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Examining Access, Outcomes, and the Experiences of Black Women: Improving Racial Equity in Adult Drug Treatment Court

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**EXAMINING ACCESS, OUTCOMES, AND THE EXPERIENCES OF BLACK
WOMEN: IMPROVING RACIAL EQUITY IN ADULT DRUG TREATMENT COURT**

by

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ABSTRACT

EXAMINING ACCESS, OUTCOMES, AND THE EXPERIENCES OF BLACK WOMEN: IMPROVING RACIAL EQUITY IN ADULT DRUG TREATMENT COURT

LaQuana N. Askew
Old Dominion University, 2025
Director: Dr. Tracy Sohoni

Black women face compounded systemic barriers in the criminal legal system because of oppression and erasure of their racial and gendered identities. Although Adult Drug Treatment Courts (DTCs) are designed to divert individuals with substance use disorders from incarceration with the alternative of therapeutic intervention, Black women, compared to their Black male and White female counterparts, remain underrepresented and experience less favorable outcomes despite their increased presence in the criminal legal system due to drug related offenses. Using an intersectional Black Feminist framework, the current study critically examines the processes and structural barriers that contribute to Black women's limited access and success in DTCs. The following study is conducted in two phases: Phase one consists of two process reviews of two Adult DTCs in the Southwest along with descriptive analyses that detail the enrollment and outcome data for Black women in each court. Phase two explores the lived experiences of former and current Black women participants from four different DTCs through a focus group and an interview. The use of a focus group and an interview centers Black women's experiences to highlight their narratives that are typically overlooked in DTC effectiveness literature.

Findings demonstrate structural inequalities, often influenced by implicit bias, eligibility criteria, and inadequate considerations of Black women's unique needs, in referral decisions and court processes that impact the enrollment and successful completion of Black women in DTC. Qualitative findings reveal themes of unmet needs, culturally incompetent care, and institutional

marginalization. This research contributes to the understanding of racial and gender disparities in DTC processes, and provides recommendations for culturally competent, gender responsive practices. By centering Black women's narratives, this study aims to inform policy and practice that improve equity and inclusion in DTC to reduce recidivism and support long-term recovery.

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CHAPTER I

INTRODUCTION

Black women face compounded barriers when reentering society post-incarceration compared to Black men and White women. This is because of the *double jeopardy*¹ they face due to the oppression of their intersecting identities (Beal, 1970; Bush-Baskette, 2004; Crenshaw, 1991; King, 1988; Kruttschnitt & Savolainen, 2009; Richie, 2001). Black women's unique needs are shaped by the oppression of these identities in American society and the criminal legal system and further exacerbate reentry challenges. Barriers such as housing and economic instability, the need for mental health and substance misuse treatment, difficulties with family reunification and parenting support, health care disparities, and challenges with legal assistance make reentry efforts even more difficult to access and sustain among Black women who are system-involved (Allard, 2002; Bloom & Covington, 2008; Brown & Bloom, 2009; Clarke & Adashi, 2011; Holzer et al., 2006; Richie, 2001).

While challenges exist for most individuals post-release, Black women are significantly impacted due to their marginalized positions in society. They experience lower rates of access to reentry programming and lower completion rates compared to Black men and White women (Dannerbeck & Yu, 2021; Gallagher et al., 2020). This disparity is driven by racial and gender oppression that inhibits their ability to receive the necessary supports and resources to reduce system-involvement and successfully reintegrate back into their communities (Brown & Bloom,

¹ First, Black women face a “double jeopardy” in American society because of racialized and gendered oppression (Beal, 1970). As for their experiences in the criminal legal system, women who are system involved are viewed as being “doubly deviant” because they have defied gendered expectations and codes of law (Bush-Baskette, 2004). Therefore, for Black women who are system-involved their discrimination is compounded in the criminal legal system as their identities as female, deviant, and Black exacerbates the oppression they already face in society and creates added barriers to their experiences during incarceration and post-release (Allard, 2002; Crenshaw, 1991; Covington, 2002; Richie, 2001).

2009; Cheesman et al., 2023; Crenshaw, 1991; Dannerbeck & Yu, 2021; Garcia-Hallett, 2019; Genthon, 2023; Richie, 2001).

Given the increasing rates of incarceration for Black women that started in the 1980s due to drug policy that increased their system-involvement (Rolison et al, 2002; Simmons, 2018), diversion initiatives like Adult Drug Treatment Court (DTC) programs are beneficial when addressing system-involvement through therapeutic approaches to reduce recidivism and substance misuse. However, Black women are often underrepresented and less likely to be successful in these programs (Dannerbeck & Yu, 2021; Gallagher et al., 2020). This study examines the access, success, and experiences of Black women in DTC to assess the ways that DTCs can improve their access for and success among Black women. Moreover, this study aims to examine the successes and challenges of Black women in DTCs. The goal is to better understand the needs of Black women in drug court programs to address these needs and improve the compounded barriers they face. With this goal in mind, it is important to understand how Black women exist in the criminal legal system for drug related offenses. This chapter provides an overview of how Black women find themselves overrepresented yet marginalized in the criminal legal system and documents the extent to which Black women face unique barriers to reentry that impact their access and success in programming like DTCs, when compared to Black men and White women.

BLACK WOMEN AND DRUG TREATMENT COURTS

Drug treatment courts (DTC) are used as a diversion to incarceration and can serve as a reentry point for those with drug related offenses. They are designed to and show evidence of reducing recidivism for drug-related offenses among high-risk, high-need participants (All Rise, 2023; Dannerbeck & Yu, 2021; DeVall & Lanier, 2012; Gallagher et al., 2019a; All Rise, 2004).

Although promising in reducing recidivism, research has shown that there are racial and gender disparities when examining DTC graduation rates (Dannerbeck & Yu, 2021; Gallagher et al., 2020). Black participants are underrepresented in DTCs and have less favorable outcomes in DTCs compared to other participants. They graduate at lower rates than White participants (Black graduation rates, 36%; White graduation rates, 53%) and women have lower graduation rates (39%), when compared to overall graduation rates (58%) (Dannerbeck & Yu, 2021). Because of the lack of representation of Black participants in DTCs, outcomes for Black women are typically aggregated with Black males or with women of other races (Dannerbeck & Yu, 2021). Research has not identified the specific factors contributing to these disparities, but it is important to address the racial and gender disparities in DTCs to improve success rates for Black participants and women, and for this specific project to improve the experiences of Black women in DTCs.

The underrepresentation of Black women in DTCs is detrimental to the successful reintegration of Black women, who have a significant need for reentry services due to high rates of system involvement because of addiction and drug-related offenses. Research has found that from their perceptions, system and individual barriers such as cultural insensitivity, dissatisfaction with mandated treatment, lack of employment opportunities, and lack of individualized treatment hinder Black women's successful DTC outcomes (Gallagher et. al, 2019a).

RACIAL DISPARITIES IN DTC OUTCOMES

Despite their general effectiveness, variation exists in drug court implementation and success for participants (Shaffer, 2011), and research demonstrates racial and gender disparities in program access and success (Cheesman et al., 2023; Dannerbeck & Yu, 2021; Gallagher et al.,

2020; Genthon, 2023). As stated, Black participants appear to have lower success rates compared to white participants, when measured by program completion and recidivism rates. (Gallagher & Wahler, 2018; McKean & Warren-Gordon, 2011). Additionally, Black participants are underrepresented in drug treatment courts (Dannerbeck et al., 2006; Dannerbeck & Yu, 2021). A comprehensive understanding of the factors that contribute to and explain these racial disparities in drug treatment courts has yet to be generally stated (Gallagher & Wahler, 2018; Hartley et al., 2009). Understanding the extent (trends) of these disparities is crucial when identifying the barriers that exist in drug treatment court processes and contribute to disparate outcomes.

When addressing the differences in graduation from treatment courts the study completed by Ho and colleagues (2018) found that Black participants were significantly less likely to graduate from treatment court when compared to Hispanic and White participants. The outcomes and factors that contribute to outcomes of drug treatment court for Black women and White women demonstrate that White women who participated in drug treatment programs were more likely to graduate when compared to Black women who participated in drug treatment programs (Dannerbeck & Yu, 2021). An evaluation of the Chester County Drug Court Program found that drug court success did not vary as it pertained to gender, drug of choice, and frequency of drug use; however, race was a significant predictor of drug court completion. Black participants performed significantly worse in terms of program completion than White participants (Brewster, 2001).

In a study examining racial disparities in program completion and recidivism rates, Shannon et al. (2018) concluded that White participants were more likely to complete the program when compared to non-White participants. Non-White participants, marijuana users, cocaine use, misdemeanor convictions, and being on probation or parole significantly

contributed to the reduced likelihood of program success/completion (Shannon et al., 2018). A mixed methods study exploring drug court effectiveness and racial disparities in outcomes found that White participants are more likely than Hispanic or Black participants to graduate treatment court and is consistent with the previous literature (Gallagher, 2012). This suggests that in instances where these findings are not consistent with the literature, meaning when Black participants yield higher success rates in graduation, recidivism, and additional outcomes, it may be a result of culturally competent elements of treatment programming (Gallagher, 2012). While drug courts are effective in reducing recidivism and substance abuse, racial disparities exist in their accessibility and outcomes and deserve to be studied further to identify the causes of these disparities in DTC to improve equity for Black participants (Brewster, 2001; Dannerbeck & Yu, 2021; Gallagher & Wahler, 2018; Genthon, 2023; Ho et al., 2018; Shannon et al., 2018; Sheeran & Heifeman, 2021).

PREDICTORS OF RACIALLY DISPARATE OUTCOMES

Studies demonstrate that psychological distress and treatment elements (i.e., treatment for various types of substance use, responsivity to treatment, culturally insensitive treatment) reduce the chances of Black participants graduating from drug court (Gallagher, 2012; McKean & Warren-Gordon, 2011; Sheeran & Heideman, 2021; Yu & Dannerbeck, 2020). In studies where race was not a significant predictor of treatment outcomes, Black participants entered treatment with several pre-existing disadvantages such as greater likelihoods of unemployment, criminal justice involvement, and cocaine use disorders when compared to White participants. These predisposing factors rather than race appeared to account for their reduced treatment retention (Brown et al., 2009). Additionally, variables such as education, criminal history, drug of choice, and age are contributing factors to racial disparate outcomes (Ho et al., 2018). Variables such as

age, employment, association with peers engaged in criminal activity, and treatment barriers contributed to the reduced likelihood of successful graduation among minority participants (Dannerbeck & Yu, 2021; Gallagher, 2012). In a DTC program where race was not a significant predictor of outcomes and Black individuals were just as likely as White individuals to successfully complete the program, have increased treatment retention, and have reduced rates of recidivism, there were elements of treatment that were culturally representative, and program staff were Black (Vito & Tewksbury, 1998).

RACIALLY DISPARATE ACCESS TO DTC

When compared to White participants, Black participants have less access to quality treatment services, including the lack of consideration and culturally competent care (Csete & Catania, 2013; Nordberg et al., 2019). Additionally, when considering judicial interactions and decisions, implicit bias can result in harsher penalties and fewer incentives for Black participants in DTCs as they are more likely to face these more punitive sanctions in terms of diversion being a choice as well as the incentives given in the program if diverted to drug court (van Cleve & Mayes, 2015). Studies demonstrate that White participants have more likelihood of success and access in DTCs because they are more likely to have consistent social support, familial assistance, and fewer barriers to services (i.e., better socio-economic positions, transportation, childcare, culturally competent care), even out of the DTC, which enhances treatment retention than Black participants (Bloom et al., 2004; Gallagher, 2012; Marlowe et al., 2016; Marlowe & Genthon, 2022; Whaley & Davis, 2007).

When examining access to DTC, Black and Hispanic individuals are less likely to be referred, which can be attributed to the systemic biases in judicial procedures (Cheesman et al., 2023; Genthon, 2023; Marlowe & Genthon, 2022). Black participant referrals were lower than

White participant referrals at 52% and 64% respectively (Cheesman et al., 2023). Additionally, when Black participants are referred to DTC, they face more obstacles when being admitted due to strict eligibility criteria that disqualifies them because of criminal history or substance use patterns. An evaluation of the Milwaukee County Adult Drug Treatment Court program found that non-Hispanic Black participants were less likely to meet the criteria for enrollment when compared to non-Hispanic White participants (Sheeran & Heideman, 2021). Screening biases may also occur due to systemic biases (i.e., racial profiling, law enforcement bias, judicial misconduct, procedural decision making) in the criminal legal system that result in admission rate disparity among Black and White participants (Cheesman et al., 2023; Marlowe & Genthon, 2011; Yu & Dannerbeck, 2020). Racially disparate outcomes and access of DTCs for Black participants suggest that the current drug court model may not fully meet their needs due to socio-economic disadvantage, systemic bias, and marginalization that occurs because of the cultural mismatch of DTC standards, guidelines, and processes (Cheesman et al., 2023; Genthon, 2023; Gallagher, 2012; Listwan et al., 2013; Marlowe & Genthon, 2022; Sheeran & Heideman, 2021).

Evidence of racial disparate access to DTC demonstrates the need to improve the equity and access of Black participants. Moreover, when considering the purposes of this study, I argue that the social subjugation of Black women in society and the systemic bias they face as a consequence, is demonstrated through their experiences in DTCs. These experiences reflect the lack of access Black women experience due to socio-economic disadvantage, lack of social support, unique needs (i.e., encounters with the social and child welfare systems and other systemic and institutional needs that are specific to their racial and gendered oppression). Previous research that examines the racial disparate access to and outcomes of DTCs

demonstrates a needs for policy changes that reduce biases in referral and enrollment processes and emphasizes the needs for training and support services for staff and participants that tailor to the unique needs of Black participants, which may involve reimagining drug court standards through the perspectives of participants who experience the systemic oppression and social disadvantage of Black participants, as they are more likely to experience reduced resources, communal supports, and cultural competency in care needed to retain treatment and establish equity in DTC success (Cheesman et al., 2023; Genthon, 2023; Marlowe & Genthon, 2022).

The following section uses an intersectional Black feminist framework to explore the racial subjugation of Black women to explain the systemic barriers they face in society due to their nuanced positions, and subsequent unique needs. These needs are further exacerbated by Black women's intersectional identities and are impacted in the criminal legal system and specifically in reentry programs such as DTCs. The following section also demonstrates how the drug court model is intended to work with therapeutic jurisprudence as a program framework that prioritizes basic human need and participant well-being. Lastly, the theoretical frameworks used in this study discuss the way that the drug court model should work as is stated in its program theory and outlined in the program's logic model which details the drug court's activities, inputs, outputs, and outcomes aimed at reducing recidivism and substance use.

THE CURRENT STUDY

Despite the demonstrated effectiveness of DTCs, access remains inequitable across intersecting identities of racial and gender identities, with Black women being particularly underrepresented (Genthon, 2023). Systemic barriers significantly impact their enrollment and outcomes in DTCs, yet their unique experiences and the mechanisms through which this occurs in DTC processes are largely overlooked (Gallagher et al., 2019; Genthon, 2023). Due to their

subjugated positions in society and the compounding effects of racism, sexism, and classism, Black women face distinct challenges in reentry and diversionary programs, such as housing instability, employment discrimination, and inadequate mental and physical health care, that differ from those of Black men and White women (Crenshaw, 1991; Gallagher, 2013; Garcia-Hallett, 2019; Kendall, 2021; Richie, 2001).

While some research has identified systemic barriers as contributing factors to Black women's low enrollment and poor outcomes, only one study has explored reasons behind these racial disparities in DTC access for Black participants broadly, and just one qualitative study has centered Black women's experiences to improve their outcomes (Gallagher et al., 2019; Genthon, 2023). Previous studies have not considered Black women's access generally or the intersections of race and gender role in these disparate rates. Existing research emphasizes the importance of future research examining program access and outcomes for Black women separately from Black men and women of other races to identify the factors that contribute to low graduation rates and provide barriers for enrollment among Black women (Gallagher et al., 2020; Genthon, 2023; Dannerbeck & Yu, 2021). Thus, further research is needed to examine how program processes impact access for Black women, as they are a marginalized population that faces compounded systemic barriers that their peers may not.

Building on Genthon's 2023 study, I hypothesize that enrollment practices, court processes, and the impacts of systemic inequalities contribute to Black women's exclusion from DTC eligibility, limiting their access to DTC. Once they are enrolled, I hypothesize that they do not receive adequate services to meet and sustain their basic human needs to reduce system involvement and promote long-term recovery. Using a methods approach to identify and examine specific processes that contribute to enrollment and outcome disparities among Black

women in DTC, this study uses an intersectional, Black feminist approach to center the experiences of Black women to better understand the obstacles created through intersections of sexism, racism, and classism for these women in DTC. This approach will distinguish the needs and perspectives of Black women. The goal of this study is to empower the narratives of Black women and inform the gender responsive and culturally competent treatment that support the needs of Black women as they are disproportionately affected by social inequality and system involvement.

RESEARCH QUESTIONS

This project aims to answer the following three research questions in two phases. Phase one of this study will utilize a process review and quantitative analyses to answer the following questions: RQ1) What are the processes that impact enrollment rates and what are the enrollment rates of Black women in drug treatment court? and RQ2) What are the outcomes of Black women in drug treatment court? Phase two of this study will use focus groups and qualitative analysis to answer the following question: RQ3) What are the experiences of Black women in drug treatment court?

PROJECT SIGNIFICANCE

This research is significant as it will inform what factors contribute to lower enrollment rates and unfavorable outcomes among Black women in DTC programs. This study explores the experiences of Black women in DTC to fill gaps in the literature to understand what works and goes beyond “*one size fits all*” interventions and solutions. Using a black feminist approach, along with theories of therapeutic jurisprudence and basic human need, this project aims to inform recommendations that can be used by program stakeholders to strengthen their drug court accessibility and impact for Black women who benefit from the therapeutic approaches of DTC

when combatting substance abuse, addiction, and recidivism for drug related offenses. This study will contribute to existing literature that has found that Black women have lower enrollment and graduation rates in DTCs by examining two DTCs in two different regions. The analyses will then inform what program processes and activities contribute to the lower enrollment and graduation rates of Black women. Moreover, this project will highlight the experiences of Black women in DTC and garner the aspect(s) of DTC that they feel aided or hindered their reentry process. Ultimately, this study aims to improve gender-responsive treatment in diversion programming that is culturally relevant to the needs and risks of Black women who are system-involved due to drug-related offenses.

ORGANIZATION OF THE STUDY

Chapter 2 of this study provides a review of the literature on the structure of adult DTC and their goals and effectiveness. Next, I use Black feminist thought to explain how Black women's social positions impact their access to and their experiences in reentry programming. I then use theories of therapeutic jurisprudence, basic human need, and program theory to demonstrate how DTC are intended to be effective when providing holistic therapeutic solutions to reduce recidivism and promote recovery among those who are system-involved due to drug-related offenses. Lastly, I will integrate these theories to explain how targeted therapeutic practices and the understanding of the unique needs of system-involved Black women can improve their access, outcomes, and experiences in DTC. Chapter 3 provides the methodology of the current study. Chapter 4 provides the findings from the quantitative analyses of the study, while chapter 5 provides the findings from the qualitative analyses and their implications. Lastly, chapter 6 will include a discussion and the conclusion of both the quantitative and qualitative

findings and provide recommendations for DTCs to consider when ensuring equitable practices in enrollment and retention.

CHAPTER II

LITERATURE REVIEW

A BRIEF HISTORY OF THE WAR ON DRUGS

Mass incarceration is a direct consequence of the State's response to drugs through punitive American drug policy. While drug abuse was politicized as a public safety threat and vehicle for increased street crime, public fear of crime was exacerbated through the media and political rhetoric (Garland, 2001; Simon, 2007). To address these public and political concerns, Richard Nixon declared a drug war to combat illicit drug use and addiction in 1971. The Controlled Substance Act (CSA) of 1970 set federal regulations on manufacturing, distributing, and using controlled substances to combat the drug crisis in the United States (Lynch, 2012). Initially, this act focused on therapeutic treatment and consisted of liberal practices that eliminated mandatory minimums associated with prior federalized drug control (i.e., the Harrison Narcotics Act (1915), the Boggs Act (1951), and the Narcotics Control Act (1956) (Lynch, 2012; Provine, 2011). As drug crimes were politically framed by Nixon as "public enemy number one" a more State-drive approach emerged on drug control through excessively punitive statutes and aggressive, discretionary police tactics (Alexander, 2012, p. 48; Balko, 2013; Lynch, 2012). Ultimately, this drug war would prove to be one of the most punitive and detrimental to low socioeconomic and minority communities as disproportionate masses of Black men and women continue to be funneled through the carceral system, with Black Americans reaping the brunt of these consequences (Alexander, 2012; Hong, 2018; Rolison et al, 2002).

GOALS OF THE WAR ON DRUGS

The War on Drugs was publicized as way for the State to enhance public safety and crime control by increasing penalties, law enforcement presence, and incarceration. In the early 90s,

the War on Drugs was expanded by President Ronald Reagan as increased crime rates legitimized the government's portrayal of drugs as a primary threat to public safety (Hinton, 2017). The Drug Enforcement Agency (DEA) was created in 1973 to enforce drug policy (Hinton, 2017; Pardo & Reuter, 2018). It was established to 1) consolidate the responsibility of drug enforcement into a single agency reducing competition among federal divisions of enforcement; and 2) coordinate with local and state agencies on drug enforcement increasing funding for the militarization of police to deal with the drug war (Hinton, 2017; Balko, 2013). The policies and entities that expanded at this time were viewed as the means through which the American government would achieve its goal of increased public safety, reduced crime, and combating a contrived drug crisis. However, when assessing the insurmountable damages of the War on Drugs, critical scholars suggest that the war's true goal was to control, monitor, and target impoverished communities of color as evidenced by its contribution to racial disparities and inequality, specifically among Black Americans (Alexander, 2012; Nun, 2002; Tonry, 2011).

MASS INCARCERATION AS A CONSEQUENCE OF THE DRUG WAR

Tough-on-crime politics and punitive policies that emerged during the drug war era led to the rise of mass incarceration, all while drug abuse and mortality persisted (Garland, 2001; Hinton, 2017; Simon, 2007; Tonry, 2011). Drug offenses remain the most reported offenses in state and federal prison statistics and contribute to the United States having the highest incarceration rates in the world (Alexander, 2012; Monazzam & Budd, 2023; Tonry, 2011).

Mandatory minimums, truth in sentencing laws, and three-strike laws are a few of the punitive policies that contributed to mass incarceration and exacerbated economic and social disadvantage among Black and poor Americans (Alexander, 2010; Lynch, 2012). These zero-tolerance approaches to American's "*drug crisis*" led to lengthy, definite sentences that

facilitated the overcrowding of jails and prisons, leading to the mass incarceration of millions (Alexander, 2012; Petersilla, 2011).

When examining the drug war's role in expanding the American carceral system, it is critical to first acknowledge that mass incarceration is a byproduct of a society founded on racism, racial hierarchies, and a system of power and control. America's history of slavery contributes to the rampant racial subordination of Black Americans in all social institutions (Simon, 2007). The disproportionate presence of incarcerated Black Americans presents the carceral system as a microcosm of the racial subordination evident throughout American history (Alexander, 2012; Beck & Blumstein, 2018; Tonry, 2011). Black Americans are more likely to suffer the consequences of mass incarceration because of drug policy due to their socio-economic positions (Alexander, 2012; Beck & Blumstein, 2018; Hinton, 2017; Tonry, 2011). The harsh drug policies of the drug war era established a carceral system that disproportionately targets poor, disadvantaged minorities and results in the social disorganization that leads to increased surveillance which places Black and Brown communities at the helm of criminal legal system-involvement. This consequently establishes a system of power and control that perpetually stunts the physical and mental well-being, economic success, social mobility of the individuals in these communities, and imparts false narratives on the criminal pathology of racial minorities, specifically for Black Americans (Alexander, 2012; Hinton, 2010; Rose & Clear, 1998; Tonry, 2011).

GROWING INCARCERATION OF WOMEN

As a direct consequence of the policies of the ongoing drug war, the growing carceral state positioned women as the United States' fastest growing incarcerated population. The incarcerated population of women increased by 525% from 1980 to 2021 (Monazzam & Budd,

2023). Data from the Bureau of Justice Statistics (BJS) show that in 2021, there were 83,349 women in prison, 85,100 women in jail, 711,125 women on probation, and 96,386 women on parole (Carson, 2022; Zeng, 2021; Kaebler, 2023). Drug offenses represent one of the most common offense types of incarcerated women. BJS data show that 25% of women are convicted for drug related offenses (compared to 12% of incarcerated men) (Monazzam & Budd, 2023).

While the drug war had a direct impact on the growing number of women entering the carceral state, the various categories of criminality reserved for women expanded the net of female criminality long before. Due to patriarchal morals and the gendered construction of crime, women have been and continue to be sanctioned due to politics and policies that “subjugate and exclude “undesirable”² women from American society” (Beall, 2018, p. 4; Chesney-Lind, 1989). Patterns of women’s incarceration are representative of the social inequalities they face in society, inequalities that historically and currently exist to police the female body and behavior (Beall, 2018; Heimer et al., 2023). Criminal legal policies aimed at this type of social control often perpetuate these inequalities, thus more women find themselves funneled in the carceral state for offenses against public order, chastity, property, and person (Beall, 2018). The collateral consequences of these policies are high concentrations of arrest, removal, incarceration, and reentry needs among women (Travis, 2006). As their incarceration rates persist, incarcerated women also face higher repercussions of being socially, economically, and psychologically disadvantaged. Those disadvantages are exacerbated through system-involvement and incarceration and are due to their statuses as mothers, primary caretakers, and

² Beall (2018) uses the term “undesirables” to describe individuals that are marginalized, specifically those outside of the upper class, conservative, white, cisgender, heteronormative male social group (p.5). This includes racial minorities, women of all racial/ethnic backgrounds, individuals with low income, and members of LGBTQ+ communities.

the fact that women make considerably less income than their male peers and report higher instances of psychological illnesses (Heimer et al, 2023).

The mass incarceration of women happened much more rapidly than the incarceration of men; however, public policy and scholarly efforts to reduce mass incarceration have largely ignored the gendered consequences of mass incarceration, upholding the needs and experiences of incarcerated men as more important than those of incarcerated women (Bloom et al. 2004; Bush-Baskette, 1998; Garcia-Hallett, 2019; Heimer et al, 2023; Richie, 2012). Since the mass incarceration of women happened much faster than that of men implies that different factors may contribute to the rapid influx of system-involved women; therefore, establishing the need to further understand the causes and experiences of women in our criminal legal system and its processes.

RACIAL DISPARITIES IN FEMALE INCARCERATION

Because of their higher likelihood of living in low socioeconomic areas and how they are disproportionately affected by tough-on-crime policies as a result of the War on Drugs, Black women have higher risks for incarceration and are subsequently incarcerated more than women of other races (Myers et al., 2021). In 2021, Black women were incarcerated at a rate 1.6 times and Latinx women were incarcerated at a rate 1.3 times the rate of white women in an overrepresentation of Black and Latinx women in the criminal legal system (Garcia-Hallett, 2019; The Sentencing Project, 2020). In the United States, despite similar rates of drug use to White women, Black women have a higher rate of arrests and convictions for drug-related offenses (Bush-Baskette, 1998)³. They are also more likely to be system-involved for longer

³ While Black women are disproportionately funneled into the carceral system, from 2000 to 2021 their rates of incarceration declined by 70% when compared to the incarceration rates of white women increasing by 12% (Monazzam & Budd, 2023). This is because Black women were disproportionately swept up into the criminal legal

periods of time, when compared to White women (Bush-Baskette, 1998; Dannerbeck & Yu, 2021).

Critical scholars suggest that while these economic and political factors contribute to the racial disparities in women's incarceration, the oppression of Black women in American society directly contributes to their rapid rates of incarceration during the late 1980s and 1990s (Hong, 2018; Ritchie, 2012; Rolison et al, 2002). Black women were substantially impacted by the consequences of the drug policies that inundated Black communities with high arrests and convictions for drug related crimes during the War on Drugs era. Their societal oppression in addition to the collateral consequences of incarceration increases social disorganization in Black communities and reduces Black women's socioeconomic mobility (Berry, 2018). As they are funneled into the criminal legal system at expedited rates and remain overrepresented, their roles as primary caretakers demonstrate their unique challenges in terms of incarceration and experiences post-release.

When compared to Black men and White women, Black women are often the sole caretaker of children, making the reunification process more difficult as their children are less likely to go to family, and more likely to enter the foster care system (Richie, 2012; Wulczyn et al., 2023). This further extends the reach of system-involvement for Black women as they must then encounter a child welfare system which also subjects them to racial and gender discrimination. Barriers to family reunification and parental support is just one area in which Black women are faced with the added systemic barriers of incarceration. The discrimination Black women face make it important for programming during post-release to focus on comprehensive supports tailored to their unique socio-economic disadvantage, systemic neglect

system as a result of the tough-on-crime policies of the drug war more than White women, so there was more room for their rates to decline as these policies changed (Myers et. al 2021; Monazzam & Budd, 2023).

in health care, racialized and gender-based violence such as unstable housing and social supports, discrimination in welfare, and racial legal bias that reduces procedural justice and potentially reduces their opportunities for diversion programming (Kendall, 2021; Richie, 2012).

These racial disparities among women exist because of the structural racism and sexism that shapes social relationships and hierarchies, and efforts to control Black women through the policies of America's drug war (Garcia-Hallett, 2019; Rolison et al., 2002). As they face unique challenges within and outside of the system, it is critical to identify these challenges and address the difficulties Black women face in terms of income, access to services, and reunification to alleviate the racial disparities found in women's incarceration and their barriers to successful reentry (Garcia-Hallett, 2019; Mitchell & Davis, 2019).

BLACK WOMEN AND REENTRY

As the population of incarcerated women increases, so do concerns of the well-being and reintegration of these women post-release. On average, 1.9 million women are released from United States prisons and jails, annually (Sawyer, 2019). The disproportionate presence of Black women within the criminal legal system is a result of the racial and gendered marginalization faced by Black women in society and contributes to the barriers of successful reentry and recidivism (Garcia- Hallett, 2019; Williams et al., 2021). Reentry aims to eliminate the cycle of incarceration, but because these practices primarily target men and their reentry needs, women, particularly black women, may not have their unique needs addressed. This heightens the risk of recidivism among Black women.

BARRIERS TO REENTRY

Reentry is a complex process in which there are no specific determinants of success, but there are factors that predict a formerly incarcerated person's risk of recidivism (Stark, 2018;

Travis, 2006). While barriers to reentry exist for all returning citizens in employment, housing, mental and physical health concerns, family reunification, and addiction, Black women face different difficulties in reentry when compared to the difficulties faced by Black men and White women because of their intersecting identities (Garcia-Hallett, 2019; Mitchell & Davis, 2019).

Black men experience significant systemic racial oppression and are disproportionately system-involved as a result, yet they do not face the gender-specific barriers of women in reentry. For example, although Black women and Black men both face difficulties in employment post-incarceration, when Black men do gain employment, they are more likely to make higher wages than Black women which places a barrier on Black women's economic mobility (Holzer et al., 2006). The unique challenges of parenting also impact Black women and men differently. The parenting dynamics of system involved Black men often differ from those of system-involved Black women. Generally, Black women are primary caretakers of their children and are often single parents which means that the separation they face while incarcerated is more significant than that of men. This means that women are more likely to be focused on regaining custody of their children and reconnecting with family post-release while Black men's reentry focus less on reunification processes and they do not have to deal directly with the child welfare system as they are less likely to be the sole caretaker (Brown & Bloom, 2009; Garcia-Hallett, 2019; Mitchell & Davis, 2019; Roberts, 2022)

When comparing the barriers of reentry among Black and White women, they both experience gendered oppression in the criminal legal system, but White women do not face the systemic racial barriers that Black women face. White women often have better access to resources and networks of support that benefit their transitions back into society post incarceration (Richie, 2001; Hoskins & Sanders, 2019). In terms of mental health and substance

use treatment, White women deal with gender-based violence like Black women, but they often have better access to mental health services due to better health care and familial supports not impacted by systemic racism (Bloom & Covington, 2008; Clarke & Adashi, 2011). Black women often have unique mental health needs due to racial and gender-based violence and trauma that perpetuates their needs for culturally competent⁴ treatment (Morash et al., 2014). When considering assistance associated with family reunification, welfare, and legal resources, White women often have better access and support in these systems and face less stigma when seeking them compared to Black women (Kendall, 2021; Allard, 2002). Therefore, even though White women face challenges in many of the same areas as Black women, the extent to which they experience these barriers are different in terms of access and support.

Barriers to reentry such as these are exacerbated for Black women because of their subordinate positions within social hierarchies produced through racism and patriarchy (Crenshaw, 1991; Garcia-Hallett, 2019; Richie, 2001). With the disproportionate number of incarcerated Black women facing reentry, there is an increased need to establish gendered and race-specific reentry practices that address the unique needs of Black women as it pertains to employment stability, family reunification, health care access, mental health and substance use treatment, and legal and social assistance along with the risk factors that lead them to system-involvement (Allard, 2002; Bloom & Covington, 2008; Kendall, 2021; Richie, 2001). In this study, I argue that reentry programs that typically focus on housing, treatment, and/or employment, but have little focus on family reunification, wage disparities in employment, culturally competent medical care or mental health and substance use treatment concerned with

⁴ Culturally competent treatment considers the socio-economic disadvantage, cultural norms, trauma, and systemic racism impacted by Black women's intersecting identities (Morash et al., 2014) This type of treatment informs care that addresses Black women's specific needs, which significantly differs from the needs of White women, and are shaped by their racial and gender identities (Kendall, 2021; Morash et al., 2014).

the specific needs of Black women contribute to their exclusion and unsuccessful outcomes in reentry programs, like DTCs.

DRUG TREATMENT COURT MODEL

Adult drug treatment courts (DTCs) were established in the late 1980s and the early 1990s as a diversion to incarceration due to an influx of drug and addiction-related offenses inundating court dockets and local jails (DeVall & Lanier, 2012; All Rise, 2004; All Rise, 2023). These courts represent an innovative approach using non-adversarial, supportive interactions with participants and a collaborative, multidisciplinary team that includes judges, prosecutors, defense lawyers, probation professionals, law enforcement, local service providers, pretrial services, and evaluators (All Rise, 2023). This type of diversion focuses on therapeutic and rehabilitative strategies to reduce substance abuse and recidivism (Gallagher & Wahler, 2018). DTCs operate in such a way that each individual need of the participant is addressed through phases of treatment to enhance and maintain recovery (All Rise, 2023; All Rise, 2004).

