Drug Court Review

Fall 2022

Equity and Inclusion

National Drug Court Resource Center

Drug Court Review

Fall 2022

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National Drug Court Resource Center
Wilmington, North Carolina

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Drug Court Review

The *Drug Court Review* is an open-access, peer-reviewed, scholarly journal that builds a bridge between law, science, and clinical communities. Published annually by the National Drug Court Resource Center (NDCRC), the *Drug Court Review* seeks to disseminate scientific and scholarly research in such a way that a wide range of stakeholders (i.e., treatment court practitioners, policymakers, funders, researchers, etc.) can translate the information into practice. Each volume of the *Drug Court Review* focuses on a theme central to the field that is selected by the NDCRC Advisory Board. Additional information regarding the Advisory Board can be found at ndcrc.org/advisory-board/.

Each volume of the *Drug Court Review* may feature manuscripts that fall into one of three areas below.

1. **Research in the field:** full-length, scholarly monographs featuring the results of original research studies conducted by the author(s). Researchers are encouraged to use both quantitative and qualitative data, as well as discuss how the study findings can be translated into practice by readers.
2. **Research spotlight**: overviews of articles focusing on treatment courts that were published in another peer-reviewed journal. The focus of all research spotlights will be on the major findings and implications for research, policy, practice, etc.
3. **Expert commentary:** overview of what we know about a specific topic relevant to treatment courts. The focus of expert commentary pieces will be on what we know and what we still need to know, with the hope that readers will take up these research questions in future studies.

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Introduction

The editors of the *Drug Court Review* are pleased to publish this collection of expert commentaries to comprise the fall 2022 volume. It should be noted that the authors in this volume of the *Drug Court Review* use the terms drug courts, drug treatment courts, treatment courts, and problem-solving courts interchangeably. The articles present compelling evidence for assuring that all people, including those with co-occurring substance use and mental illness, women, and other marginalized populations, have access to treatment courts that meet their unique needs.

Emily Salisbury and Anna Parisi spotlight gender responsive principles that if integrated into treatment court operations and offerings, have been found to improve outcomes for women.

Alexis Humenik and Sara Dolan review the complex, challenging needs of those with co-occurring substance use and mental health disorders (CODs). They provide an overview of the equivocal findings regarding treatment court outcomes for this population, but also note that the structure and consistency intrinsic to treatment courts may make them well-equipped to serve this target population. Suggestions for future research that can best identify pathways towards adapting programs to be maximally effective are offered.

Last, Emily Smith and Faye Taxman present a comparison of demographic data from large surveys of problem-solving court clients (treatment group) and probation only individuals (comparison group). Findings reveal significant racial and gender disparities. Their work underscores the need to collect demographic data, to monitor inequalities, and to provide effective evidence-based clinical treatment, as a "one-size-fits-all" approach will invariably fail to address diverse client needs.

Disseminate. Collaborate.

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EXPERT COMMENTARY

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Treatment of Co-Occurring Disorders in Drug Court Programs

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Abstract

Drug Treatment Court (DTC) programs are specialty treatment courts that aim to provide effective treatment for substance use in lieu of incarceration. DTC programs have been consistently linked to positive outcomes such as decreased recidivism, substance use, and cost to the community. Due to the growing number of participants presenting with co-occurring psychiatric disorders (CODs), DTC programs have been tasked with integrating effective treatment into traditional DTC models. The present commentary provides a summary of previous research regarding the prevalence of CODs in DTC programs, how DTC programs have addressed treatment of CODs and available outcomes, and recommendations for future research with this population. Overall, evidence exists to suggest DTC programs are suited for treating mental health symptoms in addition to substance use.

Keywords: Drug Court Treatment (DTC), mental health, co-occurring disorders, substance use

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Drug Treatment Court (DTC) programs were developed to address the need for effective treatment of individuals with substance-related crimes. The DTC model has consistently garnered success in reducing recidivism, substance use, and economic costs (Brown et al., 2010; Drake et al., 2009; Green & Rempel, 2012; Gottfredson & Exum, 2002; Gottfredson et al., 2003; Humenik et al., 2021; Latimer et al., 2006; Lowenkamp et al., 2005; Marlowe, 2010; Shaffer, 2006; Wilson et al., 2006; Wittouck et al., 2013). DTC programs increase the likelihood of engagement in substance use treatment and provide early intervention (Peters et al., 2012). In addition, participants have noted improvements in quality of interpersonal relationships and economic well-being that they associate with participation in DTC programs (Green & Rempel, 2012; Humenik et al., 2021).

DTC programs utilize a deferred adjudication model that provides a structured environment to aid in the treatment of substance use disorders as an alternative to incarceration. Although DTC programs vary across jurisdictions, there are several universal elements that underly effective implementation of DTCs (King & Pasquarella, 2009). To be eligible to participate in DTC programs, defendants usually must be charged with a substance-related offense (e.g., possession, Driving While Intoxicated) or have an established substance-use issue at the time of an arrest for a non-violent offense. DTC programs can be organized according to their legal framework, which generally consists of two types of models: diversion and post-adjudication. In diversion programs, prosecution of eligible defendants' charges is deferred pending participation and successful completion of a DTC program. In contrast, post-adjudication programs are utilized in lieu of sentencing after a defendant has plead guilty to their charges. Successful program completion results in a waived sentence, and in some cases an expungement of the charges while failure to complete the program results in the defendant returning to the court to be sentenced for their charges. The Ten Key Components were developed as a guideline to aid in standardization and effectiveness of DTCs (National Association of Drug Court Professionals, 2004). They include integrating drug and alcohol treatment with judicial case processing, use of a non-adversarial approach, early identification and placement of participants into DTC programs, access to a variety of treatment services, substance use monitoring, graduated rewards and sanctions for participant compliance, ongoing judicial interaction with participants, outcome monitoring of program goals and effectiveness, continued interdisciplinary education, and partnerships between DTC programs and community-based and public organizations.

As previously mentioned, effective DTC programs aim to identify and place participants into appropriate treatment services. Assessment of recidivism risk and severity of substance use is necessary to effectively match participants with treatment services (National Association of Drug Court Professionals, 2018), which is consistent with the Risk-Needs-Responsivity (RNR) model (Bonta & Andrews, 2016; Grounds, 2022; National Association of Drug Court Professionals, 2018). The RNR model posits that likelihood of recidivism will decrease if interventions are individually tailored to participants' needs, risk of recidivism, and specific treatment response. In practice, use of the RNR model matches participants with the highest level of risk with the most intensive treatments, while those with lower levels of risk receive less treatment (Bonta & Andrews, 2016; Grounds, 2022; Mikolajewski et al., 2021; National Association of Drug Court Professionals, 2018). Risk factors of RNR within the context of

DTC include characteristics that predict poor outcomes, such as early onset of substance use, a history of failed treatment, and antisocial personality disorder (Marlowe, 2009; Mikolajewski et al., 2021). Needs factors refer to dynamic factors (e.g., clinical disorders, skills deficits, functional impairments) that if treated, will decrease recidivism risk. By incorporating principles of the RNR model, DTC programs base provision of services, including psychoeducational groups, group psychotherapy, individual psychotherapy, and case monitoring, on a needs-based framework which allows for effective treatment for a variety of participants (Grounds, 2022; Lowenkamp, 2005; Mikolajewski et al., 2021).

