEMENTARY SERVICES

Numerous studies have reported that Black and Hispanic or Latino/a persons received treatment of lesser quality than non-Hispanic White persons in the criminal justice system (Guerrero et al., 2013; Huey & Polo, 2008; Janku & Yan, 2009; Lawson & Lawson, 2013; Schmidt et al., 2006), and they were less likely to receive services commensurate with their assessed treatment needs (Fosados et al., 2007; Marsh et al., 2009; Nicosia et al., 2012). Likely as a result, Black and Hispanic or Latino/a persons often report experiencing a poorer therapeutic alliance with treatment personnel, lower expectations for success, lower motivation for change, and lower self-efficacy or confidence in their ability to achieve sustained recovery (Brocato, 2013; Connor, 2020), and they are less likely to complete treatment successfully (Arndt et al., 2013; Guerrero et al., 2013; Mennis & Stahler, 2016; Sahker et al., 2020).

No study has determined whether members of some cultural groups receive lower-quality treatment than others in treatment courts; however, focus groups conducted with Black drug court participants found that many held unfavorable views about the appropriateness or relevance of the treatment they received (Gallagher & Nordberg, 2018). Several participants reported feeling that treatment focused unduly on presumed symptoms of addiction (which many denied experiencing) and ignored more pressing concerns such as unemployment, low education, and mental health symptoms. Treatment providers were also viewed at times as being more interested in enforcing program rules than encouraging therapeutic progress. Other focus group studies have similarly reported that many Black drug court participants felt the program was unsuited to their needs because they did not believe they had a substance use problem and resented being compelled to identify themselves as an "addict" or admit to being "powerless" over their drug use (Gallagher, 2013a; Gallagher & Nordberg, 2016).

Objections to acknowledging one's powerlessness over addiction might be expected to hinder the effectiveness of self-help groups employing 12-step principles (e.g., Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous), yet studies have reported mixed reactions in this regard. Some Black drug court participants have reported dissatisfaction with 12-step groups (Gallagher, 2013a), whereas others have reported highly favorable views (Gallagher & Wahler, 2018). Lacking generalizable guidance, treatment courts should have independent evaluators survey participants individually or in focus groups about their reactions to the groups and offer them the option of participating in other peer support groups that employ different recovery principles, such as Rational Recovery (https://alcoholrehabhelp.org/treatment/rational-recovery/) or Smart Recovery (https://www.smartrecovery.org/), or other preferred recovery support activities like cultural or religious events. Offering a "secular alternative" to 12-step meetings is also constitutionally required because appellate courts

have consistently characterized the 12-step model as being "deity based" (due to explicit references to God or a higher power), thus implicating First Amendment prohibitions against compelling persons to attend a religious activity (Meyer, 2011).

Culturally Equitable Treatment

Treatment courts should ensure that they administer treatments that are effective for cultural groups represented in their program. Because women and non-White men are often underrepresented in clinical trials of substance use treatments, the services may be less beneficial for these individuals (Burlew et al., 2011). The term "culturally equitable treatment" refers to treatments that may not be tailored specifically to address participants' cultural backgrounds but have nevertheless been shown to be effective for different cultural groups. For example, several cognitive behavioral therapy (CBT) curricula that are commonly used in adult and juvenile treatment courts have been shown to be equally or more effective for Black and Hispanic or Latino/a persons, including but not limited to Moral Reconation Therapy (MRT), Multisystemic Therapy (MST), and Multidimensional Family Therapy (MDFT) (Huey & Polo, 2008; Pedneault et al., 2021). All Rise and other technical assistance providers can help treatment courts determine whether the curricula they are using have been shown to be effective for various cultural groups. Where such research is unavailable, evaluators who are unaffiliated with the treatment court should confidentially survey members of those groups about their reactions to the curriculum being used, examine its effects for those groups, and, if indicated and available, select another curriculum that is more likely to meet their needs or preferences.

Treatment courts may also need to incorporate evidence-based treatments designed for persons with different substance use patterns or treatment needs than they may be accustomed to encountering. Because many commonly administered substance use treatments were designed for older, White, alcohol-dependent men, they may not always be appropriate for persons with different substance use patterns or problems (Burlew et al., 2011). For example, several studies found that younger Black and Hispanic or Latino/a persons arrested for drug offenses were more likely than White persons to primarily use marijuana, and they were less likely to meet diagnostic criteria for substance dependence (Guerrero et al., 2013; McElrath et al., 2016). To meet the needs of some participants, treatment courts may need to incorporate evidence-based treatments designed for persons who are engaged in problematic cannabis use but are not clinically dependent, such as the treatments delivered in the Cannabis Youth Treatment (CYT) Study (Dennis et al., 2004). With the recent reemergence of cocaine and methamphetamine use in many communities, and the prevalence of "club drugs" having partial stimulant properties in some communities, treatment courts may also need to deliver counseling curricula proven effective (regardless of race or ethnicity) for treating stimulant addiction in drug courts and other substance use treatment programs. Examples include the Matrix Model (Marinelli-Casey et al., 2008), contingency management (Brown & DeFulio, 2020; Forster et al., 2019; Schierenberg et al., 2012), and the Community Reinforcement Approach (Campbell et al., 2017; Roozen et al., 2004). As noted earlier, studies have also found that many Black drug court participants desired greater access to vocational, educational, and mental health services (Cresswell & Deschenes, 2001; Gallagher, 2013b; Gallagher & Nordberg, 2016). Enhancing these services may make treatment court more appealing and effective for these individuals and may reduce racial and other cultural disparities.

Culturally Proficient Treatment

Whereas culturally equitable treatments produce comparable benefits for different cultural groups, culturally proficient treatments are tailored specifically for the needs and characteristics of a particular group. Terminology is often used imprecisely and interchangeably; however, the term "cultural proficiency" is commonly used to describe a continuum of interventions ranging from culturally congruent or "surface-level" interventions to those that are truly culturally proficient or "deep-structured" (Resnicow et al., 2000; Schim & Doorenbos, 2010):

- Culturally congruent (surface-level) interventions match treatment providers and participants by their sociodemographic characteristics or other readily observable features, such as pairing clients with clinicians of the same race or sex.
- Culturally competent interventions are delivered by providers who have been sensitized to their implicit or unconscious biases and educated about participants' cultural backgrounds and heritage.
- Culturally proficient (deep-structured) interventions incorporate participants' cultural, experiential, and environmental backgrounds as core components of treatment. For example, rather than ignoring or glossing over societal injustices, deep-structured interventions focus specifically on

those experiences to help participants understand *why* disparities exist and how they might be rectified for their benefit and that of society at large.

Evidence suggests that outcomes are significantly better for deep-structured interventions that focus on participants' life experiences, as opposed to surface-level interventions that simply match participants to providers of the same culture or that train providers on implicit bias and sensitize them to cultural issues (Resnicow et al., 2000; Steinka-Fry et al., 2017; Zemore et al., 2018). Few studies have examined deep-structured culturally proficient services in treatment courts; however, a study in Kentucky reported impressive results for young Black men in drug court when an experienced Black male clinician delivered a curriculum addressing cultural encumbrances commonly confronting these young men, including negative racial stereotypes portrayed in the media or held by society at large (and sometimes by the participants themselves), harmful sentiments expressed in certain aspects of hip-hop culture (e.g., themes of homophobia or misogyny), and intergenerational trauma stemming from slavery and racially discriminatory laws and policies (Vito & Tewksbury, 1998). Contrary to the findings reported in many drug courts, young Black men in this study graduated at nearly twice the rate of White men (42% vs. 22%). Subsequent pilot studies have examined a standardized and manualized iteration of this curriculum, Habilitation Empowerment Accountability Therapy, or HEAT (Marlowe et al., 2018). Results revealed better treatment attendance, higher program completion rates, and fewer parole revocations for Black men in drug court and reentry court. Because these studies involved small samples and did not include an experimental or quasi-experimental comparison group, the results must be replicated in adequately powered randomized trials. Such trials are underway, and hopefully the results will confirm earlier findings. Considerably more work is required to develop other culturally proficient interventions and examine their effects for other sociodemographic and sociocultural groups.