DTCs are multi-phased programs that serve as case planning for reintegration into the community and supports reclaiming social capital reduced by system involvement (i.e. – employment, education, housing, medical and mental health servicing) (All Rise, 2004). The fundamental basics of drug court eligibility are a) the individual has a drug or alcohol abuse problem; b) there is a request for drug court diversion by the individual, their counsel, or the judge; c) the individual does not have violent offenses in their criminal history; d) the individual is interviewed and then either accepted or denied by drug court staff; e) once accepted a waiver is signed by a judge for diversion and the individual must agree to the guidelines of the program (All Rise, 2004; Teeters, 2018).

Therapeutic processes and individualized phases allow DTCs to address and treat participant behaviors or conditions that contribute to substance disorders and system involvement. Transitioning through drug court phases supports the desired outcomes of reducing recidivism and long-term recovery among participants (All Rise, 2004). Generally, this process first begins with mandated drug/alcohol treatment along with additional treatment services based on the needs of the participant (i.e., mental health treatment) (Teeters, 2018). Throughout the drug court, process participants undergo random and frequent drug testing as they go through the different treatment phases of drug court. Typically there are one to five phases of drug court that all include one or a few of the following: 1) stabilization, during this phase participants must remain drug/alcohol-free 30 days prior to going into the next phase and this typically occurs over the first four to six weeks; 2) education, during this participants are exposed to intensive treatment and are supported when pursuing education or employment; 3) maintenance and transition, during this phase participants are encouraged to engage in self-motivation and attend group and individual therapies that will encourage a sober lifestyle (Teeters, 2018). After the last phase is completed, participants are involved in aftercare planning intended to maintain recovery and reduce engagement in criminal activities. The extent to which these phases are practical depends upon the drug courts' reach and contributions to success for target populations and enrolled participants.

GOALS OF DRUG COURTS

DTCs aim to reduce substance abuse through a coordinated response of treatment and justice system processing (All Rise, 2004). From this, there are 10 key components of DTC derived by All Rise (formerly branded as the National Association of Drug Court Professionals – NADCP) and the Drug Courts Program Office of the US Department of Justice. The key

components of DTC establish standards that require DTCs to involve substance abuse treatment services by a primary multidisciplinary team in which the prosecution and defense counsel work together to ensure accountability and responsibility of the participant. These key components also ensure that the operations of the treatment court are conducive to an effective treatment program (All Rise, 2004).

Table 1. Defining Drug Courts: The Key Components (All Rise, 2004)

Key Component #1	Drug courts integrate alcohol and other drug treatment services with justice system case processing
Key Component #2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
Key Component #3	Eligible participants are identified early and promptly placed in the drug court program
Key Component #4	Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services
Key Component #5	Abstinence is monitored by frequent alcohol and other drug testing
Key Component #6	A coordinated strategy governs drug court responses to participants' compliance
Key Component #7	Ongoing judicial interaction with each drug court participant is essential
Key Component #8	Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
Key Component #9	Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations
Key Component #10	Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

BEST PRACTICE STANDARDS

To enhance approaches to accountability and treatment, best practice standards were established by All Rise (All Rise, 2004; All Rise, 2018). These standards serve as guidelines to promote effective outcomes by providing participants and the multidisciplinary team with the

principles needed to effectively participate, implement, and facilitate the program (All Rise, 2023). These standards are incorporated in the planning, implementation, and evaluation of DTCs as they provide clarity, justification, and feasibility practice standards for court operation and success (All Rise, 2023).

Table 2. Adult Treatment Court Best Practice Standards (All Rise, 2023)

Target Population	Complementary Services & Recovery Capital
Equity & Inclusion	Drug Testing
Roles & Responsibilities of the Judge	Multidisciplinary Team
Incentives, Sanctions, & Service Adjustments	Participant Performance Monitoring
Substance Use, Mental Health, and Trauma Treatment & Recovery Management	Program Monitoring and Evaluation

The standards of interest for the current study are target population, equity and inclusion, and monitoring and evaluation. Adherence to target population standards require Adult DTCs to ensure that the eligibility and exclusion criteria are implemented based on empirical evidence and valid and equitable practices. Courts are required to adhere to equity and inclusion best practices by ensuring that treatment court eligibility is inclusive of all socio-economic demographics and that cultural disparities are monitored and reduced through culturally responsive and equitable measures. The monitoring and evaluation standard ensures court accountability in monitoring and amending its adherence to all standards through reliable and valid evaluative techniques (All Rise, 2018).

EFFECTIVENESS OF THE DRUG COURT MODEL

Meta-analyses and program evaluations suggest that drug courts are effective in reducing recidivism for those who complete drug court programs compared to those who do not (DeVall & Lanier, 2012; Mitchell et al., 2012; Shaffer, 2011). When examining the effectiveness of the

drug court model, effectiveness is typically measured by recidivism, cost benefits to the criminal legal system, and change in participant behavior as it pertains to criminal involvement (i.e., reduction of recidivism) and substance use (i.e., reduction of substance use) (Aos et al., 2001; Carey et al., 2011, 2012; Lowencamp et al., 2005; Marlowe et al., 2003; Mitchell et al., 2012; Shaffer, 2011). Studies on effectiveness have examined drug courts' combination of treatment, judicial oversight, and accountability measures, incentives, and sanctions as the components of the model that lead to its success in reducing recidivism and substance use (Marlowe, 2010; Marlowe et al., 2003).

As DTCs are specialized to focus on individuals with substance use disorders, comprehensive treatment services including individualized treatment plans contribute to the effectiveness of DTCs. Services are tailored to the needs of each participant, including substance abuse treatment, mental health treatment, and/or vocational training (Mitchell et al., 2012; Shaffer, 2011). Individualized treatment plans are designed to meet participant's specific needs; however, the quality and accessibility of treatment may not be fully equipped to meet the needs of minority participants due to systemic biases that are found in procedural fairness and therapeutic alliances (Cheesman et al., 2023; Genthon, 2023). In terms of judicial interaction, regular status hearings that require participants to meet with the judge to review progress are shown to enhance participant adherence with court processes that improve their outcomes (Carey et al., 2012; Marlowe et al., 2003). Due to the therapeutic jurisprudence model used by DTCs, these interactions differ from traditional court proceedings in that they are meaningful interactions that prioritize participant well-being as opposed to punishment for behavior (Shaffer, 2011).

Drug court models standardize intensive supervision that requires frequent drug monitoring and testing to assist in participant accountability when following their case management plans and abstaining from substance use (Lowencamp et al., 2005; GAO, 2005). Moreover, in addition to frequent drug testing, DTCs maintain accountability in their processes when implementing incentives and sanctions as a part of their best practices. When enhancing accountability, it has been shown that drug court models that use a balanced approach to incentives and sanctions improve outcomes as the incentives serve to promote and reward positive behavior, while immediate sanctions reinforce the consequences of behaviors that are in non-adherence to drug court policy and/or rules (Marlowe, 2003).

One of the first standards of the drug court model is to target a population that is high-risk, high need⁵. High-risk, high need individuals who undertake intensive DTC interventions are shown to receive the most benefits (Marlowe, 2003; 2010; Mitchell et al., 2012). This suggests that an essential element of drug court effectiveness is the targeting of an appropriate high-risk, high need population (Lowencamp et al., 2005; Marlowe, 2010; Mitchell et al., 2012). Lastly, DTCs are shown to be cost effective as they reduce incarceration and arrests costs (Aos et al., 2001; Carey et al., 2012). When examining the drug court model structurally, their supportive environments, individualized treatment, emphasis on accountability, and benefit to high-risk high need individuals who are system-involved because of drug-related offenses increase their effectiveness in reducing recidivism and substance use. Their cost effectiveness in the criminal legal system contribute to their effectiveness as well and have contributed to the expansion of DTC implementation as an alternative to incarceration and reentry initiative.

⁵ High risk refers to participants who are likely to experience recidivism, while high need refers to those who have severe substance use and/or behavioral needs (All Rise, 2023).

Given the consequences of the War on Drugs and the disproportionate impact of mass incarceration on Black women and their expansive need for reentry and diversionary programs, DTCs require critical examination as they are often positioned as therapeutic alternatives to incarceration. Moreover, existing literature suggests that Black women remain underrepresented and experience less favorable outcomes in these programs that are supposed to be marketed to help those who are system involvement due to drug related offenses. The study that follows explores the structural and procedural barriers contributing to Black women's low enrollment and graduation rates to challenge the "one size fits all" approach often embedded in drug court models. This study, grounded in theories of intersectional, Black Feminist thought, therapeutic jurisprudence, basic human needs, and program theory is significant when better understanding DTC practices and inform stakeholders about what aspects of program design and implementation support or hinder Black women's access and success.

Ultimately, this study contributes to a growing body of literature on improving equity in diversion programs but is novel as it centers the lived realities of Black women to inform practices that enhance accessibility, effectiveness, and therapeutic justice in DTCs. Moreover, in contrast to the existing literature on DTC effectiveness, my research highlights the lived experiences and perspectives of Black women participants and staff to examine how intersecting identities shape access, outcomes, engagement with DTC processes, and judicial interactions operate in practice for marginalized populations.

CHAPTER III

THEORETICAL FRAMEWORK

The following chapter discusses the conceptual frameworks of Black women's access and experience in drug treatment courts (DTCs) using three theoretical perspectives. Black feminist thought (Collins, 2000) will be used to highlight why it is fundamental to understand the unique needs and experiences of Black women who are system involved. This perspective, using an intersectional perspective, explains the ways that Black women are marginalized in society, and as a result experience less access and success in reentry processes as their unique needs are often exacerbated through system involvement. Black feminist thought conceptualizes the critical value of culturally competent, gender responsive treatment in DTC success. Therapeutic jurisprudence, basic human needs perspectives, and a brief overview of program theory, demonstrate how drug court is intended to function and produce outcomes that improve the wellbeing of participants. Collectively, these perspectives further explain Black women's unique need for targeted services in reentry programs, and in DTCs specifically.

BLACK FEMINIST THOUGHT

Traditional criminological theories used to explain criminal behavior do not account for the nuanced social imbalances that are pervasive in the American criminal legal system. The exclusive use of mainstream theories to explain system involvement fails to consider the racial, economic, and gendered hierarchies created by a patriarchal, white-dominated, American society, and therefore do not adequately explain the experiences of Black women who are system-involved (Chesney-Lind, 1989; Crenshaw, 1989). Critical theories provide space for nuanced identities and experiences to be explored, while challenging the status quo of the dominant group; thus, critical perspectives serve as an intervention over institutionalized racial

oppression (Crenshaw, 2010). Black feminist thought (BFT) as the central framework of this study explores perspectives of reentry experiences that are often unaccounted for, due to Black women's oppressed positions in society. Black women's experiences are often framed to fit rhetoric that is accepted and digestible by the standards of those in dominant positions, which further marginalizes their experiences (Collins, 2000). Because of their erasure from traditional theories of crime and feminist perspectives, Black women are the focus of this study to provide diverse perspectives, and vantage points that challenge stereotypes and assumptions about their experiences and reentry outcomes. Thus, the information that follows assesses the accessibility and experiences of Black women in DTCs using an intersectional Black feminist approach.

INTERSECTIONALITY

In her critique of antidiscrimination doctrine, feminist theory, and antiracist policy, Kimberlé Crenshaw (1989) introduces the concept of intersectionality and demonstrates how Black women are marginalized and experience erasure through traditional feminist frameworks. This erasure happens when their identities are reduced to categories of race *or* sex (Crenshaw, 1989, p.140). This fails to acknowledge that the consequences of race and sex are interactive and overlooks the influence of other social identities (i.e., socioeconomic status, ability, sexual orientation, etc.) that explain the stratification and disadvantages of Black women that impact their experiences and outcomes in DTC (Collins, 2000). Acknowledging the complexities of Black women's identities, their cumulative disadvantage⁶, and subsequent erasure is essential

⁶ Cumulative disadvantage is a theoretical perspective that suggests that the social positions of groups or individuals are evidenced through access to resources, treatment, and varied rewards and punishment (Kurlycheck & Johnson, 2019, p.292). Due its racial history, Black people, and other people of color in America experience cumulative disadvantage because of negative assumptions, interactions, and practices that contribute to low socio-economic status and negative systemic outcomes (i.e., poverty, racial oppression, and negative legal outcomes) (Genthon, 2023).

when understanding their specific, unique needs pre, post, and during system involvement (Collins, 2000; Crenshaw, 1989, Kurlychek & Johnson, 2019; Richie, 2001).

DTC literature often focuses on collective outcomes in which Black women are lumped into categories of their race or sex, as evaluations of DTCs typically report on Black participants or female participants (Dannerbeck & Yu, 2021; Gallagher et al., 2020; Gallagher & Wahler, 2018). Much like traditional theories of crime, reentry efforts, and therein, their best practices have typically centered what works for those in white, dominant social positions (Collins, 2000; Richie, 2001; 2012). Therefore, it is important to explore the interactive effects of Black women's race and gender to improve racial equity for Black women in DTC. Moreover, it is imperative Black women tell their own stories and provide insight into their needs. This adds an essential missing component to literature on "what works" in DTCs. Highlighting the experiences of Black women pulls them in from the margins and accounts for the social and economic disadvantages they face. This then allows for beneficial solutions that meet their needs yet do not exacerbate a cycle of oppression that facilitates system involvement (DiAngelo, 2016). To center their needs and experiences, this chapter explores how the intersecting identities of Black women are means for discrimination and erasure (Crenshaw, 1989). BFT explains how the erasure of Black women through systemic oppression plays a role in the lack of accessibility and responsiveness to therapeutic interventions for Black women in DTC.

The following provides an overview of the history and tenets of Black Feminist Thought (BFT) as it was coined by Patricia Hills Collins (2000) using the distinguishing features of BFT, such as the matrix of domination, critical social theory, and the outsider within to explain the disadvantages faced by Black women in society, that often extend their challenges pre and post system-involvement. Tenets of intellectual activism and controlling images are used to

demonstrate the power derived from highlighting the lived experiences of Black women and providing them with the opportunity to reclaim agency in their drug court experiences. This framework will help inform recommendations that improve racial equity and inclusion in DTC practices by improving Black women's access, outcomes, and experiences.

HISTORY OF BLACK FEMINIST THOUGHT

The Black feminist perspective emerged from the oppression and exclusion of Black women in society, as leaders of political and social movements, and in mainstream feminism. BFT assumes that through their unique experiences and understanding of the society around them, Black women are valuable, and their liberation need not be alongside another's, but a liberation of their own (Combahee River Collective, 1978; Taylor, 1998). Moreover, this perspective assumes that because of Black women's intersecting identities, layered forms of systemic oppression (i.e., racism, patriarchy, and wealth inequality) impact the ways that they navigate through the world and are treated in society, fundamentally contributing to their experiences in the criminal legal system (Collins, 2000; Crenshaw, 1989; King, 1988; Richie, 2012; Taylor, 1998).

BFT IN THE 19TH AND 20TH CENTURY

During the abolitionist movement and reconstruction era Black women, such as Sojourner Truth and Maria Stewart, were integral to activism that called out the oppressive and abusive institution of slavery, demanding freedom and equal rights in society, alongside White women (Taylor, 1998). Although efforts aimed at the goal of abolition were successful, rifts among Black and White women activists in the fight for suffrage emerged due to opposing motivations for equal rights in the early 20th century (Giddings, 1984; Taylor, 1998). While collaborative efforts among Black and White women contributed to Constitutional amendments

that addressed women's suffrage, Black women recognized that they were often brought through the fight yet remained held at the margins as it pertained to the rights granted. Black women were used in the suffrage movement as support for White women to obtain the same power and access as White men, which they recognized was not freedom of their own. From this, Black women began to create their own collectives for advocacy that undertook their own fight for equity in rights and inclusion (Collins, 2000; Gidding, 1984; Taylor, 1998).

WOMEN'S LIBERATION AND CIVIL RIGHTS

In the 19th and early 20th century, Black women activists Anna Julia Cooper, Ida B. Wells, and Mary Church Terrell made calls for advocacy against the racial and gendered subjugation that established barriers for the progression of Black women in American society at this time (Giddings, 1984; Taylor, 1998). As the mid 20th century came, the Women's liberation movement expanded into a second wave of feminism, and the Civil Rights Movement concerned itself with the rights and freedoms of Black Americans concurrently, but independently. Activists such as Ella Baker and Fannie Lou Hamer, recognized the erasure of Black women's unique positions in society at this time. Moreover, despite their influential roles in both movements, Black women's accounts and contributions to the scholarship along with the activism they produced were primarily ignored (King, 1988; Roth, 2004). Although these movements encouraged freedoms relevant to Black women, their intersectional identities were overlooked and resulted in their marginalization within the groups they were categorized.

The second wave of feminism concerned itself with issues plaguing White women, once again alienating the specific needs and concerns of Black women (Roth, 2004; Taylor, 1998). White feminist efforts at this time addressed gender inequality in the workforce, sexual liberation, and reproductive rights (Roth, 2004). However, due to the repercussions of

enslavement—that commodified Black women's bodies as property, exploited their manual labor, and labeled them with negative stereotypes—bodily autonomy and the freedom to work outside the home were not necessarily choices for Black women.⁷ (Beal, 1970; Harris, 1993; King, 1988; Roberts, 1997). Because of the sexual violence and devaluation, they faced during slavery, Black women's efforts for bodily autonomy during second-wave feminism differed from White women's efforts, as Black women were oppressed and exploited for medical and reproductive experiments (Roberts, 1997; Roth, 2004). Moreover, working outside the home was not a luxury for Black women. Due to forced labor during slavery and their subsequent class positions Black women were already working outside of the home, often in caretaker roles for the children and homes of White women (Beal, 1970; King, 1988). Black women were concerned with liberties collectively as they understood how race, class, gender, and sexual orientation shape unique needs because of racial discrimination, economic inequality, and reproductive and sexual injustice – all of which remained ignored through white-centered, queerphobic, patriarchal, and middle-class accounts of these movements (Beal, 1970; Roth, 2004; Combahee River Collective, 1978).

Black men dominated the positions of power and focused the Civil Rights Movement on their own rights while marginalizing Black women through sexism and homophobia (Collins, 2000; Combahee River Collective, 1978; Taylor, 1998). While Black women were concerned

⁷ Chattel slavery permitted the legal buying, selling, and ownership of enslaved people and legalized the commodification of Black people as property (Harris, 1993; Morgan, 2020). As the American economy profited from the enslavement of Black people, Black women's ability to reproduce was economically beneficial; thus, subjecting them to sexual exploitation along with the demanding physical labor of slavery (King, 1988). This sexual exploitation of Black women led to contrived perceptions of Black women's sexual promiscuity, and legitimized negative stereotypes about their capacity to hold autonomy over their own bodies. This rhetoric was carried into the Eugenics Movement of the 19th century and led to policies that increased the involuntary sterilization of Black women. White women leading the fight for reproductive autonomy collaborated with the Eugenics movement to advocate for birth control for the sake of family planning and population control, which justified sterilization based on race due to the racial inferiority of Black people at this time (Roberts, 1997).

with the rights and freedoms of the entire Black community, Black men were concerned with obtaining the social, economic, and political status equal to that of White men (King, 1988). Gender roles further complicated the collaborations of Black men and women. Black women were expected to prioritize their racial identity over their gender identity, which sidelined their needs and fed tensions of gendered oppression (Giddings, 1984; King, 1988). While Black men and women were already laboring outside of the home due to their socioeconomic positions post-enslavement and Reconstruction, Black women were receiving far less pay than Black men for equally laborious work (Giddings, 1984; King, 1988). Black women were also subjected to sexual violence in the workforce due to assumptions about their sexual immorality (Gidding, 1984; Roberts, 1997). As such, Black men's pursuit of economic and political status equal to that of White men in the workplace did not account for the nuanced concerns of Black women who needed to protect themselves from low wages and sexual violence. Black women were integral to the fight for civil rights; however, their contributions were undervalued, and their needs were not prioritized due to heteronormative and masculine ideologies of power and control (Roth, 2004).

Despite the tensions between Black women and men, and Black women and White women, collaborative efforts for justice did not cease. However, these dynamics with Black men and White women served as a tipping point for Black women to establish an ideology focused on their multiple identities and dynamic needs (Collins, 2000; King, 1988).

BLACK FEMINIST CONSCIOUSNESS

America's racial past and heteronormative patriarchal state excluded Black women and their intersecting identities from strategies associated with the freedoms of Black men and White women and often caused tension for Black women with Black men and White women⁸ (Roberts,

⁸ White women's interest in obtaining the right to sterilization did not consider the obstacles that prevented poor Black women from making reproductive choices and ultimately led to White women supporting those against

1997; Roth, 2004; Taylor, 1998). This period established a major shift in the activist relationships between Black women and White women, and strained relationships between Black women and Black men due to Black's men detachment to the unique needs and positions of Black women in society (Taylor, 1998; Collins, 2000). The racism and sexism faced by Black women caused Black women to reimagine their roles in these movements, which led to a Black feminist consciousness concerned with the complexities of their identities (Collins, 2000; Roth, 2004).

The National Black Feminist Organization (NBFO) and Combahee River Collective were founded in 1973 and 1977, respectively, as a result of the needs to address Black women's distinct needs (Combahee River Collective, 1978; Roth, 2004; Taylor, 1998). This established a consciousness that identifies the impacts of race, class, gender, and sexual oppression on Black women's lives and experiences (Roth, 2004). Black women activists sought justice that dissolves the negative views, oppressive treatment, and marginalization of Black women (Taylor, 1998). As it currently exists in the 21st century, Black feminist thought provides an intersectional approach to activism with an understanding that liberation for Black women means liberation for Black men and White women communally.

THEMES AND TENETS OF BFT

The collective thought and activism among Black women established the premise of BFT. BFT exists to reconceptualize the way in which we think about oppression and the experiences of Black women. It demonstrates oppression on a continuum as opposed to isolated

women's complete reproductive freedom and diminished the vision to that of reproductive rights (Roberts, 1997). At this same time, some Black men at the forefront of these ongoing movements rejected the idea of birth control as they viewed it as a threat to building the Black community due to potential decline in birthrates, which fundamentally opposed the Black women in their communities advocating for the freedom of bodily autonomy (Roberts, 1997).

instances (Collins, 2000). Viewing oppression in this way allows us to recognize the complexities of the experiences of Black women. While the experiences of Black women are shared and overlap, they also differ because of social factors (i.e., class, age, sexual orientation, location) (Collins, 2000). BFT focuses on the perspectives developed through these experiences. Thus, providing a space, place, and audience for Black women to tell their own stories and direct the narratives that are told about them and their experiences.

In Collins' (2000) *Black Feminist Thought* she explains how central themes of BFT such as *self-definition*, *self-valuation*, and a *Black women-centered analysis* are critical. *Self-definitions* create value and consciousness of one's own identity and allow Black women to remove themselves from negative images framed by the dominant groups (Collins, 2000). Negative images placed on Black women derive from the systemic misogynoir developed during enslavement, and position Black women at the forefront of ridicule, dehumanization, and hyper sexualization in American society (Collins, 2000). This situates BFT as a tool of self-valuation when forming explanations and analyzing the experiences of Black women, because BFT permits Black women to take control of their own narratives. *Self-valuation* requires Black women to respect and demand respect even when it is not readily given. To value oneself, as a Black woman, emboldens a shift in power dynamics that devalue and demoralize Black women (Collins, 2000). Through self-valuation, Black women can harness the power that oppression is intent on stripping from her. Centering Black women in analyses of their experiences influences self-value which establishes healthy self-esteem and positive self-definitions. Therefore, *Black women-centered* analyses are essential when sharing Black women's experiences and combating the systemic oppression of Black women and empower them.

The following concepts (tenets), along with the above themes are central to the conceptualization of BFT in that they frame the importance of BFT and unique vantage point of the experiences of Black women (Taylor, 1998; Collins, 2000). The tenets of Collin's theory are all important. However, for the purposes of this analysis the concepts that are most helpful to frame explanations of Black women's experiences in reentry and DTC are, the matrix of domination, the outsider within, intellectual activism, and controlling images. In the sections that follow, these concepts are briefly described and then applied to the experiences of Black women in reentry generally, with specific consideration of DTC experiences.

MATRIX OF DOMINATION

First, social institutions within society maintain hierarchical structures of power in which White, heteronormative, middle-class perspectives and experiences shape values and social norms, while any experiences outside of that are devalued, erased, or deemed deviant (Collins, 2000; Giddings, 1984). Black women have never reaped the benefits of these structures. this matrix of domination – in which societal power remains in the hands of the majority – has never been beneficial to or concerned with the needs and interests of Black women (Bell, 1980; Collins, 2000). BFT fosters an awareness and understanding of these structures. BFT and other critical perspectives demonstrate how these hierarchies are established through racial histories of terror, power, and control (Bell, 1980; Collins, 2002; Crenshaw, 2010; Gidding, 1984). This paradigm uncovers the systemic inequalities that Black women face, all of which are rooted in misogyny and white supremacy. Unveiling these hierarchies through the perspectives of Black women, restores the value of their experiences and restructures an oppressive power dynamic (Collins, 2000; Kendall, 2021).

In terms of experiences in the criminal legal system, this matrix of domination, is a detriment to system-involved Black women. First, the criminal legal system maintains power structures that contribute to the marginalization of Black women by poorly tending to the needs and success of Black women in and out of the system. This happens by prioritizing the needs and well-being of the majority (i.e., White men⁹). So, while Black women are marginalized in society through their nuanced identities, this oppression is only exacerbated within the criminal legal system and post-release in the form of a lack of resources, access, support, and societal value. Hierarchical power structures that expose Black women to sexual violence, devaluation, and economic inequalities are heightened through system-involvement. The added challenges of reentry inhibit Black women's access to employment, safe housing, mental/medical care, and treatment as a consequence. Most reentry programs are typically structured to follow a more punitive approach to reentry care structured to prioritize the needs of the racial majority who have economic capital¹⁰ (Hoskins & Sanders, 2019). This does not consider the economic, racial, and gendered inequalities faced by Black women in a hierarchical system of power held by those who are middle class, White, and male, thus impacting their ability to establish a self-definition in which they recognize their own power and worth (Sanders et al., 2023).

THE OUTSIDER WITHIN

Second, the concept of the outsider within suggests that even in spaces of oppression, (i.e., the carceral system and its processes), the Black woman is an outsider (Collins, 2000). In mainstream feminism there is an assumption of whiteness juxtaposed to Black social thought where maleness is centered. In other words, White women and Black men seek to attain the

⁹ While White men make up most of the incarcerated population, Black (5.5 times), American Indian (4.2), and Latinx (2.4) men are disproportionately more likely to be incarcerated than White men (Ghandnoosh, 2023).

¹⁰ Economic capital refers to the resources, money, property, and skills needed to function and achieve mobility in American society (Edsall, 2014; Rothwell, 2015).

power possessed by White men, which situates White men as the standard. This perpetuates the exclusion of Black women and their experiences in spaces of mainstream activism as White women prioritize their own needs/rights, which are not conducive to the needs/rights of women of other races, and Black men advocate for needs/rights that prioritize patriarchal power. BFT aims to close these margins and highlights how, as an outsider- within, Black women gain unique perspectives of the social, political, educational, and economic institutions that contribute to layered oppression and hold the solutions to their marginalized experiences (Collins, 2000).

As the rate of incarcerated women increases, the field of criminology has shifted its concern to include research on women's experiences post release. This growing body of research and literature fails to holistically consider the marginalization of Black women in the criminal legal system, even when they are disproportionately represented. In reentry settings, Black women experience layered marginalization in evidence-based practices that limit their access to and progress in reentry settings. For example, in DTCs, even though they are disproportionately incarcerated for drug-related offenses, Black women are underrepresented and are less likely to have program success compared to their White female and Black male peers (Dannerbeck & Yu, 2021; Gallagher, 2021). Although reentry success is relevant to White women and Black men, Black women often have unique needs that go unmet prior to incarceration that are strained during incarceration, which exacerbates those needs post incarceration. Black women face hardships increasing their unique reentry needs such as familial support as they are often primary caretakers, economic hardships due to lack of employment because of their limited networks, mental/physical health needs that go unnoticed and untreated due to their financial status and in the way that their pain and medical ailments are dismissed when compared to Black men and White women (Hoskins & Sanders, 2019; Kendall, 2021; Richie, 2001; 2012; Roberts, 1997).

Reentry settings are spaces in which Black women lack access because of their extenuating disadvantages and lack of socio-economic support they have prior to incarceration, and because post release, evidence-based standards do not serve their needs which contributes to a lack of success in DTCs. This further marginalizes Black women in spaces where they are expected to receive support. This means that even if they have access to that of the majority, their positions and unique needs place them as outsiders within their own oppression, thus limiting their ability to successfully complete programs due to standards of success that do not fully consider their high-risk and need.

INTELLECTUAL ACTIVISM

Perspectives of BFT suggest that intellectual activism among Black women is needed to reclaim the facets of intellectual thought seized from her impacting her power (Collins, 2000). The intellectual property of Black women does not solely exist in the realms of academic, but in all social institutions and makes it important for Black women to use their experiences to direct the betterment of their livelihood (Collins, 2000). The power in this intellectual activism lies within the reassurance it provides when safeguarding and prioritizing the needs of Black women (Collins, 2000). BFT requires a level of subjectivity that is not traditionally found in theoretical perspectives yet is important when considering all Black women in the community, not just the perspectives of those in ivory towers¹¹. Maintaining this balance ensures that the experiences centered are not just those that meet the status quo of respectability politics within the academy, but also those that are integral in serving the community and societal needs of Black women and the Black community-at-large (Collins, 2000; Kendall, 2021).

¹¹ “A state of privileged seclusion from the practicalities of the real world” (Oxford University Press, n.d.).

Using the concept of intellectual activism in reentry practices considers the perspectives and experiences of Black women that are often erased to bring them to the forefront of conversations about what works in reentry and how to improve conditions of reentry. These perspectives are important to consider in programs like DTCs because they require the experiences and research of Black women to serve as the directives of best practices for treatment, case management, and service access for those who experience multidimensional, societal oppression. Research on Black women's reentry experiences should include work conducted and informed by Black women to center needs that are unique to Black women's positions in society. Framing solutions to Black women's reentry experiences around their positionality increases self-definition and valuation in a way that impacts the determination and resources necessary to achieve success in programming, such as DTC.

CONTROLLING IMAGES

Lastly, controlling images, created by the dominating majority in society, shape how society and Black women and girls are perceived and perceive of themselves, respectively. Self-definition for Black women is necessary for societal equity. Negative portrayals of Black women reinforce stereotypical messaging of justifiable oppression (Collins, 2000). The ability to take control of these images and create accurate representations of Black women is important if they, along with society, are to recognize Black women as deserving of equity in access, care, how they are treated in the criminal legal system, and society overall. The ability to take control of their own images establishes value and a positive sense of self that empowers self-valuation that Black women and girls often lose due to their subjugated positions. Accurate imagery of Black women encourages a healthy sense of self and establishes "*the power to name one's own reality*" (i.e., self-definition) (Collins, 2000, p. 300). This is significant as Black women take control of

their own identities, tell their own stories, and achieve liberation through “*the power to decide one’s own destiny*” (i.e., self-determination) (Collins, 2000, p. 300).

For the perspectives of BFT to work together and facilitate successful reentry of Black women, Black women must be in control of their own narratives and images. As mentioned, negative stereotypical images and perceptions of Black women reinforce and justify the oppression they experience in society. If the concepts above are to contribute to their success in DTCs, Black women must control their own images. Meaning that solutions to their disparity in reentry success are implemented using Black women’s self-definitions and experiences and consider the socio-economic disadvantages they face when combatting the difficulties of substance use treatment, post-release services, and care.

Tropes of Black women as “welfare queens” and “uneducated mammies” contribute to views of Black women as undeserving, abusive of government assistance, and as hypersexual, unmotivated baby factories, none of which are true (Collins, 2000; Roberts, 1997). Formally incarcerated Black women must be viewed on their own accord. The multifaceted, negative labels that are placed on formerly incarcerated Black women contribute to how important their needs are perceived and addressed in reentry, which this research suggests explains why existing standards and reentry practices lead to the underrepresentation and success of Black women in DTCs.

BLACK FEMINIST THOUGHT IN THE EXPERIENCES OF BLACK WOMEN IN REENTRY

The experiences, needs, and obstacles of Black women have largely been ignored in assessments of what works in reentry, and specifically in DTCs (Bouffard & Taxman, 2004 & Garcia-Hallett, 2019). Negative, stereotypical images of Black women, specifically those of Black women returning to their communities from prison, are controlled and defined by the

majority group presenting a false narrative of these experiences and obstacles, equating them to those of formally incarcerated men. The erasure of their experiences and needs hinders the criminal legal system's effort to create programming that effectively reintegrates and provides appropriate services for Black women because their dynamic identities dictate unique needs that are not considered. Although complex, the use of BFT can help in the understanding of and alleviating the underrepresentation of Black women in reentry and support successful reentry efforts for this population.

Black women experience barriers that are similar to women of other races yet differ as there are many pathways to the behaviors that lead them to imprisonment and inhibit their reentry success (e.g., their lack of representation in DTC even though they are the largest growing population of persons incarcerated due to drug-related convictions). Women leaving the system often struggle with substance use and addiction, co-occurring mental health disorders, medical disorders, traumas, and maternal identity issues (Kendall, 2021; Miller, 2021). These challenges add to the already present barriers faced by anyone in reentry, such as employment, safe housing, transportation, and education. Once compounded with the oppression and marginalization of Black women in society through racism and misogyny, we see how these barriers are especially debilitating for Black women in reentry.

