	Mental Heal	Interventions Pu	Intervention Duration	h May 2020 Study Sample Diagnoses ^b	Study Sample Ethnoracial Background ^c	Analysis for Ethnoracial Background and Engagement ^{c,d}	Covariate Adjustments ^e	Engagement Outcomes ^f
	Aharonovich 2005 ³⁷	Cognitive-behavioral relapse prevention therapy with gabapentin or venlafaxine Optimized treatment	12 weekly sessions	Cocaine dependence with or without MDD	N=56 W: 53.6%; B: 46.4%	χ ² test	None	Retention—Dichotomous Discontinuation defined as staying in treatment for < 12 weeks or missing 2+ consecutive weeks: Discontinuation: B = W
	Gonzalez Arnold 2015 ³⁸	Optimized treatment, with or without lithium	6 months	BPD	N=283 NHW: 61.8%; NHB: 16.6%; H: 13.8%; O: 7.8% Analytic sample: n=261; NHW: 67.0%; NHB: 18.0%; H: 14.9%	Kaplan-Meier log rank test	None	Retention—Continuous Assessed in lithium arm only Discontinuation defined as time in lithium treatment: NHB=NHW and H=NHW
	Arnow 2007 ³⁹ Parent study: Keller 2000 ⁴⁰	Nefazadone, CBASP, or combination	12 weeks	MDD	N=681 W: 90.5%; B: 3.4%; H: 3.3%; A: 1.2%; O: 1.6%	$ Min \ vs \ W \\ \chi^2 \ test $	None	Retention—Dichotomous Discontinuation: Overall sample: Min > W Nefazodone arm: Min > W CBASP arm: Min = W
	Blanco 2018 ⁴¹	Interpersonal psychotherapy vs problem-solving therapy vs brief	12 weeks	MDD among breast cancer patients	N=134 W: 22.4%; B: 10.4%; H: 62.7%; O: 3.5% Included Spanish-speaking	H vs non-H Cox regression	None	Combined arm: Min = W Retention—Dichotomous Discontinuation from any of the 3 treatments: H = non-H
	Blow 2010 ⁴²	supportive therapy Treatment in English and Spanish Motivational intervention or	2 sessions of motivational	Substance use disorders	patients Emergency department patients assigned	B vs non-B Multiple logistic	Age, male gender, marital status, education, insurance	Retention—Dichotomous No unadjusted analyses reported
		strengths-based case management vs referral brochure	or 5 sessions of case management		to motivational intervention or case management; N=957 B: 58%; other groups not described	regression	status, employment, emergency department visit reason, physical/mental functioning, substance use history, readiness to change, self-efficacy rating	Attendance: defined as attending 1+ sessions: B = non-B Engagement: defined as attending 2+ sessions: B = non-B
	Bogner 2006 ⁴³	Depression care managers monitor course and adverse effects, provide follow-up, and	12 weeks	MDD, subthreshold depression	Adults age 60+ years N=228 W: 25.9%, other groups not described	Min vs W Latent class analysis generated 3 groups: Known Adherent, Unknown	Logistic regression: Adherent or Unknown-Adherent group vs Nonadherent group Logistic regression adjusts for: age, gender, education,	Medication Adherence Adherence defined as removing ≥ 80% of pills from blister pack Unadjusted findings not reported After adjustment: Min < W
	Brown 2010 ⁴⁴	advise primary care providers on clinical treatment of primary care patients Buprenorphine	28-day	Opioid	N=724 after removing	Adherent, Known Nonadherent Logistic regression χ^2 test	depression rating, cognitive status, medical comorbidity None	Retention—Dichotomous
	Parent study: Ling 2009 (NIDA Clinical Trials Network) ⁴⁵	1002	induction- stabilization period	dependence	O (comprising A, NA patients) NHW: 77.1%; B: 2.8%; H: 10.1%			Discontinuation during induction-stabilization period: B = H = NHW
	Cheng 2018 ⁴⁶	dCBT-I	12 weekly sessions	Insomnia with or without depressive symptoms	dCBT-I allocation sample: n=946; demographics not reported dCBT-I completion sample: n=358	B vs W; O vs W Attrition analysis of allocation sample only Logistic regression	None	Retention—Dichotomous Discontinuation defined as attending no treatment sessions or ending treatment prematurely after attending 1+ sessions: B = W; O > W
	Cook 2013 ³ Parent study:	IR vs SN	6 sessions	PTSD	Male Vietnam War veterans; N=124 W: 42%: B: 52%	ethnicity: B vs W and O vs W B vs non-B, stratified by treatment arm IB arm: Multiple	IR arm: SSRI use, other trauma exposure, perceived treatment credibility rating	Retention—Dichotomous Discontinuation defined as attending fewer than 4 of 6 sessions (< 75%)
	Dansereau 1996 ⁴⁸	Node-link mapping in counseling vs	6 months	Opioid dependence	N=304 B: 22.4%; W: 39.8%;	logistic regression SN arm: Simple logistic regression MANOVA	None	IR arm: Discontinuation prior to adjustment: B < non-B . After adjustment: B = non-B SN arm: Discontinuation: B = non-B <i>Retention—Continuous</i> Defined as number of sessions attended and number
	Parent study: Joe 1994 ⁴⁹ Falkenstein 2015 ⁵⁰	standard counseling Two-step treatment approach of online	Online: 10 weeks	Trichotillomania	Mexican American: 37.8% N=60 Analytic sample: n=53	Min vs NHW Bivariate comparisons	Symptom severity after online intervention	of sessions scheduled but missed No. of sessions attended: B < W No. of sessions missed: B > W , Mex-Am > W <i>Initiation</i> Defined as agreement to enter in-person behavior
	Parent study: Rogers 2014 ⁵¹	self-help program followed by in-person behavior therapy	In-person: 8 sessions		completing online intervention NHW: 72%; B: 17%; A: 3.8%; Middle Eastern: 3.8%; Native Hawaiian: 1.9%; H: 1.0%	for initiation, retention Multiple logistic regression for initiation		therapy after completing online intervention. Initiation prior to adjustment: Min = NHW Unchanged after adjustment Retention—Continuous Frequency of using online intervention: Min = NHW Erequency of attending in parron coscions:
	Hasin 2014 ⁵²	Motivational interviewing with HealthCall-S: smarthbone self-	60–90 days	Alcohol dependence	HIV patients N=39 B: 61.5%; H: 25.6%: O: 12.8%	χ^2 test	None	Attending in-person sessions: Min = NHW, unchanged after adjustment Retention—Dichotomous Defined as discontinuation within 60 days: B = H = O