Co-Occurring Disorders

Treatment of individuals with co-occurring psychiatric disorders (CODs) is a particular challenge facing many treatment courts, including DTC programs. CODs[1] are psychiatric disorders (e.g., major depressive disorder, bipolar disorder, posttraumatic stress disorder) that occur in individuals who also have a substance use disorder diagnosis. It is important to note that many individuals with CODs meet diagnostic criteria for multiple mental health diagnoses in addition to a substance use diagnosis (Peters et al., 2017). For individuals with mental health concerns, substance use may serve as a maladaptive coping strategy aimed at decreasing distressing symptoms (Humenik et al., 2021; Peters et al., 2015). CODs are common among justice-involved individuals diagnosed with substance use disorders, with estimates of 70% to 74% of individuals diagnosed with non-substance related disorders also meeting diagnostic criteria for a substance use disorder (Steadman et al. 2013; 2009). However, mental health concerns are frequently left untreated within criminal justice settings (Marks & Turner, 2014; Rice et al., 1991).

Mental Health Needs of DTC Participants

Although treatment of CODs is not the primary aim of DTC programs, a significant and increasing number of participants present to DTCs with mental health concerns (Humenik et al., 2021; Peters et al., 2012; Weitzel et al., 2007). Extant literature suggests that up to 63% of DTC participants experience at least one mental health concern, with prevalence rates varying across studies (Cissner et al., 2013; Green & Rempel, 2012; Humenik et al., 2021; Peters et al., 2012; Weitzel et al. 2007). The most common CODs noted include major depression (16-52%), post-traumatic stress disorder (10%), anxiety disorders (9%), and bipolar disorder (8%) (Cissner et al., 2013; Green & Rempel, 2012; Humenik et al., 2021; Peters et al., 2012; Weitzel et al., 2007).

DTC participants with CODs tend to have worse outcomes (e.g., Evans et al., 2009; Evans et al., 2011; Gray & Saum, 2005; Hickert et al., 2009; Mendoza et al., 2013; Randall-Kosich et al., 2021; Shannon et al., 2016; Wolf et al., 2015), which has raised concerns regarding the ability of DTCs to manage individuals with CODs. In fact, many DTCs have chosen to exclude individuals with CODs from program participation. Specifically, the literature reports that a diagnosis of depression is a significant predictor of program failure (Evans et

1 The term COD will be used to describe an individual who has a mental health diagnosis and simultaneous substance use diagnosis throughout the remainder of this article.

al., 2011; Grounds, 2022; Gray & Saum, 2005; Hickert et al., 2009; Mendoza et al., 2013; Randall-Kosich et al., 2021; Wolf et al., 2015). However, no other diagnoses are reported as significant predictors of program success or failure (Grounds, 2022; Mendoza et al., 2013; Randall-Kosich et al., 2021; Wolf et al., 2015). Notably, several studies found that individuals with CODs who were prescribed psychiatric medications were more likely to graduate from DTC programs (Evans et al., 2011; Grounds, 2022; Gray & Saum, 2005). Further, participation in mental health treatment was associated with decreased substance use and symptoms of anxiety and depression (Baughman et al., 2019; Grounds, 2022). These results suggest that integration of mental health treatment may improve outcomes of CODs on program participation and completion.

Treatment of CODs within DTC Programs

According to Humenik and colleagues (2021), several components of DTC programs are particularly suited to aid in reduction of symptoms of CODs. First, abstinence from substances and treatment of substance use, both components of DTC models, have been associated with general mental health improvements (Green et al., 2015; Humenik et al., 2021; Wilson et al., 2006). Additionally, assessment of symptoms at program entry and monitoring these throughout participation allows for optimal treatment, such that treatment providers can offer integrated mental health and substance use interventions (Humenik et al., 2021; Steadman et al., 2013). Providers who understand the complex relationship between individuals' psychiatric symptoms and their substance use, as well as the potential impact of functional impairments and cognitive deficits on treatment engagement, are better positioned to provide effective interventions.

Interventions that target symptoms of CODs may also increase the likelihood of successful DTC program completion and reduce recidivism and relapse, as participants with CODs may have needs that would not otherwise be addressed and interfere with program participation (Humenik et al., 2021; Peters et al., 2012; Steadman et al., 2013). Another key to increasing the likelihood of success involves adjusting case management services to foster a supportive alliance between DTC treatment providers and participants. Such a collaborative approach includes problem solving around potential barriers to treatment and recovery, including symptoms of CODs (Steadman et al., 2013). Further, expanding collaborations within the community and educating treatment team members about needs of participants with CODs can aid in the provision of effective services.

Steadman and colleagues (2013) also emphasize the utilization of a flexible integrated treatment approach which can be individually tailored to participant needs. This approach is consistent with the RNR model (Bonta & Andrews, 2016) and can be implemented in DTCs through modification of treatment goals, offering a greater variety of services, and tailoring supervision and monitoring to fit specific needs of participants with CODs (Steadman et al., 2013). Although an individualized treatment approach is most appropriate for individuals with CODs, due to the variation in symptom presentation, intensity of COD symptoms and substances used, as well as types of treatment available, evaluations of treatment outcomes and generalizability of results may be limited. For example, the DTC program evaluated in

Humenik et al. (2021) offered standardized treatment services such as scheduled court visits, substance use treatment groups, probation meetings, and 12-step meetings. However, individuals with CODs were commonly referred for individual treatment psychotherapy services which included Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Cognitive Behavior Therapy, Motivational Interviewing, and Seeking Safety. Because participant experiences varied greatly across this program, it is difficult to determine which services were most beneficial in the treatment of substance use and COD symptoms. Smelson and colleagues (2019; 2020) suggest addressing this challenge by systematically integrating a RNR approach to treatment planning, in which evidence-based practices are integrated within DTC procedures and matched to participants' risk factors. One way this has been put into practice is in the development of distinct DTC tracks that emphasize treatment of different risk factors (Marlowe, 2012; Mikolajewski et al., 2021) and utilize specific sets of treatment services. Preliminary findings suggest this framework is beneficial in providing effective treatment to a range of participants of DTC programs (Mikolajewski et al., 2021).