BFT assumes that the unique perspectives of Black women based on their lived experiences will pull them in from the margins and aid in their collective justice (Collins, 2000). Black women have commonalities within these experiences with Black men and women of other races, but the effects of these experiences vary because of the differences in social and individual factors among them (Collins, 2000). Moreover, because of the limited input of Black women the importance in the contributions of their stories is often disregarded as it pertains to what they

express that they need in these processes. Even though mainstream feminism and other Black social movements exclude Black women, the collective activism of BFT advocates for justice and equity for communities-at-large, in which they belong and have greatly contributed. When faced with the oppression of sexism or racism, BFT demonstrates the benefits of choosing to advocate against both. Therefore, it is a necessity to use BFT and other collective/intersectional theories to ensure that the plight of those oppressed are considered. This is especially critical within the criminal legal system – a system that has perpetuated punitive and systemic oppression of marginalized groups, especially for Black and Brown people.

When Black women define themselves and are given the space to share their experiences and areas of need, policy makers and stakeholders then possess the ability to establish practices in which the plight of Black women is acknowledged and addressed. The erasure of Black women occurs through hierarchical power structures of misogyny and white supremacy, their position as the outsider within their own oppression, the limited ability to advocate for their needs, and negative images and perceptions outside of their control (Collins, 2000; Kendall, 2021). Once in control of their own narratives, the self-value of Black women permeates so that society and they themselves recognize that they deserve equity and access to resources. Moreover, they are motivated and determined to take control of their own destiny. This establishes the stability needed to motivate and implement sustainable behavioral changes necessary for successful experiences in reentry effort such as DTCs. This contributes to justice for Black women who are system-involved and seeking the resources and access needed to successfully integrate back into their communities.

THERAPEUTIC JURISPRUDENCE AND BASIC HUMAN NEED

Drug courts were established as a way to reduce recidivism and provide alternative solutions to incarceration for individuals with drug related system-involvement and/or convictions. Although drug courts were not established using a specific criminological theory, therapeutic jurisprudence, and basic human need principles along with accountability standards of the criminal legal system conceptualize the theoretical assumptions found in DTC programs (All Rise, 2004).

THERAPEUTIC JURISPRUDENCE

Criminal legal reform efforts, such as diversion and reentry programming developed as a response to an oversaturated criminal legal system in the late 80s. At this time, the practice of therapeutic jurisprudence emerged as an interdisciplinary method used to enhance and sustain therapeutic approaches in law (Babb & Wexler, 2014). Branded as a “field of inquiry”, therapeutic jurisprudence is concerned with maximizing outcomes of mental and emotional well-being for all involved in legal processes (Babb & Wexler, 2014, p. 2). Within the scope of reentry programs, (i.e., DTCs) therapeutic jurisprudence assesses the interactions between adjudication, legal actors, and legal outcomes to inform standards that prioritize therapeutic practices? for individuals who are system-involved.

Therapeutic jurisprudence demonstrates the ways that DTCs are intended to aid those who are system involved with the support and tools necessary to impart holistic behavioral changes by addressing individualized needs through therapeutic interactions (Babb & Wexler, 2014; All Rise, 2004). Therefore, the multidisciplinary DTC team of judges, lawyers, probation professionals, law enforcement, and local service providers act as agents of change rather than a collective punitive authority (Babb & Wexler, 2014). These practices do not rely on the DTC

team to solve the problems of those who are system-involved yet look to participants to direct the modes and volume of therapeutic interventions to ensure feasible and sustainable change(s).

Based on individual need, the DTC team works collaboratively to ensure that as participants go through the phases of DTC, they understand the goals and expectations, the reward and sanctions, and the importance of their commitment to the therapeutic interventions of drug court (Babb & Wexler, 2014; Carey et al., 2012). From this, participant intervention plans are based on each participants' unique needs, risks, and responsiveness to treatment (Taxman et al., 2006). To promote positive therapeutic outcomes, this non-adversarial team exists to identify the impact of their interactions on DTC participants, and promote positive therapeutic outcomes through active, empathetic listening and communication. Based on the assumptions of therapeutic jurisprudence, this type of intentional communication is necessary when considering the law, its actors', and how legal outcomes impact the overall emotional and mental well-being of system-involved individuals (Babb & Wexler, 2014).

For the purposes of this study, understanding the assumptions of therapeutic jurisprudence does two things: first, it demonstrates the ways in which DTCs are intended to operate to meet the needs of individual participants through consideration of the impact of the legal system and legal system actors on participants well-being. The use of therapeutic jurisprudence in the drug court model creates a standard of care in which empathetic, respectful interactions between the multidisciplinary team and participants contribute to the emotional and mental well-being of the individual and considers the impact of legal actors and decisions on the individual. This approach contributes to a therapeutic approach in addressing substance dependency and behavior that contributes to system involvement. Therapeutic jurisprudence is

concerned with whether legal standards and procedures are beneficial to system involved individuals and are conducive to sustainable changes (DeVall, 2008).

Second, therapeutic jurisprudence introduces a “research agenda” (Babb & Wexler, 2014, p. 2) that makes it necessary to address individual need when providing effective interventions for those who are system involved. This demonstrates the importance of seeking sustainable interventions that take into account the perspectives and plight of all participants. This is important to the methods of this study specifically because this study highlights the importance of understanding unique needs of Black women in DTC, as it may not directly align with their Black male or White female peers. This suggests the importance of using their perspectives to inform recommendations that facilitate more beneficial experiences in DTC.

BASIC HUMAN NEED

The therapeutic jurisprudence framework demonstrates the importance of considering individual need in legal decisions and interactions that seek to improve overall well-being, facilitate behavioral changes leading to long-term recovery, and reduce the likelihood of recidivism post system-involvement. When considering the factors that contribute to system involvement, systemic inequality can be imagined as an umbrella that houses the elements of system involvement. Under the umbrella of systemic inequality, unmet human needs are significant risk factors to system involvement (Barkan & Rocque, 2018; Gil, 1996). Unmet needs exist and are exacerbated through inequalities driven by socio-economic hierarchies that consequently create structural disadvantage and destabilize opportunities for various social groups (Sampson et al., 2018).

DTCs were implemented to address the limitations of traditional adjudication and reentry practices that are punitive, lack therapeutic, rehabilitative elements, and neglect basic human

need. Although they are shown to be effective, DTCs, like traditional adjudication practices, often have difficulties addressing unique, specific needs due “one-size-fits-all” approaches to change that are convoluted through systemic disparities (Barkan & Rocque, 2018; Bouffard & Taxman, 2004; DeVall, 2008). The drug court model operates under the assumption that to enact long-term recovery and reduce recidivism one must not only be committed to change but must have the tools necessary to facilitate sustainable changes (Carey et al., 2011; All Rise, 2004). However, to ensure these behavioral changes are feasible, the basic human needs of an individual must first be met (Gil, 1996; Maslow, 1970).

To identify and improve the ways that DTCs address basic human need, we must first identify and understand how this hierarchy of needs impact individual behavioral change. This will be done using the framework of Maslow (1943; 1970), who coined the understanding of basic needs and their impact on changed behavior as this framework provides insight when evaluating and critiquing the ways in which DTCs are effective and have room for improvement when providing services that meet participant needs. The theory of human motivation posits that most human behavior is motivated by multiple stimuli and that motivations are only one factor in human behavior (Maslow, 1943). The precipice for this motivation lies within the extent to which needs are met. Primary, survival needs must be met before secondary, growth needs; even though, the hierarchy of these needs and their comorbidity are not fixed and may vary by person

The five levels of human needs that must be met to stimulate the motivation and commitment contingent with behavioral change are primary, basic deficiency needs categorized by: *physiological needs*, such as food, water, sleep, clothing, fresh air and shelter; *safety needs*, such as security in routine and order as well as autonomy over one’s life ; and higher, secondary growth needs categorized by: *belonging and love needs*, such as friendship and interpersonal

relationships; *esteem needs*, which are feelings of accomplishment; and *self-fulfillment needs*, including self-actualization, or feelings of achieving one's full potential. As each level of need is met, new needs emerge and the motivation to reach the next tier of need is increased (Devall, 2008).

Physiological needs include the primary needs that are linked to the wellbeing and daily needs of individuals. Behavioral changes and thought processes are hindered if these needs remain unmet (DeVall, 2008). Once these needs are met, needs regarding emotional and financial security, health, and law-and-order are then able to be seen and met. *Safety needs* contribute to the organization and order of society. Sometimes, safety needs invert the levels of hierarchy between physiological and safety needs as safety needs may exist as a primary need used to achieve one's physiological needs. Unmet safety needs can destabilize one's sense of security and contribute to behaviors that may be dangerous, unpredictable, or maladjusted (e.g., behaviors that could contribute to criminal legal involvement).

Once safety needs are met, individuals can then be motivated to achieve higher tier needs such as belonging and love, esteem, and self-fulfillment that are often less difficult to be realized and met. *Belonging and love needs* are those that are fulfilled through the giving and receiving of love and acceptance that occurs in social relationships, such as families, romantic partners, or friendships. If unmet, these needs can lead to maladaptive thoughts, feelings, and behaviors (Maslow, 1970). *Esteem needs* consist of the desire to be accepted, confident, and cognizant of achievement and value. If unmet, feelings of self-worth dissipate and cause feelings of low self-esteem and lack of belief in oneself. *Self-fulfillment* or *self-actualization needs* involve one's capacity to reach their potential. This serves as a primary motivator for the behavioral changes expected from therapeutic interventions, such as those seen in DTCs. However, these needs can

only be realized once all other needs are met. Self-fulfillment needs are key in the motivation for sustainable behavioral changes (Gil, 1999).

Behavioral changes must be established in conditions where survival needs, such as adequate food and shelter, are met so that higher tier needs of self-actualization and self-esteem are met to then support motivation for changed behavior (Devall, 2008). Primary, deficiency needs impact behavioral changes by ensuring stability, safety, and sustenance necessary are essentially a means to survival, and until they are met remain at the forefront of an individual's needs, which leaves little room for other needs to be realized. Secondary, growth needs impact a person's motivation to change as they are achieved intellectually and are often met through a person's desire to be fully evolved.

From Maslow's work on the hierarchy of needs, sociological perspectives added to notions about motivation and behavioral change and argue that while met needs promote motivations for behavioral change, unmet needs can limit opportunities and access, and contribute to inequalities that subsequently lead to criminogenic, high-risk behaviors (Dover, 2016; Gil, 1999; Maslow, 1970; Sampson et al., 2018). For example, if an individual is brought up in an environment in which survival needs, such as access to adequate food and shelter, are not met survival becomes a sole motivator which can lead to behaviors that deviate from social expectations of morality and are difficult to change as long as the need remains unmet (e.g., theft to obtain food and shelter or drug-use to cope with the circumstances of disadvantage) (Genthon, 2023; Sampson & Laub, 1997). If that individual experiences system-involvement because of those behaviors, any expectations of change are determined by the extent to which survival needs are met so that their needs of self-actualization and esteem are realized to aid in behavioral changes that reduce system involvement.

Understanding basic human need principles accentuate the cyclical relationship between unmet needs, access, system involvement, and the impact of programs like DTC (i.e., programs that promote behavior change). Need hierarchies impact the motivation behind behavioral changes and demonstrate how populations with established cumulative disadvantage (e.g., Black women) remain in disadvantaged positions due to the inability to prioritize sustainable changes while primary needs are unmet (Genthon, 2023; Maslow, 1970). When considering the impacts of system involvement for oppressed and marginalized individuals, unmet needs are exacerbated through system involvement because of the way that system involvement further destabilizes socio-economic status through reduced social¹² and economic capital (Alexander, 2012; Barkan & Rocque, 2018; Rose & Clear, 1998). This destabilization has a direct impact on access to and success in reentry programming and exacerbates unmet needs which contributes to behavior that leads to recidivism. At the same time, perpetuated unmet needs reduce the likelihood of favorable program outcomes when individuals are given the opportunity to participate due to the lack of motivation and commitment to behavioral changes associated with program success (Taxman et al., 2006; Cheesman et al., 2023). To improve equity and inclusion, it is important to examine how these needs of marginalized individuals are addressed in DTC and supported thereafter to fully understand the long-lasting impact of DTC on the criminogenic behaviors exacerbated through adjudication processes and unmet basic human needs.

Therapeutic jurisprudence and basic human need perspectives not only help us understand how someone is impacted through adjudication and how DTCs are implemented to meet the needs of participants while providing therapeutic interventions that contribute to the overall well-being of participants and sustainable changes. Next, program theory is discussed as

¹² Social capital is represented through the social skills, relationships, and bonds that positively influence communities (Rose & Clear, 1998).

it is an essential to understand the ways that DTCs *should* work to meet these needs and provide therapeutic solutions to court processes for those who are system-involved for drug related offenses.

PROGRAM THEORY

Program theory contains assumptions about the process of a program as well as its expected results (Rossi et al., 2004, p.139). The components of program theory are the program's impact theory, a service utilization plan, and the program's organizational plan. The discussion below describes program theory, its assumptions, and briefly discusses frameworks used to assess program theory.

A *program's impact theory* describes the way in which the program causes a targeted effect; it is ultimately a theory of change (Rossi et al., 2004, p.156). Program theory assumes change based on how the program intends to reach its expected goals and is conceptualized by the interactions of the program and its impact on the target population (Rossi et al., 2004). A *service utilization plan* determines what the program and the individuals involved will do. It is determined by the program's expectations on how it will "reach the target population, provide and organize contacts, and end once the services are not needed" (Rossi et al., 2004; p.140). This plan also serves as an ordinal model of the program processes. The last component of the program theory, the *program's organization plan*, is a plan that details the expected activities of a program as well as the resources needed for those activities, and at what stages those activities are expected to occur (Rossi et al., 2004). Although all of the components of program theory are important, they do not all have to be present at the same time.

Articulation of program theory is the first step in assessing program theory (Rossi et al., 2004). To articulate a program theory, one must clearly state the description and definitions of

concepts, assumptions, and expectations of the program. Describing these components establishes a rationale for the way that the program is implemented and expected to function (Rossi et al., 2004). The clarity of these definitions is vital when assessing if the program is operating as intended, and yields expected outcomes. Once clear descriptions and definitions are established, program theory can be assessed using the following four frameworks: relation to social need, logic and plausibility, comparison with research and practice, and preliminary observation.

For the purposes of this study that examines Black women's access and experiences in DTC, program theory is assessed in relation to social need (Rossi et al., 2004). To assess program theory within this framework, it is imperative to understand the social problem that is addressed and the needs of the target population to examine if the program is being implemented in a way to garner its anticipated results (Rossi et al., 2004). In DTC, program theory is assessed by examining to what extent programs impact changes in participant behavior, service plans implement processes and activities, and organizational plans sequentially arrange phases of therapeutic activities related to reduced substance use and system involvement. Therefore, for this assessment of DTCs in relation to social need, observations of data and conversations with personnel and participants are utilized to garner information about the programs' operations and effectiveness.

LOGIC MODELS

Although program theory cannot be observed, a logic model provides a visual demonstration of how program theory is intended to function by indicating "assumption pathways" that demonstrate how resources and activities are used to achieve a program's goal (Wholey et al., 2010, p. 61). Logic models aid in assessing program theory and evaluating

program impact as they reveal if theory is being implemented properly, or as it should (Rossi et al., 2004). A logic is a model of program elements that, although they may vary by program, typically include categories of resources, activities, outputs, short-term outcomes, and long-term outcomes.

In a logic model, resources and activities are organized and assumed to be implemented in a way that is linked to the outputs, and result in the expected outcomes based on the program theory. Resources, or inputs, include the personnel, equipment, facilities, and finances reserved for program implementation (Wholey et al., 2010). The activities of a program include referrals, assessments, monitoring, interactions, services, and supervision associated with the resources and processes needed to achieve the desired outputs or objectives (NIJ, 2023; Wholey et al., 2010). Outputs are the events that occurred from the implementation of program activities. These events are observable and measurable so that performance measures can be expressed dependent on the expected outcomes (Rossi et al., 2004; NIJ, 2023). Outcomes can be categorized as short, intermediate, and long-term changes. The time in which the change occurs is the only difference. Short-term outcomes are immediate changes that occur after initial program exposure, intermediate outcomes are effects that occur during the program, and long-term outcomes are those changes that are substantiated after program exposure has ended (Rossi et al., 2004; Wholey et al., 2010).

In DTC, logic models typically include resources, such as the multi-disciplinary court team, grant allocation, and meeting spaces that contribute to activities, such as diversion court referrals, assessments, treatment services, and testing. Those resources and activities then result in participant intake, admission, received treatment services, and phase placements that lead to short-term outcomes, such as behavioral changes, treatment retention, violations, and critical

thinking aimed at the intermediate and long-term outcomes of reduced substance use and recidivism, and sustainable therapeutic outcomes that aim to prevent habitual drug-related system-involvement as an overall goal (NIJ, 2023). Figure 1 provides an example of a standard adult DTC logic model provided by the National Institute of Justice (NIJ) in January 2023. When assessing program impact through program theory the logic model serves as an organizer that identifies performance measures for the program being assessed. Essentially, these elements allow for the program administration, staff, and evaluators to examine if the program is being implemented as it is supposed to, if it is reaching its intended outcomes, and if the program theory is realistic and logical (Rossi et al., 2004; Wholey et al., 2010).

Figure 1. Adult Drug Court Program Logic Model (NIJ, 2023)

Adult Drug Court Program Logic Model					
INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES	External Factors
<ul style="list-style-type: none"> • Probation • Community • Public resources • Courthouse • Treatment • Jail • Grant funds • Technical assistance 	<ul style="list-style-type: none"> • Risk/needs assessment • Judicial interaction • Alcohol and other drug monitoring (including testing) • Community supervision • Graduated sanctions/ incentives (including jail) • Alcohol and other drug treatment services • Ancillary services 	<ul style="list-style-type: none"> • Program intake screen • Program admission • Court appearances • Treatment admission • Alcohol and other drug tests • Probation contacts • Classes attended • Services accessed • Jail stays 	<ul style="list-style-type: none"> • Recidivism in-program • Alcohol and other drug use in-program • Supervision violation • Program violation • Treatment retention • Skills development • Service needs met • Criminal thinking 	<ul style="list-style-type: none"> • Recidivism post-program • Alcohol and other drug relapse post-program • Program graduation /termination • Probation revocation / successful termination • Jail/ prison imposed • Employment/ education/ housing/health 	<ul style="list-style-type: none"> • Community (including Tribal Council) • Legal/penal code • Courthouse • Defendant/ person charged/convicted

This chapter provided an overview of the drug court model, the effectiveness of DTC, and the racial disparities that present themselves even through the standards and guidelines of DTC. The theoretical framework presented uses an intersectional Black feminist perspective in which I explained the position of Black women in society and the need to highlight the lived experiences and address the unique needs of Black women in society, generally, and in the criminal legal system, specifically. Therapeutic jurisprudence and basic human need theory are used to support the explanations of the way the DTCs *ought* to and are implemented to work. Therapeutic jurisprudence as a theoretical perspective integrates well with the drug court model as assumptions of change are based on the expected impact of therapeutic interventions to adjudication (the interactions of the program) on the wellbeing of individuals facing adjudication for drug related offenses (the target population). Basic human need theory demonstrates the way that needs must be met in order to motivate the necessary behavioral changes needed to be successful in programs with the goals of DTC (reduction of recidivism and substance use). The use of these perspectives demonstrates the importance of examining the access, success, and experiences of Black women when improving reentry initiatives and considering their heightened need and lack of access.

Specifically, evaluating the areas in which DTC meet the needs of Black female participants through therapeutic jurisprudence principles will help demonstrate the ways in which DTC is effective for Black women and can be improved. The following chapter describes the methodological techniques used for the current study that examine court enrollment processes, outcomes, and the overall experiences of Black women in DTCs. These methods aim to demonstrate how Black women are impacted through these interventions and speaks to ways to improve these experiences using BFT, therapeutic jurisprudence, and basic human need

perspectives. The methods and results, discussed in the following chapters, will be used to inform the ways that DTC can be improved in terms of access, success, and overall experience for Black female participants.

CHAPTER IV

METHODOLOGY

Past research demonstrates Black female participants have low enrollment and success rates in drug courts (Gallagher et. al, 2019a; 2019b). While DTCs reduce system involvement for those with substance use disorders, the outcomes and experiences of Black women have not been widely studied. The low enrollment and success rates of Black women might be due to processes related to enrollment such as screening and eligibility criteria, not initially apparent to courts. In addition, DTC may not address the particular needs of Black women with a culturally competent approach. Thus, the current study aims to answer the following research questions:

- 1. What are the processes that impact enrollment rates and what are the enrollment rates of Black women in drug treatment court?*
- 2. What are the outcomes of Black women in drug treatment court?*
- 3. What are the experiences of Black women in drug treatment court?*

To explore these research questions, the current study was conducted in two phases using quantitative and qualitative analyses. Phase one examined the enrollment and outcome rates of Black female drug court participants. Due to the scope of the study and the large time commitment in preparing these records for analysis, Black women are not explicitly compared to women of other races or Black men, but findings in terms of enrollment and outcomes in DTC are anecdotally compared to these populations throughout the study. The decision to not have a specific comparison group provides an explorative analysis on the access, outcomes, and experiences of Black women specifically, to highlight their experiences in DTCs. While their gendered experiences may be like other women's as far as gender responsive treatment is concerned, I argue that Black women have unique challenges due to their intersecting identities

as Black and female, in addition to the other societal identities they carry. The first phase of this study involved a process review of enrollment procedures and analyses of program enrollment rates and outcomes for Black female participants of two drug court treatment programs, in two midsize jurisdictions in the Southwest. Phase two consists of a focus group and interview to examine the experiences of former and current Black female drug court participants.

QUANTITATIVE DATA ANALYSIS

ENROLLMENT PROCESS REVIEW

ALLRISE Best Practice Standard II requires adult drug treatment court adherence to equity and inclusion (ALLRISE, 2023). To better understand the processes and rates of enrollment for Black female DTC participants, process reviews of enrollment procedures were conducted for two adult drug treatment courts in the current study. A process review is a systematic method used to examine program performance by examining whether “*a program is reaching the appropriate target population*” (Rossi et al., 2004, p.187). These reviews answer questions on whether the program design and activities occur as they are intended (Rossi et al., 2004). Specifically, for the current study, process reviews assess whether processes and activities surrounding enrollment, such as referrals, screening, and eligibility are designed and implemented in a way that adheres to Adult Drug Court Best Practice Standards of Equity and Inclusion (All Rise, 2023).

Enrollment processes are examined first through reviewing court documents to examine activities and outputs of each programs’ referral, screening, and enrollment processes as they are outlined in the courts’ logic model, which includes the activities and outputs of screening and enrollment. Enrollment processes were also examined qualitatively through conversations with program staff members in charge of referral, screening, and/or enrollment processes.

Next, Census and Uniform Crime Report (UCR) data were used to provide population demographics and drug arrest trends overviews for the counties of the two courts selected for this study (US Census Bureau, 2023a; 2023b; UCR, 2023). This was done to contextualize Black women's enrollment in the two DTCs. Census and UCR data estimate the underlying population of Black women who could potentially enter DTCs by providing demographic and drug arrest baselines of the county. Program data was analyzed to examine the number of Black women enrolled in each drug court, the number of Black women who declined the program, how long Black women spend in the program, and the graduation rates or discharge reasons of Black women.

Through these reviews and analyses, process reviews first examine the extent to which the activities and outputs of referrals, screening, and enrollment, as presented in the logic model, happen as they should and second, whether the court processes result in the inclusion of diverse populations, specifically Black women. Thus, the process review and quantitative portion of the current study answers the following research questions:

RQ1: What are the processes that impact enrollment rates and what are the enrollment rates of Black women in drug treatment court?

RQ2: What are the outcomes of Black women in drug treatment court?

Specifically, conversations with court staff for the process review provided an understanding of the processes that impact enrollment rates such as eligibility criteria, guidelines, and activities used by each court by answering the following questions:

1. What are the eligibility criteria for enrollment in your program?
2. What is the referral process into your program?
3. What is the screening process for individuals referred to your program?
4. Who are the key personnel who carry out the processes of referrals, screening, and enrollment?
5. How much time does the enrollment process take?

6. How much dedicated time each week are participants required to commit to, to complete program requirements?
7. What do staff think are the most influential barriers to Black women's program access and success?

Quantitative data analyses from the process review used existing program data to examine the outputs garnered through the activities of the programs' logic models and inform the percentage of Black women enrolled (referral data was not available to examine these rates, per referral).

These analyses answered the following questions regarding the outputs of enrollment processes:

1. How many eligible Black women have been enrolled in your program?
2. How many eligible Black women declined the program?
3. How long, on average, are Black female participants spending in your program?

Due to limited data, I could not answer the following questions:

4. How many Black women are referred to your program?
5. How many Black women are screened for your program?
6. How many Black women have been eligible for your program??

Regarding Black women's program outcomes program and descriptive analyses answered the following questions:

1. What are the success rates of Black female participants?
 - a. How many Black female participants graduate?
 - b. How many Black female participants unsuccessfully complete?

DATA COLLECTION

Existing program data was requested from two courts. The Institutional Review Board (IRB) for this project was approved December 2023 and was renewed in January 2025. Access to court data was facilitated through contacts at a statewide Specialty Court Resource Center. All Rise Best Practice Standards require courts to maintain their program data for at least five years as common practice for adherence to monitoring and evaluation standards (All Rise, 2023). I obtained enrollment and outcome data for a five-year time period, 2018-2024. Using prior professional relationships with DTC stakeholders, I was able gain access to court personnel and

program data for two courts. Letters of support from the SCRC were obtained for their assistance in facilitating court selection and access to court personnel. Facilitating access to courts through these entities was beneficial in building rapport with court personnel as these partnerships are familiar and trust exists. Deidentified program data was used from each court. All secondary data was kept on an Old Dominion University OneDrive account on a password protected, university managed computer, until the end of the study. All data will be discarded once the study is complete. Data requested from each court consisted of the following variables, based on what was available from the courts:

Table 3. Variables for Data Collection

Participant Demographics	Participant Program Variables
Participant ID	Eligibility Status
Locality	Enrollment Status
Gender	Current Status
Race	Refusal Status
Ethnicity	Days in Program
Age	Exit Type
Reason Referred	Exit Type Reason

In addition to the variables above, the program's logic model, eligibility criteria, and screening criteria was for each court. Program documentation and these variables will inform the process review and quantitative analysis for the current study to assess Black women's access and outcomes in DTC.

ANALYTICAL METHODS

The quantitative phase of the current study will involve statistical analyses to determine descriptive statistics. These analyses will be conducted using IBM SPSS Statistical 26 Software.

DESCRIPTIVE STATISTICS

Descriptive statistics describe courts' participants and their characteristics and program statuses, and this type of analysis uses categorical variables to summarize sample characteristics and is the first step of most analytical methods (Mertler & Reinhart, 2017). Descriptive statistics describe participant demographics such as gender, race, ethnicity, and program data such as enrollment rates, graduation rates, days in program, refusal rates, current program status, and reason for program discharge (exit).

QUALITATIVE DATA ANALYSIS

FOCUS GROUPS

A focus group and one interview were held with four former and current Black women participants to gain an understanding of the specific experiences of Black women in DTCs and answer the following research question:

RQ3: What are the experiences of Black women in drug treatment court?

With this study, I argue that much of the knowledge we are missing in terms of “what works in DTC?” is because we are not asking specific questions to those who are deemed outsiders and experience compounded barriers due to systemic oppression. Black women’s experiences provide nuanced perspectives that effectively discern the factors that influence processes and practices and impact their access and outcomes. Focus groups were used because they serve as counter spaces for Black women, in that they affirm the lived experiences of Black women and promote community, healing, and authentic expressions that center intersectional Black Feminist perspectives (McCoy et al., 2024). Moreover, focus group conversations help prompt thoughts of other women as they occur in real time. The culture of drug court is peer supportive, thus focus groups create a sense of comfort for participants when recounting their experiences.

Due to limited access to Black women participants, in this study there was a focus group with three Black women DTC participants, two former and one current, and a subsequent interview with one current DTC participant. Focus groups were held on zoom and recorded for verbatim transcripts.

Recruitment for focus groups started with the help of the drug courts in the study, in which they informed former and current Black women participants of the study. From there, with the help of staff at the National Center for State Courts (NCSC) an open call for participation was made through contacts at the National Treatment Court Alumni Association (NCTAA)¹³. Then a peer snowball sampling technique was used to spread information about the focus group through word of mouth to recruitment among Black women who have completed or are still enrolled in the programs. A snowball sampling technique is best suited for populations that are often difficult to reach and while court assistance with participant recruitment which aimed to garner interest for focus group participation (Hennink et al., 2020). For their time, each participant received a \$35.00 virtual visa gift card made possible through funding awarded¹⁴ to this project. To participate in the focus group individuals:

- a. Must be a current or former participant of your program (with successful or unsuccessful completion).
- b. Must identify as a woman.
- c. Must be Black (Hispanic or non-Hispanic)
- d. Must have been in the program for at least 30 days or have completed the initial phase of the program.
- e. Must be able to speak and understand English.

¹³ The connection with the NTCAA was facilitated by staff at the National Center for State Courts (NCSC) and the Chief of Training and Research at All Rise. The NTCAA is a nonprofit organization dedicated to lifting the voices of treatment court alumni across the United States.

¹⁴ This research was funded and supported by the Graduate Fellowship for the Study of Gender and Crime, Division of Feminist Criminology and the Graduate Student Summer Award & Doctoral Student Research Award, Old Dominion University

These discussions examined what needs are and are not being met, individual and program successes and setbacks and why they occurred and identified what would have enhanced the experiences of Black women in DTCs. Focus group participants were sent an electronic copy of the informed consent form (*see Appendix C*) that provided them with: an overview of the nature and purpose of the study, why they were being invited to participate, information about who is doing the study, information on the voluntary nature of the study, information on the protection of their confidentiality, as well as what will happen in the study, what is expected from them, and informed of the minimal risk and strategies to mitigate risks before beginning.

All focus group participants expressed verbal consent to participate as all discussions were recorded (on Zoom) and transcribed for analyses. Recordings of the focus groups are being kept on the Old Dominion University OneDrive on a password protected ODU managed computer, until the end of the study and will then be discarded. Confidentiality is maintained through pseudonyms for each participant.

DATA COLLECTION PROCEDURES AND SAMPLE

DATA COLLECTION

Data collected for focus groups used a semi-structured focus group protocol (*see Appendix A*). Focus groups are group discussions used to identify several issues, views, and experiences; therefore, for this study focus groups informed the experiences of Black women in DTCs (Hennink et al., 2020). Focus group participants were asked questions regarding their experiences in adult DTCs such as what aspects of the program they would attribute to their success and challenges. These discussions explored who among the DTC team was the most helpful or unhelpful in their experience, and what services they benefited from. They were also asked how access to services and the fairness and treatment of participants by staff impacted

them. Lastly, focus groups asked participants if there is anything they would have wanted to know before starting drug court, what advice they have for other women in drug court, and what they would change about the program if they could. The narratives collected were analyzed using hybrid, abductive coding strategies to inform the areas in which Black female participants face challenges and experience success in DTCs.

SOURCES OF DATA

The data for the current study was collected from interviews with DTC staff and focus groups with Black women DTC participants to examine their experiences, successes, and barriers to program access and completion. Three staff interviews were conducted with two courts, and although the current study aimed to conduct a total of four focus groups with 32 Black women DTC participants, recruitment strategies obtained four eligible participants who volunteered to participate. These two perspectives provide valuable insights on the experiences of Black women in DTC and allow for more in-depth discussions about each participant's experiences. The following analyses provide insights into the experiences of Black women in DTC that guide recommendations for revisiting court guidelines and practices to enhance access and positive outcomes and advance racial equity in DTC for Black women, using their own knowledge and perspectives.

STAFF CONVERSATIONS FACILITATION & STRUCTURE

Semi-structured interviews were conducted with DTC staff via Zoom, with all conversations recorded and later transcribed for analysis. For Court A, one 40-minute conversation took place with two staff members, simultaneously, including the Drug Court Coordinator (a Black woman) and the Community Supervision and Corrections Department (CSCD) officer, (a White woman). Facilitating the initial access to court staff and focus group participant recruitment, the Probation/Court Director, (a Black man), participated in initial

conversations on enrollment processes for this study. For Court B, a 25-minute conversation was held with three staff members, simultaneously, including the Court Coordinator (a White man), the felony CSCD officer (a Hispanic woman), and the misdemeanor CSCD officer (a Black woman). The Probation/Court Director, a Black man, facilitated initial conversations connecting staff to this study.

During these interviews, drug court team members were asked about their roles and responsibilities related to referrals, screening, and enrollment in DTC. These discussions explored who was responsible for these processes, the eligibility criteria for program admission, and the steps involved in referral and screening. Staff reflected on the effectiveness of the screening tools used, the duration of the enrollment process, and the common reasons individuals were either not referred or not admitted. These conversations further examined reasons for potential participants “screening out”¹⁵ of eligibility for DTC and if they believed that their DTC participants reflected the broader population in need of diversionary drug treatment services in their jurisdiction. Staff insights provided information on the availability of alternative resources for those who do screen out and provided their perceptions of reasons why potential participants might refuse to enroll in the program. Staff were also asked about their perspectives on the barriers Black women face regarding access and success in DTC. Lastly, staff were asked to identify and connect potential Black women participants who would be interested in participating in a focus group discussion to the study.

¹⁵ Screening out occurs when assessment tool outcomes determine that an individual is not eligible for participation. Generally, for drug treatment court participants, this means that they are not evaluated as high-risk for recidivism and high-need for substance use disorder, or have other co-occurring needs (All Rise, 2023).

FOCUS GROUP FACILITATION AND STRUCTURE

To gain deeper insight into the experiences of Black women in DTC, a focus group and an individual interview were conducted¹⁶. McCoy et. al (2024) establish that focus groups can serve as counterspaces for Black girls and women that challenge stereotypes, share lived experiences and resist oppressive structures. As a counterspace, focus groups for this study were used to provide a safe environment that provided Black women the space to openly tell their stories to foster healing, community building, and empowerment (McCoy et al., 2024). Moreover, these discussions served as a method to better understand how the intersection of race and gender impact their experiences as Black women in treatment court settings.

The focus group and interview were recorded via Zoom and transcribed for analyses. The sample for the focus group was obtained by drug court staff sending out the information for this study and letting former or current participants contact me for participation. Additionally, an open call was made with the assistance of the National Treatment Court Alumni Association (NTCAA).¹⁷ Moreover, recruitment through peer snowball sampling was attempted to gain more focus group discussants, but no participants in the study were referred by peers, only by their respective drug courts and the NTCAA. From there, snowball sampling techniques were used to obtain additional participants through word of mouth from who volunteered for the study. Recruitment strategies considered participant intersectional identities including race, gender, socioeconomic status, geographic location, family roles (Crenshaw, 1989; McCoy et al., 2024). In total, four Black women participated, two of whom were formerly enrolled in DTC programs

¹⁶ One focus group was anticipated to be held with all four participants; however, due to a scheduling conflict the initial focus group was conducted, and a subsequent interview was held with the remaining participant who was unable to attend the original date and time.