Culturally Related Stress and Social Determinants of Health

Trauma-informed services are critical for achieving successful outcomes for persons with trauma histories and trauma-related symptoms (see Standard V, Substance Use, Mental Health, and Trauma Treatment and Recovery Management). Some cultural groups experience elevated levels of trauma-induced stress emanating from repeated exposure to discriminatory harassment (e.g., being eyed suspiciously in stores), culturally motivated assault (e.g., "gay bashing"), threatening encounters (e.g., fearful interactions with law enforcement), reduced access to social opportunities and resources, and pervasive safety threats such as higher crime rates endemic in underserved or marginalized communities (Carter, 2007; Jones, 2021). Culturally related stress is associated with severe psychological distress, impaired self-esteem, conflictual family relations, ineffective child-rearing practices, lower educational achievement, and psychiatric disorders including post-traumatic stress disorder (PTSD), anxiety disorders, and depression. These pernicious effects have been documented for Black persons (Benner et al., 2018; Carter, 2007; Pieterse et al., 2012); Native American and Indigenous populations (Gone et al., 2019; Hartmann et al., 2019); Hispanic or Latino/a persons, especially recent immigrants (Benner et al., 2018; Chavez-Dueñas et al., 2019; Sibrava et al., 2019); persons of Japanese descent (Nagata et al., 2019); persons of Middle Eastern or North African descent (Awad et al., 2019); and members of the LGBTQ+ community (Medley et al., 2016; Wanta et al., 2019). Referred to as *social determinants of health*, experiences of cultural harassment and discrimination can also produce harmful physiological reactions (e.g., autonomic hyperarousal) contributing to health conditions like cardiovascular disease, hypertension, or low-birthweight babies, and further complicating matters, the prognosis for treating these conditions is also poorer because of cultural disadvantages in accessing effective health care (Carter, 2007).

Resources are available to help treatment courts meet the trauma-related needs of some cultural groups. Importantly, trauma-related assessments and interventions should always be administered by trained treatment professionals using culturally valid tools to optimize results and avoid retraumatizing individuals or exacerbating their trauma symptoms (see Standard V, Substance Use, Mental Health, and Trauma Treatment and Recovery Management). Online directories and an opportunity to chat with an experienced clinician are available for LGBTQ+ persons (e.g., Gender [https://www.charliehealth.com/], Pride Counseling [https://www.pridecounseling.com/], and GoodTherapy [https://www.goodtherapy.org/learn-about-therapy/issues/lgbt-issues]). Assessment tools are also available to measure race-based stress reactions among Black participants and identify pressing concerns requiring attention in counseling (Carter & Pieterse, 2020; Chao & Green, 2011; Utsey, 1998). Several manualized curricula for trauma syndromes have been shown to be effective for women and Black and Hispanic or Latino male participants in drug courts. In a randomized trial, female drug court participants with trauma histories who received a

manualized PTSD treatment in single-sex groups—Helping Women Recover or Beyond Trauma—were significantly more likely to complete the program, were less likely to receive jail sanctions for noncompliance, and reported more than twice the reduction in PTSD symptoms (Messina et al., 2012). In another study, female drug court participants receiving similar interventions in same-sex groups—trauma-focused CBT or abuse-focused CBT—reported substantial reductions in substance use and mental health symptoms and improvements in housing and employment (Powell et al., 2012). Studies in drug courts and a reentry court have also reported significant improvements in self-reported health status and interactions with recovery-supportive persons for Hispanic or Latino men receiving Helping Men Recover in same-sex groups (Waters et al., 2018), and higher graduation rates and lower reincarceration rates for Black men receiving HEAT in same-sex groups (Marlowe et al., 2018). No information is available currently on how groups for LGBTQ+ persons or persons from other cultural groups should be structured in terms of group members' gender identity, sexual orientation, or other sociodemographic or sociocultural characteristics. Researchers need to investigate this important issue to enhance outcomes for other cultural groups.

G. EQUITABLE INCENTIVES, SANCTIONS, AND DISPOSITIONS

Understandable concerns have been raised as to whether members of some cultural groups may be sanctioned more severely than others in treatment courts for comparable infractions (National Association of Criminal Defense Lawyers, 2009; O'Hear, 2009; Wolf, 2009). Focus group studies have reported mixed reactions from participants in this regard. Some studies found that Black drug court participants believed sanctions were administered in a culturally insensitive manner, and they felt they were more likely than other participants to be ridiculed for program violations during court sessions (Gallagher, 2013a). Other studies, in contrast, found no cultural differences in participants' perceptions of sanctioning practices (Frazer, 2006), and in some studies Black participants reported that respectful and compassionate interactions from the judge were among the most influential factors contributing to their success in the program (Gallagher & Nordberg, 2018; Gallagher et al., 2019). These mixed findings suggest there may be wide variation in how sanctions (and perhaps incentives) are explained or framed for Black participants and other cultural groups. Efforts are needed to train judges and other staff on effective strategies for explaining the intent and rationale for behavioral consequences and how the messages may need to be framed for different cultural groups. (For evidence-based guidance on effective ways to frame incentives and sanctions, see Standard IV, Incentives, Sanctions, and Service Adjustments.)

Most descriptive studies of the number and types of sanctions that were administered in practice found that drug courts and other treatment courts appeared to impose sanctions in a racially and ethnically even-handed manner (Arabia et al., 2008; Callahan et al., 2013; Frazer, 2006; Guastaferro & Daigle, 2012; Jeffries & Bond, 2012). A few studies, however, have reported small or nonsignificant trends suggesting slightly greater use of jail sanctions for non-White participants for comparable infractions (Gibbs et al., 2021; Vaske, 2019). More research is needed to examine this issue for cultural groups not represented in prior studies (e.g., groups defined by gender identity or sexual orientation) and in a representative range of treatment courts. Equity monitoring of treatment court sanctioning practices will yield generalizable information to examine this important issue.

Similar concerns are raised as to whether some cultural groups may be sentenced more harshly than others for unsuccessful discharge from treatment court (Drug Policy Alliance, 2011; Justice Policy Institute, 2011). This is an important issue because at least two studies found that participants who were discharged unsuccessfully from drug court received harsher sentences than traditionally adjudicated defendants charged with comparable offenses (Bowers, 2008; Gibbs, 2020). There is no evidence, however, to indicate whether this practice burdens some cultural groups more than others. In fact, one study in Australia found that Indigenous ethnic minority drug court participants were *less* likely than other participants to be sentenced to prison (Jeffries & Bond, 2012). To date, little is known about how often harsher sentences are imposed for unsuccessful discharge from treatment courts, whether harsher sentences are imposed more often for some cultural groups, and whether such sentences may be justified in certain instances for repeated serious and willful infractions in the program. Treatment courts should remain vigilant to this important issue, examine possible disparities in their sentencing and dispositional practices, and take corrective measures if indicated.

H. FINES, FEES, AND COSTS

Conditions to pay fines, fees, treatment charges, and other costs are common in court orders, probation and parole agreements, and some treatment court policies (Corbett, 2015). Persons who do not satisfy the conditions may have their probation or parole revoked,

might be prevented or delayed from graduating from treatment court, and could be incarcerated (Jones, 2018). Paradoxically, monetary conditions are imposed disproportionately in Black, Hispanic, and lower-income communities, thus burdening persons who may be least able to pay (Council of Economic Advisors, 2015; Harris et al., 2010; Liu et al., 2019).

Monetary conditions are unjustified in many instances for both constitutional and empirical reasons. Revoking a community sentence like probation or treatment court based solely on a person's inability to pay fines or restitution violates the Equal Protection clause of the Fourteenth Amendment, absent a showing that the person was financially able to pay but refused or neglected to do so (*Bearden v. Georgia*, 1983). Community sentences may not be converted indirectly into jail or prison sentences (i.e., through revocation) based solely on a person's inability to pay fines or fees (*Tate v. Short*, 1971; *Williams v. Illinois*, 1970). In no way do these constitutional standards impede treatment court aims. Studies find that fines and fees do not deter crime (Alexeev & Weatherburn, 2022; Pager et al., 2022; Sandoy et al., 2022), payment of treatment fees does not improve treatment outcomes (Clark & Kimberly, 2014; Pope et al, 1975; Yoken & Berman, 1984), and imposition of court costs exacerbates racial disparities in treatment court completion rates (Ho et al., 2018). When persons of limited financial means do manage to satisfy monetary conditions, they often accomplish this by incurring further debt; neglecting other financial obligations; and experiencing increased rates of housing instability, family discord, and concomitant emotional distress (Boches et al., 2022; Gill et al., 2022; Harris et al., 2010; Pattillo et al., 2022). Such stressors are apt to complicate persons' efforts to extract themselves from involvement with the criminal justice system, avoid future crime, and maintain therapeutic gains (Diaz et al., 2022; Menendez et al., 2019).