	Hoblyn 2013 ⁵³ Parent study:	monitoring app to reduce alcohol consumption Long-acting injectable	18 months	Schizophrenia	VA patients N=446	B vs O vs W in χ^2 ; non-W vs W in	None	Initiation Defined as agreeing to participate: $B = O = W$;
	Rosenheck 2006 ⁵⁴ Horvitz- Lennon 2011 ⁵⁵	risperidone vs an oral antipsychotic ACT	12 months	Serious mental illness	W: 43.7%; B:48.9%; O: 7.4% N=6,829 B: 49,7%; L: 5.6%; NHW:	$\begin{array}{c} \text{logistic regression} \\ \chi^2 \text{ test; simple logistic} \\ \text{regression} \\ \end{array}$	Age, sex, marital status, mental health need,	non-W = W Initiation Service use at baseline: B=L=NHW
	Parent study: Randolph 2002 ⁵⁶				44.7% Included Spanish-speaking patients	(same W sample in both) Zero-inflated Poisson regression	general health need, social need (unemployment, homelessness), assessment time point; analysis stratified by timeframe	Retention—Continuous Defined as service use frequency among service users No unadjusted analyses reported After adjustment: 0 months: B < W. L < W: 3 months: B = W. L < W: 12
	Hser 2014 ⁵⁷ Parent study:	Methadone vs buprenorphine/	24 weeks	Opioid dependence	N=1,269 W: 71.4%; B: 8.7%; H: 12.0%;	Cox proportional hazards regression	Age, gender, site, alcohol use, number of cigarettes per day,	months: B = W, L < W Time trend frequency of use: 0-3 months: B > W, L < W; 0-12 months: B > W; L = W Retention—Continuous Days of attendance before drop, defined as missing
	Saxon 2013 ⁵⁸ Jarrett 2013 ⁵⁹ Parent study:	naloxone Cognitive therapy	12–14 weeks	MDD	O: 8.0% N=523 NHW: 80.9%; B: 10.3%; H:	NHW and non-NHW Multiple logistic	SF-36 scores, urine drug test across 24 weeks, recent opioid use, treatment drug dosage Baseline depression symptoms, working for pay, age, education in vacar malancholic fontures	14+ consecutive days of attendance No unadjusted analyses reported After adjustment: $H < NHW$ Retention—Dichotomous Completing treatment defined as attending \ge 14/16 coscione, ar > 18/20 for "late recoorders"
	Johnson	Virtual reality	8 sessions	Social anxiety	N=74 W: 58% B: 42%	regression with backward elimination of variables Multiple logistic regression with	in years, meianchoilc reatures, endogenous depression features Treatment, age, gender, pretreatment symptom	No unadjusted analyses reported After adjustment: Non-NHW < NHW Retention—Dichotomous Discontinuation defined as missing > 2 exposure
	Parent study: Anderson 2013 ⁶²	vs exposure group therapy		usoraei	W. 30%, D. 42%	hierarchical variable additions, then backward elimination	severity, stereotype confirmation concern score, interaction of race and stereotype confirmation concern score	exposure session or one virtual reality exposure session No unadjusted analyses reported After adjustment: B=W
	Kalapatapu 2014 ⁶³ Parent study: Mohr 2012 ⁶⁴ Keefe 2018 ⁶⁵	Telephonic CBT vs face-to-face CBT	18 weekly sessions	MDD and alcohol use PTSD	N=103 W: 64.1%; Non-W: 35.9%	χ ² test Multiple logistic	None Childhood physical abuse.	Retention—Dichotomous Discontinuation defined as not attending session 18: Non-W = W Retention—Dichotomous
	Parent study: Resick 2002 ⁶⁶		PE: 9 sessions		W=160 W: 71.9%; Min: 28.1%	regression using model-based recursive partitioning to select variables	current relationship abuse, trait anger, years of education, IQ score, interaction term of treatment type with each variable	Discontinuation defined as not completing treatment No unadjusted analyses reported After adjustment: PE patients Min > W ; CPT patients Min = W
	Kelly 2011 ⁶⁷	Methadone	365 days	Opioid dependence	Overall N = 349 W:24.8%; B: 74.1%; NA: 0.3%; API: 0.3%; "Other Hispanic": 0.6% Subsample remaining after	W and B/O Cox proportional hazards regression	Gender, age, cocaine use, probation status, treatment motivation, addiction severity	Retention—Continuous Time in treatment No unadjusted analyses reported After adjustment: First 3 months: B/O = W; Beyond 3 months: B/O = W
	Kleinman 1992 ⁶⁸	Family or individual therapy vs paraprofessional-led group therapy	Up to 24 sessions	Cocaine dependence	N=148 W: 16%; B: 63%; H: 21%	Race dummy variable: B vs W; B vs H Short-term retention: multiple logistic regression	Short-term retention: education, age, cocaine use, number of arrests, Symptom Checklist-90 score, marijuana use	Initiation Short-term retention defined as attending up to two intake interviews only Prior to adjustment: B = H = W Unchanged after adjustment
				<u>.</u>		Longer-term retention: general linear model	Longer-term retention: age, number of arrests, Symptom Checklist-90 score, marijuana use, cocaine use, therapy type, education	Retention—Continuous Longer-term retention defined as number of sessions after intake Prior to adjustment: B < W , B = H Unchanged after adjustment
	Kurtz 2011 ⁶⁹ Parent study: Kurtz 2007 ⁷⁰	Psychosocial rehabilitation community day program	12 months	Schizophrenia	N=127 W: "largely Caucasian"; B: 14.2%	Coding for race/ ethnicity not specified Multiple logistic regression with biaract	Age, sex, number of hospitalizations, education, age at onset, Positive and Negative Syndrome Scale hostility score, vocabulary score from Wechsler Adult Intelligen	Ketention—Dichotomous Discontinuation defined as not completing at least one month plus follow-up assessment before discharge No unadjusted analyses reported After adjustment: P_14/
	Lee 2017 ⁷¹ Parent study: Liebschutz 2014 ⁷²	Linkage (facilitated transition to outpatient hospital- based clinic view		Opioid dependence	N=72 W: 44.4%; B: 60.6%; L: 19.4%; O: 5.6% Analytic sample:	merarchical variable selection (P ≤ .25) Non-NHW vs NHW Initiation: multiple logistic regression Retention: ordiger	Both regressions: Age, gender, days hospitalized, lifetime buprenorphine treatment. lifetime	No unadjusted analyses reported Initiation Defined as attending initial outpatient visit After adjustment: not-NHW – NLIW