¹⁷ The connection with the NTCAA was facilitated by staff at the National Center for State Courts (NCSC) and the Chief of Training and Research at All Rise. The NTCAA is a nonprofit organization dedicated to lifting the voices of treatment court alumni across the United States.

and two who are currently enrolled. The initial focus group lasted 98 minutes and included three Black women participants, and the subsequent interview lasted ten minutes and involved one participant. Participants were all from a different DTC, and both of the courts where staff were interviewed were represented by a drug court participant in the focus group.

Questions were designed to reflect the lived experiences of Black women and included sub questions to ensure that participants were able to address their concerns and interests (McCoy et al., 2024). To this end, questions avoided deficit framing and instead were designed to highlight their resilience, agency, and knowledge production (McCoy et al., 2024). Focus groups explored current and former experiences with DTC admission processes, successes and challenges in the program, and their overall perspectives on the program's impact. They were asked questions that explored how they were referred to drug court, and their initial concerns, hesitations, or hopefulness they had about enrolling in drug court. They were asked to reflect on the most influential factors in their decisions to participate, and the extent to which screening and referral processes impacted their decision. Additionally, participants were asked to share whether they thought they had enough information and support to make an informed decision about enrollment.

Black women were asked about aspects of the program they believed they excelled at, challenges they faced, and ways that they perceived their identities as Black women influenced their experiences. They were asked to identify the parts of the program they found most and least beneficial and provided insight on their treatment by staff. Moreover, they were asked about how they thought being a Black woman impacted their treatment by program staff, and how staff interactions shaped their overall experiences.

Three of the four participants who had previously been incarcerated were asked to discuss their experiences being incarcerated and in drug court. They were asked to compare the two to assess which they found to be the most beneficial. They were asked to offer recommendations for improving DTC and provide any additional services or support they believed would have been more beneficial to their experiences. Along these same lines, participants were asked to reflect on and discuss the aspects of their programs they felt were not beneficial and which aspects they would eliminate. Focus group questions were developed to explore their perspectives and how their experiences as Black women impacted these perspectives. Lastly, participants were asked to provide advice for other Black women in or considering DTC.

ETHICAL CONSIDERATIONS

EVIDENCE OF TRUSTWORTHINESS

Maintaining trustworthiness in research requires transferability (*external validity*¹⁸), creditability (*internal validity*¹⁹), dependability, and confirmability (Creswell & Poth, 2018; Nowell et al., 2017; Rhodes, 2024; McCoy et al., 2024; Smith, 2023). These elements are critical to the quality of qualitative research. To achieve transferability in this study, coding and thematic analysis procedures were described in detail so that future research efforts can use these tools to explore the processes and procedures and highlight the experiences of Black women in other DTCs. As for credibility, thematic analyses allowed for constant review of the data, and data collection methods ensure internal validity by selecting program staff who directly carry out enrollment procedures and Black women who were formerly or currently enrolled in DTC.

¹⁸ The extent of results being applied to other populations (Shadish et al., 2002).

¹⁹ The extent of a causal relationship established outside of external factors (Shadish et al., 2002).

Additionally, data collection methods utilized questionnaires that specifically inquired about procedures and experiences within DTC.

Dependability involves the consistency and precision of a study's findings. This study used audio recordings and transcripts using Zoom and interviewer notes to make notes and corrections to transcripts and ensure that staff and participant responses were accurately reflected for coding strategies. To assure confirmability, or impartiality in the findings, I debriefed with each participant to ensure that they were able to address any topics that they believed to be important. Post interview note taking was done to reduce researcher bias and any of my preconceived notions of DTC experiences (Nowell et al., 2017).

To address evidence of trustworthiness, ethical considerations such as confidentiality and anonymity were protected using pseudonyms, no identifying information, and reporting in the aggregate, aside from the use of specific quotes with pseudonyms to avoid identifying any participant's information. All discussions were recorded on Zoom and kept on a password protected Old Dominion University OneDrive cloud and will be discarded at the end of this study. All participants voluntarily participated and were given an electronic copy of informed consent that explained the risks and benefits of the study as well as the study's purpose and a statement of confidentiality, as well as the voluntary nature of their participation, their rights to withdraw, and the researchers' contact details for questions and concerns. This was also verbally conveyed at the start of the focus group and interview. For their participation, focus group participants were compensated for their time with a \$35 Visa gift card once the focus group, and interview were finished. Additionally, the annual check-in from ODU's Institutional Review Board (IRB) was acknowledged on January 14, 2025.

ROLE OF THE RESEARCHER

The role of the researcher is critical in qualitative research because the researcher(s) is the primary entity of data collection and interpretation. Therefore, it is important for the researcher to clarify any biases or assumptions that may influence the interpretation of findings (Creswell & Poth, 2018). As an experienced program evaluator (10+ years), it was important that I did not allow preconceived notions about DTC processes to influence this study. To ensure that my data interpretations were as accurate as possible I remained open-minded during discussions and reflected my biases through note taking (McCoy et al., 2024; Nowell et al., 2017). As a Black woman conducting this research on the experiences of Black women, it was important that I made no assumptions on Black women's experiences based on my own perceptions and personal beliefs. Moreover, focus groups were structured to recognize diversity in participants' experiences and avoid stereotyping these experiences (McCoy et al., 2024). To reduce social desirability, bias²⁰ I began the focus group by reminding participants that they were situated in this discussion as experts from whom I was seeking information. They were reminded that their identities would be kept confidential and any data collected was protected and anonymized so that they could be as open and honest as they felt comfortable. Moreover, to mitigate retraumatizing participants in the retelling of experiences of substance use, recovery, and system-involvement, I informed participants that they could opt out of answering any questions that felt uncomfortable, and as a moderator I was aware of and prepared to address any emotional distress that occurred (McCoy et al., 2024).

I made sure that my understanding of what staff and participants expressed in their

²⁰ Social-desirability bias occurs when participants alter their responses based on what they believe to be expected or accepted by the researcher (Bergen & Labonté, 2020). This can affect data validity and skew findings and is therefore important to mitigate.

responses was their intended meaning during a short debrief after all questions were covered. These active listening strategies helped me avoid making biased assumptions on staff perceptions and participant experiences during the analysis and interpretative stages (McCoy et al., 2024; Nowell et al., 2017). Additionally, I documented all procedures of this study in a spreadsheet to remain consistent and reliable with these data collection and analysis procedures.

When considering my influence on the study it was important to acknowledge how my identity, as a Black woman, built rapport with participants, evidenced by multiple participants and staff expressing that they were happy that I was doing this work to better understand Black women's experiences in treatment court settings. I assured court staff that the assessment of their processes and perceptions of Black women's experiences would serve to improve racially equitable practices in their court, and that this study would have no influence on their court funding. Similarly, I assured Black women who were participants in the focus groups that their responses would not have any impact on their current positioning in their programs as current or former participants. I assured them that any quotes taken from their responses would use pseudonyms and be reported in the aggregate, to maintain their anonymity. Addressing researcher bias and ethical considerations in data collection and analyses, as mentioned above, demonstrate the quality and trustworthiness of this study.

ANALYTICAL METHODS

THEMATIC/NARRATIVE ANALYSES

Thematic/narrative analyses explore experiences to inform and prioritize the essential factors that contribute to participant completion and satisfaction (Hennink et al., 2020). This technique allowed for the comparison of participant focus groups and staff interviews to gain in-depth insight into the experiences of Black female DTCs participants, through their own

perspectives and the perspectives of staff. This is important when using a Black feminist approach to highlight the experiences and narratives of Black women and tell their stories through their own subjective positions (Collins, 2000; Hennink et al., 2020). Moreover, this approach best contributes to the understanding of their difficulties and achievements to improve the conditions of enrollment and success for Black female participants.

Using an intersectional, Black feminist approach, focus groups contribute to the understanding of Black women's lived experiences, their setbacks, successes, specific program contributions to their setbacks and success, and what they perceived would have been more helpful to them in the DTCs. Analyses of the focus group data used narrative analysis techniques to examine the structure and content of the experiences by Black female DTC participants. The semi-structured protocol allowed for new topics to arise that were not included in the original protocol, which allows the narrative analyses to present a story of female participants' experiences. Audio recordings from Zoom were transcribed using verbatim transcription to establish a word for word textual record of the data collected through focus group discussions and allowed for an interpretable analysis of the content and issues brought forth in discussions (Hennink et al., 2020).

ABDUCTIVE (HYBRID) CODING

To explore the experiences of Black women in DTCs, I used an abductive (hybrid) coding that is both deductive and inductive to identify specific themes and will compare those themes to those that I identified from the narratives that emerge from the transcribed focus groups and interviews using abductive coding. Deductive coding uses an existing framework to pre-define a set of codes, while inductive coding is useful when providing a comprehensive, unbiased examination of themes that are significant within qualitative research (Silverman,

2005). This allowed the current study to compare the similarities and differences in the experiences of Black female participants and staff.

The data transcribed from these discussions were read to identify any narratives that emerged and were analyzed through initial and focus coding techniques and then represented in themes that demonstrated Black women's DTC experiences (Hennink et al., 2020). The coding strategies for this study used a critical analysis of the narratives that emerged to create conceptual codes that represented the main themes in the narratives. A codebook was established using the focus group and interview protocol questions to shape predefined codes. From there the codes, as they emerged from each text segment, were categorized with descriptions. Codes then used direct quotes to support the themes that emerged to reflect the participant experiences so that the data "*spoke for itself*" (Hennink et al., 2020, p. 221).

The combination of deductive and inductive coding ensures that the analyses are structured using theoretical foundations of intersectional, black feminist perspectives, therapeutic jurisprudence and basic human needs, and program theory, yet also responsive to participant experiences. Codes and categories of interview and focus groups questions served as a guide for categorizing and applying codes. Using a structured codebook transcribed discussions were coded and continuously refined to identify overarching themes that emerged.

The coding process began with initial, deductive coding using the semi-structured interview and focus group protocol questions as a predefined framework to guide the coding process. The initial codes that emerged from this were informed by the key topics and concepts that impact program processes of enrollment and success in DTC. Transcripts were carefully read and listened to while notes were taken to identify key concepts related to the research questions. These concepts were then labeled with descriptive codes summarizing their meaning.

Next, focused coding took on an inductive approach, allowing themes to emerge organically from the data, instead of forcing responses to fit in the pre-established categories (Creswell & Poth, 2018). Recurring patterns were identified to create focused codes across multiple transcripts and responses. This approach ensured that initial codes had a structured foundation, while data-driven focused codes helped generate a refined set of codes used to identify overarching themes from transcripts of discussions. The themes that emerged are supported by participant quotes and patterns in the data (Creswell & Poth, 2018; Silverman, 2005).

Thematic analysis has several advantages and challenges. Among its strengths is its flexibility, which allows for the identification of various patterns across data. This inductive approach leads to a more comprehensive understanding of Black women's experiences in DTC (Creswell & Poth, 2018). The challenges presented in thematic analysis include the subjectivity of interpretation of the data by the researcher, and the difficulty of ensuring consistency and reliability in coding (Creswell & Poth, 2018; Nowell et al., 2017). However, these challenges were mitigated through the ethical considerations above.

CHAPTER V

PROCESS REVIEWS AND QUANTITATIVE RESULTS

Process reviews (or evaluation) assess program effectiveness by examining how well a program's organization and implementation align with its intended design. These reviews identify key elements, functions, and processes essential to achieving program goals (Rossi et al., 2004). The following analysis involves describing program structures, operations, and relevant data (e.g., staffing, resources, phases, participant characteristics, etc.) to assess the courts' adherence to the intended program design and best practices. One crucial aspect of a process review is assessing the relationships between program activities that foster accessibility or allow evaluators to examine "the extent to which structural and organizational arrangements facilitate participation (enrollment) in the program" (Rossi et al., 2004, p. 213).

Key evaluation measures include implementation fidelity, which involves the degree to which the program is delivered as intended by its program design, and adherence to national All Rise Best Practice Standards (Rossi et al., 2004). High program fidelity alone does not guarantee that the program effectively meets the needs of all groups. Therefore, it is essential to use these evaluation measures when assessing if program design and operations (as outlined in program documentation) facilitate accessibility for Black women and are responsive to their needs.

The analyses and recommendations of this review follow the Equity and Inclusion Assessment Tool (EIAT) User Guide prepared by the National Drug Court Institute (NDCI) and the National Center for State Courts (NCSC) and the Equity and Inclusion Equivalent Access Assessment and Toolkit: Adult Drug Court Best Practice Standard II prepared by All Rise, respectively (All Rise, 2018; 2020; 2023). The EIAT is designed to determine if treatment courts produce equivalent access and outcomes for all racial/ethnic and gender groups and suggest

methods that assess arrest data and then referral, admission, and completion data to determine trends in equitable access (All Rise, 2020; p.3). Census population and Uniform Crime Report (UCR) data of each treatment court county are used to provide additional context to demographic trends in county population and drug arrests trends for each court's jurisdiction, and representation in treatment court.

The following process reviews aim to answer the first two research questions of this study which are:

RQ1: What are the processes that impact enrollment rates and what are the enrollment rates of Black women in drug treatment court?

RQ2: What are the outcomes of Black women in drug treatment court?

Enrollment processes—such as referrals, screening, and enrollment—affect practices that promote gender and racial equity and therefore require assessment to identify equitable practices (All Rise, 2023). For this study, program operations and their adherence to national standards on target population, equity and inclusion, and monitoring and evaluation are assessed as they relate to equal access (enrollment), outcomes, and experiences of Black women in treatment court. Specifically, the requirements²¹ of best practice standards that would best assess court processes of equitable inclusion, outcomes, and experiences of Black women are: 1) target population standards that require courts to maintain objective eligibility and exclusion criteria, proactive recruitment efforts, high-risk and high-need participants, valid eligibility assessments, criminal history considerations, and treatment and resource consideration; 2) equity and inclusion standards that require processes to include cultural outreach, equitable admissions, and

²¹ The measures/requirements of best practices assessed for this study were determined by the researcher to be the most relevant to the research questions of the study as they are primarily concerned with the processes that impact equitable access and inclusion for treatment court participants. This determination was also based on available court data and the areas in which enrollment processes impact the access, outcomes, and experiences of Black women in treatment court.

reasonable fines, fees, and costs; and 3) monitoring and evaluation standards require courts to monitor in-program outcomes, service to historically discriminated against groups, and outcomes for all eligible participants even if they withdraw, graduate, or are terminated. These standards provide the most relevant framework for assessing Black women's access, outcomes, and experiences in adult drug treatment court. Table 4 displays each best practice standard requirement and measure(s) used to assess adherence, per All Rise, National Best Practice Standards (2023).

Table 4. Best Practice Standard Requirements & Measures (All Rise, 2023)

Standard	Requirements	Measured By
Target Population	Objective Eligibility & Exclusion Criteria	Clearly written policies that define eligibility and exclusion criteria.
	Proactive Recruitment Efforts	Referral entities consistent recruitment of eligible clients early in legal case processing.
	High-risk & High-need Participants	Service to individuals who are at significant risk for committing a new crime; and have a moderate to severe substance use disorder
	Valid Eligibility Assessments	Assessment with validated risk-assessment tools and a clinical assessment tool.
	Criminal History Considerations	Persons charged with selling drugs or with violent offenses are not categorically excluded from treatment court and are evaluated on a case-by-case basis.
	Treatment & Resource Consideration	Candidates with co-occurring substance use and other disorders or social service needs are not excluded from treatment court (unless services are available elsewhere).
Equity & Inclusion	Cultural Outreach	Court staffs' proactive measures to recruit members of underserved cultural groups. Independent evaluators use methods to assess how people learn about the program, their perceived barriers, and what draws them to DTC

Table 4. Continued

Standard	Requirements	Measured By
	Equitable Admission	<p>The court promotes culturally equitable referrals from entities to reduce racial disparities.</p> <p>Where permissible by law, the treatment court eliminates eligibility restrictions that disproportionately exclude some cultural groups.</p> <p>Candidates are evaluated using culturally valid assessment tools.</p> <p>The treatment court team does not apply subjective judgement to determine persons' suitability for the program (i.e. - motivation for change, positive attitude, optimism, prognosis for success) because these impressions do not improve outcome or public safety and are susceptible to implicit bias.</p>
	Fines, Fees, & Costs	<p>Conditions of fines, fees, and costs are imposed for a person who can meet the obligation without distress.</p> <p>Monetary conditions are imposed on a sliding scale comparable to participants ability to pay, without impeding progress.</p>
Monitoring & Evaluation	Adherence to Best Practices	Courts monitor their adherence to BPS on at least an annual basis.
	In-Program Outcomes	Courts continually monitor participant outcomes (enrollment, attendance to appointment, drug test results, graduation rates, lengths of stay, and in program violations).
	<p>Historically Discriminated Against Groups</p> <p>Intent-to-Treat Analyses</p>	<p>Courts continually monitor admission rates, services delivered, and outcomes achieved for members of groups that have experienced historical discrimination.</p> <p>Outcomes are examined for all eligible participants even if they graduated, withdrew, or were terminated from the program.</p>

In the findings that follow, key processes of two adult drug treatment courts are evaluated with the measures detailed in Table 4. The data for the following process reviews were obtained through conversations with staff, reviews of program documents, self-assessments, and participant program data. Additionally, the results explore the theoretical framework underpinning drug courts, such as therapeutic jurisprudence and basic human need, and best practice standards that guide the design and implementation of treatment court programs. By analyzing the procedural elements of adult drug courts, this review highlights successes in best practices, identifies areas for improvement, and provides recommendations to improve racial equity in access and success in treatment courts.

In the process reviews that follow, Census and UCR Drug Arrest data are used to provide context when comparing court demographics; however, these comparisons are limited as the categorization of race and ethnicity across datasets. In Census data and court data, race and ethnicity are mutually exclusive categories of Black, non-Hispanic, White, non-Hispanic, and Hispanic. UCR drug arrest data combines race and ethnicity, and individuals who identify as Hispanic are categories in the Black and White racial data reported. Because there is no way to be sure if Hispanics are counted as Black or White from this data source, the data reported provides an idea, but no finite conclusions can be drawn about the arrest data and individual's representation in the courts, only approximate comparisons. For clarity, Tables 5 and 6 demonstrate how the racial/ethnic categories are organized by data set for all for Black, White, and Hispanic individuals (Table 5) and then for Black, White, and Hispanic females (Table 6), who are the focus of this study.

Table 5. Categorizations of Race & Ethnicity in County Population, Drug Arrests, & Court

Category	County A Population	County B Population	Drug Arrests County A (N=326)	Drug Arrests County B (N=304)	Court A (N=94)	Court B (N=161)
Black	17%	21%	37%*	47%*	15%	30%
White	48%	28%	63%*	48%*	70%	27%
Hispanic (separated)	29%	25%	--	--	14%	37%
Hispanic (combined)	--	--	29%**	32%**	--	--

* = Hispanic is combined in racial categories of Black and White

** = Not separate from racial categories of Black and White

Table 6. Categorizations of Race & Ethnicity in Drug Arrests & Court Population, Female only

Category	Drug Arrests County A (female only, n=82)	Drug Arrests County B (female only, n=67)	Court A (female only, n=44)	Court B (female only, n=48)
Black	32%*	44%*	11%	19%
White	68%*	55%*	84%	44%
Hispanic (separated)	--	--	5%	35%
Hispanic (combined)	21%**	35%**	--	--

* = Hispanic is combined in racial categories of Black and White

** = Not separate from racial categories of Black and White

COURT A PROCESS REVIEW

COUNTY POPULATION OVERVIEW AND DEMOGRAPHICS

Court A is situated in a historical coastal city in the southwest region of the United States. The city itself represents a diverse mix of urban, suburban, and rural characteristics. Estimates from the US Census Bureau indicate that in 2023, the county's population was slightly less than

200,000 residents (US Census Bureau, 2023a). Of these residents, the racial and ethnic composition was reported to be approximately 17% Black, 48% White, 29% Hispanic/Latinx, and 3% Asian. The County's gender composition was, in 2023, nearly balanced with females accounting for 51% of the population and males at 49%.²² Using the Census to examine the socio-economic landscape of the county reveals that the median household income is a little over \$70,000 which falls below both the state and national medians. The county has a poverty rate of about 16%, which is significantly higher than the state average of 14% and 1.3 times the national rate of 13%. These demographics provide the socioeconomic characteristics of Court A's County and provide an overview that can be compared to the demographic characteristics of Court A.

In the way that it is important to provide an overview of the county that Court A is situated in to establish a baseline comparison for the court's demographics, when examining disparity, it is also important to look at drug arrest trends for the county as well, considering that the specialty court type of interest for this study are adult drug treatment courts. This helps to account for any disparities that occur earlier in the process, such as arrest disparities.

COUNTY DRUG ARREST TRENDS

Drug arrest data (N=326) from the UCR (2023) for this county show that White individuals account for 63% of all drug-related arrests, while Black individuals account for 37% of drug related arrests, and Hispanic²³ individuals represent 29%. When examining gender²⁴ In drug-related arrests, females constitute 25% of individuals arrested and males make up 75% of arrests. Drug arrest by race/ethnicity and gender show that among women arrested for drug

²² Gender data from the United States Census Bureau are reported in binary terms, reflecting the limitations of available census classifications.

²³ Ethnicity in the UCR is reported separately; therefore, these Hispanic categories overlap with racialized categories of Black and White.

²⁴ Gender data from the UCR are only reported in the binary, excluding information on gender nonconforming or transgender individuals.

offenses, 68% are White, 32% are Black. Among men arrested for drug-related offenses, 61% are White, 39% are Black. Hispanic individuals' drug arrests (21% of women & 31% of men) are combined in Black and White racial categories.

COURT A POPULATION OVERVIEW

Court A is a voluntary court-supervised treatment program for individuals who have a drug/alcohol dependency and non-violent criminal charges. Court A has been in operation since 2013. Since its inception, 212 participants have been enrolled, 24 are currently active, 132 have graduated, and 51 were terminated, revoked, or unsuccessful, while four participants have not completed the program due to relocation, medical issues, death, or other reasons beyond their control, as of 2024. The following results represent participant enrollment in Court A from 2022-2024²⁵, which contained 158 cases in the data set, 64 duplicate cases were identified, leaving 94 primary cases (of the 212 participants enrolled overtime) for descriptive analyses.

COURT A ENROLLMENT TRENDS

GENDERED TRENDS

When comparing 2023 UCR data to data from Court A between 2022 and 2024, 46.8% (n=44) of participants were female, compared to 25% of drug arrests being female. This indicates that women have slightly higher access to or engagement with Court A than men, which remains consistent with previous literature (Genthon, 2023). Approximately 53% (n= 50) of Court A participants were male, despite 75% of drug arrests being among men. This suggests a slight underrepresentation of men in treatment court relative to drug-related arrest rates.

²⁵ Court A requires a 12-month (minimum) to 18-month (maximum) commitment. Using court data from 2022 to 2024 accounts for this length in program requirement, to make comparisons with 2023 UCR and Census data.

RACIAL/ETHNIC TRENDS

Black, non-Hispanic individuals account for 15% (n=14) of Court A participants, compared to representing 17% of the population, and Black individuals are represented as 37% of drug arrests, which combines Hispanic in racial categories of Black and White. White, non-Hispanic individuals, however, make up 70% (n=66) of Court A's participants, compared to 48% of the county's population, and 63% of drug arrests, which combines ethnicity with racial categories of Black and White. Hispanic/Latinx (n=13) individuals represent 13.8% of treatment court participants, compared to their representation in their population proportion (29.2%), and 29% representation in drug arrests, in which ethnicity is combined with racial categories of Black and White.

RACIAL, ETHNIC, AND GENDERED TRENDS

In Court A (n=44), Black, non-Hispanic women represent 11.4% of treatment court participants who are women, despite the fact that Black Hispanic and non-Hispanic women represented 32% of drug arrests of females. White, non-Hispanic women represent 84.1% of court participants, while White Hispanic and non-Hispanic women represent 68% of drug arrests. Hispanic/Latinx women are represented in 5% of participants in Court A, but in 21% of drug arrests, in which Hispanic individuals overlap with racialized categories of Black and White women. Although Black, non-Hispanic men represent 18% of Court A's participants, Black Hispanic and non-Hispanic men are represented in drug arrests of men at 39%. White, non-Hispanic men represent 58% of treatment court participants, and 61% of drug arrests are White Hispanic and non-Hispanic men. Hispanic/Latinx men represent 22% of drug court participants who are men, and 31% of drug arrests of men, in which Hispanic individuals overlap with racialized categories of Black and White men for drug arrests.

ENROLLMENT PROCESSES

KEY PERSONNEL

The key court personnel who carry out enrollment procedures for Court A are the Specialty Court Coordinator and the Drug Court CSO in collaboration with the Drug Court Judge and clinical treatment providers.

ELIGIBILITY CRITERIA & EXCLUSIONARY CRITERIA

Best practice standards require that all operational adult drug treatment courts have clearly defined and written eligibility and exclusionary criteria. To be eligible for the treatment court program, individuals must meet specific criteria related to their legal status, substance dependency, and commitment to recovery. Participants must be 17 years or older, have a pending drug or drug-related charge, be on probation or deferred adjudication, or have a second or third DWI offense. They must also demonstrate a severe substance dependency problem and be legal residents of the United States within a specified judicial district.

Court eligibility criteria is used by the district attorney (DA) or county court judge to make decisions about who is referred to the program, along with a prospective participant's willingness to enter the treatment court, commit to long-term sobriety, and follow all treatment recommendations. Participants must also agree to a minimum 12-month program, have no pending violent offenses, and complete a pre-plea orientation and substance use disorder screening to assess their readiness and commitment.

Certain factors disqualify individuals from participating in the program. These include prior convictions or pending cases involving violent crimes such as murder, capital murder, aggravated robbery, aggravated kidnapping, and sexual offenses. Individuals with a history of using firearms or dangerous weapons in an assaultive manner, pending third-degree or higher

controlled substance charges, or involvement in drug manufacturing or sales for profit without a substance use disorder are also ineligible.

Additionally, those with severe and persistent mental illnesses that prevent participation, an inability or unwillingness to discontinue prescribed or over-the-counter medications that affect drug screenings, or a history of termination or graduation from Court A are excluded. Veterans must have an honorable, general, or other than honorable discharge to qualify. Lastly, individuals with a consistent pattern of violent offenses are not eligible for the program.

REFERRAL, SCREENING, AND ADMISSION PROCESSES

The treatment court admissions process typically takes 30 to 40 days and follows a structured series of steps to determine eligibility and suitability for the program. Participants can be referred through a wide variety of entities but are typically referred to Court A by the DA or Judge in post-adjudication circumstances, additionally individuals can refer themselves to drug court, or their family members and probation officers can refer them if they are pre or post adjudication but have a pending or current drug related charge or probation violation. After they are referred, prospective participants are required to fill out the Drug Court Application. Once this happens, the DA's office checks for any exclusionary criteria to establish fit. Once approved by the DA's office and given a probation plea to be diverted to drug court, the case then goes to the court administrator and screening processes begin. The two options for screening for acceptance into Court A are community supervision cases that are either pre- or post-conviction, if they are pre-conviction, they have to agree to complete a pre-plea orientation in which they plea into probation or modified drug court (deferred adjudication). Those referred will then partake in initial screening interviews that are conducted by the Drug Court Administrator and the CSO.

This interview consists of a review and explanation of all court requirements by the drug court coordinator or the CSO to ensure that potential participants understand the expectations of drug court. Once participants accept, substance abuse screenings are outsourced to the local clinical treatment center for substance use and mental health assessments. Statewide risk assessment tools such as a validated risk and clinical assessments that assess recidivism risks and the appropriate mode of treatment are used to identify the appropriateness of drug court for the prospective participant.

SCREENING OUT

Individuals are not referred for screening if, during their interview with the court administrator, they indicate that they do not wish to participate in drug court. Additionally, based on the screening tools used, records are maintained to document why certain individuals are not admitted or are screened out of the program.

Individuals are typically deemed ineligible if the court administrator determines that mental health treatment is more appropriate for their needs or if their substance use does not meet the high-risk criteria required for drug court participation. While the court administrator generally makes these determinations, any party involved in the process—including the community supervision officer (CSO), district attorney (DA), defense attorney, judge, or the prospective participant—can halt the enrollment process at any stage. Drug court staff also have discretion in filtering out applicants who are not deemed suitable for the program or its requirements.

For those who do not qualify for drug court, alternative resources are available. Typically, individuals screened out are referred to mental health services or, if appropriate, to mental health court. Veterans who do not meet drug court criteria may be referred to veteran's court for specialized support. If the application is denied, the notice will include the reason for

the denial and indicate whether the decision is eligible for reevaluation.

REFUSALS

From staff conversations, prospective, eligible participants typically refuse Drug Court admission due the complexity and commitment of the requirements. Court A does not maintain data on reasons for refusal, but staff suggest that those who refuse may be facing shorter jail sentences and prefer to take their time instead of the 12-month commitment to Drug Court. Peers influence also plays a role in whether prospective participants refuse drug court in that they perceive Drug Court as further system entrapment designed to set individuals up for failure due to the stringent requirements and oversight of the program.

COURT STRUCTURE & OPERATIONS

STAKEHOLDER ROLES

Court A's drug court team consists of a judge, a court administrator, a prosecutor, a defense attorney, a community supervision officer (CSO), clinical treatment providers, and a law enforcement liaison.

PHASES

Per Court A's participant handbook, the court is a three-phase program with a minimum commitment of 12 months and a participant maximum of 18 months. Phases consist of clinical treatment, activities, and requirements that participants must abide by in order to advance to the next phase. Phase I (Assessment, Orientation, & Stabilization) of Court A focuses on participant assessment, orientation, and stabilization to create a foundation for long-term recovery. During this phase, the goals are to assess treatment needs and recidivism risks to the community. From this, a case plan is developed clearly identifying those risks and needs. Participants are in Phase I for 30-90 days.

To advance from Phase I to Phase II, participants must demonstrate compliance with all program requirements, including regular court attendance, abstinence, active participation in treatment that includes specialized one-on-one therapy and group therapy, and resolution of any program-related sanctions, such as positive drug screens or failures to appear in court or treatment sessions for at least 30 consecutive days. Advancement requires approval from the Drug Court Team. The drug court team has weekly courtroom workgroup sessions in which they review participant progress and phase advancement is recommended by the CSO based on phase advancement criteria that is assessed using phase goals such as reporting, court appearances, group meetings, employment, education, and drug screening results. In Phase II (Teaching & Education), participants focus on maintaining stability through continued treatment, education, and accountability. The goals of Phase II are to review participants' continued progress in treatment and measure advancements within treatment plans. Educational tools used to supplement skills learned in treatment and recovery are developed at this stage as well.

To advance from Phase II to Phase III, participants must demonstrate 60–90 days of compliance with program requirements, including abstinence, treatment progress, and Drug Court Team approval. In Phase III (Education & Transition), participants transition toward independence while maintaining accountability. Phase III goals are to evaluate the participants' skills and their ability to use them and make progress towards the completion of their treatment plan. Transitional planning happens during this phase in order to support long-term abstinence and sobriety from the skills developed while in the program.

GRADUATION CRITERIA

Graduating from Court A is contingent on fulfilling all program requirements. To graduate from Court A, participants must demonstrate sustained progress and accountability.

This includes maintaining a minimum of 90 consecutive days without positive drug tests, and no unexcused absences from testing or scheduled services. Participants must be employed or show progress toward educational or vocational goals, maintain a verifiable sponsor through their Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) programs, and attend support group meetings and court sessions as directed. Additional requirements include completing a GED course if applicable, fulfilling all treatment plan goals, finishing the Case Management Journal, and paying all program fees in full.

Participants are required to follow the following rules of the program in addition to their program requirements. Failure to comply with drug court rules may result in treatment court sanctions or denial of services. Graduation signifies successful adherence to these standards and readiness for continued recovery.

TERMINATION CRITERIA

Termination from Court A may occur for violations such as, arrests for Class B misdemeanors or higher offenses and arrests for Class C misdemeanors such as disorderly conduct, public intoxication, or assault. Participants may be discharged for positive or diluted drug test results, providing false information, missing random drug screenings, or being unsuccessfully discharged from treatment. All arrests and violations are reviewed by the Drug Court Team that determines termination decisions. Failure or dismissal from the program may result in jail or the revocation of community supervision.

SANCTIONS & INCENTIVES

Responses to participant behaviors are both punitive and therapeutic. Sanctions are applied as immediate/direct consequences of nonadherence to program requirements, while incentives are given to participants who have special achievements in their progress and to

reward positive behaviors. Incentives are recommended by the Drug Court CSO and include verbal praise and encouragement from the judge and court team, a certificate of completion of any phase, graduation gifts, transfers to regular supervision caseloads with lessened contact standards, waivers for program fees and community service hours, and gift cards, tickets, or passes to local events. Sanctions include increased court appearances, jail time, changes in phase advancement, increased reporting, drug screening, electronic monitoring, and community service hours, and increased treatment.

PROCESS OUTCOMES

Participants progress is evaluated based on key outcomes including, but not limited to, sobriety maintenance, participation in counseling, attendance in court sessions, and more. Once starting Phase I, Court A participants are required to dedicate 15 to 20 hours per week, as they enter the program, and as they advance throughout the court phases, these time commitments are reduced. Time commitments require participants to meet program requirements that include one-on-one and group treatment/counseling sessions, court check ins, drug testing, and recovery support sponsor and group meetings.

This review examined several questions as it pertained to referral, screening, enrollment and complete outcomes for Black women. Data on the number of Black women referred to, screened or eligible for Court A was unavailable as they do not record data on eligible individuals who are not enrolled. When examining eligible Black women who declined the program there was no data available on this. However, among those who were eligible for Court A, five Black women were enrolled in the program compared to 37 White women and two Hispanic women. On average, women spend 24.4 months in Court A. Specifically, Black women tend to stay in the program for an average of 27.4 months, while White remain enrolled for

approximately 23 months. Hispanic women have the longest average program duration, spending around 34 months in Court A, although it is important to note that this is based on only two participants. There is no clear information about why these average lengths of stays are longer than the 18-month maximum; however, given the phase progression of the program one can infer that these extended periods of stay are related to phase progression.