Treatment Outcomes

Few studies have investigated mental health outcomes associated with participation in DTC programs. One large-scale quasi-experimental study of DTC program outcomes suggested improvements in general mental health outcomes for justice-involved individuals (Green & Rempel, 2012). However, the data regarding improvement in specific symptomatology was lacking. Humenik et al. (2021) evaluated differences in mental health functioning pre- and post- participation for graduates of a DTC program. This study utilized the Minnesota Multiphasic Personality Inventory-2, to assess mental health functioning. Findings suggested significant mental health improvements for DTC graduates, in terms of symptoms of depression, anxiety, suspiciousness, manic and hypomanic symptoms, bizarre thought processes, and antisocial behavior. Smelson and colleagues (2019; 2020) developed an intervention specifically for drug court participants with CODs that integrates evidence-based treatments for mental health and substance use symptoms concurrently. This program was associated with improvements in symptoms such as depression, anxiety, psychosis, impulsive and addictive behavior, and trauma symptoms. Notably, positive outcomes remained stable at 12-month follow-up, suggesting participation in DTC programs may be associated with lasting mental health improvements (Smelson et al., 2020).

Discussion

Although limited research exists focusing on mental health outcomes of DTC participants, data from existing studies suggests positive associations between participation in DTC programs and improvement in mental health functioning. DTC programs, though originally intended to target substance use disorders and criminality, may be uniquely suited to treating mental health concerns. Available research on treatment outcomes (e.g., Humenik et al., 2021; Smelson et al., 2020) utilized relatively small samples of DTC participants, which limits the generalizability of results. Future studies should attempt to replicate results with larger samples. Further, variability in participant experiences across, as well as within, DTC programs, limits generalizability of results. One way to address this concern would be to

ensure programs quantify the additional services received by participants, or to develop specific treatment tracks based on the RNR model where specific sets of treatment services are matched with participant needs. Further, comparison of different therapeutic modalities (e.g., Cognitive Behavioral vs. Dialectical Behavioral Therapy) may help identify the most effective methods of intervention for this population. Moreover, utilization of a structured, step-based approach based on participant need, such as outlined in Smelson et al. (2020), may aid the generalizability of results.

Overall, the evidence presented may encourage further research and policy change which can increase positive outcomes for individuals with CODs. DTC programs may further improve treatment outcomes for the growing number of participants with CODs by implementing program recommendations outlined in Steadman et al. (2013). The purpose of this commentary was to examine one factor that can improve DTC outcomes, the treatment of CODs. While we recognize that we are only reviewing one element in a multifactorial, dynamic system of predictors of DTC outcomes, we believe that addressing CODs in a more targeted way can have tremendous impact on success for individual participants (e.g., reduced recidivism and substance use, improvement in overall quality of life), and ultimately the economic costs associated with DTC programs.

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EXPERT COMMENTARY

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Access Differential: Comparing Problem-Solving Courts and Probation

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Abstract

Since their inception in 1989, problem-solving courts (PSCs) offer a therapeutic justice intervention for individuals with non-violent offense charges/convictions in an attempt to address the underlying social issues that resulted in an initial arrest. Prior research points out that Black and Hispanic/Latinx people tend to be underserved in PSCs compared to incarceration and probation populations (Marlowe, Hardin, & Fox, 2016). The question is whether there are differences in the populations served by probation and PSCs, as both are alternatives to incarceration; however, PSCs are considered to be more rehabilitative than probation. This commentary presents an explorative comparison of the demographic characteristics (i.e., gender, race, ethnicity) of clients participating in either probation or PSCs in 2018 or 2019. We use a survey of 497 problem-solving court coordinators (Faragó et al., 2022) and a survey of 381 probation agencies from the Bureau of Justice Statistics (Oudekerk & Kaeble, 2021) to compare client demographic information reported in the surveys. This comparison identifies discrepancies in the diversity of clients on probation compared to PSCs; we find that more men and Black individuals are sentenced to probation, whereas more women and white individuals agree to participate in PSC programs.

Keywords: equity, inclusion, problem-solving courts, probation, access

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Community-based corrections serve to offer non-incarcerative sentences and operate in a wide variety of contexts such as front-end probation, reentry and reintegration programs, parole, problem-solving courts (PSCs), and/or residential and out-patient treatment programs, to name a few. For this commentary, we will focus on PSCs because they offer a comprehensive approach to addressing the needs of individuals through a mix of treatment, testing, status hearings, and intensive case management. This integrated approach is a foundational aspect of PSCs from their inception in 1989 and continuing through today. PSCs began nearly 30 years ago as a therapeutic justice intervention for non-violent offenses (e.g., primarily drug possession) which are rooted in addressing the underlying social issues that resulted in an arrest (e.g., mental health disorders, substance use disorders). For example, PSCs made it possible for individuals arraigned and/or convicted of a drug-offense to avoid incarceration by undergoing a supervised substance use disorder (SUD) treatment program and participating in intensive case management under the guidance of a drug court with judicial power (Andraka-Christou, 2016). PSCs are more effective than traditional probation or incarceration, particularly in reducing recidivism rates (Mitchell et al., 2012), but the nature of the services that account for the positive outcomes are still to be uncovered.

The aim of this commentary is to determine if there are racial, ethnic, or gender differences in the populations served by probation and PSCs by comparing the number of clients they serve across demographic categories. Black and Hispanic/Latinx people tend to be underserved in PSCs compared to incarceration and probation populations (Marlowe, Hardin, & Fox, 2016). Further, men tend to be underrepresented in PSCs as well (Ho, Carey, & Malsch, 2018). To be admitted to a PSC, prosecutors and judges must offer this alternative option and clients must volunteer to participate in the program, as long as they meet eligibility criteria. This process is different from probation, where a judge orders clients into probation as part of a sentence. According to the Bureau of Justice Statistics (BJS), probation is a "court-ordered period of correctional supervision in the community, generally as an alternative to incarceration" (Oudekerk & Kaeble, 2021, p. 2). PSCs and probation are similar in that both are alternatives to incarceration that take place in the community.

Commentary Scope

This commentary presents an explorative comparison of the demographic characteristics of clients participating under supervision within probation in 2019, or PSCs in 2018 or 2019. In a recent study of 849 PSC coordinators across the United States, a survey collected information about the characteristics of individuals that participate in PSCs in terms of gender, race, and ethnicity (Faragó et al., 2022). Of the 849 respondents, 497 court coordinators (59%) provided demographic information on the populations participating in their PSC for the year 2018 or 2019. For clients under probation supervision in 2019, the BJS surveyed 454 probation agencies on their client populations. They collected similar demographic information (i.e., gender, race, and ethnicity) from 381 probation agencies on individual clients on probation supervision across the United States (Oudekerk & Kaeble, 2021).