	Lesser 2011 ⁷³	Antidepressant	12-week acute	MDD	N=665	least means regression Multiple logistic	methadone treatment, social support, PTSD symptoms, readiness to quit measure Both regressions: treatment	Retention—Continuous Defined as number of days with active buprenorphine prescription After adjustment: not-NHW < NHW Retention—Dichotomous
	Parent study: Rush 2011 ⁷⁴ (CO-MED study)	combination trial	phase followed by 16-week continuation phase		W: 64.8%; B: 26.2%; API: 3.3%; NA: 1.1%; Multi: 1.4% H not reported for N=665 sample Analytic same 1	regression for 12-week and 16-week phases	education, employment, blood pressure, hypochondriasis, panic disorder, clinic setting, quality of life measure, Social Adjustment Scale score	Retention defined as early termination 12-week phase: Prior to adjustment: B > NHW ; H = NHW Unchanged after adjustment 16-week phase: Prior to adjustment B > NHW : the sume
					Analytic sample: Excluded some groups for small sample size. N=600 NHW: 59%; B: 28%; White Hispanic: 1304			רחסד נס ממן ustment: B > NHW ; H = NHW Unchanged after adjustment
	Lester 2010 ⁷⁵ Parent study: Resick 2002 ⁶⁶	Active treatment (CPT or PE) vs waitlist	6 weeks	PTSD	N=308 women W: 70%; B: 30%	Multinomial logistic regression	Trauma history, treatment expectations, age, education, income	Initiation Defined as starting treatment No unadjusted analyses reported After adjustment: B < W Retention—Dichotomous
<table-row><table-row><table-row><table-row><table-row><table-row></table-row></table-row></table-row></table-row></table-row></table-row>	Levin 2007 ⁷⁶	Methylphenidate vs placebo in	14 weeks	ADHD among adults with cocaine	N=106 B: 19.8%; H: 14.2%; W:	χ^2 test	None	Retention defined as discontinuing treatment Prior to adjustment: B > W Unchanged after adjustment Retention—Dichotomous Retention defined as completing treatment
NAME	McCarthy 2019 ⁷⁷ Parent study:	combination with CBT Nicotine patch alone vs varenicline vs patch and lozenge	27 days	dependence Nicotine dependence	60.4%; O: 5.7% N=1,045 W: 67.4%; B: 28.0%; O: 4.6%	Min vs W Latent class analysis on combined	Number of years smoking, number of past quit attempts, longest period of abstinence,	B=H=O=W Medication Adherence Adherence based on daily report, calculated in 3-day parcels
And And<	Baker 2016 ⁷⁸ Milligan 2004 ⁷⁹	Pharmacotherapy	12 weeks	Cocaine	Study 1: N=121 Study 2: N=122	adherence- abstinence status during first 27 days of treatment Limited to B and W	Treatment duration	No unadjusted analyses reported After adjustment: lowest-adherence type: Min > W Retention—Continuous Defined as time in treatment
	Parent study: Carroll 1994 ⁸⁰ ; Carroll 1998 ⁸¹	with psychotherapy Study 1: Cocaine dependence: CBT with desipramine vs placebo		dependence, with or without alcohol dependence	Study 2: N=122 W: 39%; B: 56%; H: 3%; O: 2% Analytic sample: Study 1: N=111	patients only χ^2 tests, ANOVAs	expectations, treatment type, medication type, interaction of race and treatment duration expectations	No unadjusted analyses reported Overall retention: B < W Study 1: Significant race-treatment duration expectation interaction: Among those who reported expecting at least
No. No. <thno.< th=""> <thno.< th=""> <thno.< th=""></thno.<></thno.<></thno.<>		Study 2: Cocaine dependence with alcohol dependence: disulfiram plus			B: 47.7%; W: 52.3% Study 2: N=111 B: 58.6%; W: 41.4%			1 month of treatment before improvement: B < W Significant race-treatment duration expectations interaction: Among those expecting improvement after a month or longer: W > B
<table-row><table-row><table-row><table-row><table-row><table-row><table-row><table-row></table-row></table-row></table-row></table-row></table-row></table-row></table-row></table-row>		CBT/12-step facilitation or clinical management vs CBT or 12-step facilitation alone						Study 2: Treatment differences among B: Disulfiram B > No-med B CBT/12-step B > clinical management B
	Miranda 2003 ⁸²	Case management with CBT Treatment in English and Spanish	12 weekly CBT sessions; case management over 6 months	MDD	N = 199 H, Spanish first-language: n = 77 Non-H, English first- language: n = 122:	χ^2 and <i>t</i> tests	None	Retention—Dichotomous Defined as attending ≥ 8/12 sessions H, Spanish first-language = Non-H, English first- language
	Mohr 2012 ⁶⁴	Telephonic or face-to- face CBT	18 sessions	MDD	W: 47%; B: 38%; A or NA: 15% N=325 Race and ethnicity reported separately:	χ^2 and <i>t</i> test	None	Unclear if any of the analyses include ethnicity Retention—Dichotomous Completion: attending all 18 sessions
					H/L: 13.5% B: 22.2%; W: 57.5%; Multi: 9.2%; O: 2.8% ("Other" includes American Indian or Alaska Native, Asian Native Hawaiian			B = Multi = O = W Failure to complete: 4–18 sessions $B = Multi = O = W$ Failure to engage: <4 sessions $B = Multi = O = W$
	Montgomery 2012 ⁸³	Psychotherapy or drug counseling with or without CM	8 weeks, with 3-month and 6-month follow-	Marijuana dependence	or Pacific Islander) N=136 B: 60%; Latin American: 13%: European	χ^2 tests	None	Number of sessions attended B=Multi=O=W Initiation Attending first session: B=W Patantian – Dichotomour
Name	Carroll 2006 ⁸⁴		up		American: 23% Analytic sample: B and W only n = 112 B: 72.3%; W: 27.7%			Completing treatment: B < W Attend 3-month follow-up: B < W Attend 6-month follow-up: B < W
NATA NATA NATA NATA NATA NATA NATA NATA Rama <	Nwokeji 2012 ⁸⁵ Parent study: Gimm 2009 (Texas DMIE	Enhanced health services benefits with case management vs standard services	365 days	MDD	N=166 W: 38.6%; B: 33.1%; H/L: 26.5%; API: 1.0%; O: 1.2%	Adherence: Ordinary least squares generalized linear model Non-persistence:	Both outcomes: pre-enrollment adherence, age, gender	No unadjusted analyses reported <i>Medication Adherence</i> Adherence defined as proportion of days covered (number of days with medication over 365 days of study)