Although this review is not primarily focused on outcomes, participant outcomes can provide valuable insight into implementation fidelity and effectiveness. They help assess how well program processes create an environment that supports successful completion, reflecting process effectiveness. Of the 44 women enrolled in Court A from 2022-2024, 30 women have exited the program; however, completion data is missing for the 14 participants who are still active in the program. Among the 21 women for whom graduation data is available, 19% (4) were Black, compared to 76.2% (16) being White and 4.8% (1) being Hispanic/Latinx. Moreover, nine women did not successfully complete the program or were transferred to another program or jurisdiction. The reasons for unsuccessful completion include one participant being arrested for a new offense, five participants failing to comply with program requirements, one participant transferring and two participants absconding. When broken down by racial/ethnic groups, one Black woman was unsuccessfully discharged due to a technical violation. Among White women, one participant was arrested, four participants failed to complete with program requirements, one participant transferred, and two participants absconded. None of the Hispanic/Latinx women had unsuccessful program completions.

BARRIERS OF BLACK WOMEN IN COURT A

Conversations with Court A staff indicate an awareness of the fact that their participants do not match the racial demographics of their communities. There is a desire by court staff to

better understand why these equity issues (the admission of Black women in drug court) are so persistent in their jurisdiction. When asked about their perceptions on the barriers to success for Black women in Drug Court, staff cite an overload of familial obligations, lack of familial support and buy-in, and system avoidance/distrust as reasons why Black women's access and success in drug court is reduced. Staff members' perceived barriers of Black women in treatment court and their own thoughts on improving equity will be discussed further in Chapter 5.

RESULTS

Court A's adherence to best practice standards on target population, equity, and inclusion indicates strong implementation fidelity. Conversations with staff confirm that procedures align with written policies, as outlined in the program handbook. Referral entities, including judges, prosecutors, and defense attorneys, are informed about drug court and encouraged to share program details to target high-risk, high need eligible participants in an early, pretrial phase of adjudication. Eligibility screening relies on multiple validated assessment tools (i.e. clinical, risk, and dependency assessments), ensuring that enrolled participants score moderate to high on risk and need on recidivism and substance use.

Court A demonstrates adherence to best practices in equity and inclusion as evidenced through processes that use validated risk and clinical assessment tools guide eligibility determinations and treatment placements. Conversations with staff indicate that they attempt to actively recruit participants from underserved cultural groups by engaging with referral entities, including defense attorneys, prosecutors, and judges to encourage eligible individuals to apply for admission. Court A demonstrates consistent reporting practices to monitor equitable practices and outcomes. Participation in this study demonstrates Court A's commitment to improving equitable practice by using focus groups to assess participants' perceived barriers, the appeal of drug court, and their general experiences. Court documents show that monetary requirements are

structured on a sliding scale, payable over the duration of program participation, meeting standards on fees, fines, and cost.

Monitoring and evaluation processes are well-established as evidenced through program data monitoring. Court A also submits annual benchmark reports to its funding agency, maintains an electronic database to track participant progress, and participates in self-assessments conducted by a state clearinghouse. Discharge data is consistently recorded for all participants, regardless of the reason for discharge.

Although data from Court A meet several requirements of best practices, areas for improvement remain in eligibility and exclusion criteria, criminal history considerations, cultural outreach, equitable admissions, and resource accessibility. Conversations with staff reveal the use of subjective assessments for complex service needs, which may result in inconsistent eligibility determinations. Written criteria exclude individuals with pending or prior violent offenses or involvement in drug manufacturing or sales, which may inadvertently exclude historically discriminated against groups (All Rise, 2023). Court A staff expressed an interest in additional recruitment efforts for underserved groups, acknowledging that there is an observed absence of Black women enrolled.

Additionally, when prospective participants have pre-existing social service needs, such as stable housing, reliable transportation, and economic capital needed for fees and fines, these factors can prevent their desire to enroll given rigorous program expectations, even though best practices suggest program practices that prevent such exclusions. Furthermore, criteria related to transportation requirements, accessible childcare, stable housing, employment, or education, disproportionately affect individuals from lower socioeconomic backgrounds. These barriers

disproportionately impact individuals with the greatest treatment needs by limiting access to services and impeding on socioeconomic and recovery capital.

Staff discretion in eligibility decisions can sometimes increase access but may also inadvertently exclude individuals with co-occurring disorders. Diverting participants with severe substance use disorders to alternative programs, such as mental health court, may unintentionally exclude certain cultural groups.

While staff promote culturally equitable referrals, the impact on racial disparities remains unclear due to the absence of referral data tracking. Program staff consistently track participant data, including enrollment, attendance, drug testing, program duration, and violations, but do not maintain referral data. The absence of referral tracking limits the ability to assess admission rates and identify potential disparities in program access. Strengthening referral data collection would enhance the court's ability to evaluate and improve equitable admissions and overall program effectiveness.

Table 7. Court A Process Review Recommendations

Target Population		
Measure(s)	Review Result	Recommendation
Objective Eligibility & Exclusion Criteria	Meets most requirements, but has room for improvement	Continue to or improve the use of validated assessment tools that are culturally and clinically relevant to determine eligibility and fitness for the program.

Table 7. Continued

Target Population		
Measure(s)	Review Result	Recommendation
Proactive Recruitment Efforts	Meets Requirement	Increase outreach strategies to reach eligible participants through their attorneys early in their case process.
High-risk & High-need Participants	Meets Requirements	Maintain the use of validated assessment tools to ensure that participants who are eligible and enrolled are high risk and high need.
Valid Eligibility Assessments	Meet Requirements	N/A
Criminal History Considerations	Meets most requirements but has room for improvements	<p>Individuals charged with violent offenses, or having a history of offenses should be evaluated on a case-by-case basis.</p> <p>Staff should consider expanding eligibility criteria to include serious offenses and drug sales to enhance referrals.</p>
Treatment & Resource Consideration	Meets most requirements, but has room for improvement	<p>Carefully assess individuals and match eligible participants with the appropriate program, if available.</p> <p>If additional services are not available, enrollment should consider the individuals' needs and risks on a case-by-case basis.</p>
Equity & Inclusion		
Measure(s)	Review Result	Recommendation
Cultural Outreach	Meets most requirements, but has room for improvement	Expand recruitment efforts for underserved cultural groups through referral entities, especially in pretrial services.
Equitable Admission	Meets most requirements, but has room for improvement	Avoid exclusion based on co-occurring disorders and lack of access to service needs. Track any subjective judgement used in enrollment decisions.
Fines, Fees, & Costs	Meets requirements	N/A

Table 7. Continued

Monitoring & Evaluation		
Measure(s)	Review Result	Recommendation
Adherence to Best Practices	Meets requirements	N/A
In-Program Outcomes	Meets most requirements, but has room for improvement	Continue tracking enrolled participants and collaborate with referral sources to maintain data on all referred or potentially eligible.
Historically Discriminated Against Groups	Meets requirements	Keep referral data on eligible participants (referrals even if not admitted) to be able to provide a more comprehensive assessment of admission rates and reach.
Intent-to-Treat Analyses	Meets requirements	N/A

RECOMMENDATIONS

Recommendations for Court A to improve its access, outcomes, and experiences of participants are as follows. Data collection and transparency are critical to evaluating and improving program accessibility. The court should consistently track referral data, including cases where individuals are deemed eligible but not admitted, to better assess racial disparities and enrollment patterns. Keeping comprehensive data on both enrolled participants and referred individuals will allow the court to refine its admission strategies and ensure that those in need (historically marginalized groups who have high risks and need) have access to appropriate treatment. Additionally, keeping records on the reasons for refusal for eligible participants would also improve the court's ability to assess gaps in access for historically marginalized groups (All Rise, 2023). Court A is recommended to ensure that policies and procedures are consistently reviewed and updated to maintain effectiveness and fairness in the enrollment of historically

disadvantaged or systemically oppressed groups, such as Black women. This can be done by conducting biannual equity audits of eligibility and enrollment policies as well as using tools such as the EIAT or CCAT to evaluate current and revised policies' equitable capacity (All Rise, 2018; SAMHSA, 2014).

The eligibility of participants should be determined using valid admission criteria, relying on culturally and clinically relevant, validated assessment tools rather than subjective discretion. Expanding eligibility criteria to include individuals charged with felony and violent offenses should be considered, particularly when substance use is a contributing factor (All Rise, 2023). Case-by-case reviews of participants with more severe offenses and individuals who have drug sales charges, when linked with substance use, would expand eligibility for those who are system involved due to trauma and survival behaviors and socio-economic factors (All Rise, 2023; Otis et al., 2024).

To enhance outreach and recruitment, the court should increase efforts to reach eligible participants early in the case process by engaging with attorneys, pretrial services, and referral entities. Not every court has a central case management system (CMS) that would allow for courts to access and notify everyone who has a qualifying offense to drug court, but if there is a CMS or capacity between referral entities and the courts to automatically notify individuals with eligible offenses, outreach would be more streamlined. Informational materials, such as brochures and flyers, should be distributed in jails, courthouses, and defense counsel offices to clarify program expectations and inclusion criteria. Furthermore, recruitment efforts should focus on increasing participation from underserved cultural groups by providing targeted outreach and ensuring equitable access to the program, such as using in-reach methods in jail where peer support, who have completed the program. This may look like formerly incarcerated peer

mentors who are individuals who have successfully completed the program visiting eligible participants and sharing their personal experiences and firsthand insights into the program's benefits. This approach helps build trust, addresses cultural barriers, and might make the program feel more accessible and relevant to individuals who are hesitant to engage.

To implement culturally and socioeconomically equitable referral and assessment processes to reduce disparities, Court A should ensure that eligibility criteria do not unintentionally reinforce racial or socioeconomic inequities. Staff discretion, while sometimes beneficial, can inadvertently exclude individuals, particularly when alternative program referrals, such as mental health court, prevent access to substance use disorder treatment. Court A should ensure that individuals with co-occurring disorders are not automatically excluded if substance use is an underlying issue (All Rise, 2023). Additionally, exclusion criteria based on transportation, childcare, or stable housing should be carefully reconsidered, as they may disproportionately disadvantage individuals from lower socioeconomic backgrounds.

Court A should continue using validated tools to assess risk and clinical need while also incorporating tools that assess the cultural competency of program delivery for stakeholders, such as the Cultural Competence Assessment Tool (CCAT) and the Equity and Inclusion Assessment Tool (EIAT) which assess culturally competent and equitable program delivery for courts (Meyers Foundation, 2019; NTCRC, 2022). Assessment tools such as the Women's Risk Needs Assessment (WRNA), which is designed to assess justice-involved women and incorporates parental stress and responsibilities, relationship/support dynamics, self-efficacy and mental health, and housing and financial stability to address the shortcoming of gender-neutral assessments (Van Voorhis et al., 2010). Tools that assess substance use for racial and ethnic minorities like the Addiction Severity Index (ASI) which is available in multiple languages and

culturally modifiable as it has been tested in Black and Indigenous populations and frameworks that use a culturagram that provides a complex assessment of culturally diverse clients who have co-occurring mental health and substance use disorders (Cacciola et al., 2007; SAMHSA, 2014). Lastly, staff should receive training in culturally competent and motivational interviewing techniques to ensure accurate assessments and improve participant engagement (All Rise, 2018; 2023).

COURT B PROCESS REVIEW

COUNTY POPULATION OVERVIEW AND DEMOGRAPHICS

Court B is situated in a Southwest Metropolitan County. As of 2023, the US Census reported the county's estimated population at approximately 900,000. The racial and ethnic composition of the county is diverse with approximately 20% of the population identifying as Black, 28% of the population identifying as White, 25% of the population as Hispanic/Latinx, and 20% as Asian. The gender composition of the county is nearly even, with 51% identifying as female and 49% as male. Socioeconomic data demonstrate the median household income being approximately \$100,000 making it one of the highest in the region. The poverty rate stands at about 9%, which is lower than state and national averages, at 14% and 13% respectively. Educational attainment data demonstrates that about 90% of adults in the county have graduated from high school and 49% of them hold a bachelor's degree or higher. The context of this demographic data is important when examining disparities in drug related arrest and enrollment and demographics seen in treatment Court B.

COUNTY DRUG ARREST TRENDS

Of the 304 drug arrests in 2023, 22% were female, while 78% were male. Among racial and ethnic demographics Black individuals represent 47% of drug related arrests, while White individuals account for 48%, and Hispanic/Latinx²⁶ individuals account for 32% of drug arrests. Asian individuals comprise 4% of arrests, while American Indian/Alaska Native individuals account for less than one percent. Drug arrest data demonstrate that of women arrested for drug related offenses, 44% are Black, 55% are White, 35% are Hispanic/Latinx, and 2% are Asian. Among men, 48% of drug-related arrests involve Black men, 47% involve White men, 32%

²⁶ Hispanic/Latinx individuals for the UCR overlap with other racialized categories of Black and White.

(n=75) include Hispanic/Latinx men, 5% involve Asian men, and 0.4% involve American Indian or Alaska Native men.

COURT B POPULATION OVERVIEW

Court B is a non-violent, felony treatment program to address substance use problems. The program aims to provide clients with the skills to be able to cope with substance dependency, maintain employment or enrollment as a student, and be a productive member of the community. Overall, the primary goal of Court B is to “enhance public safety and provide an alternative to incarceration that lowers recidivism rates in the community and taxpayer expenses.” Court B has been in operation since 2002. Since the implementation of the program, 996 participants have been enrolled in the program, 459 have graduated, and 21 participants are currently active. One hundred and fifty-five participants were terminated, revoked, or were unsuccessful, and 361 participants did not complete the program due to relocation, medical issues, death, or other reasons beyond control.

It is important to note that Court B, as opposed to Court A, is a felony treatment program which includes five phases instead of the three phases of misdemeanor court programs, which may account for the volume of individuals who did not complete the program. The following represent participants enrollment in Court B from 2022-2024²⁷. Within the 165 cases in the data set over the selected time frame, four duplicate cases were identified, leaving 161 primary cases for the descriptive analyses that follow.

COURT B ENROLLMENT TRENDS

GENDER TRENDS

When comparing 2023 UCR data to data from Court B between 2022 and 2024, 30%

²⁷ Court A requires a 12-month (minimum) to 18-month (maximum) commitment. Using court data from 2022 to 2024 accounts for this length in program requirement using 2023 UCR data.

(n=48) of participants were female, compared to 22% of drug arrests being female. This indicates that women have slightly higher access to or engagement with Court B than men, which remains consistent with data from Court B and previous literature (Genthon, 2023). Approximately 70% (n=113) of Court B participants were male, which, like in Court B, suggests a slight underrepresentation of men in treatment court relative to their drug-related arrests.

RACIAL/ETHNIC TRENDS

From 2022 to 2024, Black individuals, non-Hispanic, account for 30% (n=49) of Court B participants, compared to their 21% county proportion, and 47% representation in drug arrests, which includes Hispanic and non-Hispanic individuals. White, non-Hispanic individuals, however, make up 27% (n=44) of Court B's participants, and represent 28% of the county's population, compared to their 48% representation in drug arrests, which combines White, Hispanic and non-Hispanic individuals. Hispanic/Latinx individuals represent 37% (n=60) of treatment court participants, compared to their 25% population proportion, and their 32% representation in drug arrests, which is combined in racial categories of Black and White. Asian individuals make up 5% (n=8) of Court B treatment court participants, almost a fourth of their 22.2% county population, even though they are nearly absent from drug arrest data (4%).

RACIAL, ETHNIC, AND GENDERED TRENDS

Of the women enrolled (n=48) in Court B, Black, non-Hispanic women represent approximately 19% of female participants, despite the fact that Black Hispanic and non-Hispanic women represent 44% of drug arrests of females as Hispanic individuals are combined in racial categories for drug arrests. White, non-Hispanic women represent approximately 44% of participants, while White Hispanic and non-Hispanic women are represented in 55% of drug arrests. Hispanic/Latinx women are represented in 35% of participants in Court B, and are

represented in 35% of drug arrests, which includes Hispanic ethnicity in racialized categories of Black and White women. Asian women represent 2% of drug arrests and 1% of Court B participant demographics. Of the men enrolled in Court B (n=113), Black, non-Hispanic men represent almost 25% of participants in Court B, while Black Hispanic and non-Hispanic men represent 47% of drug arrests. White, non-Hispanic men represent 14% of participants, compared to 48% in drug arrests for White Hispanic and non-Hispanic men. Hispanic men represent 26% of Court B participants and 32% of drug arrests, although drug arrests combine Hispanic in categories of Black and White. Asian men are 4.3% of participants and constitute 5% of drug arrests.

ENROLLMENT PROCESSES

KEY PERSONNEL

There are several key personnel that are involved in the enrollment processes of Court B, an Assistant District Attorney, a Defense Attorney, a drug court Judge, a community supervision officer, and a drug court coordinator.

ELIGIBILITY CRITERIA & EXCLUSIONARY CRITERIA

The criteria for acceptance in Court B are that an individual must be at least 17 years old at the time of offense. Eligible individuals must have an addiction to or habitual use of a substance and be willing to recover – demonstrating voluntary participation, while acknowledging a history of chemical dependency. Individuals must also be willing to actively engage in the program and adhere to its requirements and conditions. Court B requires an individual's offense to be a non-violent felony, with substance use as the underlying issue. Additionally, individuals must be willing to pay a Pre-Trial Diversion Supervision fee ranging from \$25 to \$60 per month, which is contingent on participant income, as a condition of bond

and supervision. Participants must have access to reliable transportation and childcare to meet attendance requirements.

Individuals are excluded from Court B if they have been charged with or convicted of a drug trafficking offense, sexual offenses, or a violent felony. They are also excluded if they have dual mental health diagnoses. Lastly, all eligible participants must also sign waivers of rights based on the advice of counsel and formally request admission into the program in writing.

REFERRAL, SCREENING, AND ADMISSION PROCESSES

Based on conversations with court staff, the admissions process from referral to court entry can take anywhere from a few days to a week. The screening process typically takes 30 minutes. The intake process takes between 30 to 45 minutes, followed by a drug test that lasts about 30 minutes. The risk and needs screening take approximately an hour. The referral processes for Court B first begin when the Assistant District Attorney and a Defense attorney are notified of a client's potential fit for drug court. From there the court coordinator or supervision officer makes the referral to drug court. Then the magistrate court is petitioned before a bond is set, during which potential clients who have accepted admission into Court B begin the Court's PREP phase as a condition of their bond and are required to enter a guilty plea (that will be withdrawn and dismissed upon program completion). Then treatment service referrals are made, and the individual will begin substance use treatment sessions and completing intake processes.

During the PREP phase, participants can decide whether to remain in the program or move forward with traditional adjudication. If a potential client is already released from jail on bond and wants to be considered for drug court, they are required to have their defense counsel contact Drug Court staff for consideration. All decisions on a participant's fit for Court B can be determined by any party involved in this preliminary referral process. From this point, program

requirements and rules are explained to the potential client and a written acknowledgement signed by the client and whoever (the court coordinator/supervision officer) is doing the intake and the client. Once this is completed, treatment evaluations and services are referred, and the client is then screened by clinicians and the CSO.

Referred clients are pre-screened for substance use issues before they are initially considered for the program. Once the client has expressed interest in participating in drug court the process for admission begins. After being pre-screened for drugs, participants are sent to a treatment provider for an additional alcohol and drug evaluation and then are screened through a risk/needs assessment tool.

Multiple screening tools are used in order to comprehensively assess the participants' risk and need for participation in drug court. They assure that participants score high or moderately high, which is a requirement set by national treatment court standards.

SCREENING OUT

Eligible clients are either not referred for screening or are screened out if they express that they do not want to participate in the program for reasons such as, their attorney offering them different options, they would like to take their case to trial or have some other plea agreement, or if they have dual mental health and substance use diagnoses. Typically, individuals who screen out have co-occurring disorders, so they are then referred to the local mental health provider or the local mental health court.

REFUSALS

For Court B, individuals typically refuse if they do not want to do the program due to its rigorous requirements, or they do not want to plead guilty. From staff conversations, in some instances, potential participants have issues with immigration statuses, which contributes to

reasons why individuals might refuse enrollment in treatment court. This is in addition to social service needs like not having transportation or childcare to attend drug screenings or court appearances, are seen as reasons why individuals refuse treatment court.

COURT STRUCTURE & OPERATIONS

STAKEHOLDER ROLES

Stakeholder roles in the Drug Court program include several key individuals and organizations with specific responsibilities. The Drug Court Judge serves as the ultimate decision-making authority and motivator, holding team members accountable for their roles. The DA's office is notified of potential clients and is responsible for notifying the drug court coordinator and supervision officer of potential eligible clients and must sign the PREP Pre-Trial Diversion Contract for approval. The Treatment Provider offers individual, group, and family treatment services to participants at least once a month. The Defense Attorney is responsible for protecting the rights of the participants throughout the process. The Community Supervision Officer, a certified probation officer, acts as the case manager and regularly meets with participants to monitor their progress and ensure adherence to program requirements, such as treatment, employment, community service, payment of restitution and court fees, curfews, and urine analysis. The Prosecutor holds participants accountable for their behavior on behalf of public safety. The Drug Court Coordinator manages the daily operations of the program and works to develop and support partnerships with local service providers. All stakeholders share the responsibility of monitoring and tracking program data, assessing participant progress, and determining advancement through the program phases.

PHASES

Once enrolled in Court B, participants begin in the Preliminary Recovery Exposure Phase (PREP). This phase is a condition of bond and includes initial intake and assessment procedures

in which participants are referred to intensive outpatient treatment for substance use. During this phase participants complete assessments, attend group and individual therapy, are screened for drugs, and require court appearances. In Phase I, there are two parts that require a minimum of 24 weeks. To enter this phase, participants must enter a plea of guilty. Most of Phase I, part A consists of outpatient treatment for substance use, and part B of Phase I consists of a minimum of 12 weeks of supportive outpatient participation. Phase II is a minimum of eight weeks and requires engagement in recovery support and therapy, along with drug screening and court appearances. Phase III is also a minimum of eight weeks and prioritizes aftercare, continued monitoring, and peer support. Court B's program requires a minimum of 12 months and a maximum of 18 months unless extended by the drug court team. Based on the participants' ability to pay via assessment of finances by the court, enrolled participants are required to pay pre-trial supervision fees between \$25-60 to the county community supervision corrections department, monthly. If participants are delinquent on payments, additional hearing may be conducted.

GRADUATION CRITERIA

Participants are eligible for graduation once they have successfully completed all phases of the program within 18 months, unless an extension has been granted. They must have been in the program for a minimum of 12 months and remained drug-free for at least 120 days prior to graduation. Participants must also be gainfully employed, actively seeking employment, engaged in vocational training, or be a full-time student. They are required to have been living and exhibiting a recovery lifestyle throughout their participation in the program. Additionally, participants must have submitted an exit interview and have actively participated in a cognitive behavioral program.

TERMINATION CRITERIA

Participants are removed or terminated from Court B and a sentence is assessed if they do not complete the program within 18 months, without an extension. They may also be terminated if they engage in regular drug use, fail to comply with treatment, or are uncooperative with the treatment provider. Noncompliance with program conditions or absconding from the treatment program can also result in removal. Technical violations may occur throughout the duration of the program, and if they do, participants will be required to appear before the Judge for sentencing.

SANCTIONS & INCENTIVES

Incentives used in Court B include certificates of achievement, gifts, gift certificates, praise, court applause, less restrictive program conditions, promotion in the program, and ultimate dismissal of the case. Sanctions for violations of program requirements include admonishments by the court, more restrictive program conditions, program demotion, jail time, community service, writing assignments, zero tolerance, and expulsion from the program (to result in probation/parole or incarceration). Sanctions and incentives are applied based on the behaviors or actions of the participants. These decisions are made by the drug court coordinator or the court CSO.

PROCESS OUTCOMES

Court B evaluates participant progress using key measures such as sobriety maintenance, attendance in counseling sessions, court, and one-on-one check ins. Upon entering the PREP phase, participants are required to dedicate an estimated 12 to 15 hours a week to program requirements that include individuals and group meetings, check-ins, drug testing, and recovery sponsorship and peer support.

This review examined several questions related to the referral, screening, enrollment and

outcomes of Black women. Data on the number of Black women referred, screened, and eligible for Court B was unavailable as they only record data on eligible participants who have been enrolled. Data on the number of eligible Black women who declined admission to Court B was also unavailable; however, among the women eligible for the program nine Black women were enrolled, compared to 21 White women, 17 Hispanic/Latinx women, and one Asian woman. On average, women spend about 13 months in Court B. Black women tend to spend 12 months in the program while, White women spend 13 months and Hispanic/Latinx women spend 14.5 months. No data was available on the average months in the program for one Asian participant. The length of stay in Court B is significantly less than the length of stay in Court A, which is closer to the 12-18 month minimum and maximum time in the program.

Although not primarily focused on outcomes, the participant outcomes of Court B help speak to process effectiveness for Black women when compared to women of other racial/ethnic groups. Of the 48 women enrolled in Court B from 2022-2024, 16 have completed the program. Approximately 12.5% (2) of women who graduated were Black, 37.5% (6) were White, 43.8% (7) were Hispanic/Latinx, and 6.3% (1) was Asian. In the PREP phase, of the women who were unsuccessful because drug court was inappropriate for them one was Black, three were White, and four were Hispanic/Latinx. Women terminated in the PREP phase, for reasons like non-compliance or violations, two were Black, four were White, and two were Hispanic/Latinx. Two women withdrew from Court B in the PREP phase, one Black and one White. There was only one woman who was terminated in the main phase of the program, and she was a Black woman (2.1%).

BARRIERS OF BLACK WOMEN IN COURT B

Staff perspectives suggest that demographically they do well at serving all populations, but they perceive a greater number of males enrolled as compared to women, even though men are slightly underrepresented in drug court compared to their drug arrests, they are still represented more often in Court B, as 70% of participants. When asked about barriers to Black women's success specifically court staff suggested that there have been very few Black women in their program but the few that are in the program typically have no issues with reporting to court or other program requirements, but they have witnessed eligible Black women participants decline the program due to relapse and/or lack of support to go through treatment. Staff perceptions and the barriers of Black women in treatment court will be more thoroughly discussed in Chapter 5, using qualitative data analyses.

RESULTS

Court B meets target population requirements, as confirmed through staff discussions and a review of court documents, which show clear implementation fidelity. Written policies on eligibility and exclusion criteria are well-defined. Referral entities are notified of eligibility criteria and program requirements to reach potential clients during pre-trial processes. However, Court B also accepts individuals who have been incarcerated and are released on bond or probation post-adjudication. Court B targets individuals with nonviolent felony offenses, aligning with standards that expand drug court eligibility to severe offenses. However, individuals with co-occurring mental health disorders are excluded, as indicated by written policies and staff conversations. While the court uses standardized assessment tools for screening, these tools have not been validated for cultural competence. Additionally, individuals with violent felony offenses or drug trafficking charges are excluded, limiting eligibility. Although eligibility criteria state that individuals with both substance use and mental health

needs qualify, exclusionary policies indicate that if mental health or social service needs are severe, individuals may be disqualified from participation.

Standards on equity and inclusion that demonstrate adherence to best practices show that participant monetary obligations are determined based on participants' ability to pay and use a sliding scale ranging from \$25 to \$60 throughout the program. The inability to pay does not affect participant progress, although additional hearings may be required in some cases; these decisions are made by court staff.

While staff report that recruitment occurs through referral entities and follows inclusive processes, there is no evidence of proactive efforts to recruit underserved cultural groups and refer them to Court B. Participation in the current study reflects an investment in understanding racial and gender disparities in treatment court enrollment. Staff are aware of the underrepresentation of women in the program, specifically Black women, and recognize the need to enhance recruitment strategies. Court B does not rely on subjective judgment in determining suitability unless a standardized screening assessment deems an individual unfit for the program, this reduces the influence of staff bias; however, sole reliance on standards without culturally relevant merit may prevent the reach of the program in accessing marginalized groups.

Court B demonstrates adherence to monitoring and evaluation standards as they conduct annual self-assessments of caseloads to ensure adherence to best practice standards. The drug court handbook and staff discussions confirm that the court submits a monthly contact tracking form to monitor participants. Additionally, outcome data for all eligible and enrolled participants are reviewed monthly and audited annually. While the court tracks participant data on services and outcomes, it does not collect data on referrals. This gap limits the ability to fully understand treatment court reach and access, potentially overlooking disparities in who is referred to and

accepted into the program, specifically among underserved cultural groups.

Table 8. Court B Process Review Recommendations

Target Population		
Measure(s)	Review Result	Recommendation
Objective Eligibility & Exclusion Criteria	Meets Requirement	Continue to or improve the use of validated assessment tools that are culturally and clinically relevant to determine eligibility and fitness for the program.
Proactive Recruitment Efforts	Meets Requirement	N/A
High-risk & High-need Participants	Meets most requirements, but has room for improvement	Expand Eligibility for Co-Occurring Disorders Track data on participant success to assess the impact of including individuals with co-occurring disorders, adjusting the program as needed.
Valid Eligibility Assessments	Meets most requirements, but has room for improvement	Enhance screening & assessment processes by using validated tools that are culturally competent to reduce the risk of excluding historically discriminated groups.
Criminal History Considerations	Meets most requirements but has room for improvements	Individuals charged with violent offenses, or having a history of offenses should be evaluated on a case-by-case basis. Staff should consider expanding eligibility criteria to include serious offenses and drug sales to enhance referrals, so long as the underlying issue meets severe substance use criteria
Treatment & Resource Consideration	Meets most requirements, but has room for improvement	Consider expanding eligibility criteria to evaluate/enroll individuals with co-occurring substance use and social service or mental health need on a case-by-case basis.

Table 8. Continued

Equity & Inclusion		
Measure(s)	Review Result	Recommendation
Cultural Outreach	Meets most requirements, but has room for improvement	Expand recruitment efforts for underserved cultural groups through referral entities, especially in pretrial services. Continue to participate in studies that assess the experiences of drug court participants to identify areas of improvement and areas of success for underserved groups.
Equitable Admission	Meets most requirements, but has room for improvement	Avoid exclusion based on co-occurring disorders and lack of access to service needs. Track any subjective judgement used in enrollment decisions. Implement and expand active recruitment of culturally equitable refers to improve racial disparities. Consider expanding eligibility criteria that may exclude some cultural groups.
Fines, Fees, & Costs	Meets requirements	N/A
Monitoring & Evaluation		
Measure(s)	Review Result	Recommendation
Adherence to Best Practices	Meets requirements	N/A
In-Program Outcomes	Meets requirements	N/A
Historically Discriminated Against Groups	Meets most requirements, but has room for improvement	Keep referral data on eligible participants (referrals even if not admitted) to be able to provide a more comprehensive assessment of admission rates and reach.
Intent-to-Treat Analyses	Meets requirements	N/A

RECOMMENDATIONS

Recommendations to improve racial equity and inclusion of Court B follow. Court processes must continue to ensure that policies and procedures are consistently reviewed and updated as needed. Court B should enhance the monitoring of participant enrollment by collaborating with referral entities to compile and manage data on all potential referrals, which would help with understanding and addressing racially disparate enrollment outcomes and admission rates. Maintaining data on individuals who are referred, admitted, and reasons why individuals refuse, would contribute to a more complete understanding of access for all participants, but especially for Black women who tend to have lower enrollment rates.

The court should consider expanding eligibility and exclusionary criteria to include individuals with both substance use disorders and serious mental health conditions, allowing them to receive integrated treatment for co-occurring substance use, social service, and mental health needs. Case-by-case considerations for participants who have violent offenses, especially when related to trauma or survival behaviors, would help expand eligibility criteria (All Rise, 2023). Additionally, including those with drug sales or manufacturing charges, when they are related to severe substance use would help expand eligibility criteria as it is related to those who are system involved due to economic factors (All Rise, 2023).

Court B should use self-assessment tools like the Cultural Competence Assessment Tool (CCAT) and the Equity and Inclusion Assessment Tool (EIAT) that both assess equitable program delivery and enrollment (Meyers Foundation, 2019; NTCRC, 2022). Participants should continue to be screened with validated clinical and risk assessments, and the court could improve these screening processes by including culturally competent assessments to prevent marginalized groups from being screened out due to traditional standardized assessments, like the Women's

Risk Needs Assessment (WRNA) which is a trauma-informed tool for system-involved women and was developed with input from diverse women (Van Voorhis et al., 2014). This reduces the risk of excluding historically discriminated groups, specifically Black women. The Addiction Severity Index (ASI), which has been culturally validated and tested in Black and Indigenous populations would improve drug screening for assessing Black women's substance use (Cacciola et al., 2007). Frameworks like the culturagram would provide Court B with a tool to assess culturally diverse clients and improve accessibility to enrollment (SAMHSA, 2014).

Efforts should be increased to recruit underserved cultural groups by marketing the program to referral entities, local jails, and defense attorney offices using informational materials like brochures and flyers. Coordinated efforts should be made by the court and the referral entity to notify individuals with qualifying offenses of the choice of diversion to drug court. If there is CMS capacity, this could be done automatically. Staff should receive training in culturally competent and motivational interviewing techniques to ensure accurate assessments and improve their service delivery by enhancing participant engagement (All Rise, 2018; 2023). Lastly, the court should participate in evaluation studies to assess the experiences of drug court participants, identifying areas of improvement and success for underserved groups (All Rise, 2018).

PROCESS REVIEW CONCLUSIONS

Overall, of the 44 women enrolled in Court A from 2022-2024, only five of them were Black women, which demonstrates Black women's limited access to Court A, compared to White women. Once enrolled, Black women tend to remain in the program longer (an average of 27 months), compared to the anticipated length of stay set by the program (12-18 months) and White women (23 months). This reflects the potential of different challenges or support needs not fully addressed. Despite their longer participation, Black women make up 19% of all female graduates, which suggests that most enrolled Black women either graduate or have outcomes not

fully captured in Court A. In Court A the data suggest that Black women who access the program persist, but there may be structural limitations that obscure a full understanding of their enrollment and outcome experiences. The lack of data on those who were referred, but not enrolled makes it difficult to pinpoint the specific processes in which barriers to access for Black women exist. This demonstrates the need for improved data collection at all stages of the process, specifically on referrals, to further contextualize the disparity in enrollment rates and the potential access barriers to ensure the equitable participation of Black women in DTC.