We compared responses obtained from similar surveys that contain information about these two different justice-involved populations (i.e., PSC clients and probation clients). Such a

comparison can identify demographic discrepancies in the diversity of clients on probation or in PSC programs. Given the well-known gender, racial, and ethnic disparities in the criminal legal system where people of color and men are overrepresented in the system (Sawyer & Wagner, 2019), examining the differences in participation of more rehabilitative corrections pathways can reveal barriers to involvement in different types of programming. To ensure equity in access to punishments that offer programming with proven potential to reduce recidivism, a focus on diverting historically underserved individuals (i.e., people of color) into PSCs is crucial.

Overview of PSCs

Given the many benefits of PSCs, justice-involved individuals should be afforded the opportunity to enter PSCs as an alternative to incarceration. More than 3,848 PSCs are reported to exist in the United States (National Drug Court Resource Center (NDCRC), 2021)[1]. The typical PSC process lasts for 18 months which is about the same length as the average probation sentence (i.e., 22 months). PSCs offer opportunities for treatment and services related to SUDs, domestic violence, mental health disorders, houselessness, gambling, and more (Miller, 2020). PSCs typically involve the use of five crucial mechanisms:

- continuous monitoring of clients through judicially driven status reviews,
- a team-based approach for case management and monitoring progress,
- a rehabilitative orientation with an emphasis on providing corrective treatment and other services,
- a shift in traditional adjudication roles where the judge, prosecutor, and defense attorney do not operate as arbitrators of their position but instead serve as a multidimensional case management team, and
- an emphasis on problem-solving to address substance abuse and legal problems (Nolan, 2010).

This approach may be responsible for more successful outcomes of clients working their way through the program hoping to get well, but also to reduce involvement in the criminal legal system (Aos, Miller, & Drake, 2006; Cross, 2011; Dirks-Linhorst & Linhorst, 2012; Lowencamp, Holsinger, & Latessa, 2005; Mitchell et al., 2012; Shaffer, 2006; Kearley & Gottfredson, 2020).

The PSC approach has the potential to facilitate a more effective support response for individuals attempting to "address drivers" that initiated their behavior deemed criminal. As included in the National Association of Drug Court Professionals (NADCP) best practice standards (2013, 2015) and their standards specific to diversity and inclusion (NADCP, 2019), drug courts should pay close attention to disproportionate demographic participation in their courts and attempt address any discrepancies (Marlowe et al., 2018). The necessity for equity, diversity, and inclusion is a central feature of the PSC process; thus, it should not uphold the

1 The authors and team compiled a list of PSCs which totaled more than 4,000 for the study described in the comparison (Faragó et al., 2022).

practices of over-surveillance, over-criminalization, and eventual over-incarceration of men and people of color. In this way, it should ensure that individuals have equal access to PSCs.

Methodology

The PSC Study

In early 2019, a list of PSCs was compiled from various sources including American University's National Drug Court Resource Center (https://ndcrc.org/), a directory of 3,400 PSCs provided by the NADCP, and publicly available information about PSCs through county and other government websites. Using such list, a nationally representative sample of PSC coordinators was selected and surveyed with the permission of their state-wide PSC coordinator about the provision of medication-assisted treatments (MATs) for clients, including additional contextual information on PSC operations, client demographics, and more. The survey was administered from March 2019 to August 2020 to local PSC coordinators using a mixed-mode approach via three distribution strategies: an online web survey, computer-assisted telephone interviews (CATI) through the University's survey lab, and a U.S. Postal Service mailed survey. Participation was encouraged in mailed survey packets via tokens of appreciation in the form of stress balls, rubber bracelets, and a letter of support from the NADCP.

A total of 849 local PSC coordinators completed the survey. At the beginning of the local PSC coordinator survey, demographic questions asked court coordinators, "Do you have information on the gender, race, and ethnicity of participants in your problem-solving court(s)?" After indicating "yes," the demographic question allowed respondents to input the number of clients by gender (i.e., male, female, other), race (i.e., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, white, multiracial, other), and ethnicity (i.e., Hispanic or Latino, not Hispanic or Latino). PSC coordinators also indicated the year that the data represented, which for respondents was either 2018 or 2019.

All research protocols were approved by the University's Institutional Review Board prior to data collection. For the purposes of this commentary, we consider only court client demographic data (i.e., race, ethnicity, and gender) provided by 497 PSC coordinators as the basis for our comparative analysis presented in the results.

The BJS Study

Per the methodology of the BJS report on probation and parole in the United States., probation data on adult clients under supervision was obtained via the 2019 Annual Probation Survey sent to 454 probation agencies nationwide (Oudekerk & Kaeble, 2021). This annual survey is distributed to state, county, and local probation agencies to collect probation population information. This commentary uses these 2019 survey results. Their final sample consisted of 381 probation agencies. Data on individuals under federal supervision was collected through BJS' Federal Justice Statistics Program, information they collect each year from the

Office of Probation and Pretrial Services and the Administrative Office of the U.S. Courts. In collecting client information, BJS asked probation agencies to report race/ethnicity together (i.e., American Indian or Alaska Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, Black or African American, white, two or more races, unknown) and sex (i.e., male, female, unknown). This probation data is the basis of our comparative analysis presented in the results.

Analytic Strategy

Both studies of PSC coordinators and probation agencies used surveys to obtain client information in 2018 or 2019. Samples of PSCs and probation agencies include a similar sample size of respondents (PSC coordinators n = 497; probation agencies n = 381) even though far more clients are served under probation supervision as compared to PSCs. Further, both surveys asked for demographic information using similar categorical options for race/ethnicity and sex/gender. Specifically, the race and ethnicity categories asked in two separate items in the PSC survey are the same categories presented as one singular item in the probation survey. Further, the PSC survey uses the language "multiracial" whereas the probation survey uses the language "two or more races." Similarly, the gender category with male and female response options and a third response option exists in both the PSC and probation surveys. Since there is minimal data for the third response option in both surveys, the "other" or "unknown" sex/gender category is not analyzed in the comparative analysis. Therefore, we believe comparing the client demographic data reported by PSC coordinators and probation agencies is valid.