Mathematical seriesMathematical<	program) ⁸⁶ Rosenblum	High-intensity CBT (5	6 months	Cocaine	N=67	Cox proportional likelihood hazard model H vs non-H bivariate	Mood disorder autonomy,	After adjustments: B = W; H = W Non-persistence defined as period of 35+ days without prescription refill After adjustments: B > W; H = W Retention—Dichotomous
United with the sector of the orderUnited with the sector of the sector o	Parent study: Magura 1994 ⁸⁸	times/week) vs low- intensity CBT (once/ week)		dependence with mood disorder autonomous or nonautonomous from substance use disorder	H: 62.7%; E: 19.4%; W: 14.9%; O: 3.0%	only; B vs non-B regression Forward stepwise variable selection based on bivariate analyses for multiple	use of psychiatric medication, cocaine use frequency in last 30 days	Actention defined as completing treatment Unadjusted analyses: H < non-H ; B > non-B After adjustment: H dropped from analyses after forward stepwise variable selection. B > non-B
	Rosenheck 2000 ⁸⁹	Clozapine vs haloperidol	12 months	Schizophrenia	N=423 VA medical center patients W: 66.4%; B: 29.6%; H: 3.8%;	Full-sample analysis and among those still in treatment at	Age, receiving public support, lifetime alcoholism, lifetime cocaine use, years of education,	Retention—Continuous Medication continuation defined as number of weekly sessions attended
					O: 0.2%	6 weeks (n = 296); stratified by arm Cox regression with dummy variables for B and H	symptom change, side effects, change in akathisia, change in quality of life	No unadjusted analyses reported After adjustment: Overall: B < non-B , H = non-H; among 6+ weeks retained: B < non-B , H = non-H Clozapine: Overall: H = non-H, B < non-B ; among 6+ weeks retained: H = non-H, B < non-B Haloneridol: Overall: B = non-B; among 6+ weeks
And Process Answer Second Process Partial Process Partial Process Partial Process Partial Process	Ruglass 2014 ⁹⁰ Parent study: Hien 2009 (The Women	Seeking Safety (CBT with trauma and substance use components)	12 sessions	PTSD with co-occurring substance abuse or dependence	N = 353 women B: 34.0%; W: 45.6%; H: 6.5%; Multi: 13.3%; O: 0.6%	t Test	None	retained: H = non-H, B = non-B Retention—Continuous Number of sessions attended: B = W
Principant Prinital Principant Principant Prin	and Trauma Study) ⁹¹	vs Women's Health Education (psychoeducation, focus on health- related topics)			Analytic sample: n = 224 B: 45.1%; W: 54.9%			
	Ruglass 2016 ⁹²	Racial/ethnic matching between patient and therapist Seeking Safety with or without sertraline	12 sessions	PTSD with co-	N=69 NHR: 59.4%: NHW: 23.2%: L:	Bivariate tests	None	Medication Adherence
NAME NAME <th< td=""><td>Hien 2015⁹³</td><td></td><td></td><td>or other substance use disorder</td><td>10.1%; Multi/O: 7.2% Analytic sample: n = 57 B: 71.9%%; W: 28.1%</td><td></td><td></td><td>placebo: B = W Retention—Dichotomous Treatment completion defined as attending 6 or more sessions: B = W Retention—Continuous</td></th<>	Hien 2015 ⁹³			or other substance use disorder	10.1%; Multi/O: 7.2% Analytic sample: n = 57 B: 71.9%%; W: 28.1%			placebo: B = W Retention—Dichotomous Treatment completion defined as attending 6 or more sessions: B = W Retention—Continuous
International state No. and state International state <thinternational state<="" th=""></thinternational>	Saxon 1996 ⁹⁴	Methadone alone, methadone with standard counseling,	18 months	Opioid dependence	N=353 B: 36.0%; H: 3.7%; W: 56.7%; O: 3.7%	B vs non-B Cox proportional hazards regression,	Treatment condition, age, male gender, education, previous methadone treatment, living	Number of psychotherapy sessions: B = W Number of medication sessions: B = W Retention—Dichotomous Discontinuation defined as ending treatment prematurely
		or methadone with enhanced services; with or without contingency condition (3×2			Analytic sample: n = 337	with backward elimination	alone, frequency of drug/ alcohol use, symptom impact	Unadjusted analysis: B = non-B After adjustment: B > non-B
State International St	Siqueland 1998 ⁹⁵ Parent study: NIDA	design) Supportive-expressive therapy, cognitive therapy, or individual drug counseling	6 months of active treatment, followed by	Cocaine dependence	N=1,975 screened: Min: 53% n=1,386 eligible: Min: 52%	Moving to next phase and treatment completion outcomes:	All analyses: age Start-stabilization sample: gender, employment, education, occupational	No unadjusted analyses reported Initiation Attended intake: After adjustment: Min = non-Min
Image: Source of the second	Collaborative Cocaine Treatment Study; Pilot/ Training phase ¹⁴²		booster sessions		appointment (Min: % not shown) n=675 start stabilization Min: 55% n=286 randomized to	regression Number of days in treatment and number of sessions attended:	Start-stabilization sample with cocaine use data: education, cocaine use before intake, lifetime cocaine use, previous drug treatments	Randomized to treatment: After adjustment: Min < non-Min Completed stabilization: After adjustment: Min = non-Min Randomized to treatment with cocaine use data: After adjustment: Min = non-Min
Name Name <th< td=""><td></td><td></td><td></td><td></td><td>ueatment Min: 43%</td><td>Jur vrval analysis, early vs later discontinuation: χ² test</td><td>count, addition severity, number of days between screening and intake Randomized to treatment sample: education, employment living</td><td>Retention—Dichotomous Completed treatment: After adjustment: Min < non-Min Started stabilization: After adjustment: Min = non-Min</td></th<>					ueatment Min: 43%	Jur vrval analysis, early vs later discontinuation: χ ² test	count, addition severity, number of days between screening and intake Randomized to treatment sample: education, employment living	Retention—Dichotomous Completed treatment: After adjustment: Min < non-Min Started stabilization: After adjustment: Min = non-Min