Of the 48 women enrolled in Court B from 2022-2024, only nine of them were Black women, which suggests limited access into the program, though the absence of referral data makes it difficult to assess which process specifically contributes to the disparity. Once enrolled in Court B, Black women tend to stay in the program for about 12 months which is similar to the overall average length of stay for most participants and is consistent with the court specified 12-18 months allotted for the program. For court B, despite their program engagement, Black women account for only about 12.5% of all female graduates. Their lower graduation rates relative to their enrollment suggests potential barriers to outcomes; however, the lack of comprehensive data on referral cohorts and reasons for refusals demonstrates the need to pay attention to decision making in referral and admission decisions and highlights the needs for improved data collection and exploration into procedural barriers that impact Black women's access and successful participation in Court B.

The following chapter is a qualitative, thematic analysis of a focus group with Black women who are current or former DTC participants and interviews with court staff to examine the experience of Black women in DTC to answer RQ #3: What are the experiences of Black women in drug treatment court? The following qualitative analyses examine Black women's

success and barriers to DTC access, program completions, and the overall impact of drug court on the recidivism and recovery.

CHAPTER VI

QUALITATIVE ANALYSIS OF BLACK WOMEN'S EXPERIENCES IN DRUG TREATMENT COURT (DTC)

The purpose of this qualitative analysis was to explore the experiences of Black women in drug treatment court and answer the following research question:

RQ3: What are the experiences of Black women in drug treatment court?

A qualitative approach to understanding the experiences of Black women in DTC aligns with the intersectional, Black feminist theoretical perspective at the foundation of this study and guides the methods of the following results. Intersectional Black feminist perspectives emphasize the importance of centering Black women's lived experiences and knowledge production to challenge dominant (structural) narratives that often overlook or misrepresent their realities and critically assess how structural and systemic oppression uniquely impact Black women in the criminal legal system (Collins, 2000; Crenshaw, 1989). This study uses narrative (thematic) analysis to understand how overlapping systems of oppression (e.g., race, gender, and class) are nuanced in shaping the experiences of Black women in DTC programs. This approach provides a deeper exploration of experiences to highlight the successes and barriers present in DTC for Black women. Abductive coding strategies provide an unbiased examination of themes that prioritize Black women's voices and experiences (Silverman, 2005). With this, the results of this study further inform recommendations that improve access and outcomes by situating Black women's experiences at the forefront of recommendation for DTC to implement more equitable practices. This chapter provides the findings and emergent themes from analyses of staff interviews and focus groups discussions.

CONVERSATIONS WITH COURT STAFF: THEMES & FINDINGS

Interview questions (*see, Appendix A*) guided the development of initial codes for this study. Coding processes of staff interviews, examining court processes and Black women's access and experiences in DTC, then led to a series of focused codes for Courts A and B. From this, key themes emerged, for each court, that reflect the insights of DTC staff. These themes were then collapsed into overarching themes on staff's perceived procedural and systemic factors influencing Black women's access, outcomes, and experiences in DTC.

THEMES IDENTIFIED IN COURT A

Discussion with staff demonstrated that DTC staff play critical roles in intake procedures and decisions for the program. In Court A, two designated staff members oversee enrollment processes, including receiving referrals and screening for eligibility to ensure that drug court is the appropriate placement for a potential client. The discussions revealed that multiple entities (judges, court staff, attorneys, and clinicians) can stop a potential participant's admission into drug court, and it is ultimately up to treatment court staff as to who is enrolled. Before enrollment procedures even begin, in stages of adjudication, attorneys and judges significantly influence who is offered diversion which may manifest as systemic bias in judicial decision-making, as DTC staff are not yet involved prior to being referred. Moreover, findings demonstrated that although referrals originate from multiple sources, Black women remain underrepresented (11% (5) of women enrolled in Court A and 18% (9) of women enrolled in Court B), which concerns staff as attorneys and judges may not be offering diversion opportunities to Black women as frequently as they do to other groups. From this, staff discretion and systemic decision making emerged as a theme that impacts participant demographics, which in turn impacts the accessibility of drug courts for Black women.

Strict inclusion criteria require participants of Court A to demonstrate high-risk for recidivism and high-need indicators for substance abuse treatment. Discussions with staff found that in some cases, co-occurring mental health needs override substance use criteria, which leads to individuals who may be high-risk, high-need to be screened out of the program. Furthermore, eligibility is restricted to individuals who live within the court's jurisdiction to ensure participants are in a position to participate effectively in the court. Offense-related eligibility criteria are used to ensure that participants are a good fit, and these requirements prevent individuals with violent, sexual, and/or drug manufacturing or sale charges to be excluded from the program, thereby limiting DTC access for individuals with serious charges. From this, eligibility criteria as a barrier to access emerged as a theme.

From discussions with Court A, staff experiences with admissions suggest that Black women decline participation in drug court due to a lack of trust in the legal system. Staff reported encountering eligible Black women who opt to serve short jail sentences instead of enrolling in the program because they perceive the program's requirements to be excessive and a "set up" in the form of additional surveillance, which given the length of time individuals stay in the program is accurate, as opposed to a rehabilitative opportunity. Discussions indicated that these perceptions by potential participants come from peer and familial influence as well as personal distrust and an awareness of bias towards Black individuals in the legal system. From this, the theme of mistrust and perceived bias in the legal system emerged.

Participation in the program requires 60 to 90 days of residential treatment, along with 15 to 20 hours per week of additional commitments. Staff frequently described drug court as "probation on steroids," which they believe discourages individuals with primary caretaker positions and other familial obligations or limited support networks from enrolling, unveiling the

theme of high time commitment as a deterrent to enrollment for Black women. From staff perspectives, Black women often have greater caregiving responsibilities, such as being single mothers or caregivers. This and the fact that many of those who are incarcerated or system involved also have limited financial resources contributes to the reasons why Black women are more likely to refuse DTC. The lack of familial buy-in (trust in the system) for drug court and limited resources, from staff perspectives, contributes to Black women being less likely to enroll because of the lack of support. From this, structural and social barriers to enrollment emerged as a theme.

Court A staff were very aware of the underrepresentation of Black women in their program, considering the demographics of their jurisdiction. Staff discussed interest in recommendations for ways that they could more actively improve outreach to garner more referrals for Black women who would benefit from drug court as a diversion. However, staff feel that existing eligibility standards and requirements limit their ability to make their program more inclusive. Moreover, as outreach efforts typically occur pre or post adjudication, staff recognized the need for more widely advertised, earlier interventions post arrests or advertisements around the jail or courthouse. Limitations of outreach and awareness of drug court emerged as a theme throughout discussion with Court A staff regarding barriers for Black women's access.

THEMES IDENTIFIED IN COURT B

Discussions with the staff revealed that the three staff members in charge of enrollment processes are the primary decision makers in the enrollment of participants in Court B. Additionally, prosecutors, defense attorneys, and judges also aid in facilitating the admissions process throughout the referral process, which presents staff discretion and decision making as an emergent theme for Court B.

Participants eligible for enrollment in Court B must meet eligibility criteria, that includes being high-risk, high need classification from screening results. When asked how eligibility criteria impacted enrollment, staff expressed that because Court B is a felony drug court treatment program criteria for severity of offense was not as stringent as with misdemeanor courts. Staff stated that they were open as far as the length of criminal history they accept into the program, but they do not accept individuals who have charges related to manufacturing or drug sales, sexual, or violent offenses. Staff indicated that the requirement to plead guilty presents a major obstacle, particularly for potential participants who are unwilling to accept a plea deal, plead guilty, or are concerned about immigration status. Jurisdiction requirements were also mentioned as eligibility criteria that cause challenges and limit access to their court, as individuals outside of the jurisdiction are typically automatically excluded from drug court. Additionally, co-occurring mental health disorders often result in participants screening out or being referred to alternative programs rather than DTC enrollment. From this information, program requirements/screening and eligibility criteria emerge as a theme when understanding how enrollment procedures/requirements impact the access of drug courts for participants, particularly for Black women. Though these barriers can be universal to all women, they impact Black women more in the ways in which additional family, economical, and social service support may be limited due to their systemic marginalization and oppression in society.

Discussions with Court B revealed that staff perceive the program's time commitment to pose a significant deterrent to participants' decision to enroll. Court B requires approximately 12 to 15 hours per week commitment across multiple phases. Staff indicated that because of this, participants opt to take short jail sentences rather than take on the large time commitment of drug court. From these findings an emergent theme of high time commitments as a deterrent to

enrollment for participants. Because of aspects such as transportation challenges, including distance to the court and lack of reliable transit, perceived lack of resources also hinder participation resulting in systemic / structural barriers to enrollment emerging as a theme when considering the barriers to access to DTC for Black women.

When asked if they believed that their clientele was representative of their jurisdiction and served those who they perceived needed the support of DTC in their communities they indicated they believed that they serve all populations but acknowledged that based on who the community supervision officers see in probation or parole settings for drug-related crimes, more men than women participate in their court generally. They stated that they were interested in understanding why more women were not represented in their program. Only one staff member, who was a Black woman, acknowledged that Black women are significantly underrepresented in their court, evidenced by only one Black female participant enrolled at the time of the discussion. From this emerged a theme of gendered, racial disparities in court admissions.

When specifically asked what they perceived to be barriers to Black women's enrollment in their court, staff suggested that this may be due to a lack of resources and family support. Staff indicated that Black women participants with strong family support, access to transportation, and childcare demonstrated higher likelihood of accepting drug court enrollment and higher rates of success. Conversely, from their experiences (of which it was mentioned that the current staff have been in their roles for several years) those lacking access to resources and familial support face a higher risk of dropout and relapse. This presents a theme of resources and familial support as an emergent theme when examining the underrepresentation of Black women in DTC.

COLLECTIVE EMERGENT THEMES & FINDINGS: COURT STAFF

The themes from Court A and B were collapsed to create overarching themes from the narratives provided by staff perspectives, across courts, on court processes and the access and success of Black women in DTC. The five major themes that emerged were: Referrals and Staff Discretion in Decision-Making; Admission Determinations, with sub themes of Eligibility/Exclusionary Criteria and Screening Impact; Bias, Systemic Mistrust, & Structural Barriers; Participation Deterrents; and Program Success and Participant Support.

REFERRALS AND STAFF DISCRETION IN DECISION-MAKING

Across both courts, staff indicated that there are a few key staff members primarily tasked with overseeing referral, screening, and intake processes. When asked about the key personnel who carry out referral, screening, and enrollment processes Brittney (Court A, CSCD officer, White woman) stated, “Well, as far as referrals, they come to us. So, they are referred like by their attorneys. They can refer themselves and do the application. Other probation officers can, so anybody can refer them.” Additionally, Gordon (Court B, Court Coordinator, White male) stated: "A lot of our cases are referred to the DA's office, defense attorneys, or judges can ask the client if they would like to be screened for the program." Moreover, when asked about decision making in enrollment processes, staff reveal the discretionary nature of these processes and key personnels ability to stop the process at any point. Janet (Court A, Court Coordinator, Black woman) stated:

The DA's office can find that they don't meet the criteria to be in the program. I may get it and they [potential participants] tell me, look, I don't want to do this, that stops it. The clinician may say, “hey, look, this is not a substance abuse issue”, that may stop it. And

then it may get to the CSCD officer, and she finds something that disqualifies them. So anybody in the process can stop the process.

This demonstrates how any of these entities are able to decide if the participant should be enrolled in the program. Staff expressed that if a participant is not deemed an appropriate fit, the process for drug court enrollment stops, but participants may be referred to another program.

Brittney stated:

If that's okay [eligibility and exclusion criteria], then they approve it, then it goes to Janet, and then she does this assessment screener, tells them what the program is, and again, asks more questions. She can say, well, I think maybe this person is maybe a better fit for maybe mental health. Maybe there's some things going on there, and then she would refer for that [mental health court], if necessary, or just if she thinks it's okay, then she'll send for the substance use evaluation.

The discretionary nature of these decisions is demonstrated by Gordon when asked about enrollment criteria and his capacity to determine who is excluded from the program stated: "We try not to take people that are actively dealing into the program. No sex offenders, no violent felonies, but other than that, we're pretty open on what type of cases we'll take." Gordon also stated:

So most of the people we get referred over are, I mean, high risk clients already they're using daily, they're testing positive on bonds. So, everyone that's involved in the program does a pretty good job of identifying cases that are going to be high risk high needs.

These conversations demonstrate the discretion of staff and other key court personnel when determining who is enrolled in drug court. When asked how they would address barriers of Black women's enrollment Janet stated:

Well, you know, I'm glad you're doing this research. With you doing this research you can help us to figure out what we can do to get more referrals from Black females, because I look at the referrals before Brittney does, you know, and we just don't get them. We don't necessarily know.

This highlights the referral process as one of the primary processes of drug court enrollment that is impactful on who gains access to DTC. The amount of discretion contained by the district attorneys, judges, the prosecution, defense attorney, and key program staff have a major impact on enrollment. Moreover, this gatekeeping capacity is important to consider when assessing access into DTC by examining who is referred/offered diversion programming pre and post adjudication. This discretionary power in enrollment processes and the underrepresentation of Black women in DTC potentially reflect larger systemic biases in the criminal legal system that may prevent Black women's access to DTC.

ADMISSION DETERMINATIONS

Admission determinations come from several processes. Staff discussions revealed that strict eligibility/exclusionary guidelines, along with processes that include screening and referrals demonstrate the mechanisms that play a significant role in shaping eligibility determinations, and ultimately impact program demographics. Admission determinations as a primary theme contains two subthemes: eligibility/exclusionary criteria and screening impacts.

ELIGIBILITY/EXCLUSIONARY CRITERIA

When asked how eligibility and exclusionary criteria are used in the admissions process participants, staff indicated that those guidelines are required to make sure that individuals are appropriately suited for drug court. Brittney stated: "They [the district attorney] go through and screen for any exclusionary criteria, make sure they're fit, and kinda make sure that the DA's

office is even willing to, you know, give into a probation plea and drug court.” When clarifying if these criteria were used to filter participants out and prevented them from failure, Janet stated:

Absolutely, you know, matter of fact, I just kicked one out of my other court because he lives in [redacted] and they have to be here every week. So, you'd be setting them up for failure. You know, all those things we look at are to make sure they are a good fit to make sure they're going to be successful.

This quote is an example of how criteria, that requires participants to have reliable transportation and childcare, impacts program admission decisions. To be eligible for drug court, individuals must have a severe drug dependency, drug related charges, and be willing to participate in a minimum of 12 months program with no serious violent, sexual, or drug manufacturing/sale offenses, along with other criteria. When asked about high-risk, high-need eligibility criteria, Brittney stated:

I mean, yes, they should be high risk. They're not always by the time they get to that step [post referral and entering screening processes]. I mean, we have to really. It's because statutorily, they have to have that assessment for the judge to give them special conditions, and drug court is a special condition. A lot of times when they plead into [traditional] probation, they get just the standard conditions now, very basic, then they get [screened], then there's a modification sent back to the court where the judge signs off for all these special conditions per the recommendations of the [screening tool]. So, we just do the [screening tool] on the front-end because they're going to be ordered right away for those special conditions.

This demonstrates how, for individuals referred to drug court, eligibility and exclusionary criteria determine who will advance to the next phases of enrollment that include being referred to screening.

SCREENING IMPACTS

When asked what the screening process for individuals referred to their courts looked like, program staff explained the various screening tools used in the process and detailed how long the screening processes take. For example, Gordon stated:

Jacqueline or Mia or myself can screen them and determine if they're open to treatment.

We do some screeners to see if they would qualify for substance abuse treatment. And then if they're interested in the program, both of our programs are a voluntary program.

So, if they're interested, then we get the process started for them to enter the program.

Mia (Court B, Felony CSCD officer, Hispanic woman) expanded,

So first, we do the screening, and the screening might take about 30 minutes, if that. And then of course, once they've signed their PREP conditions and the judge has signed the order, then I actually schedule them to come back, and I do the intake process, which is the packet with all the information for them, so they know what the rules and just, you know, like, drug testing times and phone numbers to call. And that might take me anywhere 30-45 minutes, depending on the client, sometimes the client, you know, just might not understand? We do a drug test. And even after that, depending on time, sometimes I do the [risk assessment tool] during the same time period, but sometimes I don't have time. And so, I might schedule another appointment for that. So that's another maybe 45 minutes to an hour for the [risk assessment tool] on a different day.

To understand what is included in these screening processes staff were asked if there was a specific screening tool or entity they used, Gordon stated:

Yes. They use the drug screener. And then after they get past that point and the treatment provider does an alcohol drug evaluation. And then we also can do the [program] assessment. We also can do the assessment for DWI clients if needed, and then the [substance abuse screening inventory] as well available.

Brittney stated:

We have an actual licensed chemical dependency counselor (LCDC), we use [mental health center] because they are our local mental health authority (LMHA) too and they provide all those services for the substance use evaluations with the state funding... They do the substance use assessment. And then if they rise to the level of severe substance use disorder and need residential treatment and, you know, don't have severe mental health issues. Then I do the {Statewide risk assessment}, which are you familiar with the {assessment} with probation?... And then they plea into probation or modified to drug court from there. So that's kind of the process once they're referred and everyone [screening entities] is involved.

From this understanding of everything that occurs during the screening process, staff was asked about the impact of screening on participant eligibility, Gordon responded: “I think the most I mean, almost close to 100% of ours, you know, score high or at least moderate or above on the [risk assessment tool] ...”. Mia also added, “And a lot of the clients do have a long criminal history as well. So, I mean, anywhere from, you know, ten, fifteen, you know, arrests, so we know that’s high risk”. These responses demonstrate the processes that occur during screening and how they impact participant eligibility and enrollment in the program based on their ability

to meet program screening requirements that require eligible participants to be high-risk, high need, and ultimately impact participant demographics.

To get more of an understanding of what happens in the screening process to participants who are referred to the program but not screened, staff were asked about the circumstances that lead to an otherwise eligible participant screening out of drug court. Janet stated:

I interview them and they say, hey, I don't want to participate or if I interview them and find that mental health is more appropriate than substance abuse, you know, since I'm over both courts, we may move it that way. Brittney may do the [risk assessment] and find something that disqualifies them for going through the process. Anybody in the process can stop the process, if that makes sense.

From this, to better understand what happens to those who screen out, staff were asked if there were additional resources for people who screen out of drug court, Janet stated:

Yes, a lot, actually. We may find that, hey, just the regular substance abuse case load and regular probation will work for this person. They don't need what we have to offer. We've had people come through with mental health issues where we say, "Hey, look, this overrides the substance abuse". Let's move them to mental health, where the concentration is a mental health, though we can treat for substance abuse in that court. We may get a person that's a veteran and say, "Hey, look, we have a veterans court". And so, they have a lot of more resources than we do to deal with, you know, to deal with the veterans. So, we look at everything associated with that person that is referred to this court to make sure that we are properly placing these people. We do our best, I'll say...to where they can receive the help that they need, and it does not always come from drug court. Or sometimes they...

Brittney continues on to emphasize the way screening processes are used to place individuals referred to more appropriate programs if they are deemed ineligible once enrollment processes begin, and stated:

Sometimes they've been staying clean on their own. They're out, they're not in jail. They're out, they're going to outpatient [treatment] or even not getting services and they've been clean for over 30 days. Well, they're not, they're not going to rise to that severe substance use level that is showing they need, they're doing it without all of these services without going to residential. And then that isn't a good fit either.

Gordon stated:

We have a lot of clients with co-occurring disorders. So, we take a lot of ours are going to [redacted], which is our local mental health provider. There could be some that are probably, maybe not stable enough to be in the program so we can refer them over to our mental health court.

This demonstrates how participants screen out due to co-occurring, severe mental health needs, or perceived lack of severe substance use needs. Potential clients who screen out are often referred to other problem-solving courts that have the appropriate resources needed to address their needs. Screening processes, along with eligibility/exclusionary criteria, critically impact drug court placement and ultimately the demographics of DTC, in which Black women are largely underrepresented.

BIAS, SYSTEMIC MISTRUST, & STRUCTURAL BARRIERS

Staff discussions reveal perceptions of bias in diversion opportunities that may exclude Black women from DTC. When considering the discretionary power of court actors, as mentioned above, staff expressed potential of systemic biases in referral decisions that impact

enrollment. From the perspectives and experience of staff responsible for enrollment processes, discussions revealed that individuals referred to drug court, who chose to decline participation, seem to have a general mistrust in the legal system. Broader structural factors, inside of and outside of the program, such as socioeconomic status and access to resources, such as reliable transportation, and childcare were mentioned when considering the low enrollment and success rates of Black women in DTC.

When asked if they believed their clientele represent the general population, reported that there may be some attorney bias in the reason why people are referred and judges not wanting to accept pleas, Brittney acknowledged:

So, our population, our participants don't match our community. We've talked about this. We've known it. We don't really know how to address it. How to get more people of color to apply for the program. It's not like they're getting denied necessarily. I don't think, Janet. Maybe you can, is it just they're not applying. If so, why is that, is that a general lack of trust in the system? Is that again, the peer influence? Is that their attorney bias in a way? I think a little bit. Yes, I don't think that they're being offered the services. I think we have a little bit of judge things too of not wanting to accept those pleas for people of color. I think we've seen that, Janet. (Janet agrees) I think there's multiple layers to the reason why we don't have equity in our program.

This demonstrates perceptions of bias and mistrust as it relates to why their participants are not representative of their community. While some staff recognized that their court demographics are not reflective of the community, other staff felt as if they did well in serving all populations well. Gordon stated:

I mean, we're pretty good serving all populations. Overall, I think for some reason, it seems like we have a greater amount of males in the program, and I think I don't know if you all can speak to this. It seems like our female population is a little low across all demographic areas. I don't know if maybe they [Black women] just don't have the resources. A lot of the females we screen are in jail, and I think a lot of times we'll do the bond conditions to get them into the program, but once they bond or are released on a pretrial bond, they just don't report. So, we're struggling with identifying how to get past that barrier.

Even though staff believed that they were serving their communities, Gordon's statement represents a recognized barrier to Black women's enrollment in the program. Socioeconomic capital in the form of resources was also mentioned when considering why there is resistance into eligible participants enrolling in the program. Gordon stated:

And there's a few that sometimes they don't want to do the program because they live too far. They don't have the transportation to come all the way out here. They might live maybe an hour away or so or more.

From discussions that focused on ways to minimize the bias, mistrust, and structural barriers that may prevent Black women from having access to their program. Janet stated, "Honestly, we probably shouldn't, but when we do get me and Brittney, we really try to get them in. We don't. You know, we're trying to be more diverse." Brittney agreed with this and states, "Sometimes to where I'm mad. I'm like, okay, come on. I'm getting mad because they're {referral entities} not being held accountable. I feel like to a certain extent." Similarly, Brittney expressed efforts to recruit or partake in more active outreach strategies to mitigate the systemic barriers that may be related to the lack of awareness of and the lack of attorney referrals into drug courts that may

present enrollment processes that contribute to the underrepresentation of Black women. She stated:

I think we should specifically target somehow. I don't know the line of that, of like soliciting, you know, participants, right? And what that would look like. But specifically trying to, you know, maybe send a letter to people being arrested for possession charges and sending them a letter from drug court saying, you know, “Hey, are you or do you have a drug problem? Are you tired of living this way? Have you heard about Court A Drug Court”, something like that. To the jail while they're in jail, I think if we could get the jail on board with giving out our information upon release to people with drug charges...or even a video where we have some of our graduates, just a variety of ages and races talking about how drug court helped them. Would that be something that the jail would be willing to play for the ladies or whoever, in the jail? Showing that hey, this is a good thing or whatever. I don't know.

While there are differing staff perspectives on the way that each drug court serves its community, overall, there is an acknowledgement that Black women are underrepresented due to structural barriers, bias, and a lack of trust in the system. From this staff recognize that outreach typically occurs after an offense but have interest in the drug court intervening as soon as possible in the adjudication process.

PARTICIPATION DETERRENTS

The purpose of this study is to understand Black women's access to DTC and their experiences. Therefore, it was important to explicitly ask court staff what they perceived to be the major deterrents to enrollment, specifically for Black women. Staff were first asked about the dedicated time per week participants are required to complete program requirements. This

question revealed how time commitments impact an individual's willingness to commit to DTC.

Gordon stated:

I guess it's based on what phase they are in. The felony program has basically five phases, the misdemeanor court has three. So, it [time requirements] goes down throughout the program. But at the first phase of the program, was it 8.5 hours a group? Eight hours of substance abuse counseling, kind of depends on the class progress on how long they're going for 8 hours, but they're going to have a couple of drug tests a week. They're going to be required to go to recovery support meetings. And then they're going to be required to go to the court once a week to every other week, depending on their progress. I guess it would be at least 15 hours, I would think. 12 to 15 hours, I guess.

Brittney stated:

If we talk about the first step is residential treatment. They're going to do the 60 to 90 days. Once they step out of that is when they really start our program and phase one, they're reporting to me every week for an office visit. Typically, my office visits are about 30 minutes. The first one is a little bit longer because we do orientation and go through everything and some of them just require more time, of course than others. But if we say 30 minutes for an office visit, then they're going to come to court every week, that's an hour. They do intensive outpatient. Those are groups three times a week. Three-hour groups, three times a week. What else? They're doing an individual session with a counselor with the outpatient once a week, usually, and those are hour long sessions... And that's Sunday through Saturday when we say week.

Janet added, "basically it's probation on steroids." This sentiment from Janet, and other staff responses show that the time commitments of DTC demand almost that of a part-time job. When

trying to understand what factors contribute to a referred participant's refusal of DTC, responses demonstrated that refusals are most likely attributable to the time commitments of the program. Moreover, staff expressed that access to transportation, plea requirements, immigration status issues, program buy-in, and peer influence were the primary reasons noted as to why someone might refuse their program. Janet stated:

Yeah. A lot of times they don't want to make the commitment [drug treatment court]. It's a lot. A lot of people don't want to do the 60-to-90-day residential treatment placement that is required to be a part of this program. Some people just want to do their time, to be honest with you. If you've given a person an option to take [their time] and be out in seven days, why would they come to drug court?

Gordon further expressed how the time commitment was a deterrent of participation. He stated:

And there's always some people that would just rather take a time plea. So, I mean, they just tell the attorneys, you know, because overall the view, that's just going to be easier for them. And there's a few that sometimes they don't want to do the program because they live too far. They don't have the transportation to come all the way out here. They might live maybe an hour away or so or more. We had a few of those as well.

This demonstrates how time commitment impacts someone's willingness to participate in DTC, and it introduces how access to resources like transportation impact enrollment decisions. In court A it is written in their exclusionary criteria that participants must be a resident of the court's jurisdiction, for reasons related to participant refusal and success. The eligibility criteria to plead guilty or take a probation plea was also found to be attributable to individual refusal. Jacqueline (Court B, Misdemeanor CSCD officer, Black woman) stated, "I mean, there's a few cases where, you know, in the felony program they may say they're not guilty, and if that's the

case they would need to take the case to trial.” Gordon followed this up with more context, and stated:

I think I've seen it only when they have, like, issues with immigration that they don't, you know, want to enter into the program because of that. I've seen a few, but not too many. They don't want to take the plea of guilty because then they know that's going to cause an issue with their immigration status.

Program buy-in and peer influence came up in discussions and staff perspectives on participant mindset and influences that lead to eligible participant refusal. Staff suggested that difficulties in potential participant’s choice to participate in DTC stem from challenges of active substance use, in that clients are conflicted with wanting to continue to use, while wanting the legal benefits of drug court. Moreover, this conflict is exacerbated by peer influence that discourages participation in drug court. Brittney stated:

Yeah, I think that people, if you go into it [drug court] with a mindset of I want to just I want to scam the system. It's sometimes that attitude that's not, I really want help. It's just what can I get by with to get through and keep using and keep doing the same thing. I think the people that they're hearing from in the jail are those that have that mindset or they have heard rumors or maybe went through a program themselves, but they weren't really wanting the help. Just because you can't really you cannot scam your way through drug court, right.

With these perspectives on participant refusal, it was important to ask about staff perspectives on the barriers faced by Black women regarding access to DTC, and their success if enrolled. Jacqueline stated, “...so far, I've only really had one African American female participant in the group so far. And she's been doing pretty well, no issues with reporting or anything.” Mia

followed this up with:

So far, what I've seen, no [barriers to access or success]. But there was one. She did end up not wanting to participate in the program after she relapsed because she didn't have the support to go through drug and alcohol treatment again. So, she just ended up taking a probation plea afterwards.

This comment from Mia demonstrates how dealing with substance recovery and how support impacts participation and success in DTC for Black women. Discourse between Janet and Brittney on Black women's barriers provides additional insight on staff perceptions. Janet stated, "The truth of the matter is, it's almost like [with] the load that they carry already, this would be overload. Okay. And so, a lot of times they are not interested in the overload, you know, why set themselves up for failure." Brittney responded:

I mean, yeah, I see that. I do, but I see the White women having those same kinds of issues. So, I don't know, I feel like there's a difference in the lack of family support, or, you know, I think that the Black families, that, I don't know, don't see it [drug court] as a positive thing that she's doing and want to support her. It's, you know, the court system is just screwing you over and they're not there to help you. And I feel like the families too are maybe more involved [in their decisions], but in a negative impact way. If that makes sense. I'm trying to think of individuals, people I've worked with and the barriers that they've had in particular, and it's a lot of negative family influence. I don't know.

These discussions highlight participant deterrents to participant enrollment in DTC and more specifically explore barriers to participation for Black women. Specifically, conversations with staff implied that these court related barriers were related to Black women's racialized identities. On average DTC requires 60-90 days in residential treatment and a 15-20 hours per week time

commitment. The demanding time and resource commitments required by DTC programs discourage many individuals from enrolling, and lead to some individuals choosing incarceration over DTC. Staff perspectives demonstrate how these requirements as well as other social and structure barriers create challenges for women's enrollment in court, particularly those who face additional burdens of oppression.

PROGRAM SUCCESS & PARTICIPANT SUPPORT

Support emerged in contexts of participation deterrents but overall emerged as an overarching theme regarding impact to participant success. From staff perspectives, individuals who lacked support outside of the program faced increased barriers to success and were more likely to refuse participation in drug court. Although responses mostly detailed the negative impacts of lack of support, a few respondents noted that individuals with external support were more likely to succeed in the program. When asked about Black women's success and barriers in DTC, Court B staff reiterated that there were very few Black women in the program, and at the time the only one was doing fairly well in the program. Mia followed up with this with:

So, I had one recently that actually graduated. She had her husband's support. She had transportation. But I see that I don't get too many of them. That's what I do realize is I don't have that many that are referred. Actually, I had one recently that's in jail, but she has a pending case. So, she wasn't released the other day because she has to go to [redacted] County first to take care of that case, and then she can come into the program.

So, you know, just thinking back, I don't see too many, you know, in the programs. This not only demonstrates the importance of support and resources with program success, but also reiterates the underrepresentation of Black women in Court B. When asked about Black women's success and support in the program Court A acknowledged how difficult it is for Black

women who have limited support in the home, which creates challenges that are exacerbated, along with the responsibilities in the home while dealing with legal challenges and recovery, simultaneously. Janet stated,

[In being a Black woman] The Black woman carries so much. Okay? It's hard for her to do this and that. Okay. I'm going to just be honest with you, drug court is probation on steroids. A lot of the Black dads are not in the homes²⁸. Let's just put it out there, ok. So, you have this Black woman trying to get her kids back. She's trying to reintegrate back into society, and we're putting all these demands on her, and it's just very hard. I'm struggling right now with some Black female, single moms in my mental health court. They're trying, but they're trying to keep the gas on. They're trying to keep the lights on. They're trying to take care of their kids, and I'm telling them, but you got to be here every week, and you got to go to outpatient, and you got to do this, and you got to do that, and you got to do your community service.

Discussions with staff highlighted the complex interactions of procedural, structural, and social factors that influence DTC participation and provided staff perspectives on how these factors impact Black women's access and provide insight on what contributes to their success. Next, themes and results from the focus groups demonstrate how Black women experience these processes and their perceptions of the factors that impact their access and success in DTC.

FOCUS GROUP THEMES AND FINDINGS

The focus group and interview for this study aimed to gain the perspectives of Black women who are current or former DTC participants. The ultimate goal of this study is to elevate

²⁸ Based on data from the national survey of family growth, non-married Black fathers are more likely than White fathers and Hispanic fathers to have non-resident children (Institute for Family Studies, 2023).

the voices of Black women involved in these programs to better understand their experiences. Questions asked in the focus group discussion helped inform initial codes that developed into more focused codes within the data (*see Appendix B*). The subsequent findings prioritize direct quotes and narratives from focus group participants that were analyzed to provide an authentic understanding of Black women's experiences in DTCs (McCoy et al., 2024).

EMERGENT THEMES AND FINDINGS

From the qualitative analyses of focus group discussions, the following six themes emerged: Barriers to Enrollment; Motivation for Enrollment; Program Benefits; Program Challenges; Participant Rewards from Program Effectiveness, with Participant Suggestions for Areas for Program Improvements as a subtheme; and Role of Race and Identity in DTC Experiences, with sub themes of Successes & Challenges, Fairness and Treatment by Staff, and Advice for Black Women.

BARRIERS TO ENROLLMENT

Barriers to DTC enrollment emerged as a theme as participants described their experiences with difficulties with referrals, court-appointed attorneys, and their own hesitations with participating. Participants expressed their initial reactions to DTC, their concerns and hesitations, and their overall awareness of drug court. When asked how they first learned about DTC, Synclaire stated:

So I was, um, incarcerated at the time and my charge is against a family member and so my attorney said, well the family member is my mother, and my lawyer just pointed out that my mother expressed to the Prosecutor how, because I've been in treatment in the past, how 30 days wasn't enough clean time for me and being in treatment. So that's when my attorney told me that the Prosecutor suggested drug court.

Synclaire's response demonstrates the ways in which referrals to drug court can be made and suggested by anyone involved in the process. In Synclaire's case, the Prosecutor recommended drug court from the advice of her mother and with the support of her defense attorney.