Because fines, fees, and costs do not improve criminal justice or treatment outcomes, may stress participants to the point of undermining treatment goals, and may disproportionately impact certain cultural groups, such requirements should ordinarily be avoided and should be pursued only for persons who can clearly meet the obligations without experiencing serious financial, familial, or other distress. To the extent that some treatment courts may be forced to rely on fines or other cost offsets to pay for program operations, financial conditions should be imposed on a sliding scale in accordance with participants' demonstrable ability to pay. If a program suspects that a participant is underreporting income or other resources, the court should make a finding of fact with supporting evidence that the person can pay a reasonable designated sum without incurring undue stress that is likely to impede their treatment progress. And if the participant's financial circumstances change, this determination should be revisited as necessary to ensure that the person does not lag unavoidably behind on payments, incur additional penalties or costs, and suffer financial jeopardy or emotional despair. Finally, persons should not be prevented from completing treatment court based solely on their inability to pay fees, restitution, or other costs. Keeping persons involved indefinitely in the criminal justice system is unlikely to improve their ability to satisfy debts or meet other financial responsibilities. The treatment court judge can impose continuing financial conditions that remain enforceable after program completion as persons attain employment or accrue other financial or social capital enabling them to meet their financial obligations and other responsibilities. Treatment court practices and policies should enhance, not interfere with, participants' ability to achieve long-term recovery and sustain treatment benefits.

REFERENCES

Abdelal, R., Herrera, Y. M., Johnston, A. I., & McDermott, R. (Eds.). (2009). *Measuring identity: A guide for social scientists*. Cambridge University Press.

Alexeev, A., & Weatherburn, D. (2022). Fines for illicit drug use do not prevent future crime: Evidence from randomly assigned judges. *Journal of Economic Behavior & Organization, 200*, 555–575. https://doi.org/10.1016/j.jebo.2022.06.015

Alper, M., Durose, M. R., & Markman, J. (2018). *2018 update on prisoner recidivism: A 9-year follow-up period (2005–2014)*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf

Angwin, J., Larson, J., Mattu, S., & Kirchner, L. (2016, May 21). Machine bias: There's software used across the country to predict future criminals: And it's biased against Blacks. *ProPublica*. https://www.propublica.org/article/machine-bias-risk-assessments-in-criminal-sentencing

Arabia, P. L., Fox, G., Caughie, J., Marlowe, D. B., & Festinger, D. S. (2008). Sanctioning practices in an adult felony drug court. *Drug Court Review, 6*(1), 1–31. https://ndcrc.org/drug-court-review/dcr-archive/

Arndt, S., Acion, L., & White, K. (2013). How the states stack up: Disparities in substance abuse outpatient treatment completion rates for minorities. *Drug and Alcohol Dependence, 132*(3), 547–554. https://doi.org/10.1016/j.drugalcdep.2013.03.015

Awad, G. H., Kia-Keating, M., & Amer, M. M. (2019). A model of cumulative racial-ethnic trauma among Americans of Middle Eastern and North African (MENA) descent. *American Psychologist, 74*(1), 76–87. https://psycnet.apa.org/doi/10.1037/amp0000344

Barbara, A. M., Chaim, G., & Doctor, F. (2007). *Asking the right questions, 2: Talking with clients about sexual orientation and gender identity in mental health, counselling and addiction settings*. Centre for Addiction and Mental Health. https://cdn.dal.ca/content/dam/dalhousie/pdf/campuslife/studentservices/healthandwellness/LGBTQ/asking_the_right_questions.pdf

Bearden v. Georgia, 461 U.S. 660, 103 S. Ct. 2064, 76 L. Ed. 2d 221 (1983).

Belenko, S. (2001). *Research on drug courts: A critical review: 2001 update.* National Center on Addiction and Substance Abuse at Columbia University. https://www.ojp.gov/ncjrs/virtual-library/abstracts/research-drug-courts-critical-review-2001-update

Belenko, S., Fabrikant, N., & Wolff, N. (2011). The long road to treatment: Models of screening and admission into drug courts. *Criminal Justice and Behavior, 38*(12), 1222–1243. https://doi.org/10.1177/0093854811424690

Belenko, S., LaPollo, A. B., Gesser, N., Weiland, D., Perron, L., & Johnson, I. D. (2021). Augmenting substance use treatment in the drug court: A pilot randomized trial of peer recovery support. *Journal of Substance Abuse Treatment, 131*, Article 108581. https://doi.org/10.1016/j.jsat.2021.108581

Benner, A. D., Wang, Y., Shen, Y., Boyle, A. E., Polk, R., & Cheng, Y. (2018). Racial/ethnic discrimination and well-being during adolescence: A meta-analytic review. *American Psychologist, 73*(7), 855–883. https://psycnet.apa.org/doi/10.1037/amp0000204

Berdejo, C. (2018). Criminalizing race: Racial disparities in plea-bargaining. *Boston College Law Review, 59*(4), 1187–1249.

Berman, G., Rempel, M., & Wolf, R. V. (Eds.). (2007). *Documenting results: Research on problem-solving justice*. Center for Court Innovation. https://www.innovatingjustice.org/publications/documenting-results-research-problem-solving-justice

Blair, I. V., Steiner, J. F., & Havranek, E. P. (2011). Unconscious (implicit) bias and health disparities: Where do we go from here? *The Permanente Journal, 15*(2), 71–78. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140753/

Boches, D. J., Martin, B. T., Giuffre, A., Sanchez, A., Sutherland, A. L., & Shannon, S. K. S. (2022). Monetary sanctions and symbiotic harms. *Russell Sage Foundation Journal of the Social Sciences, 8*(2), 98–115. https://doi.org/10.7758/RSF.2022.8.2.05

Bourgon, G., Bonta, J., Rugge, T., Scott, T., & Yessine, A. K. (2010). The role of program design, implementation, and evaluation in evidence-based "real world" community supervision. *Federal Probation, 74*(1), 2–15. https://www.ojp.gov/ncjrs/virtual-library/abstracts/role-program-design-implementation-and-evaluation-evidence-based

Bowers, J. (2008). Contraindicated drug courts. *UCLA Law Review, 55*(4), 783–835.

Breitenbucher, P., Bermejo, R., Killian, C. M., Young, N. K., Duong, L., & DeCerchio, K. (2018). Exploring racial and ethnic disproportionalities and disparities in family treatment courts: Findings from the Regional Partnership Grant Program. *Journal for Advancing Justice, 1*, 35–61. https://allrise.org/resources/the-journal-for-advancing-justice/

Brocato, J. (2013). The impact of acculturation, motivation, and the therapeutic alliance on treatment retention and outcomes for Hispanic drug-involved probationers. *Journal of Ethnicity in Criminal Justice, 11*(3), 150–180. https://doi.org/10.1080/15377938.2012.756845

Brown, H. D., & DeFulio, A. (2020). Contingency management for the treatment of methamphetamine use disorder: A systematic review. *Drug and Alcohol Dependence, 216*, Article 108307. https://doi.org/10.1016/j.drugalcdep.2020.108307

Bryson, J. M., Crosby, B. C., & Stone, M. M. (2006). The design and implementation of cross-sector collaborations: Propositions from the literature. *Public Administration Review, 66*(Suppl.1), 44–55. https://doi.org/10.1111/j.1540-6210.2006.00665.x

Burden, E., & Etwaroo, E. (2020). Peer recovery support services in New York opioid intervention courts: Essential elements and processes for effective integration. *Federal Probation, 84*(2), 50–69. https://www.ojp.gov/ncjrs/virtual-library/abstracts/peer-recovery-support-services-new-york-opioid-intervention-courts