Nature							situation, psychiatric and drug severity measures	Started stabilization with cocaine use data: After adjustment: Min < non-Min Early discontinuation (within 10 days of treatment) vs later discontinuation: Min = non-Min Retention—Continuous
Tartow Name Name	Siqueland 2002 ⁹⁶ Parent study:	Supportive-expressive therapy, cognitive therapy, or individual drug course."	6 months of active treatment, followed :	Cocaine dependence	N=2,197 screened. W: 56% n=1,777 screened and eligible	Non-W vs W Continuation Ratio ordinal logistic regression	Gender, living situation, employment status, age, cocaine use habit (binge vs chronic) days of	After adjustment: Min=non-Min Initiation Progressing from screening to randomization Unadjusted analyses: non-W < W progressing at every stoce
ATME NATIONAL NATIONAL NA	Collaborative Cocaine Treatment Study, Crits-Christ	ວ, ຈຽ counseling	3 monthly booster sessions		w: 55% n=937 kept intake appointment W: 53% n=870 started orientation	regression for progressing through treatment stages. Terms entered in stepwise fashion, and significant	in past month, past-month substance abuse treatment, past-month psychiatric treatment	every stage Unchanged after adjustment
Automation Normality Norm	1999 (NIDA Collaborative Cocaine Treatment Study) ⁹⁷				Ethnoracial distribution not reported n=487 completed intake/orientation and randomized	variables kept for final model		
AndressNorthSectorSect	Siqueland 2002 ⁹⁸ Parent study: Crits-Christoph 1999 (PUT)	Supportive-expressive therapy, cognitive therapy, or individual drug counseling	6 months of active treatment, followed by 3 monthe	Cocaine dependence	N=487 W: 58%; B: 40%; H: 2%	Min vs W Cox proportional hazards regression	Age, employment status, education years, mode of cocaine use, treatment type Interactions between demographics and t	Retention—Continuous Days from randomization to last contact with treatment provider Unadjusted analyses: Min < W Unchanged after adjustment
Process Pr	Collaborative Cocaine Treatment Study) ⁹⁷ Stein 2010 ⁹⁹	Escitalopram	booster sessions 12 weeks	Opioid	N=147	Simple logistic	demographic and treatment type with and without drug and psychiatric severity measures	Significant race/ethnicity-living situation interaction: Min alone > Min with partner W alone < W with partner Retention—Dichotomous
curve	Sullivan	(or placebo control) during buprenorphine treatment Extended-release	24 weeks	dependence with MDD Opioid	NHW: 80.1%; B: 4.8%; H: 9.6%; O: 5.5% N=60	regression	- Age, gender, opioid	Discontinuation defined as missing 7 consecutive buprenorphine dosing days: B=H=O=NHW Retention—Continuous
atterMarket methodMarket method<	2019 ¹⁰⁰ Svikis 1997 ¹⁰¹ Parent studv	naltrexone, vs oral naltrexone, both with behavior therapy Financial incentives during start	30 days, including the	dependence Opioid dependence	W: 63.33%; B: 11.67%; H: 21.67%; O: 3.33% N=142 pregnant women B: 84.5%	Cox regression ANOVA, multiple regression	administration route, baseline opioid use severity ANOVA: treatment group and incentive level	Weeks until last on-site clinical contact No unadjusted analyses reported After adjustment: non-W = W No unadjusted analyses reported Retention—Continuous
Image: second	,. Jansson 1996 ¹⁰²	day treatment (methadone maintenance and non-methadone treatment)	when financial incentives are offered				of education, methadone treatment, incentive level, addiction severity scores	Number of full treatment days (4+ hours of program participation) After adjustment: B = non-B Hours attended in for first 7 days After adjustment: B = non-B Hours attended after first 7 days
Tack 2011 Displace (Har) Service (Ha		/						After adjustment: B = non-B Days in treatment, from transfer to intensive day treatment to last face-to-face contact with program: After adjustment: B = non-B
Interface Inte	Tate 2011 ¹⁰³	Integrated CBT vs 12-step facilitation therapy	Twice-weekly sessions for 12 weeks, followed by weekly sessions for	Alcohol, cannabinol, or stimulant dependence with co-occurring MDD	N=253 veterans W: 72%; B: 16%; H: 3%; API/ NA/O: 3% Analytic sample: W: 72%; Min: 28%	Multiple linear regression. Post hoc test for dichotomous discontinuation: v ²	Age, pretreatment substance use, social support, acute health events	Retention—Dichotomous Discontinuation defined as attending fewer than 8 sessions. Min = W Retention—Continuous Number of sessions out of 36 attended
Number Party - Marken Statistics Party - Marken <	Thompson- Brenner 2013 ¹⁰⁴	Psychosocial interventions: self- help or therapist-led.	12 weeks 10 weeks to 24 weeks, depending	Binge-eating disorder	N=1,073 individuals aggregated from 11 randomized controlled	Lests A Multiple logistic regression with mixed effects	Age, education, baseline BMI, baseline binging episodes, treatment length, treatment	Unadjusted analyses: Min < W Unchanged after adjustment <i>Retention—Dichotomous</i> Discontinuation defined as stopping participation prior to posttreatment assessment
Address Address <t< td=""><td></td><td>group or individual</td><td>on treatment studied</td><td></td><td>trials W: 88.2%; B: 7.4%; H/L: 4.5%</td><td></td><td>type (self-help or guided self-help/other; group/ individual), interaction of race, age, education, and treatment types; random intercept for study site</td><td>NO unadjusted analyses reported After adjustment: $\mathbf{B} > \mathbf{W}$; $H/L = W$; $B = H/L$</td></t<>		group or individual	on treatment studied		trials W: 88.2%; B: 7.4%; H/L: 4.5%		type (self-help or guided self-help/other; group/ individual), interaction of race, age, education, and treatment types; random intercept for study site	NO unadjusted analyses reported After adjustment: $\mathbf{B} > \mathbf{W}$; $H/L = W$; $B = H/L$