Regine was familiar with drug court due to prior enrollment, she stated "This my second or third time in drug court. I've been heard about it...Somebody in jail told me." Maxine, however, recalled a different experience with her enrollment into drug court. She recalled how she faced resistance from her court appointed attorney, she stated:

I had heard about drug court. I wasn't aware that we had one in [redacted] County. I have, over the years, worked at a transitional home....and I took a leave of absence to take care of my dad, and I ended up relapsing. He passed away. And so, prior to that, I had a client from [redacted] County who was on drug court. But I think I came across an article after I had gotten my charges. And I had a court -appointed attorney. And she kept insisting that I wasn't eligible for it. She, um, I won't call her name, but she did not, she was not, um, I swear she worked for the prosecution. I'll just put it like that. Um, she was not trying to help me. She was not, you know, looking in my best interest. Um, and so I basically, um, I had a hard time...see what happened was the lawyer has to do the referral for you to even get into the drug court, and she initially told me, no. I had to keep pounding her before she finally just said okay you know they've got a lot even if you do even if you do qualify there's a long wait list there's no way you're getting in. Well, I had previously had lots of contacts with POs and with my other clients, and so it just so happened that the Director of the drug court program was familiar with me. And after I filled in the application, and she saw my name, she personally contacted me and asked what was going on. She had known that I was in recovery, but she was not aware that I had

relapsed. And so, I think that she was instrumental in getting me moved on into the drug court program.

Maxine's response underscores how different legal actors can have differing impacts on an individual's access to DTC. She describes her experience with a court-appointed attorney who she believed was not acting in her best interests. Maxine described her persistence in advocating for herself and the Program Director's direct influence with getting her enrolled in the program.

When asked about her difficulties with her attorney, Maxine explained:

What's so crazy is she had represented me before, with my first case, you know, I said that I had been clean for almost 10 years back when I had gotten another charge in 2008, she had been my she had been my attorney then, and again we had the same issue. I believe you know I hate to pull the race card, but I believe that her attitude towards me was racially motivated. I mean she said to me they made me an offer and I didn't like the offer, and I asked her a few questions about what I could do. She told me, she said, "You're a thief. Take the charge." And I was just, I was like, okay... It ended up working out for me because I kept advocating for myself, she finally allowed me to go speak to the prosecutor on my own. And the prosecutor did what I asked...I realized that she {the defense attorney} knew that, at some point she remembered me because when I was first requesting the drug court, she said to me, "This is a credit card charge." And so, I knew she had looked at my old charge that she had represented me on. And I said, "No, ma'am." I said, my charges are drug-related. And she said, how? I said, "I have two drug charges." And that's when she froze, and had to begin to relent, and allow me to [seek out drug court], because she hadn't really examined my case.

Maxine's experience demonstrates perceived racial bias in decision making by her court appointed attorney. Because her attorney dismissed her as "a thief" and did not take the time to carefully look over her case, a barrier was created and made it difficult for Maxine to access treatment and diversion from incarceration.

Khadija expressed that she first learned about drug court through her court appointed attorney,

I first learned about it through my lawyer that was doing the case for me. He told me that this was an opportunity for the case to be dismissed and for me to get treatment at the same time. So, he told me that this was the best option for me because, you know, I can have the opportunity to get it dismissed.

Khadija and Synclaire's experiences demonstrates the discretion of the defense attorney but is different from Maxine's experience in that they were recommended drug court by their attorney's initially as an opportunity to get their cases dismissed, while Maxine had to advocate for her attorney's support and referral into the program. When asked about their initial reactions to the idea of drug court and if they had any concerns or hesitations participants overall stated that they were not originally interested, but realized treatment was necessary. Maxine recalled:

I was still in active addiction when the Director contacted me. She happened to have my personal cell phone number and called me to let me know. And I was hesitant because I was still using, and it sounded like a good idea at some point. You know, I guess I had a moment of clarity at some point...but I was in the midst of my addiction. As a matter of fact, I was in the midst of using when she called me. And so, I almost didn't do it. But she cared enough to engage me in conversation. And it really impressed upon me the importance of me doing this; how it would be beneficial for me.

Maxine continued:

My reluctance came from, like I said, I was I was still in active addiction and so my struggle was that I wanted to be clean, but I knew I couldn't do it on my own and but I didn't want to be I didn't want to be locked up because there was still a part of me that wanted to continue using so that was my that was my reluctance. I knew it was the best thing for me. And I knew that I needed that. I needed somebody's knee on my throat [to stay sober].

Synclaire responded,

For me, I was a little apprehensive because my attorney was saying like if you mess up then you can have to do all your time and I mean excuse my language but my attorney was just like fuck around and find out and so I was a little hesitant but I also had an open CPS case and I was trying to do anything and everything to get my child back so I was like let's shoot if that gets me sober I'm down for it.

For Synclaire, even though she had the support of her defense attorney, the support came with warnings that expressed the severity of the commitment, so that she knew exactly what she was getting into, which is a nuanced experience of DTC referrals and admission processes. Khadija did not have any hesitations and was eager to take the opportunity. When asked about concerns or hesitations she stated, “No, once I heard dismissal, I said I’m going to take this opportunity.”

These findings demonstrate barriers to DTC access. The experiences of Synclaire, Regine, Maxine, and Khadija demonstrate the varied pathways to DTC enrollment and the role of different legal actors influencing access, as well as the racial and systemic barriers to DTC.

MOTIVATION FOR ENROLLMENT

Related to barriers to Black women’s DTC enrollment, participant motivation was important to explore to fully grasp motivations despite barriers that are encountered during these enrollment processes. When asked if there was anything that participants were excited about or

hopeful for, participants expressed a range of motivations including, desired sobriety, family influence and reunification, housing and stability, and avoiding incarceration. Synclaire expressed stable housing and staying out of jail as her main motivators for choosing to enroll in DTC. She stated:

Um for me I, I knew by joining, well I had a hunch by joining drug court that I would get housing because I was, um I lost my housing or section 8 voucher because of being incarcerated too much. So, I just was like, at least I can get off the streets and I don't have to keep repeating that same old cycle of going in and out of jail.

Regine also expressed stable housing as motivation for participation in DTC. She also expressed that she was hopeful to get rid of the cases she had. Participation in drug court through deferred, or pre-adjudication means that charges can be dropped without convictions, once successfully completed. In contrast, post adjudication participation requires pleading guilty though charges can still be dismissed but may require the participant to go through processes of getting the conviction expunged, after successful program completion. Regine stated, “Yeah to get rid of the cases that I had. Get me a place to stay. I can’t stand this place that I live. I’m about to go crazy here.” Regine and Synclaire’s responses demonstrate the importance of stable housing in decisions to participate in DTC. Maxine referred to encouragement by the Court Coordinator, CSCD officer, and judge as well as the benefit of recovery and sobriety as her main motivations for enrollment. She stated:

Because I was familiar with the director, I had some hope of, you know, at being successful because I knew I had some support, as far as from her. Once I spoke with my new PO with the drug court, I was really hopeful. She was very encouraging, and I still

am involved with the alumni of the drug court, and it's because of the relationship that I built with her and the judge.

Maxine's experience demonstrates the positive impact that court staff have on participant motivations to enrollment and highlights the importance of support of court staff. When asked about the factors that were most important to their decision to participate in the program Maxine brought up her faith, and the faith of the court staff, as a motivator to enrollment. She stated:

Okay, so I had grown up with {drug court coordinator} ...we'd gone to church together, and she really spoke words of faith to me. And she also informed me that the judge was a man of faith, that he was, that he was a Christian and a man of faith. And the program that I had been involved with and working with, where I had initially gotten clean and had started working was a faith -based program. And so that, to me, it made me feel like maybe God was involved in this, and that, you know, gave me more hope, because I have been struggling with addiction, God, since I was 11 or 12 years old.

Synclaire responded that her hopefulness and motivation for participating was an active Child Protective Service (CPS) case and knew that she needed the help of drug court to help with family reunification, specifically obtaining custody of her child. She stated:

So, I had mentioned that I had an open CPS case. This was my second time being involved with the State. And so, I knew that I would have to at least do what was court ordered for them. And that was to do mental health services and do treatment. And so, again, it was just a no-brainer because, of course, I want to do whatever it takes to get my kid back. I knew that with the help of drug court [I could get my kid back], because I had graduated from family treatment for CPS. And so, I had tried to get in there and they didn't accept me again. So, when I had this opportunity to get accepted in drug court, I

just was like, I need something behind me because I couldn't do it alone. I needed the support.

Synclaire's response provides insight into reunification with her child as a primary motivator for participating in drug court. Additionally, her past experiences in family treatment court helped her understand the support she would gain from drug court to be about to engage in treatment to seek recovery and avoid jail time, which would prevent her from gaining custody and access to her child. Khadija shared similar motivations for participation as it relates to family reunification, as well as maintaining her employment and income, she stated:

Yeah, because at the time I was a teacher so it [the charge] directly affected my income...My employment, um, and the fact that if I went to trial and was convicted, um, I have a son, so being sent to jail, even though, you know...

Participants were asked if they believed that they had enough information and support to make an informed decision about enrollment. They were also asked what they wish they had known about treatment court as a follow up. Their responses demonstrated that while they had a pretty good idea of what enrollment in drug treatment court would entail, there were some elements that they did not fully understand or recognize would be difficult. However, instead of this lack of information deterring them from enrollment, they agreed that if they would have known how demanding and restrictive drug court was, they may not have enrolled. Maxine stated:

I'm going to say yes. They gave plenty of information. They talked about it. Now, how much initially settled in? Because like I said, I was in a fog. You know, but I was kind of familiar with these types of processes because I have been struggling with addiction all my life. I had been in and out of treatment, in and out of groups, in and out of counseling.

And I had also worked in the arena. So, it was a bit of a struggle for me, but most of the struggle came from internally. I think that they gave me a lot of information. A lot of it just went over my head at the time. It was hard to focus. It was, you know, so yes, yes.

And then it helped that I trusted the drug court coordinator.

Synclaire stated:

Um well I just had a pamphlet while I was in jail, and I had a couple of inmates that said yeah, do it. You know of course when you're in jail you're going to do anything that you sign up for anything to get out, ... I'm like I want to get out of jail, I want to get my kid back, and I just had a pamphlet, but it didn't really go into depth of what you were required to do, of how you have to make drug court a priority in your life. I think that's a factor that's something, that most people probably won't make that decision [to enroll]. If you're trying to get out of jail, you're quick to make any decision.

Maxine followed up her statement with:

I don't know about her, but I think that the um, the hard parts and everything, I think that had I known that that may have caused me some pause, you know, more reluctance to do it. um and then also if I had really uh paid attention to what people were saying ... they had nothing but bad things to say and it was because they didn't make it.

And then Synclaire stated:

Well, as far as the pamphlet goes, it says that it's a 10-month program. So, I don't think that's realistic. There's people that can be in drug court for three years at a time. Like, I'm going over a year now, and so I think they should at least communicate that it'll be a year or longer from the get-go, so they'll know what they're committing themselves to, and I struggled when I first got treatment, you know, I relapsed. And if it wasn't for a former

participant, it was also my drug dealer and ex-boyfriend. I went to him and used, but I got the information from him that you have to stay clean. And so, if it wasn't for that information from him, because you get false information from people saying, "oh, you can have dirty UA's just as long as you keep going to classes and stuff", like eventually you're going to get consequences and get kicked out ...they say it, but they don't say it. Like, there's no way you can graduate drug court without staying clean, in my opinion.

Khadija expressed that she felt her probation officer provided enough explanation, but she still found the experience to be overwhelming when she started. She stated:

Well, once my lawyer told me about it, we set up a meeting with the probation officer, and she fully explained it. He only had tidbits of information. He didn't know exactly what the program entailed. And once I went into the meeting with her, she fully explained it.

She continued:

I feel like they explained it pretty well. The probation officer said it in the beginning. It would be very intense with the testing and the amount of meetings and the things that I had to do. I feel like she said it was going to be intense. But once you were in it and you had to experience it, all this stuff you had to do, it was overwhelming at first.

While participants were given details about DTC through legal counsel, pamphlets, and court staff, they acknowledge that program length and requirements were not fully understood at the time of choosing to enroll. Maxine's responses demonstrated that she received enough information but was not sure how much of it she fully processed, because of substance use. Because of the lack of fully grasping the commitment requirements, Synclaire made the decision to enroll so she could get out of jail and regain custody of her child. Khadija stated that she had

enough information to join, but she was overwhelmed with program commitments, once she started the program. Lastly, Regine also believed that she had enough information to agree to participate, she stated, “No, I was fine with whatever they said”.

Motivations for Black women’s enrollment were driven by various factors. Participants like Synclaire and Regine highlighted housing stability, with Synclaire emphasizing the cycle of homelessness and incarceration. Maxine found motivation to enroll in drug court, in the encouragement from court staff and faith-based support. Family reunification, specifically resolving CPS cases and not losing their child, was a key motivator for Synclaire and Khadija. Overall, while participants agreed that they had enough information to agree to participate, they were unsure how more transparency about the program’s challenges and duration would have informed their decisions. These findings demonstrate the role of structural and personal factors in motivating Black women’s enrollment in DTC.

PROGRAM BENEFITS

Participants expressed a strong sense of personal growth despite obstacles in the program. Their perseverance and commitment to completing the program was demonstrated when they were asked about their successes, and aspects of the program they excelled at, Maxine stated:

I’ve always been somewhat of an overachiever. And so, I went in, in my mind, I was going to be the best probationer they had ever seen. I was going to zoom through. I knew that the judge had already expressed to me that he believed that at least, a person in recovery needed at 18 months. And so, I’m looking at, okay, I’m probably going to be in here a year and a half. But if I do really good, I can get out of there sooner. I ended up over two years in there over two years. But, you know, I stuck in there that was perseverance I think, because it got really hard at one point, well, at a couple of points. It

got really hard. But I was determined. I was determined to stay clean, and I was determined to continue on.

Maxine demonstrated a determination to succeed and approached program enrollment with an overachiever mindset. However, challenges in the program caused her to be enrolled longer than she anticipated, but her perseverance was crucial to her success in the program. Similarly, Synclaire expressed pride in her ability to navigate inpatient and outpatient treatment, despite feelings of isolation, especially as the only woman of color. She expressed that one-on-one support from her case manager helped her feel seen and heard, contributing to her success.

Synclaire stated:

So, I was really proud of myself because, like, when I was an inpatient, I was the only woman of color. And then also in outpatient. And so, I just, I thought I would breeze through it too. But what I liked about it is when I wasn't really communicating, I'm a very quiet person ... as long as you don't have to talk to me, that means I'm doing what I'm supposed to do. And so, my drug work case manager, she just noticed that she was forgetting about me. And so, she started paying more attention to me and doing one-on-ones, which was very helpful in the program. I felt like I was cared for or listened to and heard.

When asked what aspects of the program they found most beneficial, participants highlighted support from the drug court team and the structure of the phases. Phases are structured in a way that as you advance throughout the phases, participant requirements are reduced. Khadija stated:

I think for me, the thing that benefited me most was, I guess going through the phases and then achieving, like less and less things that were tying me down and restricting me.

You know what I'm saying? It was like little by little you were getting more freedom. Little by little you were you allowed to you know test your own strength in, you know, your own recovery...the first part of it was like I was getting drug tested and piss tests every two days... like it was crazy and I think that by the end of it, was just, even though we weren't getting tested as often, I still felt the responsibility of being, you know, true to my recovery.

Similarly, Maxine stated:

I agree with what she said also...I think that going through the phases was the biggest thing for me because, you know, I got, I had a sense of achievement. One of the things that I also liked about the drug court when we had, like, we had color code. And it's real easy, you know, even though, you get used to doing it, it's real easy to be busy because you have so much going on and forget a color code. So, they had this thing where anybody that, I think it was two months or three months, without missing a color code; they had little perks, you know, gift cards and stuff like that. And they had it for various, for various things... So, I like that. It kind of motivated [me] because you get acknowledged.

This sentiment from Maxine demonstrates how support from the drug court team along with incentives and rewards were beneficial, which was also expressed by Regine. Regine stated, "The gift cards [were beneficial], and my counselor is excellent." Incentives provided tangible reinforcements for participant progress, and made participants feel acknowledged for their efforts. Maxine expanded:

I think it was more the support, the people I had supporting me, and feeling like, believing that the people involved, the drug court team, ... were on my side and not the enemy...So I think that knowing that the team was there to support me was encouraging. Overall, participants reflected on how staff support, structured phases, and their own gradual independence in sobriety reinforced behaviors that contributed to their success which fostered a sense of achievement and a long-term commitment to recovery.

PROGRAM CHALLENGES

When asked what aspects of the program were the most challenging, participants reported several challenges particularly around recovery. They expressed that because the program operated under the expectation of relapse, it impacted how their behaviors were perceived. Maxine expressed frustration with drug testing. She stated:

One of the things that I did not like about drug court, I felt like, you know, after getting in and talking to them and finding out how the program worked, I felt like they almost expected me to relapse. It was like, you know, and not me personally, just they expected people to relapse... So consequently, when I had some issues with the testing, it was assumed that I did use, because that's just "what people do". For me, you know, I'm 58 years old. When I first went into treatment, I ended up having to leave treatment and go into the hospital for a week because I was diagnosed with congestive heart failure. And so, for me, it was literally... for me, it was literally life or death. The alcohol and cocaine had just ruined my heart. It was enlarged. I was lucky that I was, I was truly lucky that I was still alive...And so the fact that I was having [medical] issues...they were more apt to believe that I used, than [believe] there's something else going on [that] really bothered me.

Synclaire and Maxine both described how the death of their mothers led to challenges while in the program, but expressed that their circumstances were met with standard consequences as opposed to sensitivity. Synclaire stated:

I think I would have to agree with her. I mean, they say that relapse is a part of recovery, but I'm in phase five of drug court currently and my mother just passed away unexpectedly and I had a relapse. And as far as when I went to go, I was open and honest with them...when I expressed it to my SUD counselor, she was just like, okay, go back to classes, which, I mean, I'm okay with doing, that's the consequences if you use. I got to do whatever it takes to finish, but it just felt like she gets paid more, you know, they're there to listen to you, but they're also there to get paid. So, she's getting compensated for however many months I got to go back to inpatient, or outpatient. And so that kind of felt, like, insensitive to my situation that I'm going through right now.

Maxine expressed a similar situation and expressed that despite her health concerns and the loss of her mother court staff assumed that she had relapsed. She responded to Synclaire,

You know, I had a similar situation. My mother passed while I was in the drug court program and it had happened in January, and in March I had, had a test that it wasn't dirty they said it was, I forget the word that they use, like when you drink too much water...Well, I was on fluid pills. And so, their response to me about that was, you know, when I explained to them that, you know, I need to do my drug test early in the morning because by midday, I've had a lot of fluids. And they kept insisting that, no. See, they get their information from the labs, and these lab techs don't have medical degrees. ... So, I had then, just kind of, the assumption is just like you're not even trying to understand

what's going on right now. Because they felt like I had a good reason to use. I lost my mother.

Khadija added that the structure of the program accommodated relapse to the point that because she had stopped using substances before entering the program, she was then questioned on whether she really should have been accepted. Khadija stated:

Yeah. And also, I agree with them that, you know, ... I feel like the program is set up for people because they want them to relapse or they, you know, what I'm saying? Like, it's there for them if they do relapse. Because my counselor made a comment that, you know, because I guess I had stopped drinking, you know, smoking weed a year prior, because it was my lawyer's suggestion to do so...they were like, we really shouldn't have accepted you in the end. And I'm like, damn. But really, it helped me a lot, you know, being in it because it made me take accountability. But, like, her comment kind of was like, damn, they kind of want people to kind of fail, and have to go through the program a little bit longer than what I had to...I don't know, I don't know. It just feels like it's designed for that.

Participants were asked about aspects of the program that they found to be the least beneficial. While drug testing was still noted as a challenge, participants expressed that group sessions to be repetitive and noted their preference for one-on-one counseling sessions. Synclaire and Khadija noted that lesson plans in group settings were often repeated. They both expressed preference for their one-on-one session when addressing personal struggles. Synclaire stated, "For me, um, in outpatient [group] she rotates her lesson plan, so you're essentially learning the same stuff that you already learned". Khadija responded, "Yeah, I agree with that. one-on-one counseling with the outpatient counselor was more beneficial than the full group setting for three hours".

Maxine strongly criticized the monitoring of substance use with drug patches, which are continuous drug monitoring adhesive patches worn on the skin to detect substances used a few days prior and while it is being worn. She expressed:

I think the drug patch. I think they should burn that sucka. Do away with it completely. Because that was my first issue in drug court. I kid you not. I'm not exaggerating when I say I used hard that I was, you know, I would, I would buy large quantities of cocaine, and if I lost it or misplaced it ... and then you can't find it. If I couldn't find it, I just went and bought some more. So consequently, there were drugs all over my house, all over... I was an IV drug user. So, I had powder... It scatters everywhere... wherever I hid it... So, you know, some of my contact, with cocaine and in wearing the patch, the way that the patch works... still to this day don't know if it was outside contamination, which they say can't happen.

With this Maxine questioned the reliability due to the potential external contamination of having substances in her house and in her purses from when she was in active substance use. She expressed that wearing the drug patch was a challenge because even though she was not using, the patch registered any encounter with a controlled substance and made it difficult for her to advance in drug court phasing because of drug patch false positives. Participant experiences demonstrated challenges in DTC and how those perceived assumptions, standardized drug testing, and group sessions were program elements that caused frustrations and challenges.

PARTICIPANT REWARDS FROM PROGRAM EFFECTIVENESS

Participants were asked about their experiences in drug court comparative to their experiences with incarceration. Overall, they expressed that the active engagement in treatment in drug court was more effective than incarceration or other court processes, because it kept them accountable and responsible for their sobriety. Khadija stated:

Well, I think that this time around, because I had had DWIs in the past, and this time around being in the program made me take more responsibility because the other one [traditional adjudication] did not, I mean, it just made me go to court, you know, it didn't make me actually do treatment or do a program. So, this one actually made me reflect and take responsibility for my actions more so than previous [legal system encounters].

Similarly, Sinclair expressed how adherence with DTC conditions reduced the burdens of other legal supervision, which improved her interactions with her probation officers. Synclaire stated:

For me being in drug court, I have other charges and probation. So, the fact that I was in drug court was really like, it got them off my back... It's like as long as you're in compliance with drug court, then you don't have to come back to court. And my probation officer is very lenient on me because he knows I'm doing everything I'm supposed to, being in drug court.

Maxine shared that despite challenges, she preferred DTC to incarceration. She reflected on how in DTC she could still interact with her family, but when incarcerated her mom would not take her phone calls or bond her out. Synclaire emphasized how court sanctions, even though restrictive, were effective in deterring her from reoffending, which was different than being in jail. She stated:

I mean, in jail...it seems like you're stuck and lost track of time, so of course I prefer being out, but having the supervision of the court you're not exactly free... They're telling me on the high end I can get 20 years for these first felonies, or on the low-end five years. And so, it was a motivating factor to know that. I don't want to be and go to prison and be away from my child.

Unlike traditional encounters in the legal system, drug court allowed them to be with their families because it diverted the time they would have originally been incarcerated. This demonstrates how the structure of drug court was effective when deterring reoffending and motivating recovery.

PARTICIPANT SUGGESTIONS FOR PROGRAM IMPROVEMENTS

Participants expressed concerns about the effectiveness of certain requirements. when asked about changes they would make to improve drug court. Maxine once again criticized drug testing methods and described how a positive drug test, despite her sobriety, again delayed her progression throughout program phases. Maxine reflected:

My thing is, you know, like I told you about the hair follicle thing...When you come into the program, they need to have a baseline... they do a hair follicle, you know, because they feel like that's the most accurate. And so... it has to be clean. Now, so my hair follicle in the very beginning that they did take, I think after phase one was when they took their first hair follicle, and it was dirty, but I had not been using. So, I feel like it was unfair that I could not move up to the second phase. So, I spent a long time in phase one, even though they knew my numbers were going down and I was not using...simply because my hair follicle wasn't clean,...So they knew I had not used between time. So that would be one of the things, I think, taking a baseline and taking that into account...

While one-on-one sessions were beneficial, Khadija expressed changing group settings to include more individual counseling. She stated, "I would change the group settings to more individual settings... I think the individual counseling was more beneficial". Maxine suggested that peer mentors, mentioned by another participant, would be an area of improvement. Maxine

reflected, “I think it may have been Synclaire who mentioned something about a peer mentor... I think that it would be interesting to have one of those here”.

A recurring theme in the focus groups discussions was the lack of structural support in areas such as housing, financial assistance, and legal relief. When asked what support DTC could add, Synclaire identified housing insecurity as a major barrier to sustained recovery, prior to joining drug court. She expressed that drug court programs should provide more resources for transitional housing particularly for women with and without children. She stated:

I think housing is a big one for me because being homeless kept me an active addiction.

So if they can help with more resources for transitional housing or any kind of housing, like even women with no kids would be beneficial... you're on your own for next step

housing, looking for a room on Craigslist, and you're like, dude, I got a kid, you know.

Regine also cited housing as a support that could be improved, she stated, “You know, I'm fine with the program. I like the program. I don't want to graduate until they get me in another apartment. I can't stand the place I live in”. Maxine and Khadija expressed concerns over financial burdens exacerbated with legal fees from things like court-mandated breathalyzer, and record expungement. Maxine expressed that with the rigorous program commitments, it is a heavy load to carry when trying to work to support yourself and take care of the fees associated with DTC requirements. She stated:

I think that, you know, that they need to take into account, like when you're on probation even in drug court, even though drug court waives a lot of fees and stuff, I think that still having...to have the um... thing on the car...those aren't cheap either...so there's a lot of things that you need to do to maintain your sobriety and I think that having to worry

about where this money to pay these fees is going to come from is a stress that could be alleviated.

Khadija echoed a similar sentiment:

I think for the most part, drug court addressed the need for me to pursue recovery, you know, change in my life. It did contribute to a lot of debt with trying to, you know, cover all these fees, cover all this stuff with the interlock in the car and I have a lot of debt right now that I'm still paying off in order to, you know what I'm saying, like keep up with this whole program. So it's helped, but it hasn't helped. You know what I'm saying? ... And even after the case, to try and get it expunged, there's another debt that I have to accrue, because I have to pay another lawyer, you know. It's just, it's debt, a lot of debt that you accrue.

Khadija's comment reminded Maxine of frustrations she had over the misleading impression that drug court participation would erase their legal records. Although cases were dismissed, charges remain on background checks and require record expungement that leads to more legal fees, that if they did not pay they would keep this offense on their record. This is important to note when considering participants' mentioned motivations for enrolling in DTC, the dismissal of their charges. Maxine stated:

I'd like to add one more thing. I wish a drug court would do, because you know, I think... the way it works is that when you sign up for drug court, you sign up for deferred adjudication, probation, and it's presented to you as it won't go on your record. And that is not true. That is 100% not true. ... So I think that if drug court could actually, you know, have that removed, if you sign up for it.

ROLE OF RACE AND IDENTITY IN DTC EXPERIENCES

CONTRIBUTIONS OF IDENTITY TO SUCCESS

Participants were asked to reflect on how they thought their identities as Black women shaped their experiences in DTC. Responses demonstrated how perseverance and resilience throughout drug court was largely attributed to being a Black woman. Maxine reflected on how overcoming struggles in life helped her develop a thick skin, which was both a challenge and strength. She stated:

I think because as black women, we've gone through a lot. I think it kind of helps you build a thick skin. Sometimes, and then that has its pros and its cons. I think that even though it was difficult because of my background, you know, the cultural background, being raised in the church, having some faith, even when it was hidden behind all the, you know, the drugs,...I think that that contributed to me, you know, persevering. It gave me the strength to continue on because I had an opportunity to just say to hell with it, and I refuse to [give up].

Despite substance use struggles, Maxine credited her cultural background and faith as factor in her success in DTC. Synclaire stated similar sentiments. She expressed that she always needed to defy the odds, and that DTC was another milestone in her journey and self-determination in successfully completing the program. She also credited her sister and her mother as inspirations to her resilience and dedication to sobriety and success. Synclaire stated:

Well, for me, I'm like, I can complete whatever I put my mind to. You know, growing up, I was the youngest sibling. I was the only sibling to graduate high school and go to college. So I've always was trying to beat the odds... So it's just not having that quit mentality and believing in myself. My parents, like my mom and my sister they're like

bosses at their jobs as black women, so I was like the black sheep. So I was like at least if I get clean and sober I can live my life better in better situation you know so I just didn't give up on myself

Khadija felt that as a Black woman, she had to work harder to prove herself, which led to her taking on a leadership role within her DTC group. When comparing her participation with her peers, she observed how non-Black participants were more likely to disregard DTC rules without sanctions, while she was consistently trying to prove that she was dedicated to sobriety and success. She stated:

Well, as a black woman, I feel like we have to do things to prove ourselves more than anybody else. You know what I'm saying? So maybe that was in me to kind of go for the leadership role in the group because I was trying to also prove that I'm really trying, you know,... I feel like some of the other people that were in the group that weren't African American, they would, like, skip meetings. ... And really face no real consequences for that. And at the end of the day, as a black woman, I kind of felt like I needed to [take a leadership role], you know?

CHALLENGES RELATED TO IDENTITY

Participants noted that their identity as Black women presented some challenges within drug court. Khadija noted that there were very few White participants in her program, and she speculated that this could be due to socioeconomic difference in adjudication in which individuals with more socioeconomic capital may have reduced charges and not face DTC.

Khadija recalled:

I didn't see a lot of Caucasian [participants]. I don't know if it's because they had good lawyers from the jump that, you know, their charges were basically reduced or not, you know, because I see it a lot on the news, like actors and people that have trouble with

DWIs and stuff. They barely even get probation, you know? So, it's like a lot of the people that I saw were minorities in this program.

Synclaire discussed the burden placed on Black women to remain strong, culturally, and throughout the DTC process. She noted that this expectation made it harder to cope with challenges, such as the passing of her mother and the pressure to regain custody of her child, during treatment court recovery. She stated:

I think as Black women, we're always supposed to be strong. And so, not being able to cope with my emotions is what's contributed to my challenges to stay clean with. I guess I got any excuse to use, like, the death of my mom was like the factor, and having a lot of pressure on me, um, trying to get my child back. It was just, it just felt like I was, I had too much on me. And so, I was just like, had a case of the fuckets for a minute. But I'm glad I'm back on track.

Even through the challenges of drug court and life circumstance Synclaire's response demonstrated the ups and downs of treatment and highlights the importance of emotional and mental health support.

Lastly, Maxine shared challenges with drug testing and pointed to the differences of hair follicle test results for Black individuals. She experienced being dismissed and accused of substance use because court officials did not account for her hair texture, age, and metabolism, which affected her drug test results. Maxine stated:

When they did my hair follicle, it was dirty. And the numbers were high. And I, again, insisted that I had not used. And I also reminded them that they did not take a base level when I came in. They don't do that. ... And so I started doing some research. And they were saying that it could be in there longer if you were a regular heavy user. I'm older. So

my metabolism was slower. I'm a woman of color, so my hair texture is different. My hair grows slower than most peoples ... There are a lot of contributing factors. Well, it just so happened, this I know God was on my side... in the midst of all this, they went to some seminar, ... And they found out that, hey, some people, the hair follicle will test positive for up to a year. So, that... bought me some time before they sanctioned me so they said, "Okay, we'll see in 90 days.", because they can only test you every three months, so the next 90 days I was still positive, it was still high but the numbers were lower than the last time and so they were like, oh okay. ... So, the science of it, you know, affected me as a Black woman, you know, as a Black, older woman, ...

FAIRNESS AND TREATMENT BY STAFF

Experiences with drug court staff, structure, and expectations varied based on location.

When asked about fairness and treatment by staff Khadija stated:

For me, they had a woman of color as the peer mentor for [redacted] County. And so it was very inspiring to see that she graduated the program, and she was like cheering me on. Like, also, the meetings definitely were a big part of getting a lot of clean time. Like, if I didn't go to those meetings, I felt like I wasn't doing anything productive. Also, they, helped me get into a job readiness class, it helped me be self-sufficient. I'm working now after that class.

With this, Khadija recalled fair treatment with a diverse staff that contributed to her program success and obtaining employment. She continued, "I think program staff were pretty fair. A lot of the program staff were minority... my outpatient counselor was a Black woman, my probation officer was a Hispanic woman. So a lot of the people... were minority like me. Maxine echoed similarly accounts of fairness and treatment by staff, she stated:

I think that they had a good mix on our team. The director was a woman of color. Her boss was a man of color. The peer support specialist was Hispanic. The PO and the lawyer and the judge were Caucasian. ... they seem to all have good relationships. And so, I think that that contributed a lot to the fairness that was, you know, meted out within the program.

Synclaire, however, had a different experience. She stated that most of her drug court's staff were White. She expressed feelings of tokenism because of her identity, particularly when she was repeatedly referred to as a mother as opposed to a person who needed support in navigating setbacks without fear of severe repercussions, because of being stereotyped. Synclaire reflected:

The majority of the staff in drug court, for me, are all white. And so I feel like they have to meet a quota to have a black person (laughs) and also like with the judge he points out that I'm a mother, well I'm more than just a mother, so that's kind of annoying to hear all the time. And I'm in drug court housing, so like me having a relapse and I having to like... tell the house manager. I had to tell my substance abuse counselor because she's doing wellness checks, and I have to tell drug court so I have to report to all three people, not knowing if it's going to get back to my probation officer because they all communicate... So I feel like if I mess up, I'm just fucked.

ADVICE FOR BLACK WOMEN ENTERING DRUG COURT

In the final discussions of the focus group, participants were asked what advice they would give to other Black women deciding or wanting to enroll in DTC. Overall, participants encouraged other Black women to take full advantage of the opportunity drug court provides. Maxine advised embracing the process despite fears and advised prospective participants to lean on faith and perseverance. She expressed that her late mother's confidence in her recovery

played a key role in her success, and stated she would advise others to find personal motivation to push through the challenges of DTC. Maxine stated:

My advice would be to go for it. I think that even though I had a lot of difficulties, I think that it helped to motivate me. At some point, ... I stood on it and I was just determined that I was going to allow God to see me through all of this. I had been through so much, I had been through so much in my life. I refuse to let this defeat me. And, you know, having lost my mother, prior to her leaving, knowing that she had confidence in me, you know, that she believed that I could do this; she was proud of me. I think that that helped to motivate me.