To conduct the comparative analysis of client demographics under probation and PSC supervision during 2018 or 2019, aggregated data from the 2019 Annual Probation Survey on probation client information was extracted from the BJS report (Oudekerk & Kaeble, 2021). From the PSC study, capturing client data from 2018 or 2019, we ran basic descriptive statistics of the demographic information on clients provided by court coordinator respondents to obtain similarly aggregated information to the probation population data in the BJS report. Percentages of total client samples were computed to compare the demographic differences between the probation and PSC samples for the year of 2018 or 2019. No further in-depth analysis occurred for this commentary, as we sought to update the field's current understanding of racial, ethnic, and gender discrepancies in PSC access as compared to probation. To do this, we extended prior studies comparing racial, ethnic, or gender demographic differences individually by comparing across all demographic factors in larger, nationwide samples of PSCs and probation populations.

Results

Comparison of Probation and PSC Populations

The following comparison includes the clients of 497 PSCs and 381 probation agencies. Within our nationwide PSC study (Faragó et al., 2022), an accurate number of total PSC

clients could not be obtained because clients' information in certain demographic categories (i.e., race, ethnicity, or gender) were not reported by responding PSC coordinators. Summed demographic categories resulted in total PSC client figures that do not match each other (i.e., race n = 27,022 clients; ethnicity n = 20,883 clients; gender n = 30,580 clients). PSCs indicated that their clients consisted of 35% (n = 10,636) women and 65% (n = 19,868) men. In addition, less than 1% of clients in PSCs identified with a gender identity outside the binary (n = 76), such as "other," non-binary, or transgender. The racial breakdown of PSC clients was 72% white (n = 19,420), 19% Black or African American (n = 5,252), 4% other (n = 970), 2% multiracial (i.e., two or more races; n = 484), 2% American Indian or Alaska Native (n = 426), 1% Asian (n = 315), and 1% Native Hawaiian or Other Pacific Islander (n = 155). As for ethnicity, PSC clients were reported to be: 12% Hispanic/Latinx (n = 2,493) or 88% non-Hispanic/Latinx (n = 18,390).

The 2019 demographic estimates (e.g., race/ethnicity, sex) for probation settings show some notable differences between the two justice populations. In 2019, the BJS reported that of adults (i.e., persons 18 years or older) on probation in the United States (n = 3,492,880), 75% were men and 25% were women. BJS did not present information on gender identities outside of the sex binary, male and female; they presented an "unknown" sex category. There is a gender contrast between clients in PSCs as compared to probation; PSCs supervised more women by 10% than probation. This means that more men were sentenced to probation while more women agreed to partake in PSC programs (Oudekerk & Kaeble, 2021). A similar gendered discrepancy was revealed in Ho, Carey, and Malsch's (2018) study comparing probation clients and PSC clients in 142 PSCs. In comparing race and ethnicity, clients on probation were 54% white, 30% Black, 13% Hispanic/Latinx, 1% American Indian or Alaska Native, and 1% Asian. The PSC clients were less likely to be diverse than probation clients with 18% more white clients and 11% fewer Black clients participating in PSCs. However, the percentage of Hispanic/Latinx, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, and multiracial individuals were similar in that there were no significant differences in clients of other racial or ethnic groups.

Conclusion

Demographic differences exist between the individuals who are placed on probation compared to individuals who participate in PSCs. Specifically, we see that more men and Black individuals are sentenced to probation, whereas more women and white individuals volunteer for PSC programs. There is hope for changing the significant demographic differences in participation of PSCs; it starts with the knowledge to understand why differences exist, tools to help PSCs determine what needs to change to shift the numbers, implementation of necessary shifts in PSC practices, and participatory messaging to inform individuals involved in the criminal legal system of the PSC program option.

An interesting finding, and limitation, is that PSC coordinators did not tend to have demographic data on their clients. This suggests a greater problem in that local PSCs cannot currently monitor their populations to examine equity of access for the diverse population that is justice-involved individuals. For example, in our survey, coordinators were able to report

on race for 27,022 individuals but could only report on ethnicity for 20,883 individuals. However, they could report on gender for 30,580 individuals. These discrepancies in total number of clients served by PSCs are problematic for data analysis purposes but highlights a major issue in data collection and management at the individual court level. There could also be an unwillingness to share their client information.

There may be similar problems in probation agencies as well. The BJS survey of probation agencies was also limited in its ability to collect demographic data from all probation agencies asked to participate in the study. These data issues, or perhaps unwillingness to report, suggest that local PSC coordinators should begin to gather data on and review the demographic characteristics of their populations to ensure that individuals regardless of race, ethnicity, or gender find participation in PSCs beneficial. Marlowe, Hardin, and Fox (2016) suggest that stakeholders of local PSCs collect data on the demographics of court clients and their varying needs and examine the demographic differences regarding who is involved in which punishment alternatives (PSCs or otherwise). In addition, the authors suggest local PSCs recruit marginalized individuals into their programs to eliminate any discrepancies in program participation. Recruitment strategies may require public messaging to help justice-involved individuals understand the benefits from participation in a PSC, especially pertaining to how it can meet their needs.

Recognizing the unequal participation in PSCs by men and people of color, we recommend that PSCs explore the role of gatekeepers. These gatekeepers may influence decisions related to offering individuals entrance to PSCs. Examining the processes that lead up to individuals being enrolled in a PSC would ensure that every individual who makes contact with the criminal legal system is given an equal opportunity for program participation. NADCP, a primary stakeholder of PSCs, has recognized this significant difference in racial make-up of drug court clients. NADCP developed the Equity and Inclusion Assessment Tool (EIAT) to help PSCs examine issues related to compliance with their equity best practice standards (Cheesman, Genthon, & Marlowe, 2019). This toolkit is useful for PSCs to identify issues that may affect inclusion in their courts and address racial or other disparities. An action plan can then be developed to determine the populations that are not obtaining equal access to PSCs (NADCP, 2019). It would be useful to conduct research on the EIAT to assess how PSCs are using the tool and identify obstcles to inclusion and equity.

The potential benefit of PSCs is their orientation to therapeutic jurisprudence that uses the sentencing as a tool for rehabilitation, and given prior evaluation results, PSCs have the greatest potential for reducing future offending behavior. Without equitable usage of this treatment-oriented adjudication route, it is challenging to understand for whom PSCs work and to effect change to correct the inequitable access to alternative punishments. From the criminal legal system, an emphasis on equity and inclusiveness fosters more trust in the legal system by ensuring the system is fair and unbiased.

Future research should seek to understand what is causing the demographic discrepancies in participation within PSCs by expanding upon the basic comparative analysis offered in this commentary, via in-depth analysis on the impact of practices, protocols, policies, perceptions, and more from surveys with PSC coordinators and other stakeholders. Specifically,

why does the discrepancy cross racial and gender lines? It could be due to sentencing disparities that result in more frequent felony-level or distribution charges among people of color, which are often exclusionary criteria for entrance into PSCs (Mitchell & Caudy, 2017). If individuals are eligible, the disparities could be due to a lack of knowledge of the benefits of PSCs, or means (i.e., time), on the part of defense attorneys whose role it is to inform individuals of their option to participate in PSCs. All individuals should be offered an opportunity to participate in PSCs based on their needs, particularly men and Black individuals.