Interview Interview <t< td=""><td>Vendetti 2002¹⁰⁵ Parent study: Stephens 2002 (Marijuano</td><td>CBT with MET and case management vs MET alone vs delayed treatment control</td><td>9 sessions (CBT) vs 2 sessions (MET)</td><td>Marijuana dependence</td><td>N=813 W: 65.0%; B: 15.6%; H: 16.5%; O (A, NA, Unknown): 2.9%</td><td>Forward stepwise variable selection based on bivariate analyses for multiple logistic regression</td><td>Age, marital status, employment status, years of education, self-perceived marijuana dependence, past 30-day sedative use past 30</td><td>Initiation Pre-treatment discontinuation defined as declining participation once eligible: Unadjusted analyses: Race/ethnicity significant difference at bivariate variable selection</td></t<>	Vendetti 2002 ¹⁰⁵ Parent study: Stephens 2002 (Marijuano	CBT with MET and case management vs MET alone vs delayed treatment control	9 sessions (CBT) vs 2 sessions (MET)	Marijuana dependence	N=813 W: 65.0%; B: 15.6%; H: 16.5%; O (A, NA, Unknown): 2.9%	Forward stepwise variable selection based on bivariate analyses for multiple logistic regression	Age, marital status, employment status, years of education, self-perceived marijuana dependence, past 30-day sedative use past 30	Initiation Pre-treatment discontinuation defined as declining participation once eligible: Unadjusted analyses: Race/ethnicity significant difference at bivariate variable selection
Node: Instrument of the second s	Treatment Project) ¹⁰⁶ Wagner 1998 ¹⁰⁷	Fluoxetine vs placebo-control	8 weeks	MDD in HIV patients	N=118 (n=116 men) W: 66.9%; B: 18.6%; L: 14.4%	Direct linear regression	Age, education, baseline CD4 count, baseline HDRS score	After adjustment: O > W ; B = W; H = W <i>Retention—Dichotomous</i> Defined as treatment discontinuation Unadjusted analyses: L > W
Table 1 Section 2	Warden 2009 ¹⁰⁸ Parent study: Rush 2004	Treatment strategies: switch from citalopram to bupropion, sertraling	12–14 weeks (Level 2)	MDD	N=1,286: Medication switch (MS): n=723 Medication augmentation	Race analyzed separately from ethnicity W, B, O (A, NA, Native	MA: current medication, family history of drug abuse, melancholic features, age, Level 2 baseline depression	After adjustment: L = B = W Retention—Dichotomous Attrition defined as leaving treatment before week 12 without transition to next treatment step or follow-up
Kudes Calebra over Specific Society List Harden Society Burget Society List Harden Society Burget Society Specific Society Specific Soci	(STAR*D study) ¹⁰⁹	or venlafaxine; citalopram augmentation with bupropion or buspirone			(MA): n = 563 Sample frequencies not shown.	Hawaiian or other Pacific Islander, Multi); H Stepwise multiple logistic regression	severity MS: new medication, melancholic features, citalopram exit dose from Level 1	Unadjusted analyses: MA: B > W ; O > W ; H > non-H MS: B > W ; O > W ; H < non-H After adjustment: MA: Unchanged after adjustment MS: B > W: O > W
Back and Starting and yours Starting starting starting and yours Starting starting starting and yours Starting startin	Warden 2009 ¹¹⁰ Parent ct	Citalopram with flexible dosing (Level 1)	12–14 weeks (Level 1)	MDD	N=3,581 Race reported separately from ethnicity	and ethnicity; MS included race Race analyzed separately from ethnicity	Regional center, care setting (psychiatric care vs primary care), insurance status	Retention—Dichotomous Attrition defined as leaving treatment before week 12 without transition to pert treatment of
Best Best <th< td=""><td>. arent study: Rush 2004 (STAR*D study)¹⁰⁹</td><td> 1/</td><td></td><td></td><td>W: 76%; B: 18%; A/O/Multi: 6% H: 12%</td><td>W, B, O; H Lower income: <\$20k; Middle income: \$20k-<\$40k; Higher income: ≥\$40k</td><td>family history of drug abuse, atypical MDD features, melancholic features, recurrent depression, number of Axis I disorders</td><td>follow-up Unadjusted analyses: Lower income: $\mathbf{B} > \mathbf{W}$; $O = W$; $H = \text{non-H}$ Middle income: $\mathbf{B} > \mathbf{W}$; $O = W$; $H = \text{non-H}$ Higher income: $\mathbf{B} = W$; $O = W$; $H = \text{non-H}$</td></th<>	. arent study: Rush 2004 (STAR*D study) ¹⁰⁹	1/			W: 76%; B: 18%; A/O/Multi: 6% H: 12%	W, B, O; H Lower income: <\$20k; Middle income: \$20k-<\$40k; Higher income: ≥\$40k	family history of drug abuse, atypical MDD features, melancholic features, recurrent depression, number of Axis I disorders	follow-up Unadjusted analyses: Lower income: $\mathbf{B} > \mathbf{W}$; $O = W$; $H = \text{non-H}$ Middle income: $\mathbf{B} > \mathbf{W}$; $O = W$; $H = \text{non-H}$ Higher income: $\mathbf{B} = W$; $O = W$; $H = \text{non-H}$
Watcher Instruction Classyon with Instruction I						orvariate logistic regression; Stepwise multiple logistic regression based on significant bivariate findtr	age, education, Short-Form Health Survey score Sample stratified by income level.	Lower income: B = W; O = W; H = non-H Middle income: B > W; O > W; H = non-H Higher income: B = W; O = W; H > non-H
Reh 204 (T30-17) Subjects with a set of the set of th	Warden 2007 ¹¹¹ Parent ett. 1	Citalopram with flexible dosing (Level 1)	12–14 weeks (Level 1)	MDD	N=4,041 Race reported separately from ethnicity	Sample stratified by income group Race analyzed separately from ethnicity.	Recurrent depression, age, education, Short-Form Health Survey mental score	Unadjusted analyses not presented Only significant variables in stepwise regression reported; H ethnicity not included in module