Burlew, A. K., Weekes, J. C., Montgomery, L., Feaster, D. J., Robbins, M. S., Rosa, C. L., Ruglass, L. M., Venner, K. L., & Wu, L. (2011). Conducting research with racial/ethnic minorities: Methodological lessons from the NIDA Clinical Trials Network. *American Journal of Drug and Alcohol Abuse, 37*(5), 324–332. https://doi.org/10.3109/00952990.2011.596973

Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology, 58*(4), 537–554. https://psycnet.apa.org/doi/10.1037/a0025266

Callahan, L., Steadman, H. J., Tillman, S., & Vesselinov, R. (2013). A multi-site study of the use of sanctions and incentives in mental health courts. *Law and Human Behavior, 37*(1), 1–9. https://psycnet.apa.org/doi/10.1037/h0093989

Campbell, A. N. C., Montgomery, L., Sanchez, K., Pavlicova, M., Hu, M., Newville, H., Weaver, L., & Nunes, E. V. (2017). Racial/ethnic subgroup difference in outcomes and acceptability of an Internet-delivered intervention for substance use disorders. *Journal of Ethnicity in Substance Abuse, 16*(4), 460–478. https://doi.org/10.1080/15332640.2017.1300550

Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What works? The ten key components of drug court: Research-based best practices. *Drug Court Review, 8*(1), 6–42. https://ndcrc.org/drug-court-review/dcr-archive/

Carey, S. M., & Perkins, T. (2008). *Methamphetamine users in Missouri drug courts: Program elements associated with success* (Final report). NPC Research. https://npcresearch.com/project/methamphetamine-users-in-missouri-drug-courts-program-elements-associated-with-success-3/

Carey, S. M., van Wormer, J., & Johnson, A. (2022). Responding to a state of emergency: The creation of a new triage to treatment court model to address the opioid crisis. *Journal for Advancing Justice, 4*, 5–21. https://allrise.org/resources/the-journal-for-advancing-justice/

Carle, A. C. (2009). Assessing the adequacy of self-reported alcohol abuse measurement across time and ethnicity: Cross-cultural equivalence across Hispanics and Caucasians in 1992, nonequivalence in 2001–2002. *BioMed Central Public Health, 9*, Article 60. https://doi.org/10.1186/1471-2458-9-60

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13–105. https://doi.org/10.1177/0011000006292033

Carter, R. T., & Pieterse, A. L. (2020). *Measuring the effects of racism: Guidelines for the assessment and treatment of race-based traumatic stress injury.* Columbia University Press. https://doi.org/10.7312/cart19306

Casey, P. M., Warren, R. K., Cheesman, F. L., & Elek, J. K. (2012). *Helping courts address implicit bias: Resources for education*. National Center for State Courts. https://ncsc.contentdm.oclc.org/digital/collection/accessfair/id/246/

Celenk, O., & Van de Vijver, F. J. R. (2011). Assessment of acculturation: Issues and overview of measures. *Online Readings in Psychology and Culture*, *8*(1), Article 10. https://doi.org/10.9707/2307-0919.1105

Chadwick, N., DeWolf, A., & Serin, R. (2015). Effectively training community supervision officers: A meta-analytic review of the impact on offender outcome. *Criminal Justice and Behavior, 42*(10), 977–989. https://doi.org/10.1177/0093854815595661

Chao, R. C., & Green, K. E. (2011). Multiculturally Sensitive Mental Health Scale (MSMHS): Development, factor analysis, reliability, and validity. *Psychological Assessment*, *23*(4), 876–887. https://psycnet.apa.org/doi/10.1037/a0023710

Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, *74*(1), 49–62. https://doi.org/10.1037/amp0000289

Cheesman, F. L., Genthon, K., & Marlowe, D. B. (2019). From a performance measure to a performance evaluation tool: Conceptual development of the Equity and Inclusion Assessment Tool (EIAT). *Justice System Journal*, *40*(3), 259–266. https://doi.org/10.1080/0098261X.2019.1656421

Cheesman, F. L., Marlowe, D. B., & Genthon, K. J. (2023). Racial differences in drug court referral, admission, and graduation rates: Findings from two states and eight counties. *Journal of Ethnicity in Criminal Justice, 21*(1), 80–102. https://doi.org/10.1080/15377938.2023.2193952

Cissner, A. B., Labriola, M., & Rempel, M. (2015). Domestic violence courts: A multisite test of whether and how they change offender outcomes. *Violence Against Women, 21*(9), 1102–1122. https://doi.org/10.1177/1077801215589231

Cissner, A. B., Rempel, M., Franklin, A. W., Roman, J. K., Bieler, S., Cohen, R., & Cadoret, C. R. (2013). *A statewide evaluation of New York's adult drug courts: Identifying which policies work best*. Center for Court Innovation. https://www.bja.gov/Publications/CCI-UI-NYS_Adult_DC_Evaluation.pdf

Clark, M. D. (2020). Finding the balance: The case for motivational interviewing to improve probation and parole. Journal for *Advancing Justice, 3*, 85–99. https://allrise.org/resources/the-journal-for-advancing-justice/

Clark, P., & Kimberly, C. (2014). Impact of fees among low-income clients in a training clinic. *Contemporary Family Therapy, 36*, 363–368. https://doi.org/10.1007/s10591-014-9303-9

Connor, T. A. (2023). Community courts & race: An examination of community court judges, staff, and racial dynamics. *Race and Justice, 13*(2), 185–206. https://doi.org/10.1177/2153368720948109

Corbett, R. P. (2015). The burdens of leniency: The changing face of probation. *Minnesota Law Review, 99*, 1697–1732.

Cosden, M., Basch, J. E., Campos, E., Greenwell, A., Barazani, S., & Walker, S. (2006). Effects of motivation and problem severity on court-based drug treatment. *Crime and Delinquency, 52*(4), 599–618. https://doi.org/10.1177/0011128705284287

Council of Economic Advisors. (2015). *Fines, fees, and bail: Payments in the criminal justice system that disproportionately impact the poor* [Issue Brief]. https://nicic.gov/fines-fees-and-bail-payments-criminal-justice-system-disproportionately-impact-poor

Covington, S. S. (2019). *Helping women recover: A program for treating substance abuse—Special edition for use in the criminal justice system* (Facilitator's guide, 3rd ed.). Jossey-Bass.

Covington, S. S., Griffin, D., & Dauer, R. (2022). *Helping men recover: A program for treating addiction—Special edition for use in the criminal justice system* (2nd ed.). Jossey-Bass.

Cresswell, L. S., & Deschenes, E. P. (2001). Minority and non-minority perceptions of drug court program severity and effectiveness. *Journal of Drug Issues, 31*(1), 259–291. https://doi.org/10.1177/002204260103100113

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*, Article 50. https://doi.org/10.1186/1748-5908-4-50

Dannerbeck, A., Harris, G., Sundet, P., & Lloyd, K. (2006). Understanding and responding to racial differences in drug court outcomes. *Journal of Ethnicity in Substance Abuse, 5*(2), 1–22. https://doi.org/10.1300/j233v05n02_01

Dennis, M., Godley, S. H., Diamond, G., Tims, F. M., Babor, T., Donaldson, J., Liddle, H., Titus, J. C., Kaminer, Y., Webb, C., Hamilton, N., & Funk, R. (2004). The Cannabis Youth Treatment (CYT) Study: Main findings from two randomized trials. *Journal of Substance Abuse Treatment, 27*(3), 197–213. https://doi.org/10.1016/j.jsat.2003.09.005

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. L. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology, 48*(6), 1267–1278. https://doi.org/10.1016/j.jesp.2012.06.003

Diaz, C. L., Rising, S., Grommon, E., Bohmert, M. N., & Lowder, E. M. (2022). A rapid review of literature on factors associated with adult probation revocations. *Corrections*. Advance online publication. https://doi.org/10.1080/23774657.2022.2136116

Dobbin, F., & Kalev, A. (2018). Why doesn't diversity training work? The challenge for industry and academia. *Anthropology Now*, *10*(2), 48–55. https://doi.org/10.1080/19428200.2018.1493182

Dover, T. L., Major, B., & Kaiser, C. R. (2016). Members of high-status groups are threatened by pro-diversity organizational messages. *Journal of Experimental Social Psychology, 62*, 58–67. https://doi.org/10.1016/j.jesp.2015.10.006