While studies on why different individuals agree to participate in PSCs would be useful, it is also apparent that there is a great need for local PSCs to collect data on the characteristics of individuals screened (i.e., assessed for eligibility) and those who agree to participate in PSCs. Without this critical demographic data, it is unlikely that PSCs can achieve equity and inclusiveness. It is also unlikely that corrective actions can be taken to ensure that PSCs are widely utilized to address certain problem behaviors stemming from social inequalities (e.g., drug use, mental health disorders, houselessness). PSCs are a valuable resource which should be widely available to all individuals as they seek to aid communities in addressing crime-related issues by targeting broader social problems.

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EXPERT COMMENTARY

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Gender Matters: Bringing Gender-Responsive Strategies to Women in Drug Courts

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Abstract

A substantial body of scholarship has demonstrated gender differences in the context and development of women's substance use and criminal behavior. In response, the correctional field has increasingly recognized that a "one-size-fits-all" approach is insufficient to address women's unique needs in treatment. At the same time, research evidence shows that women graduate from drug courts at rates far lower than men, highlighting an opportunity to adopt well-established, empirically supported gender-responsive principles in drug court settings. These guiding principles are designed to acknowledge the gendered context of women's lives and how this context influences their pathways in and out of the criminal justice system. Although gender-responsive services have been shown to effectively reduce women's rates of recidivism and future substance use across multiple criminal justice settings, most drug court treatment programs continue to provide the same treatment to men and women regardless of gender. Here, we provide recommendations for how drug court programs can implement gender-responsive principles in order to improve treatment outcomes among system-impacted women.

Keywords: gender, gender-responsive, equity, women

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Over the past 40 years, there has been an alarming increase in women's criminal justice involvement in the United States (U.S.). From 1981 to 2021, the number of women incarcerated in U.S. state and federal prisons rose by approximately 600 percent, outpacing the rate of men's incarceration during this same time period by more than twofold (Minor-Harper, 1982; Carson, 2020). The rapid growth in women's justice involvement has been largely driven by drug laws and sentencing procedures associated with the "War on Drugs" (Golder et al., 2014; Owen et al., 2017). These changes have disproportionately impacted women, particularly women of color, who are significantly more likely than men to be incarcerated as a result of substance-related crimes (Carson, 2020).

Substance misuse is a central factor for women's initiation and maintenance in the criminal justice system. An estimated 51% of recently incarcerated women meet the criteria for a substance use disorder (SUD; Fazel et al., 2017), and more than 60% of women incarcerated in state facilities met criteria for having a drug dependence or abuse problem during the year prior to their incarceration (Mumola & Karberg, 2006). Moreover, evidence suggests that relative to men, women's criminal behavior is more likely to occur within the context of substance use. For example, imprisoned women are significantly more likely than men to report using substances in the 30 days prior to arrest and at the time of their offense (Maruschak & Bronson, 2021). Women who meet the SUD criteria are also more likely than those without an SUD to be sentenced for nonviolent drug or property crimes, suggesting that their criminal behavior may, in part, be motivated by efforts to obtain or use substances (Kopak & Smith-Ruiz, 2014).

The etiology of substance use varies significantly across gender. We have known for quite some time that women's drug use, abstinence, and relapse are more closely tied with intimate relationships than men's (Hser, Anglin, & Booth, 1987a; b; Sun, 2007). For example, women are oftentimes introduced to drugs by dominant male figures in their social networks, including family members, friends, or lovers (Center for Substance Abuse Treatment, 2009; Henderson, Boyd, & Whitmarsh, 1995; Henderson, Boyd, & Mieczkowski, 1994; Sun, 2007; Van Wormer, 2002). Substance using network members have also been shown to have a strong influence on women's recovery outcomes and can be an important precipitant of relapse (Brown et al., 2015; Tracy et al., 2016; Warren et al, 2007; Wenzel et al., 2010) and criminal recidivism (Mannerfelt & Håkansson, 2018).

Additionally, system-involved women are much more likely than men to have histories of sexual or physical abuse, co-occurring mental disorders, low self-esteem, and more acute substance use histories (Giarratano et al., 2020; Evans & Sullivan, 2015; Komarovskava et al., 2011; Langan & Pelissier, 2001; Mannerfelt & Håkansson, 2018; Messina, Burdon, & Prendergast, 2003). The severity of substance misuse and addiction has also been shown to be a stronger predictor of antisocial behavior for women than for men (Andrews et al., 2012; Dowden & Brown, 2002; McClellan et al., 1997). In sum, because the etiology of substance use and misuse varies across gender, treatment strategies for addiction are similarly quite different for women than they are for men. Programs that recognize these distinctions among women show more promise in reducing their future substance use (Meyer et al., 2019; Orwin et al., 2001; Ashley et al., 2003).

Since their inception in 1989, drug courts have emerged as an alternative to incarceration for individuals who are charged with or convicted of a substance-related crime (U.S. Department of Justice, 2021). There are currently over 3,500 drug courts operating in the U.S., and women comprise an estimated one-third (32%) of participants (Marlowe et al., 2016). Although the components of individual courts vary, most include risk and needs assessments, graduated rewards and sanctions, judicial interaction, monitoring and supervision, and services designed to address substance misuse. Individuals who graduate are frequently rewarded with a reduction or dismissal of their charges (U.S. Department of Justice, 2021).

Most U.S. drug courts provide the same treatment to men and women regardless of gender. However, a national survey of U.S. drug courts found that women graduated at rates far lower than those of their male counterparts (Marlowe et al., 2016). Further, recent evidence suggests that Black women are nearly half as likely as White women to be successful graduates of such programs (Dannerbeck & Yu, 2021), indicating that this one-sized-fits-all approach is not effectively addressing the needs of women in the criminal justice system. Indeed, accumulating research has identified significant gender differences in men's and women's pathways to criminal offending, the nature of their criminal offenses, and their social and psychological needs (Brennan et al., 2012; Daly, 1992; DeHart, 2018; Salisbury & Van Voorhis, 2009; Wanamaker & Brown, 2021). Compared to men, women in the criminal justice system report higher levels of trauma and victimization (Fedock et al., 2013; Green et al., 2005; Messina & Grella, 2006), social and economic deprivation (Owen et al., 2017)), mental illness (DeHart et al., 2014; Fedock et al., 2013; Lynch et al., 2014), and parenting-related stress (Bloom et al., 2003; Owen, 1995; Tuerk & Loper, 2006). These notable gender-based differences underline the importance of programs that acknowledge and attend to the unique needs of system-involved women.