Weissing Genetities According as a set of the set of	r-arent study: Rush 2004 (STAR*D study) ¹⁰⁹	,vei 1)			W: 76%; B: 18%; A: 2%; O/Multi: 4% H: 13%	W, B, O; H Stepwise multiple logistic regression for 3 attrition timepoints	Sarvey mental score	Initiation Immediate attrition defined as attended baseline visit only After adjustment: B=W; O=W Retention—Dichotomour
Warking 2019 ¹¹⁰ Bind fherapy or extended release and standing at lateation as standing at lateating at lateation at lateation at lateating at lateation at						د اسر _ا		Attrition defined as leaving treatment before week 12 without transition to next treatment step or follow-up Attrition at any time: After adjustment: B>W ; O=W
rarent cutual valuation 2017 ¹¹¹ answeeting and setting setting setting from ethnicity with valuation patients	Watkins 2018 ¹¹²	Brief therapy or extended-release	6 months	Alcohol use disorders	N=290 Race reported separately	Race analyzed separately from	Clinic site, clinical trial group assignment, receiving any	Later attrition defined as attending at least one visit after baseline but discontinuing before week 12: After adjustment: B > W ; O=W <i>Initiation</i> Defined as receiving either of the treatments
Weinstock 2007/14Contingency maggement parent study.4 weeks of infersive objicid busicsCocaline or objicid busicsN=393 versive substance use)Non-W vs W versive substance use)Bit Hertaryou, substance use)Ether treatment bit Hertaryou, cocurring oplical use disorder treatmentEther treatment bit Hertaryou, cocurring oplical use disorder department/bit hospital statisEther treatment bit Hertaryou, bit Hertaryou, cocurring oplical use disorder department/bit hospital statisEther treatment bit Hertaryou, bit Hertaryou, cocurring oplical use disorder department/bit hospital statisEther treatment, bit Hertaryou, bit Hertaryou, cocurring oplical use disorder department/bit hospital statisEther treatment, bit Hertaryou, bit Hertaryou, cocurring oplical use disorder department/bit hospital statisEther treatment, bit Hertaryou, bit Hertaryou, cocurring oplical use disorder department/bit hospital statisEther treatment, bit Hertaryou, bit Hertaryou, department weight hospital statisHertaryou, bit Hertaryou, department weight hospital statisEther treatment, bit Hertaryou, bit Hertaryou, department weight hospital statisHertaryou, bit Hertaryou, bit Hertaryou, bit Hertaryou, department, condition x psychiatric sevenity, interaction weeklyEther treatment, bit Hertaryou, bit Hertaryou, bit Hertaryou, the statistics sevenity interaction weeklyEther treatment, bit Hert	Parent study: Watkins 2017 ¹¹³	naltrexone in primary care setting			trom ethnicity W: 40.7%; H: 33.8% Included Spanish-speaking patients	ethnicity. Combined B, O, Multi vs W; H vs non-H Multiple logistic regression, modeling	or the other treatments, predisposing factors (age, gender identity, marital status, education), enabling factors (homelessness, employment status, previous to	unadjusted analyses: Either treatment: non-W = W; H = non-H Brief therapy: non-W = W; H = non-H Naltrexone: non-W < W ; H = non-H After adjustment: Either treatment: non-W < W
Weinstock Weinstock Namagement Petry 2004 ¹¹⁵ Contingency management intensive outpatient reatment, then 12 months of weekly aftercare Neal Neal Neal Neal Neal Neal Neal Neal						of: receiving each of: receiving brief therapy, receiving naltrexone, receiving either treatment	for alcohol use, depressive symptoms), need factors (co- occurring opioid use disorder in remission, emergency department/ hospital starting	Brief therapy: Unchanged after adjustment Naltrexone: Unchanged after adjustment
Parent study: Petry 2004115outpatient treatment, then 12 months of weeky aftercaredependence 13.0%13.0%dependence, treatment study, treatment condition, psychiatric severity, treatment, condition × psychiatric severity, treatment, interactionUncountered After adjusted analysis not presented After adjusted analysis not presented in treatment treatment treatment treatment treatment in English and SpanishCIT-S: 15 sessionsSchizophrenia adset Spanish-Speaking patients.Nee9 families (patient and caregiver)X ² testNoneRetention-Dichotomous Treatment treatment test discribed Mitigle logistic regressionNee families (patient addition of adjusted analysis not presented After adjusted analyses not presented After adjusted analyses not completing treatment toxicolog soreenZedonis Ling 2005 (NIDA timp addition vs waitis Papent	Weinstock 2007 ¹¹⁴	Contingency management	4 weeks of intensive	Cocaine or opioid abuse or	N=393 W: 34.6%; B: 52.4%: O	Non-W vs W ANCOVA	past 90 days, endorsing more negative consequences related to substance use) Age, gender, alcohol dependence, cocaine	Retention—Continuous Weeks in study
Versitian de Mamani 2014 ¹¹⁶ CII-S: VS PST-EU Citurally adapted treatment of illness and treatment Treatment in English and SpanishCII-S: TS sessions, or PSY- ED: 3 sessionsSchizophrenia sessions, or PSY- ED: 3 sessionsN=69 families (patient and caregiver) H/L: 58.0%; W: 20.2%; B: 15.9%; CD: 5.7% Included Spanish-speaking patients.NoneRetention—Dichotomous Discontinuation defined as not completing treatment or termination assessment: B=H/L=O=WZiedonis 2009 ¹¹⁷ naloxone vs clonidine ninopatient settingsOpioid dwithdrawal managed with bupernorphine- nin inpatient vs outpatient settingsN=344 wereanceRace variable levels for analysis not described Mitble logistic regressionMedication type for analysis not described multiple logistic regressionRetention—Dichotomous Treatment assessment: B=H/L=O=WZiedonis Ling 2005 (NIDA Clinical Trials network) ¹¹⁸ 13 days and spanishOpioid dependenceN=344 W: 48.5%; B: 31.4% Other groups unspecified W: 48.5%; B: 31.4% Other groups unspecified Mitble logistic regressionMedication type for analysis not described multiple logistic regressionNDA Clinical Trials Dependence9 twice-weekly sessions, with 3-month, 6-month, and 12-monthPSD sessions, With 3-month, 6-month, and 12-monthN=95 women wite 63.2%; B: 36.8%Not est statistics presented on engagement outcomeNoneRetention—Dichotomous Discontinuation defined as not completing treatment: B=W	Parent study: Petry 2004 ¹¹⁵		outpatient treatment, then 12 months of weekly aftercare	dependence	13.0%	.2.	dependence, treatment study, treatment condition, psychiatric severity, treatment condition × psychiatric severity interaction	Unadjusted analysis not presented After adjustment: non-W = W