Drug Policy Alliance. (2011). *Drug courts are not the answer: Toward a health-centered approach to drug use*. https://drugpolicy.org/drugcourts

Eaglin, J. M., & Solomon, D. (2015). *Reducing racial and ethnic disparities in jails: Recommendations for local practice*. New York University School of Law, Brennan Center for Justice. https://www.repository.law.indiana.edu/facbooks/32/

Elek, J. K., & Miller, A. L. (2021). *The evolving science on implicit bias: An updated resource for the state court community. National Center for State Courts*. https://ncsc.contentdm.oclc.org/digital/collection/accessfair/id/911

Eschbach, L. A., Dalgin, R. S., & Pantucci, E. (2019). A three stage model for mental health court: A qualitative analysis of graduates' perspectives. *Community Mental Health Journal, 55*, 590–598. https://doi.org/10.1007/s10597-018-0346-5

Forster, S. E., DePhillippis, D., & Forman, S. D. (2019). "I's" on the prize: A systematic review of individual differences in Contingency Management treatment response. *Journal of Substance Abuse Treatment, 100*, 64–83. https://doi.org/10.1016/j.jsat.2019.03.001

Fosados, R., Evans, E., & Hser, Y. (2007). Ethnic differences in utilization of drug treatment services and outcomes among Proposition 36 offenders in California. *Journal of Substance Abuse Treatment, 33*(4), 391–399. https://doi.org/10.1016/j.jsat.2007.02.005

Frazer, M. S. (2006). *The impact of the community court model on defendant perceptions of fairness*. Center for Court Innovation. https://www.courtinnovation.org/sites/default/files/Procedural_Fairness.pdf

Fulkerson, A., Keena, L., & Longman, A. (2016). In or out: The drug court dilemma. *Criminology, Criminal Justice, Law & Society, 17*(2), 34–45.

Gallagher, J. R. (2013a). African American participants' views on racial disparities in drug court outcomes. *Journal of Social Work Practice in the Addictions*, 13(2), 143–162. https://doi.org/10.1080/1533256X.2013.784689

Gallagher, J. R. (2013b). Drug court graduation rates: Implications for policy advocacy and future research. *Alcoholism Treatment Quarterly, 31*(2), 241–253. https://doi.org/10.1080/07347324.2013.772019

Gallagher, J. R., Menon, P., Francis, Z., Collinson, M., & Odili, P. (2023). Color in the court: Using the Racial and Ethnic Disparities (RED) Program Assessment Tool to promote equitable and inclusive treatment court practice. *Alcoholism Treatment Quarterly, 41*(2), 149–161. https://doi.org/10.1080/07347324.2023.2173037

Gallagher, J. R., & Nordberg, A. (2016). Comparing and contrasting White and African American participants' lived experiences in drug court. *Journal of Ethnicity in Criminal Justice*, *14*(2), 100–119. https://doi.org/10.1080/15377938.2015.1117999

Gallagher, J. R., & Nordberg, A. (2018). African American participants' suggestions for eliminating racial disparities in graduation rates: Implications for drug court practice. *Journal for Advancing Justice, 1*, 89–107. https://allrise.org/resources/the-journal-for-advancing-justice/

Gallagher, J. R., Nordberg, A., & Dibley, A. R. (2019). Improving graduation rates for African Americans in drug court: Importance of human relationships and barriers to gaining and sustaining employment. *Journal of Ethnicity in Substance Abuse, 18*(3), 387–401. https://doi.org/10.1080/15332640.2017.1381661

Gallagher, J. R., & Wahler, E. A. (2018). Racial disparities in drug court graduation rates: The role of recovery support groups and environments. *Journal of Social Work Practice in the Addictions, 18*(2), 113–127. https://doi.org/10.1080/1533256X.2018.1448277

Gallagher, J. R., Wahler, E. A., & Lefebvre, E. (2020). Further evidence of racial disparities in drug court operations: Enhancing service-delivery to reduce criminal recidivism rates for non-white participants. *Journal of Social Service Research, 46*(3), 406–415. https://doi.org/10.1080/01488376.2019.1575325

Genthon, K., & Robinson, D. (2021). *Collecting race & ethnicity data: Courts Statistics Project data governance special topic*. National Center for State Courts. https://ncfsc-web.squiz.cloud/__data/assets/pdf_file/0018/42255/Race_Ethnicity_Data_Collection_2.pdf

Gesser, N., Bodas LaPollo, A., Peters, A. J., Weiland, D., Belenko, S., & Perron, L. (2022). "To be part of a fully functional team, there need to be clear roles": Peer recovery specialists provide benefits to drug court despite role challenges. *Journal for Advancing Justice, 4*, 23–51. https://allrise.org/resources/the-journal-for-advancing-justice/

Gibbs, B. R. (2020). Sentencing drug court failures: Judicial considerations with increased offender information. *Criminal Justice Policy Review, 31*(2), 237–261. https://doi.org/10.1177/0887403418814159

Gibbs, B. R., Bensel, T. T., Doyle, M. K., & Wakefield, W. (2021). The drug court team and discretionary decision-making: A mixed-methods examination of sanctioning responses to continued participant alcohol and other drug use. *Criminal Justice Policy Review, 32*(1), 27–48. https://doi.org/10.1177/0887403420904127

Gill, M., Jones, K., Ghosal, R., Scanlan, J. M., & Cox, E. J. (2022). Housing and reentry: A mixed-method evaluation of a low-cost community-based intervention for increasing access to housing post-incarceration. *Journal for Advancing Justice, 4*, 53–64. https://allrise.org/resources/the-journal-for-advancing-justice/

Gone, J. P., Hartmann, W. E., Pomerville, A., Wendt, D. C., Klem, S. H., & Burrage, R. L. (2019). The impact of historical trauma on health outcomes for indigenous populations in the USA and Canada: A systematic review. *American Psychologist, 74*(1), 20–35. https://psycnet.apa.org/doi/10.1037/amp0000338

Government Accountability Office. (2023). *Adult drug court programs: Factors related to eligibility and acceptance of offers to participate in DOJ funded adult drug courts*. (GAO Publication No. GAO-23-105272). https://www.gao.gov/products/gao-23-105272

Greene, A., Korchmaros, J. D., Kagan, R. G., Ostlie, E. M., & Davis, M. (2022). From referral to treatment: Implementation processes in juvenile drug treatment court programs. *Youth Justice*. Advance online publication. https://doi.org/10.1177/14732254221122625

Grella, C. (2008). Gender-responsive drug treatment services for women: A summary of current research and recommendations for drug court programs. In C. Hardin & J. N. Kushner (Eds.), Quality improvement for drug courts: Evidence-based practices (Monograph Series 9, pp. 63–74). All Rise, National Drug Court Institute. https://allrise.org/publications/quality-improvement-for-drug-courts-evidence-based-practices/

Guastaferro, W. P., & Daigle, L. E. (2012). Linking noncompliant behaviors and programmatic responses: The use of graduated sanctions in a felony-level drug court. *Journal of Drug Issues, 42*(4), 396–419. https://doi.org/10.1177/0022042612461773

Guerrero, E. G., Marsh, J. C., Duan, L., Oh, C., Perron, B., & Lee, B. (2013). Disparities in completion of substance abuse treatment between and within racial and ethnic groups. *Health Services Research, 48*(4), 1450–1467. https://doi.org/10.1111/1475-6773.12031

Hagiwara, N., Kron, F. W., Scerbo, M. W., & Watson, G. S. (2020). A call for grounding implicit bias training in clinical and translational frameworks. *The Lancet, 395*(10234), 1457–1460. https://doi.org/10.1016/S0140-6736(20)30846-1

Harcourt, B. E. (2015). Risk as a proxy for race: The dangers of risk assessment. *Federal Sentencing Reporter, 27*(4), 237–243. https://doi.org/10.1525/fsr.2015.27.4.237

Harris, A., Evans, H., & Beckett, K. (2010). Drawing blood from stones: Legal debt and social inequality in the contemporary United States. *American Journal of Sociology, 115*(6), 1753–1799. https://doi.org/10.1086/651940

Hartmann, W. E., Wendt, D. C., Burrage, R. L., Pomerville, A., & Gone, J. P. (2019). American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance. *American Psychologist, 74*(1), 6–19. https://psycnet.apa.org/doi/10.1037/amp0000326

Ho, T., Carey, S. M., & Malsch, A. M. (2018). Racial and gender disparities in treatment courts: Do they exist and is there anything we can do to change them? *Journal for Advancing Justice, 1*, 5–34. https://allrise.org/resources/the-journal-for-advancing-justice/

Huey, S. J., & Polo, A J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 262–301. https://doi.org/10.1080/15374410701820174

Humphrey, T., & Van Brunschot, E. G. (2021). Measurement matters: Offense types and specialization. *Journal of Interpersonal Violence, 36*(1–2), 46–49. https://doi.org/10.1177/0886260517729401

Janku, A. D. (2017, October 12–13). *Equity and inclusion in treatment courts* [Paper presentation]. Illinois Association of Problem-Solving Courts 5th Annual Conference, Normal, IL, United States.