In recent decades, empirical support has grown for the development of gender-responsive correctional services, which address women's unique needs in treatment and examine their law-breaking behavior within the context of their life experiences (Bloom et al., 2004; Covington & Bloom, 2007; Van Voorhis et al., 2010). Gender-responsive services are strengths-based, trauma-informed, culturally relevant, and grounded in theoretical models that recognize women's particular pathways into the criminal justice system (Bloom et al., 2004; Covington & Bloom, 2007). Encouragingly, research on gender-responsive correctional interventions has found that they are associated with decreased rates of recidivism (Gobeil et al., 2016) and improved substance use outcomes among system-involved women (Messina et al., 2012; Tripodi et al., 2011).

In fact, an experimental study in which women were randomly assigned to either gender-responsive drug court treatment or traditional drug court treatment demonstrated preliminary evidence that supports further implementation of a gender-responsive model (Messina et al., 2012). Using curricula developed by Stephanie Covington (*Helping Women Recover* [Covington, 2008] and *Beyond Trauma* [Covington, 2003]) the study found several positive behavioral trends for participants in gender-responsive treatment—specifically, better in-treatment performance, reductions in trauma symptomatology, and higher treatment satisfaction and engagement.

Gender-Responsive Strategies for Drug Courts

Guiding principles have been proposed for establishing gender-responsive services in the criminal justice system, which are outlined by the National Institute of Corrections (NIC) report, *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (Bloom et al., 2003). Each strategy outlined in this report is designed to establish an environment that addresses the unique strengths and needs of women in criminal justice settings. However, the application of these principles within drug or recovery courts has lagged behind their adoption within other criminal justice settings. Consequently, it is imperative to consider how these strategies can be used to improve outcomes for women in drug court.

The NIC report outlines six strategies to improve treatment conditions for system-involved women. First, it must be acknowledged that gender matters—that the context and development of women's criminal behavior is different from men's, as is their response to criminal justice involvement and correctional programs. Realizing this principle in practice warrants the consistent use of correctional assessment instruments that measure the full spectrum of women's criminogenic needs (e.g., unhealthy intimate relationships, symptoms of depression and anxiety, cumulative victimization and trauma, parental stress, unsafe housing) and strengths and helping staff to identify that what is often deemed "criminal" behavior with women is in actuality "survival" behavior.

To this end, the suite of Women's Risk Needs Assessment (WRNA)[1] instruments are the only validated, peer-reviewed correctional assessment instruments designed specifically to measure the risks, needs, and strengths of system-involved women in an effort to reduce their recidivism (Van Voorhis et al, 2010). The WRNA has been implemented with success in over 50 correctional jurisdictions across the U.S., and in a number of international settings (i.e., England, Czech Republic, Namibia, and Singapore). Within a drug court program, these instruments could be used to more accurately assess women's risk and needs while enhancing the development of more gender-responsive treatment and case plans.

Second, the judge, court and probation staff, and treatment providers must create an environment based on safety, respect, and dignity that does not reenact prior experiences of victimization. Approximately 77-90% of women report experiencing trauma prior to incarceration (Messina & Grella, 2006). As such, drug courts should strive to provide education and training to ensure that court staff and treatment providers provide care that is evidence-based delivered in a safe, trauma-informed manner. This translates into having women-only treatment groups that facilitate emotional safety between facilitators and clients, a practice endorsed in the *The Drug Court Judicial Benchbook* (Marlowe & Meyer, 2011). However, establishing an emotionally safe treatment environment extends far beyond providing women-only groups.

Emotionally safe treatment environments reflect social interactions and communication strategies between staff and clients that intentionally hold space for women to emotionally regulate and promote their inherent resilience by giving them voice and choice within the

1 For more information please visit https://socialwork.utah.edu/wrna

confines of the program.[2] As a concrete example, communication about, and practices surrounding, supervised urine testing should be modified to ensure that they are not triggering to individuals who have experiences of sexual victimization—for example, by offering alternative methods of drug testing such as oral fluid tests to women with such histories.

Third, treatment programs should promote healthy connections to children, families, partners, and the community given the high value many women place on such relationships, which are more often motivators for their behavior change compared to men (Harm & Phillips, 2001; McIver et al., 2009; Stone, 2016). First and foremost, helping women develop healthy identity formations and relationships with *themselves* through relationally-based curricula (e.g., *Moving On*[3]) is paramount before rebuilding relationships with others (e.g., children, families. Gender norms and social forces often push women to give up their *selves*, their personal identities, in order to serve others. In contrast, men are socialized to give up others in order to serve their selves. Carol Gilligan, a world-renowned moral psychologist, says it best, "Masculinity often implies an ability to stand alone and forego relationships, whereas femininity connotes a willingness to compromise oneself for the sake of relationships" (Gilligan, 2002, p. 16). Indeed, the emotional pain, shame, and guilt surrounding their addiction's harm to others is one of the hardest obstacles for women and mothers to overcome (Burton & Lynn, 2017). Consequently, women must reconcile and strengthen their self-concept before engaging in reconciliation with others.

Additionally, because the majority of system-impacted women are mothers to dependent children (Glaze & Maruschak, 2016), many struggle to maintain parenting responsibilities while under community supervision. To support these women, drug courts must provide access to child care, or allow for spaces to be inclusive of children, in order to facilitate women's abilities to regularly attend programming and avoid sanctions incurred as a result of missed treatment sessions or court appearances. Notably, other correctional services, such as Family Treatment Courts (FTC), have made significant strides towards establishing multisystemic, collaborative treatment options that operate from a family-centered, relational approach. Research has shown that FTCs improve parental recovery outcomes while keeping families together (Brook et al., 2015; Powell et al., 2012). However, FTCs are intended for individuals who enter the child welfare system as a result of parental substance abuse. Consequently, system-impacted women without child welfare involvement may not be eligible for these services. Nevertheless, positive outcomes from studies examining FTCs provide empirical evidence for the value of providing similar supports to mothers in drug courts.

An important way in which drug courts can support pregnant and parenting women is by expanding access to medication-assisted treatments (MAT) such as buprenorphine or methadone. Rates of opioid use during pregnancy have increased five-fold throughout the past decade, indicating a critical need to ensure that effective interventions are available for pregnant and post-partum women with opioid use disorders (Patrick et al., 2015). Although MAT is an evidence-based practice that is currently recommended by the American College

2 To learn more about a communication model and strategy that promotes emotional regulation and resilience between correctional staff and justice-involved clients, see the curriculum Creating Regulation and Resilience (CR/2), created by Alyssa Benedict and Marilyn Van Dieten. https://www.orbispartners.com/cr2-criminal-justice-staff-training

3 For more information about Moving On, see https://www.orbispartners.com/interventions-women

of Obstetricians and Gynecologists for this population (ACOG; 2017), it is offered by less than half of drug courts in the U.S. (Matusow et al., 2013). Nevertheless, utilization of MAT has been shown to improve maternal and child outcomes, as well as increase the odds of maintaining child custody among parents seeking reunification with their children (Hall et al., 2016).