Image: Instruction of treatment in English and SpanishIs daysOpioid dependenceN=344 W: 48.5%; B: 31.4% Other groups unspecified Other groups unspecified Multiple logistic regressionMedication typeRetention—Dichotomous Treatment success: attended day 13 and opioid abstinent by day 13/14 based on urine toxicolog screenZoellner 1999 ¹¹⁹ Active treatment (PE and/or stress in culation) vs waitilisPTSDN=95 women W: 63.2%; B: 36.8%No test statistics presented on engagement outcomeNoneRetention—Dichotomous Treatment success: attended day 13 and opioid abstinent by day 13/14 based on urine toxicolog screenZoellner 1999 ¹¹⁹ Active treatment (PE and/or stress inculation) vs waitilisPTSDN=95 women W: 63.2%; B: 36.8%No test statistics presented on engagement outcomeNoneRetention—Dichotomous Discontinuation defined as not completing treatment; B = W	vveisman de Mamani 2014 ¹¹⁶	CII-S vs PSY-ED Culturally adapted treatment incorporating cultural models of illness	CIT-S: 15 sessions, or PSY- ED: 3 sessions	schizophrenia	N = 69 families (patient and caregiver) H/L: 58.0%; W: 20.2%; B: 15.9%; O: 5.7% Included Spanish-speaking patients	χ [∠] test	ivone	Recention—Dichotomous Discontinuation defined as not completing treatment or termination assessment: B=H/L=O=W
Parent study: Ling 2005 (NIDA Clinical Trials Network) 118buprenorphine- naloxone vs clonidine in inpatient vs outpatient settingsbuprenorphine- naloxone vs clonidine in inpatient vs outpatient settingsother groups unspecifiedior analysis not described Multiple logistic regressionTreatment success: attended day 13 and opioid abstinent by day 13/14 based on urine toxicolog screenZoellner 1999 ¹¹⁹ Active treatment (PE and/or stress inoculation) vs waitlisi9 twice-weekly sessions, with 3-month, 6-month, and 12-monthN = 95 women W: 63.2%; B: 36.8%No test statistics presented on engagement outcomeNoneRetention—Dichotomous Discontinuation defined as not completing treatment: B = W	Ziedonis 2009 ¹¹⁷	Crimness and treatment Treatment in English and Spanish Opioid withdrawal managed with	13 days	Opioid	N=344 W: 48.5% R. 21.49/	Race variable levels	Medication type	Retention—Dichotomous Treatment success attended dout?
Zoellner Active treatment 9 twice-weekly PTSD N = 95 women No test statistics None Retention—Dichotomous 1999 ¹¹⁹ (PE and/or stress inoculation) vs waitlist sessions, with W: 63.2%; B: 36.8% presented on engagement outcome Discontinuation defined as not completing treatment: B = W 12-month 12-month 12-month Ferror Ferror	Parent study: Ling 2005 (NIDA Clinical Trials Network) ¹¹⁸	buprenorphine- naloxone vs clonidine in inpatient vs outpatient settings		- _P CHUENCE	د م ۵٬۵۰۶، ۵۱، ۵۰، ۵۰۰ Other groups unspecified	described Multiple logistic regression		abstinent by day 13/14 based on urine toxicology screen Unadjusted analyses not presented After adjustment: no significant difference by race
()II()W-UD	Zoellner 1999 ¹¹⁹	Active treatment (PE and/or stress inoculation) vs waitlist	9 twice-weekly sessions, with 3-month, 6-month, and 12-month follow	PTSD	N=95 women W: 63.2%; B: 36.8%	No test statistics presented on engagement outcome	None	Retention—Dichotomous Discontinuation defined as not completing treatment: B = W

^aFirst author and year of publication for each article are listed. If ethnoracial composition was unavailable in secondary data analysis, the parent study (also listed) was reviewed to extract data. ^bAlcohol use = alcohol use disorder and problematic alcohol use; schizophrenia = any schizophrenia-spectrum diagnosis (eg, schizophrenia, schizoaffective disorder). ^{CS}Studies may or may not have considered Latino ethnicity. If race and ethnicitity were reported separately, it is indicated here. If ethnoracial distributions differed between overall sample and analytic sample (eg, due to sample reduction or combination), both samples are reported. We report ethnoracial background as described by study authors. ^dIndicates if ethnoracial groups were combined for analyses and if race was analyzed separately from ethnicity. Analysis technique used to compare ethnoracial background based on authors' description. ^{eC}Covariates in studies analyzing ethnoracial background with adjustment (eg, in multiple regression). ^{fE}Engagement outcomes included (1) initiation, or commencing treatment after study enrollment (eg, attending first intervention session); (2) medication adherence, or taking agreed-upon prescriptions; and retention, either (3) a dichotomized measure of premature treatment discontinuation or (4) a continuous measure of treatment duration (eg, time in treatment). Significant findings are noted in bold. Abbreviations: A = Asian, ACT = Assertive Community Treatment, ADHD = attention-deficit/hyperactivity disorder, ANCOVA = analysis of covariance, API = Asian/Pacific Islander, B = Black/African American, BMI = body mass index, BPD = bipolar disorder, CBASP = Cognitive Behavioral Analysis System of Psychotherapy, CBT = cognitive behavioral therapy, CT5 = culturally informed treatment for schizophrenia, CM = contingency management, CPT = cognitive process therapy, dCBT-i= Digital CBT for insomnia, DMIE = Demonstration to Maintain Independence and Employment, H = Hispanic, HDRS = Hamilor, AMNOVA = multiple ana