Janku, A. D., & Yan, J. (2009). Exploring patterns of court-ordered mental health services for juvenile offenders: Is there evidence of systematic bias? *Criminal Justice & Behavior, 36*(4), 402–419. https://doi.org/10.1177/0093854808330799

Jeffries, S., & Bond, C. E. W. (2012). Does a therapeutic court context matter? The likelihood of imprisonment for Indigenous and non-Indigenous offenders sentenced in problem-solving courts. *International Journal of Law, Crime & Justice, 41*(1), 100–114. https://doi.org/10.1016/j.ijlcj.2012.11.006

Jones, A. (2018). *Correctional control 2018: Incarceration and supervision by state*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/correctionalcontrol2018.html

Jones, A. (2021). *Visualizing the unequal treatment of LGBTQ people in the criminal justice system*. Prison Policy Initiative. https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/

Justice Policy Institute. (2011). *Addicted to courts: How a growing dependence on drug courts impacts people and communities*. https://justicepolicy.org/research/addicted-to-courts-how-a-growing-dependence-on-drug-courts-impacts-people-and-communities/

Kelley, A., Steinberg, R., McCoy, T. P., Pack, R., & Pepion, L. (2021). Exploring recovery: Findings from a six-year evaluation of an American Indian peer recovery support program. *Drug and Alcohol Dependence, 221*, Article 108559. https://doi.org/10.1016/j.drugalcdep.2021.108559

Kirk, J. M. (2012). *Assessing self determining attitudes and behaviors in court mandated treatment clients* [Doctoral dissertation, Oklahoma State University]. https://core.ac.uk/reader/215253102

Kochel, T. R., Wilson, D. B., & Mastrofski, S. D. (2011). Effect of suspect race on officers' arrest decisions. *Criminology, 49*(2), 473–512. https://doi.org/10.1111/j.1745-9125.2011.00230.x

Koozmin, A. (2018). *Hispanics and Latinos/Latinas in drug courts: Cultural strategies to enhance and sustain recovery*. American University, Justice Programs Office. https://ntcrc.org/wp-content/uploads/2022/01/Hispanics_and_Latinos_in_Drug_Courts_Cultural_Strategies_to_Enhance_and_Sustain_Recovery.pdf

Lantz, B., & Wenger, M. R. (2020). The co-offender as counterfactual: A quasi-experimental within-partnership approach to the examination of the relationship between race and arrest. *Journal of Experimental Criminology, 16*, 183–206. https://doi.org/10.1007/s11292-019-09362-5

Lawson, W. B., & Lawson, A. (2013). Disparities in mental health diagnosis and treatment among African Americans: Implications for the correctional systems. In B. Sanders, Y. Thomas, & B. Deeds (Eds.), *Crime, HIV and health: Intersections of criminal justice and public health concerns* (pp. 81–93). Springer.

Leong, F. T. L., & Park, Y. S. (Eds.) (2016). *Testing and assessment with persons & communities of color*. Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, American Psychological Association. https://www.apa.org/pi/oema/resources/testing-assessment-monograph.pdf

Liu, P., Nunn, R., & Shambaugh, J. (2019). *Nine facts about monetary sanctions in the criminal justice system*. The Hamilton Project. https://www.hamiltonproject.org/papers/nine_facts_about_monetary_sanctions_in_the_criminal_justice_system

Lowder, E. M., Morrison, M. M., Kroner, D. G., & Desmarais, S. L. (2019). Racial bias and LSI-R assessments in probation sentencing and outcomes. *Criminal Justice and Behavior, 46*(2), 210–233. https://doi.org/10.1177/0093854818789977

Lowenkamp, C. T., Holsinger, A., Robinson, C. R., & Alexander, M. (2014). Diminishing or durable treatment effects of STARR? A research note on 24-month re-arrest rates. *Journal of Crime and Justice, 37*(2), 275–283. https://doi.org/10.1080/0735648X.2012.753849

Mantha, S., Nolan, M. L., Harcopos, A., & Paone, D. (2021). Racial disparities in criminal legal system involvement among New York City overdose decedents: Implications for diversion programs. *Drug and Alcohol Dependence, 226*, Article 108867. https://doi.org/10.1016/j.drugalcdep.2021.108867

Marinelli-Casey, P., Gonzales, R., Hillhouse, M., Ang, A., Zweben, J., Cohen, J., Hora, P. F., & Rawson, R. A. (2008). Drug court treatment for methamphetamine dependence: Treatment response and posttreatment outcomes. *Journal of Substance Abuse Treatment, 34*(2), 242–248. https://doi.org/10.1016/j.jsat.2007.04.005

Marlowe, D. B., Festinger, D. S., Dugosh, K. L., Arabia, P. L., & Kirby, K. C. (2008). An effectiveness trial of contingency management in a felony preadjudication drug court. *Journal of Applied Behavior Analysis, 41*(4), 565–577. https://doi.org/10.1901/jaba.2008.41-565

Marlowe, D. B., Hardin, C. D., & Fox, C. L. (2016). *Painting the current picture: A national report on drug courts and other problem-solving courts in the United States*. National Drug Court Institute.

Marlowe, D. B., Ho, T., Carey, S. M., & Chadick, C. D. (2020). Employing standardized risk assessment in pretrial release decisions: Association with criminal justice outcomes and racial equity. *Law and Human Behavior, 44*(5), 361–376. https://psycnet.apa.org/doi/10.1037/lhb0000413

Marlowe, D. B., Shannon, L. M., Ray, B., Turpin, D. P., Wheeler, G. A., Newell, J., & Lawson, S. G. (2018). Developing a culturally proficient intervention for young African American men in drug court: Examining feasibility and estimating an effect size for Habilitation Empowerment Accountability Therapy (HEAT). *Journal for Advancing Justice, 1*, 109–130. https://allrise.org/resources/the-journal-for-advancing-justice/

Marsh, J. C., Cao, D., Guerrero, E., & Shin, H. C. (2009). Need-service matching in substance abuse treatment: Racial/ethnic differences. *Evaluation and Program Planning, 32*(1), 43–51. https://doi.org/10.1016/j.evalprogplan.2008.09.003

McElrath, K., Taylor, A., & Tran, K. K. (2016). Black-White disparities in criminal justice referrals to drug treatment: Addressing treatment need or expanding the diagnostic net? *Behavioral Sciences, 6*(4), 21. https://doi.org/10.3390/bs6040021

Medley, G., Lipari, R. N., Bose, J., Cribb, D. S., Kroutil, L. A., & McHenry, G. (2016). *Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 National Survey on Drug Use and Health*. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/sexual-orientation-and-estimates-adult-substance-use-and-mental-health-results-2015-national

Menendez, M., Crowley, M., Elsen, L., & Atchison, N. (2019). *The steep costs of criminal justice fees and fines*. New York University School of Law, Brennan Center for Justice. https://www.brennancenter.org/our-work/research-reports/steep-costs-criminal-justice-fees-and-fines

Mennis, J., & Stahler, G. J. (2016). Racial and ethnic disparities in outpatient substance use disorder treatment episode completion for different substances. *Journal of Substance Abuse Treatment, 63*, 25-33. https://doi.org/10.1016/j.jsat.2015.12.007

Messina, N., Calhoun, S., & Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal Justice and Behavior*, 39(12), 1539–1558. https://psycnet.apa.org/doi/10.1177/0093854812453913

Meyer, W. G. (2011). Constitutional and legal issues in drug courts. In D. B. Marlowe & W. G. Meyer (Eds.), *The drug court judicial benchbook* (pp. 159–180). All Rise, National Drug Court Institute. https://allrise.org/publications/the-drug-court-judicial-benchbook/

Miller, J. M., & Shutt, J. E. (2001). Considering the need for empirically grounded drug court screening mechanisms. *Journal of Drug Issues*, 31(1), 91–106. https://doi.org/10.1177/002204260103100106

Mitchell, O. (2020). Racial disparities in drug sanctions: Sources and solutions. In J. Avery & J. Cooper (Eds.), *Bias in the law* (pp. 141–159). Lexington Books.