Fourth, services and supervision should be provided that address substance misuse, trauma, and mental health holistically in a culturally relevant manner. To enact this strategy, drug courts must adopt an intersectionally-responsive approach that recognizes the interconnected and overlapping systems of oppression that shape women's pathways into the criminal justice system, as well as their law-breaking and substance misuse behaviors (Boppre, 2019).

Women of color are overrepresented in the criminal justice system and have been found to be arrested and incarcerated at higher levels than their White counterparts. In 2019, Black women and Hispanic/Latinx women were incarcerated at rates far exceeding those of White women (83 and 63 vs 48 per 100,000 women, respectively; Carson, 2020). Further, there is evidence that experiences of incarceration disproportionately harm women of color—findings that have troubling implications for the common practice of using jail time as a sanction within many drug court systems (Freudenberg, 2002).

Lesbian, gay, bisexual, questioning, transgender, and gender-nonconforming individuals are also overrepresented in the U.S. criminal justice system and experience a high prevalence of trauma, substance use, and negative health outcomes (Irvine-Baker et al., 2019; Sevelius & Jenness, 2017). Binary systems of gender classification can render this population invisible when transgender or gender-nonconforming individuals are categorized as women or men without considering their true gender identities (Sevelius & Jenness, 2017). It is therefore essential that gender-responsive services are also gender *affirming*, providing this population with the recognition and resources needed to support their recovery. Rather than pathologizing or blaming marginalized groups for their law-breaking behavior, drug courts should recognize and seek to remediate the concentrated disadvantages and unequal access to resources experienced by many system-impacted women (Owen et al., 2017).

Fifth, women should be given opportunities to improve their socioeconomic conditions. In line with this strategy, drug courts should connect women with vocational and educational training, as well as assistance with applying to social services. Without these material supports, women who experience significant economic strain may be more likely to discontinue treatment (Bloom et al., 2003). Additionally, improving women's socioeconomic status is not simply about helping women get and maintain a jobs to provide for themselves and their children. It is also about assisting women to dream bigger about the kinds of vocations they might consider, through building their self-efficacy and social capital (Salisbury & Van Voorhis, 2009). This is especially critical for economically marginalized women of color embedded in structurally-oppressive systems who often struggle to have an imagination about the future, let alone the next day (Burton & Lynn, 2017). Building women's hope and sense of wonder about what meaningful work may come in their sobriety is a necessary first step to improving their economic independence.

Finally, drug courts must establish comprehensive, collaborative services (Bloom et al., 2003) with women in mind. Services should serve as a bridge for a coordinated range of community organizations addressing the diverse needs of system-involved women. One promising approach for promoting such wraparound services is the provision of case managers tasked with linking criminal justice systems with outside agencies. Research indicates that case managers improve service retention among justice-involved women in community programs and are associated with lower rates of new arrests (Fedock & Covington, 2017).

Additionally, recent evidence suggests that Community Health Specialists (CHS) working alongside gender-responsive probation officers can serve as significant system-navigation supports for justice-involved women on supervision (Belisle & Salisbury, 2021). CHSs were entry-level positions intended to provide health information, advocacy, social support, and assistance in using the health care system to women on probation in Multnomah County, Oregon. CHSs were particularly successful in addressing clients' various social determinants of health such as food insecurity and access to health insurance and transportation to medical and court appointments (i.e., specific responsivity needs). Distinct from peer mentors, CHSs held the dual-role of both supporting clients' individual needs and reporting escalating negative behaviors as an integrated part of the probation team. In this particular study, CHSs were not formerly justice-involved or in recovery (Belisle & Salisbury, 2021). Advanced CHSs were also uniquely positioned to assist with the distinct medical needs of opioid-dependent, pregnant and parenting people in drug courts, such as advocating on their behalf to maintain their MAT (Peeler et al., 2019). Addressing the various health and mental health needs of women is a critical factor in their success in drug treatment programming in comparison to similarly situated men (Liang & Long, 2013).

Conclusion

Drug courts are an important strategy for diverting substance-misusing individuals away from prison and into treatment. However, the specific needs of women in these courtrooms have long been overlooked. Stakeholders such as the National Institute of Corrections[4], the American Probation and Parole Association[5], the American Jail Association[6], and the National Commission on Correctional Health Care[7] are advocating and promoting gender equity principles, both among the correctional workforce and the treatment and supervision of justice-involved women.

Gender-responsive principles provide a roadmap that can be used to guide the implementation of effective correctional services for women in drug courts. However, future research is needed to support efforts to translate these principles into practice. Although prior studies have shown that gender-responsive services significantly reduce women's criminal behavior and substance use, it is possible that implementation of the gender-responsive principles

4 NIC's Justice-Involved Women Resources: https://nicic.gov/projects/justice-involved-women

5 APPA's Position Statement on Services for Justice-Involved Women and Girls: https://www.appa-net.org/eweb/Dynamicpage.aspx?&webcode=IB_PositionStatement&wps_key=1814d211-7220-48d9-bb07-2bfd8d6d44de

6 AJA President Elias Diggins Gender-Equity Initiative: https://www.youtube.com/watch?v=yoaU8vStH7o

7 NCCHC's recently revised Position Statements related to gender and transgender equity: https://www.ncchc.org/ncchc-releases-four-revised-position-statements

outlined here may be similarly beneficial for men (Day et al., 2015). Future studies are needed that examine whether gender-responsive risk assessments and interventions are effective for men as well as women (e.g., Trejbalová & Salisbury, 2021). Additionally, studies have increasingly emphasized the significant diversity between system-impacted women, suggesting the importance of person-centered approaches that tailor treatment services to address the specific needs of this population (Brennan et al., 2012; Taxman et al., 2015). More research is therefore needed to explore implement strategies such approaches within a gender-responsive framework.

In sum, the general correctional treatment field is steadily moving in a direction that recognizes that "same is not equal"—that adopting the same policies, procedures, and practices across gender, as we have done from the beginning, do not, in fact, produce equitable outcomes for women (Buell & Abbate, 2020). We recommend drug court professionals begin to consider what treatment might look like if we started with women in mind, and incorporate the well-established scientific research indicating that gender matters.

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