Morse, D. S., Silverstein, J., Thomas, K., Bedell, P., & Cerulli, C. (2015). Finding the loopholes: A cross-sectional qualitative study of systemic barriers to treatment access for women drug court participants. *Health and Justice*, 3, Article 12. https://doi.org/10.1186/s40352-015-0026-2

Nagata, D. K., Kim, J. H. J., & Wu, K. (2019). The Japanese American wartime incarceration: Examining the scope of racial trauma. *American Psychologist*, 74(1), 36–48. https://psycnet.apa.org/doi/10.1037/amp0000303

Najdowski, C. J., & Stevenson, M. C. (2022). A call to dismantle systemic racism in criminal legal systems. *Law and Human Behavior, 46*(6), 398–414. https://psycnet.apa.org/doi/10.1037/lhb0000510

National Association of Criminal Defense Lawyers. (2009). *America's problem-solving courts: The criminal costs of treatment and the case for reform*. Open Society Foundations. https://www.opensocietyfoundations.org/publications/americas-problem-solving-courts

National Association of Drug Court Professionals. (2019). Equity and Inclusion Toolkit. https://allrise.org/publications/toolkit-equity-and-inclusion/

National Association of Drug Court Professionals. (n.d.). Equity and inclusion, https://allrise.org/trainings/

Nicosia, N., MacDonald, J. M., & Pacula, R. L. (2012). *Does mandatory diversion to drug treatment eliminate racial disparities in the incarceration of drug offenders? An examination of California's Proposition 36*. National Bureau of Economic Research. http://www.nber.org/papers/w18518

O'Hear, M. M. (2009). Rethinking drug courts: Restorative justice as a response to racial injustice. *Stanford Law & Policy Review, 20*(2), 101–137. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1365027

Oswald, F. L., Mitchell, G., Blanton, H., Jaccard, J., & Tetlock, P. E. (2013). Predicting ethnic and racial discrimination: A meta-analysis of IAT criterion studies. *Journal of Personality and Social Psychology, 105*(2), 171–192. https://psycnet.apa.org/doi/10.1037/a0032734

Pager, D., Goldstein, R., Ho, H., & Western, B. (2022). Criminalizing poverty: The consequences of court fees in a randomized experiment. *American Sociological Review, 87*(3). https://doi.org/10.1177/00031224221075783

Patten, R., Messer, S., & Candela, K. (2015). "I don't see myself as prison material": Motivations for entering a rural drug court. International *Journal of Offender Therapy and Comparative Criminology, 59*(11), 1188–1202. https://doi.org/10.1177/0306624X14532321

Pattillo, M., Banks, E., Sargent, B., & Boches, D. J. (2022). Monetary sanctions and housing instability. *Russell Sage Foundation Journal of the Social Sciences, 8*(2), 57–75. https://doi.org/10.7758/RSF.2022.8.2.03

Pedneault, A., Tjaden, S., & Magana, E. (2021). *2021: How gender and race affect justice now: Evaluation of Washington State Domestic Violence – Moral Reconation Therapy (DV-MRT) programs process and outcomes*. Washington State Supreme Court, Gender and Justice Commission. https://www.courts.wa.gov/subsite/gjc/documents/GJ_Study_Pilot_DVMRT.pdf

Perez, D. M., & Wish, E. D. (2011). Gender differences in the validity of the Substance Abuse Subtle Screening Inventory—3 (SASSI-3) with a criminal justice population. *International Journal of Offender Therapy and Comparative Criminology, 55*(3), 476–491. https://doi.org/10.1177/0306624X10362662

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 59*(1), 1–9. https://psycnet.apa.org/doi/10.1037/a0026208

Pope, K. S., Geller, J. D., & Wilkinson, L. (1975). Fee assessment and outpatient psychotherapy. *Journal of Consulting and Clinical Psychology, 43*(6), 835–841. https://psycnet.apa.org/doi/10.1037/0022-006X.43.6.835

Powell, C., Stevens, S., Dolce, B. L., Sinclair, K. O., & Swenson-Smith, C. (2012). Outcomes of a trauma-informed Arizona family drug court. *Journal of Social Work Practice in the Addictions, 12*(3), 219–241. https://doi.org/10.1080/1533256X.2012.702624

Prins, S. J. (2019). Criminogenic or criminalized? Testing an assumption for expanding criminogenic risk assessment. *Law and Human Behavior, 43*(5), 477–490. https://psycnet.apa.org/doi/10.1037/lhb0000347

Quirouette, M., Hannah-Moffat, K., & Maurutto, P. (2015). 'A precarious place': Housing and clients of specialized courts. *British Journal of Criminology*, 56(2), 370–388. https://doi.org/10.1093/bjc/azv050

Rachlinski, J., & Johnson, S. L. (2009). Does unconscious racial bias affect trial court judges? *Notre Dame Law Review, 84*(3), 1195–1246. https://scholarship.law.nd.edu/ndlr/vol84/iss3/4

Resnicow, K., Soler, R., Braithwaite, R. L., Ahluwalia, J. S., & Butler, J. (2000). Cultural sensitivity in substance use prevention. *Journal of Community Psychology, 28*(3), 271–290. https://doi.org/10.1002/(SICI)1520-6629(200005)28:3%3C271::AID-JCOP4%3E3.0.CO;2-I

Robinson, C. R., Lowenkamp, C. T., Holsinger, A. M., VanBenschoten, S., Alexander, M., & Oleson, J. C. (2012). A random study of Staff Training Aimed at Reducing Re-arrest (STARR): Using core correctional practices in probation interactions. *Journal of Crime and Justice, 35*(2), 167–188. https://doi.org/10.1080/0735648X.2012.674823

Robinson, C. R., VanBenschoten, S., Alexander, M., & Lowenkamp, C. T. (2011). A random (almost) study of Staff Training Aimed at Reducing Re-arrest (STARR): Reducing recidivism through intentional design. *Federal Probation*, 75(2) 57–63. https://www.ojp.gov/ncjrs/virtual-library/abstracts/random-almost-study-staff-training-aimed-reducing-re-arrest-starr

Roozen, H. G., Boulogne, J. J., van Tulder, M. W., van den Brink, W., De Jong, C. J., & Kerkhof, A. J. F. M. (2004). A systematic review of the effectiveness of the community reinforcement approach in alcohol, cocaine and opioid addiction. *Drug and Alcohol Dependence*, 74(1), 1–13. https://doi.org/10.1016/j.drugalcdep.2003.12.006

Rossman, S. B., Rempel, M., Roman, J. K., Zweig, J. M., Lindquist, C. H., Green, M., Downey, P. M., Yahner, J., Bhati, A. S., & Farole, D. J. (2011). *The Multi-Site Adult Drug Court Evaluation: The impact of drug courts, Volume 4*. Urban Institute Justice Policy Center. https://www.ncjrs.gov/pdffiles1/nij/grants/237112.pdf

Rubio, D. M., Cheesman, F., & Webster, L. (2008). *Kentucky statewide technical assistance project: Development of statewide adult drug court performance measures.* National Center for State Courts. https://ncsc.contentdm.oclc.org/digital/collection/spcts/id/278/

Rudes, D. S., Viglione, J., & Porter, C. M. (2013). Using quality improvement models in correctional organizations. Federal Probation, 77(2), 69–75. https://www.ojp.gov/ncjrs/virtual-library/abstracts/using-quality-improvement-models-correctional-organizations

Sahker, E., Pro, G., Sakata, M., Furukawa, T. A. (2020). Substance use improvement depends on race/ethnicity: Outpatient treatment disparities observed in a large US national sample. *Drug and Alcohol Dependence, 213*, Article 108087. https://doi.org/10.1016/j.drugalcdep.2020.108087

Sandoy, T. A., Osthus, S., & Bretteville-Jensen, A. L. (2022). Preventing future crime in adolescent drug offenders: A study of differential sanction effects on recidivism. *Criminology & Criminal Justice*. https://doi.org/10.1177/17488958211070364

Saum, C. A., & Hiller, M. L. (2008). Should violent offenders be excluded from drug court participation? An examination of the recidivism of violent and nonviolent drug court participants. *Criminal Justice Review, 33*(3), 291–307. https://doi.org/10.1177/0734016808322267

Saum, C. A., Scarpitti, F. R., & Robbins, C. A. (2001). Violent offenders in drug court. *Journal of Drug Issues, 31*(1), 107–128. https://doi.org/10.1177/002204260103100107

Sawyer, W. (2019). *How race impacts who is detained pretrial. Prison Policy Initiative*. https://www.prisonpolicy.org/blog/2019/10/09/pretrial_race/

Schierenberg, A., van de Brink, W., & Goudriaan, A. E. (2012). Efficacy of contingency management for cocaine dependence treatment: A review of the evidence. *Current Drug Abuse Reviews, 5*(4), 320–331. https://doi.org/10.2174/1874473711205040006

Schim, S. M., & Doorenbos, A. Z. (2010). A three-dimensional model of cultural congruence: Framework for intervention. *Journal of Social Work in End-of-Life & Palliative Care, 6*(3–4), 256–270. https://doi.org/10.1080/15524256.2010.529023

Schmidt, L., Greenfield, T., & Mulia, N. (2006). *Unequal treatment: Racial and ethnic disparities in alcoholism treatment services.* National Institute on Alcohol Abuse and Alcoholism. https://pubmed.ncbi.nlm.nih.gov/16767854/

Seamone, E. (2006). Understanding the person beneath the robe: Practical methods for neutralizing harmful judicial bias. *Willamette Law Review, 42*(1), 1–76. https://ssrn.com/abstract=4143980

Shaffer, D. K. (2011). Looking inside the black box of drug courts: A meta-analytic review. *Justice Quarterly, 28*(3), 493–521. https://doi.org/10.1080/07418825.2010.525222

Sheeran, A. M., & Heideman, A. J. (2021). The effects of race and ethnicity on admission, graduation, and recidivism in the Milwaukee County Adult Drug Treatment Court. *Social Sciences, 10*(7), 261. https://doi.org/10.3390/socsci10070261

Sibley, S. K. (2022). The unchosen: Procedural fairness in criminal specialty court selection. *Cardozo Law Review, 43*(6), 2261–2316.

Sibrava, N. J., Bjornsson, A. S., Perez Benitez, A. C. I., Moitra, E., Weisberg, R. B., & Keller, M. B. (2019). Posttraumatic stress disorder in African American and Latinx adults: Clinical course and the role of racial and ethnic discrimination. *American Psychologist*, 74(1), 101–116. https://psycnet.apa.org/doi/10.1037/amp0000339

Starr, S. B., & Rehavi, M. M. (2013). Mandatory sentencing and racial disparity: Assessing the role of prosecutors and the effects of Booker. *Yale Law Journal*, *123*(1), 2–80.

Steinfeldt, J. A., Clay, S. L., & Priester, P. E. (2020). Prevalence and perceived importance of racial matching in the psychotherapeutic dyad: A national survey of addictions treatment clinical practices. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), Artice 76. https://doi.org/10.1186/s13011-020-00318-x.

Steinka-Fry, K. T., Tanner-Smith, E. E., Dakof, G. A., & Henderson, C. (2017). Culturally sensitive substance use treatment for racial/ethnic minority youth: A meta-analytic review. *Journal of Substance Abuse Treatment*, 75, 22–37. https://doi.org/10.1016/j.jsat.2017.01.006

Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment* (Treatment Improvement Protocol Series No. 35, Publication No. PEP19-02-01-003.) https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf

Tate v. Short, 401 U.S. 395, 91 S. Ct. 668, 28 L. Ed. 2d 130 (1971).

Taxman, F. S., & Belenko, S. (2012). *Implementing evidence-based practices in community corrections and addiction treatment*. Springer.

Utsey, S. O. (1998). Assessing the stressful effects of racism: A review of instrumentation. *Journal of Black Psychology, 24*(3), 269–288. https://doi.org/10.1177/00957984980243001

van Mens-Verhulst, J., & Radtke, L. (2011). Socio-cultural inequities in health research: What does the intersectionality framework offer? In M. Tankink & M. Vysma (Eds.), *Roads & boundaries: Travels in search of (re) connection*. AMB Publishers. http://www.vanmens.info/verhulst/wp-content/uploads/2010/08/Intersectional-health-research-2011.pdf

Vaske, J. C. (2019). The effect of disproportionate sanctioning on client noncompliance. *Drug Court Review, 3*, 8–25. https://ndcrc.org/drug-court-review/dcr-archive/

Viljoen, J. L., Jonnson, M. R., Cochrane, D. M., Vargen, L. M., & Vincent, G. M. (2019). Impact of risk assessment instruments on rates of pretrial detention, postconviction placements, and release: A systematic review and meta-analysis. *Law and Human Behavior*, 43(5), 397–420. https://doi.org/10.1037/lhb0000344

Vincent, G. M., & Viljoen, J. L. (2020). Racist algorithms or systemic problems? Risk assessments and racial disparities. *Criminal Justice and Behavior, 47*(12), 1576–1584. https://doi.org/10.1177/0093854820954501

Vito, G., & Tewksbury, R. (1998). The impact of treatment: The Jefferson County (Kentucky) Drug Court Program. *Federal Probation*, 62(2), 46–51. https://www.ojp.gov/ncjrs/virtual-library/abstracts/impact-treatment-jefferson-county-kentucky-drug-court-program

Wanta, J. W., Niforatos, J. D., Durbak, E., Viguera, A., & Altinay, M. (2019). Mental health diagnoses among transgender patients in the clinical setting: An all-payer electronic health record study. *Transgender Health*, *4*(1), 313–315. https://doi.org/10.1089/trgh.2019.0029

Waters, N. L., Lee, C. G., Cochran, N., & Holt, K. (2018). Trauma treatment for men in recovery for substance use disorders: A randomized design within the Miami-Dade County Adult Drug Court. *Journal for Advancing Justice, 1*, 131–157. https://allrise.org/resources/the-journal-for-advancing-justice/

Wexler, H. K., Zehner, M., & Melnick, G. (2012). Improving drug court operations: NIATx organizational improvement model. *Drug Court Review*, *8*(1), 80–95. https://ndcrc.org/drug-court-review/dcr-archive/

Williams v. Illinois, 399 U.S. 235, 90 S. Ct. 2018, 26 L. Ed. 2d 586 (1970).

Wolf, R. V. (2009). Race, bias, and problem-solving courts. *National Black Law Journal, 21*(1), 27–52. https://www.ojp.gov/ncjrs/virtual-library/abstracts/race-bias-and-problem-solving-courts

Wu, L. T., Pan, J. J., Blazer, D. G., Tai, B., Stitzer, M. L., & Woody, G. E. (2010). Using a latent variable approach to inform gender and racial/ethnic differences in cocaine dependence: A National Drug Abuse Treatment Clinical Trials Network Study. *Journal of Substance Abuse Treatment*, 38(Suppl. 1), S70–S79. https://doi.org/10.1016/j.jsat.2009.12.011

Yoken, C., & Berman, J. S. (1984). Does paying a fee for psychotherapy alter the effectiveness of treatment? *Journal of Consulting and Clinical Psychology*, *52*(2), 254–260. https://psycnet.apa.org/doi/10.1037/0022-006X.52.2.254

Zemore, S. E., Karriker-Jaffe, K. J., Mulia, N., Kerr, W. C., Ehlers, C. L., Cook, W. K., Martinez, P., Lui, C., & Greenfield, T. K. (2018). The future of research on alcohol-related disparities across U.S. racial/ethnic groups: A plan of attack. *Journal of Studies on Alcohol and Drugs*, 79(1), 7–21. https://doi.org/10.15288/jsad.2018.79.7