She continued and expressed that drug court helped her get back on her feet and gain back her employment, she stated:

And now I'm back on my job. A job that I love and working and, you know, contributing being a productive member of society. I think that my advice would be to go for it. If you have an opportunity, you know, just go shaking, even if you're afraid.

Synclaire agreed with Maxine's sentiments and added that the drug court's structured support system provided her with opportunities she wouldn't have had otherwise. She shared past experiences of being unhoused and pregnant and struggling to access treatment. From this, she expressed that DTC provided her with the help she needed. Synclaire stated:

I think I would agree with Maxine, because [with] my mom passing, at least she got to see me be clean for 11 months. I don't think that would be possible without the help of drug court. And then if we try on our own as addicts, like I was homeless and pregnant and I tried to get help. And they thought I was lying. And then they said that because I dressed very well being homeless ... but I didn't want to look homeless even though I

was homeless. And I did like three different evaluations. I was literally sleeping on the jungle...., homeless, bouncing from shelters. I got, I aged out of the shelter, but I was pregnant at 30. And so they offered me to go to [redacted] where you can go when you're pregnant to this treatment center. But then they told me to wait until my third trimester. Then when I got in my third trimester, they said they were full. And so when you're really seeking help and you can't get help for treatment, and you're really honest with your situation, I mean, that's why I think drug court was very helpful, because they can actually get you in treatment. Get you clean.

Khadija highlighted the legal benefits, she stated:

Yeah, and I would I would tell them to take the opportunity because the fact that you get your charges dismissed you know it helps your record, it helps you in the future you know getting jobs and not having that charge in your record, so I mean I would take that...and it helps you pursue sobriety. So I would definitely tell them to take the opportunity.

Regine also encouraged other Black women who need help to consider DTC enrollment, she stated, “I, tell them, go, if you got like me, in trouble, and you need help, go to drug court”. Khadija and Regine both urge Black women to utilize drug court as a means to build a more stable future and improve their legal circumstance by getting their charges dismissed in order to improve employment and overall quality of life.

These discussions, led by Black women, reveal both the strengths and challenges they encounter in DTC. The insights from these findings offer a deeper understanding of how systemic biases, DTC structures, program requirements, and support systems impact Black women’s access, success, and overall experiences in DTC. Their perspectives provide valuable

guidance on how to enhance the effectiveness of DTC by recognizing the unique barriers Black women face accessing diversionary programming and in long-term recovery. By addressing these concerns, while bringing Black women's perspectives to the forefront, DTC can be improved to better support marginalized individuals, including Black women, and promote lasting success.

CONCLUSION

Capturing firsthand narratives from DTC staff reveals how DTC policies and practices are implemented and reveal barriers to the referral, enrollment, and success of Black women participants. These qualitative findings center on Black women's experiences and their voices using interviews and focus groups to provide a more in-depth understanding of how race, gender, and systemic oppression intersect and shape their experiences in DTC. The methods used for this study provided a space for Black women to articulate their needs and challenges in their own words. Staff and participant perspectives garnered in this study are essential when informing policy changes that move beyond a one-size-fits-all approach to conducting processes of enrollment to enhance racial equity in DTC.

This chapter demonstrates how perspectives from both staff and participants are essential to understanding and improving DTC processes. Staff insight offers perspectives of institutional intent and operational constraints when examining the access and outcomes of Black women in DTC, while Black women's insights reveal how these practices impact their lived realities. When considered together, these narratives identify points of convergence and critical gaps in the racial equity of drug courts for Black women's access and success from the perspectives of staff and participants.

When examining access, staff and participant perspectives most closely align through discussions of the rigorous time commitments and strict program demands, as well as structural

and economic barriers that hinder access and continued participation. Both staff and participants recognize and acknowledge the importance of external support systems, such as family and community networks, as key to Black women's engagement and success in DTC. Additionally, incentive structures and phased approaches to program progression were valuable supports for participant progress and motivations.

Despite the alignment of staff and participant perspectives, notable divergences also emerged in the qualitative findings. These differences particularly concern referral and admission decisions as staff tended to frame eligibility requirements and discretionary practices as necessary safeguards designed to protect participants and maintain program fidelity. In contrast, Black women viewed these same criteria as exclusionary, racially biased, and often preventing their enrollment based on inaccurate perceptions of their ability to be successful in drug court. Perspectives also differed in discussions of systemic mistrust and racial disparity. While both staff and participants acknowledged that Black women often entered the program with mistrust, staff perceived this mistrust as rooted in a desire to "cheat the system". In contrast, Black women made it clear that their mistrust stemmed from their challenges with substance use and from direct experiences of racial biases within the criminal legal system by legal actors. Once admitted Black women expressed a sincere desire to succeed, not manipulate the system.

Moreover, while staff acknowledged barriers to enrollment, there were differences in how systemic and social factors are understood. Unlike Black women participants, staff often did not acknowledge how systemic mistrust, lack of awareness, and eligibility constraints intersect with structural inequities faced by Black women. For example, eligibility requirements like stable housing and reliable transportation may inadvertently exclude many Black women who experience economic precarity and reduced social capital prior to and after system involvement.

All together the narratives of DTC staff and Black women participants contribute to findings that underscore a need to move beyond one-size-fits-all policies and adopt equity-centered approaches that account for the unique barriers and experiences of Black women in DTC.

CHAPTER VII

DISCUSSIONS AND CONCLUSIONS

This study examined the access, outcomes, and lived experiences of Black women in Adult DTCs, with the goal of understanding the complex interplay of race, gender, and systemic factors in these spaces. This research was guided by three primary research questions:

- 1) *What are the processes that impact enrollment rates and what are the enrollment rates of Black women in DTC?*
- 2) *What are the outcomes of Black women in DTC?*
- 3) *What are the experiences of Black women in DTC?*

To answer these questions, I conducted two process reviews of two adult drug treatment courts that included discussions with court staff on processes and procedures, and a focus group and individual interviews with two current and two former Black women participants. This chapter discusses the findings of this study in relation to the theoretical perspectives of Black Feminist Thought, therapeutic jurisprudence, basic human needs theory, and program theory, and includes the study's limitations and pathways for future research on Black women's experiences in DTC.

SUMMARY OF KEY FINDINGS

Overall, when examining enrollment processes, the findings of this study suggest that while courts report adhering to program guidelines/criteria and best practices, enrollment criteria have exclusions that may disproportionately impact Black women's access. Discretion by lawyers and judges may create bias in referral processes that limits Black women's access. Moreover, in terms of access, in both courts Black women were underrepresented when examining enrollment rates comparable their representation in drug arrests.

As findings relate to outcomes, Black women in Court A had longer lengths of stay than White women, while lengths of stay for Black women in Court B were shorter than White

women. Once enrolled in DTC; however, most Black women successfully completed the programs comparable to the rates of White women despite their overall underrepresentation, as 80% of Black women enrolled in Court A graduated, while 22% of the Black women enrolled graduated Court B, comparable to rates for White women at 43% and 28% in courts A and B, respectively. Thus, when compared intragroup, Black women do experience success in DTC, as evidenced through the information gained from findings of the current study. This speaks to their resilience despite the barriers they face in DTC admissions.

Findings on Black women's experiences underscore the fortitude, perseverance, and strength of Black women when provided with equitable access to support and resources that address their basic human needs as they navigate the legal system and recovery. Participants demonstrated a capacity for resilience and success when given the opportunity to be diverted from incarceration to alternatives to incarceration that help with recovery. Notably, these findings highlight an important need to examine and redefine measures of Black women's success, particularly as it is related to intragroup dynamics. Although lower enrollment and graduation rates among Black women are often highlighted in comparisons with women of other racial/ethnic backgrounds or Black men, this framing risks reinforcing narratives of their unfitness or inadequacy for diversion programs which may contribute to the bias in referral decisions that result in their limited access to DTC.

Instead of viewing the disparities for Black women in DTC as evidence of deficiency, enrollment and program outcomes should be analyzed intragroup, among Black women themselves, where patterns of resilience and achievement emerge despite the disproportionate structural barriers they face (e.g., increased criminogenic risk and social service needs as a result of their marginalized identities). Their success, when situated in the context of systemic

oppression and racialized gender dynamics, reveal strength. Moreover, the persistent underrepresentation of Black women in DTCs reflect limited opportunity, shaped by discretionary biases that influence referral, eligibility, and admission processes.

Overall, disparities found in Black women's access to and outcomes in DTC are not rooted in a lack of motivation or effort, but rather attributed to the compounded barriers they face within and outside of the legal system. Structural and social barriers such as limited financial resources, primary caregivers responsibilities, housing instability, and rigid program demands contribute to challenges in Black women's effort to adhere to court requirements while simultaneously dealing with the legal system, seeking family reunification, and maintaining recovery.

THE ACCESS, OUTCOMES, AND EXPERIENCES OF BLACK WOMEN IN DTCs

When examining perspectives of staff and Black women on the access, outcomes, and experiences of Black women in DTC, the findings of this study reinforce the argument that due to their subjugated positions in society and the legal system, drug courts, as they are currently structured, fail to fully account for Black women's unique barriers to access and success (as is the case with most reentry programming), that further excludes them from being diverted to more therapeutic and less punitive alternatives to incarceration. This requires targeted adjustments to program theory, informed by Black Feminist thought, therapeutic jurisprudence, and basic human needs to ensure that the well-being of participants are prioritized to establish a more effective system that responds with comprehensive, culturally responsive support for Black women.

BLACK WOMEN'S ACCESS TO DTC

Access to DTCs for Black women remains a significant issue. Staff and participants acknowledged barriers to enrollment that are three-fold. First, eligibility criteria follow program

theory designed to target high-risk, high-need populations, yet when examining the enrollment rates of Black women, discretionary referral decisions by judicial actors, perpetuate the exclusion of Black women. Second, the barriers to access associated with eligibility criteria impact if Black women are being referred equivalently, due to wide discretion and unclear criteria used by attorneys and judges, as referral entities. Third, once found eligible and referred to DTC, whether or not Black women agree to participate is an important element of access to DTC. This finding was present in the perspectives of both staff and Black women participants.

DTC staff conversations revealed an awareness regarding the difficulty of enrolling Black women in drug courts that occur in decisions made by court actors on referrals to DTC. Staff expressed a strong commitment to equitable practices, but acknowledged several challenges in ensuring equitable access and outcomes for Black women participants. They viewed eligibility and exclusionary criteria as necessary for program fidelity and to ensure that participants are a good fit to succeed in the program. However, they also recognize how the discretionary nature of enrollment/admissions processes could inadvertently exclude individuals who may benefit from the program, if they are not perceived as "fit for diversion" due to implicit bias on behalf of referral decision makers.

Current and former Black women participants of DTC provided various accounts of their personal achievements and perseverance throughout their program, as well as challenges to access. Almost all women expressed their appreciation for the opportunity to avoid incarceration and receive treatment for substance use. However, they also detailed how significant systemic barriers impacted their experiences with access to DTC, with hesitancy in their decisions to participate. Participants described experiencing racialized gender bias in the program's structure, reporting differences in how they were informed about DTC and the difficulties they had when

being diverted from incarceration to the drug court. For example, one participant in particular had to consistently advocate for herself to be placed into drug court despite her attorney's challenging her fitness for the program.

Frameworks of therapeutic jurisprudence and basic human needs (Babb & Wexler, 2014; Maslow, 1943), critique the subjective nature of admissions decisions in which Black women may be deemed “less suitable” based on unclear selection criteria used by referral entities and eligibility criteria established through biased assessments that are not culturally relevant. This raises concerns about whether DTCs provide Black women with the necessary resources to make an informed decision to participate based on whether or not they will have the socioeconomic security to be successful in the program, given the time commitments of the program that require access to reliable transportation, familial support, and financial stability, as time commitments of drug court may impose on hours needed to maintain employment or education. In other words, a lack of resources highlights systemic bias and socioeconomic barriers that contribute to Black women being less likely diverted to an alternative to incarceration, and less likely to accept DTC. Intersectional, Black Feminist perspectives demonstrate how this happens through the erasure of Black women's needs, due to inaccurate perceptions of their ability to succeed, worthiness, and assumptions of attitude readiness by court decision makers (Collins, 2001; Crenshaw, 1989; Garcia-Hallett, 2019).

MEASURES OF SUCCESS: THE OUTCOMES OF BLACK WOMEN IN DTCs

Staff perspectives differ on the attrition and progress of Black women in DTC once they are enrolled. Black women face a number of challenges that are often racialized and structural barriers, which complicate their sustained recovery and overall well-being. These challenges include misaligned program success measures that fail to account for the unique recovery needs of Black women, such as one-on-one treatment, individualized drug testing requirements,

culturally competent care, and equitable assessments and services. In many cases, Black women are held and/or felt to be held to a higher standard as opposed to their peers, particularly in relation to disciplinary actions for program non-compliance.

Black women described structural barriers within the program that complicated their phase advancement and prolonged their length of stays in the program which hindered their ability for timely graduation. Specific concerns included frequent issues with drug testing, the stigma of relapse, limited access to social and financial support, and the burden of frequent check-ins or meetings with their supervisory officers. While many women in DTCs experience these challenges, Black women reported heightened surveillance and suspicion of relapse that often resulted in punitive measures that they felt were not equally applied to their White female peers. This demonstrates how when seen through a culturally competent lens, Black women's behaviors might otherwise be recognized as symptoms of trauma, poverty, or systemic oppression, as opposed to being non-compliant with court requirements and then being penalized.

Limited social and financial support for Black women uniquely impacts their challenges with family reunification, as one participant shared how her child was placed in Child Protective Services custody rather than with family members until she gained back custody. This illustrates the added difficulty Black women face when they are primary caretakers without additional familial support, while dealing with system involvement. Caregiving roles further complicate their situation, as they are simultaneously managing financial burdens, legal fees, reunification efforts, and maintaining employment while staying on top of the demands of drug court.

These findings raise concerns about whether drug courts sufficiently support the long-term stability of Black women, during and post-program. Services such as continued mental

health and substance use treatment, housing support, family reunification, legal fees assistance, and record expungement are either inconsistently provided or only available under strict surveillance. When these supports are tied to compliance, they function more as mechanisms of control and added layers of surveillance, rather than as tools for empowerment. Post-program, these resources often become inaccessible, which undermines the sustainability of participants' recovery and reintegration.

From this, therapeutic jurisprudence and basic human needs perspectives raise questions about whether DTCs serve as rehabilitative or punitive spaces. For many participants, DTCs are perceived to be extensions of legal surveillance and financial burdens rather than a genuine pathway to healing. The Black women in this study expressed the intensity and length of the DTC program and the challenges they faced with being able to successfully complete the program, remain in the program, and maintain recovery. They identified how they were able to persevere because of their personal resources and support, but for many Black women this is a justifiable deterrent to program admission and success. Program theory often defines success through standardized phase progressions and program compliance, but these definitions overlook the compounded oppressions Black women face. Lacking access to fundamental necessities before entering the system, Black women's difficulties are only intensified through system involvement making it more difficult to effectively move throughout the program.

Black women expressed how they were empowered by their identities as strong, Black women and how they had examples of this in their support circles to encourage them while in the program, but they also acknowledged how this perception of being strong lead them to take on leadership roles that made them feel as if they were putting in extra efforts when compared to their White counterparts. Moreover, the "strong Black woman trope" also made it more difficult

for them to feel vulnerable in treatment when they were having a hard time and placed an extra burden on them to not express the difficulties, they faced, which they suppressed or believed staff minimized some of these personal hardships (i.e., the death of family members, difficulties of relapse, physical health issues) they dealt with while in the program. Moreover, these difficulties made their journeys towards success look a little different. Consequently, these rigid definitions of success, devoid of cultural competency, fail to recognize the complex identities and lived experiences of Black women, and ultimately do not adequately address their basic needs for financial and emotional security. As a result, the drug court environment, as it is idealized as therapeutic, becomes another inequitable, critical environment that limits Black women's ability to successfully complete the program, avoid system involvement, and maintain long-term recovery.

THE LIVED EXPERIENCES OF BLACK WOMEN IN DTC

One of the main goals of the current study was to highlight the lived experiences of Black women in DTC to bring their narratives to the forefront and inform recommendations to improve racial equity in their access and outcomes. Black women's experiences signify various obstacles when accessing drug court. For example, Maxine encountered resistance from her attorney, who dismissed her eligibility due to what she perceived to be racial bias and negative labels placed on her, like being a "thief". These obstacles required women in the study to find personal advocacy in family members, friends and self to remain persistent in their endeavors or carceral avoidance and recovery. Even through external barriers, Black women simultaneously experienced internal hesitations related to struggles with substance use, fears of failing, and overall concerns about adherence to program requirements. Despite their doubts about the fairness and effectiveness of drug court, many Black women were motivated to participate because of a pressing need to resolve their legal issues, seek recovery, regain custody of their children, secure housing support,

and restore pride within their families. These motivations highlight how the decision to enroll in drug court is rooted in their immediate basic human needs rather than a belief in the program's therapeutic potential, which is important to consider to improve the resources and services provided to Black women to enhance their experiences and success. This context is crucial when understanding the findings of this study, which show that while Black women demonstrate immense resilience and commitment, their experiences in DTC are often marked by inequities and unmet needs. This highlights the structural vulnerabilities they face prior to system involvement but also shapes how they navigate, endure, and perceive their program experiences.

To improve DTCs equity and inclusion, Black women's motivations to participate must be viewed alongside the systemic barriers they encounter once enrolled, including heightened surveillance, culturally incompetent programming, and limited access to sustained support. For instance, Synclaire and Regine sought stable housing and the chance to break the cycles of homelessness, which contributed to and was exacerbated by their substance use, but once in these stable housing programs felt that they were poorly kept or just further kept them indebted to the drug court to maintain stable housing. Needs for family reunification was a strong motivator for both Synclaire and Khadija, and contributed to the fact that although they felt they had limited knowledge about the program's length and demands, drug court was an option to keep them out of incarceration while attempting to have their primary needs, of safety and well-being met, to then achieve secondary needs of belonging through relationships and esteem and fulfillment for growth that facilitates sustained recovery (DeVall, 2008; Maslow, 1943).

Black women expressed that they experienced various benefits in DTC such as personal growth, structured progress, and accountability. They valued how the phase system gradually reduced program restrictions and requirements as it reinforced their commitment to recovery and

maintaining program incentives. Financial incentives such as gift cards and acknowledgment of progress also contributed to their experienced benefits, as they instilled a sense of achievement and responsibility. Additionally, support from the drug court team empowered them and played a crucial role in making them feel seen and heard. Participants also expressed that drug court was a major benefit over being incarcerated because it allowed them to maintain family ties.

Although Black women acknowledged the benefits of drug court, they also recognized the challenges they faced in achieving recovery, drug screening, perceived relapse expectations, and insensitive responses to personal hardships. For example, Maxine experienced complications with her physical health that impacted drug testing results and contributed to snap judgements on her recovery. As an older Black woman, on various medications for her physical health, she felt that drug screening tools were biased because they did not account for the porosity of her hair and its texture as well as a slower metabolism, which as a long-time substance user remained in her system for longer periods of time. Maxine's experiences with drug screening impacted her progression throughout the phases of the program, which increased her length of stay in drug court. Another issue that emerged as it pertained to screening and drug testing was seen in Khadija's case, in which there is a practice of excluding individuals who may not meet the severe substance use requirements if they have been in recovery on their own for an extended period before admission. These screening procedures assume that individuals who have been in recovery on their own are doing "well" and no longer need the assistance of the drug court, which may inadvertently exclude individuals who are making progress in their recovery but would still benefit from the therapeutic approaches of drug court while dealing with legal system involvement. Despite program challenges with screening and drug testing that extended

participant duration (often participants remained in drug court longer than the expected 12-18 months), participants still experienced strong determinations to change.

The intersections of race, gender, and class shaped Black women's experiences. Participants reported that they drew strength from their cultural identities and resilience to help them navigate challenges experienced in DTC. Maxine credited her upbringing and cultural faith with helping her persevere, while Synclaire was inspired by the way that she has always defied the odds and the fact that her mother and sister were strong Black women "bosses" who she looked to as positive examples. However, participants also experienced challenges related to these identities, including feeling marginalized by predominantly White staff or facing stereotypes tied to their motherhood. Synclaire, for example, felt tokenized and reduced to her identity as a mother rather than being recognized as an individual in need of support. Yet others, like Maxine and Khadija appreciated the diversity of the staff in their courts and felt that they were more seen and heard which, they believed, contributed to a fairer environment.

Participants also encouraged each other and other Black women considering DTC to take full advantage of the legal benefits, such as charge dismissals. For example, Regine experienced assistance with her legal standing in that her charges were dismissed. In the focus group there were several instances of shared knowledge where these women provided information on different programs and community resources that would help others in the focus group pursue record expungement. This demonstrates how Black women, even through hardship, contribute to knowledge production that benefits those around them (Collins, 2001). Black women's experiences in DTC reflect a complex interplay of cultural resistance, systemic barriers, and personal struggles. While these programs offer significant benefits to accountability, support, and recovery, their effectiveness is undermined by the racialized and gender disparities experienced

by Black women due to racial biases, lack of cultural competence, and socioeconomic burden within the program.

The insights shared by Black women participants demonstrate how their experiences are shaped by their strength and resilience and inconsistencies of cultural competency in program theory and practices which contribute to their various experiences with support in these programs. This raises a question on whether DTCs provide enough adequate resources to meet the therapeutic and basic needs of Black women (DeVall, 2008; DeVall et al., 2012). Black women in drug court experience empowerment in their identities but also experience the nuances that exist in these identities as an added difficulty (Collins, 2001; Woods-Giscombé, 2010). Along with this, economic burdens, including program and legal fees and employment instability, further challenge their ability to complete DTC successfully. Ultimately, these findings underscore the importance of reevaluating how DTCs define success and support recovery, particularly for populations whose basic needs are often unmet or inadequately addressed within carceral frameworks.

IMPLICATIONS

Findings revealed that eligibility criteria, while perceived as necessary to maintain program fidelity, are often applied through subjective and discretionary practices that may reinforce racial biases. The lack of culturally responsive screening tools for courts to assess their equitable practices and for participants to be assessed by considering their complex identities further contributes to inconsistencies in how eligibility is determined. Participants described experiences where they were initially denied diversion opportunities despite having substance use histories and a clear need for support. These challenges to access were often influenced by informal judgments around their perceived suitability or likelihood of program success, and

judgements that appeared racialized in nature. To address these disparities and provide better access for Black women in DTCs, this study recommends the following structural changes:

1. **Reforming Eligibility and Referral Processes:** Courts should a) revisit eligibility and exclusion criteria to include individuals with co-occurring mental health conditions, provided that substance use is the primary driver of their criminal charges. This recommendation aligns with the Equity and Inclusion standards set by All Rise (2023); b) address discretionary biases in referral decisions by establishing more transparent practices and maintaining data shared by referral entities on their referral practices; and c) implement culturally validated and bias-resistant screening tools to assess their own equitable practices, such as the EIAT and the CCAT, to reduce subjective decision-making.
2. **Expand Access by Addressing Non-Clinical Barriers:** Courts should a) provide support for common non-clinical needs that disproportionately affect Black women including housing insecurity, childcare responsibilities, and transportation challenges; and b) expand access to public assistance (e.g., SNAP, TANF) as part of DTC programming. While these services benefit all participants, they are particularly crucial for Black women, who are more likely to enter the program with limited social and financial support.
3. **Ensure Culturally Competent Practices:** Courts should a) integrate culturally competent treatment through the use of assessment tools that have been tested on diverse populations to acknowledge the intersecting impacts of race, gender, trauma, and caregiving for Black women (e.g., the WRNA, ASI, and frameworks of the culturagram that culturally assess those with co-occurring mental health

and substance use disorders) (Cacciola et al., 2007; SAMHSA, 2014); and b) incorporate in staff and legal actor training the ability to recognize how cultural narratives (i.e., the “strong Black woman” trope) may distort perceptions of adherence, vulnerability, and support needs.

4. Monitor and Address Racial Disparities: Courts should disaggregate referral, enrollment, and outcome data by race and gender to identify disparities and promote transparency and accountability for those referred but not enrolled. This data could inform continuous improvement in data collection and monitoring for courts as well as policy and practice.

Findings from this study reveal how traditional measures of success and outcomes in DTC, like strict adherence to program requirements, rigid drug testing schedules, and phased progression failed to account for the complex challenges Black women face. Additionally, participants describe a lack of meaningful reentry support at the conclusion of the program. While graduation is framed as a milestone of recovery and stability, many women exited the program without adequate access to services, like legal relief through record expungement that would better promote long-term recovery or self-sufficiency.

A notable concern raised by participants was the lack of clarity and transparency during the intake and admission process. Although Black women initially believed they understood the program’s requirement, they later reflected that they were unprepared for the program’s intensity and duration. This, along with the misconception about automatic record expungement, demonstrate how inadequate communication can create additional barriers to success. The caveat here is that if these requirements are fully understood, more Black women may not decide to

participate in DTC. Based on the findings, this study recommends the following changes to improve outcomes for Black women in DTC:

1. **Expand Success Metrics:** Courts should a) expand definitions of success beyond compliance to include progress in mental health, housing stability, employment, and family reunification; and b) recognize how relapse, missed appointments, or difficulty meeting program demands reflect structural and emotional challenges rather than failure or desires to manipulate the system.
2. **Individualized, Culturally Responsive Treatment:** Courts should a) enhance personalized treatment plans using case management strategies that reflect the specific needs of Black women. This can be assessed through culturally competent assessment such as the WRNA, the ASI, and the culturagram framework (Cacciola et al., 2007; SAMHSA, 2014); and b) trauma informed care models should ensure that staff are regularly trained in culturally responsive, gender-sensitive, and anti-racist practices.
3. **Integrated Reentry and Post-Program Support to Improve Long Term Benefits:** Courts should a) build reentry and stabilization services into the final phases of the program that focus on direct assistance with employment and job placement, stable housing, childcare and transportation support, family reunification, streamlined access to public benefit, flexibility in scheduling and check-ins, legal assistance, and more context to occurrences of relapse that many concern medical and physical health; and b) improve communication around the long-term benefits of DTC participation such as recovery support and record expungement, so that participants can make more informed decisions and have additional motivations for success.

As described by Dr. Sherly Woods-Giscombé (2010), the concept of “Superwoman Schema”, offers a lens to understand how Black women experience DTC. Many Black women in the study expressed the desire to excel within the program. They expressed taking on leadership roles and striving to finish faster than the intended length of stay (12-18 months). This drive reflects a cultural pressure on Black women to succeed despite limited resources and systemic barriers (Woods-Giscombé, 2010). Recognizing this is critical when providing Black women, the culturally competent support that recognizes the impacts of their compounded identities and is needed when dealing with system-involvement, in the DTC framework.

With this, a key question arises regarding if DTC is truly the best option for Black women. The often-coercive nature of drug court, where the alternative to participation is incarceration, raises concerns about whether Black women are choosing DTC freely or simply opting for the “lesser evil”. This question challenges the assumption that DTC is always a positive solution, as its potential for “net widening” and extending the surveillance of the criminal legal system into the community cannot be ignored (DeVall, 2008; Smiley, 2023). This research demonstrates that due to the biases faced by essential decision makers and the time commitments (i.e., through program requirements and length of stay) needed to access and succeed in DTC, drug court may not be beneficial for Black women because of its intensity and lack of post-program, reentry resources and support. Therefore, the issue of free will and agency in participant decision making between treatment and imprisonment is important to keep in mind when ensuring that participant is truly voluntarily and effective. Moreover, findings suggest that if Black women had access to programs with supportive resources such as housing, employment, and access to treatment, Black women who struggle with substance use would benefit from these

services outside of the court system, and without the added pressures of criminal legal involvement.

These implications call for a less punitive, rigid model to facilitate program access and success for DTCs that move towards a more flexible, person-centered system to promote long-term well-being, and reduce unnecessary burdens. This along with the specific recommendations for each court in Chapter 4, would make DTC more accessible and rehabilitative, particularly for Black women, and requires both structural reforms and sustained attention to equity in practice.

THEORETICAL CONTRIBUTIONS

The theoretical perspectives used in the study assess the structure, implementation, and process of DTC to better understand how and if drug court meets the needs of Black women and also helps better understand Black women's experiences by bringing their needs and perspectives to the forefront of the conversation of "what works in drug court?", which has been a long standing question in the effectiveness of drug courts (Bouffard & Taxman, 2004; Carey et al., 2012; DeVall, 2008; Shaffer, 2012). Program theory, Black Feminist thought, therapeutic jurisprudence, and basic human needs center Black women's lived experiences when examining how drug court *should* impact participant well-being and recovery with therapeutic alternatives to incarceration. Moreover, as Black women deal with system involvement, how processes adequately, or inadequately, address their fundamental needs of safety, autonomy, and support, is crucial when understanding program effectiveness in reaching target populations in need of these therapeutic alternatives and when assessing equitable and inclusive practices.

Through amplifying the voices of Black women, the current study employs an intersectional, Black feminist approach to improve racial equity in DTCs. These women's experiences are often rendered invisible within the criminal legal system, due to systemic

inequalities rooted in misogynoir²⁹. This approach contextualizes how Black women's intersecting social positions shape their access to diversionary programs, which is viewed as a less punitive option to incarceration, and the ways that Black women are further marginalized through structural barriers present in society and the criminal legal system (i.e., biases decision making, perceptions of competency, and socioeconomic challenges). Theoretical and practical understanding of DTC practices, particularly as they relate to the experiences of Black women in reentry are demonstrated in the current study and emphasize the need for rethinking “what works” as it pertains to the non-erasure of Black women. DTC must adopt frameworks in which standards are not based on the majority group but are exhaustive enough to ensure that the minority are not further marginalized in a process aimed at therapeutic measures of justice (i.e., the CCAT and the EIAT).

The theoretical contributions of this study explain how program processes marginalize Black women, who are doubly oppressed, in society due to their intersectional identities. Using program theory, therapeutic jurisprudence and basic human need, and intersectional, Black feminist thought this research speaks to how the narratives of Black women not only contribute to enhancing equity for themselves but also for other marginalized groups by speaking about the elements of the program that would have better served their basic needs. The findings reveal that the intersectional identities of Black women, result in distinct experiences of systemic oppression that shape their interactions with diversionary legal systems. Participants consistently expressed that being a Black woman in DTC meant navigating heightened scrutiny, biased assumptions and added expectations. They described feeling as though they were expected to be stronger, more compliant, and more resilient than their peers, through expectations rooted in being a “strong

²⁹ The intersection of anti-Black racism and gendered oppression (Bailey, 2021).

Black woman”. This led participants to suppressing their struggles and avoiding seeking support for fear of being perceived as weak or unfit for treatment. These emotional and psychological burdens are personal yet reflect the structural marginalization of Black women in systems that are not designed with their lived experiences in mind.

Black women and staff in this study were aware of how wide the discretion among judges, attorneys, court coordinators, and supervision officers impacted access to DTC. These theoretical perspectives demonstrate how the intersectional experiences of Black women are fundamentally different from White women or Black men. White women may face gendered assumptions, but not the same racialized stereotypes, and Black men may face racial bias, but not with the gendered expectations tied to caregiving or emotional endurance. Black women face compounded biases that criminalize and neglect basic human needs, rather than aid in the long-term success of therapeutic interventions.

Narratives of Black women in diversionary spaces improve equity due to their unique positions and perspectives. Ensuring that they are heard, supported, and provided equitable opportunities to achieve success, when promoting recovery and reducing recidivism, includes meeting their basic human needs which contributes to their well-being and, ultimately, the well-being of those around them. Taken together, these perspectives illustrate the necessity of designing diversionary opportunities that are responsive to the lived realities of Black women, as opposed to forcing these lived realities to fit within standards of the success and achievement set by the majority (Crenshaw, 2010; Harris, 1993). Additionally, considering the rigorous time and compliance commitments, and the way this does not create a beneficial environment for Black women, the need for providing access to treatment offered by DTC, outside of the criminal legal system offers treatment and stability for marginalized groups that should be considered.

Through the lens of program theory, this research demonstrates how success metrics fail to reflect the real-life experiences and conditions in which Black women are expected to succeed. Therapeutic jurisprudence and basic human needs theory emphasize that without access to appropriate care, services, and resources, program outcomes will remain inequitable. Furthermore, intersectional, Black Feminist perspectives show how listening to the narratives of Black women is not only essential for their empowerment, but also critical to reshaping systems that currently marginalize people who experience complex forms of oppression.

Thus, designing diversionary programs that center Black women's lived experiences, rather than expecting them to conform to standards of success built around Whiteness or maleness, is essential. When Black women describe what would help them, such as meaningful reentry support, flexible compliance structures, culturally responsive services, and fairer referral practices, they are offering blueprints for structural changes that can benefit other marginalized communities as well.

PROJECT IMPACT

This study contributes to existing literature that has found that Black women have lower enrollment and graduation rates in DTCs by examining two DTCs. Moreover, this project highlights the experiences of Black women in DTC, which have not been largely studied, to inform recommendations that can be used by each of the program's stakeholders to strengthen their program in equitable practices. The impact of the information gained from this project allows the selected DTCs to improve their access and support for system-involved Black women who may benefit from the therapeutic approaches of DTCs when combatting substance abuse, addiction, and recidivism for drug related offenses. Although there were no direct benefits to participants of the focus groups, participants stated that they felt heard and empowered by being able to share their lived experiences, which they had not had the opportunity to do. They also

expressed gratitude and feelings of satisfaction by helping others in the short term with knowledge shared during the focus groups amongst one another and in the long-term by impacting DTC practices to enhance equity.

Additionally, one of the primary Adult Drug Court Best Practice Standards set forth by All Rise (founded as National Association of Drug Court Professionals) is equity and inclusion, but barriers to adherence to this standard are often difficult to identify. This project will have a clear benefit to courts as it will produce a process review of their enrollment processes and evaluate Best Practice Standards of Equity and Inclusion, at no cost to the court. The impact of the information garnered from this study would help courts extend its reach and support of Black women, who would significantly benefit from DTCs when dealing with substance use disorders, addiction, and drug-related offenses. Overall, this study may help improve DTC accessibility for Black women and inform gender-responsive treatment that is culturally competent and better equipped to serve Black women who face the challenges of system-involvement and reentry processes.

LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

This study offers valuable insight into the access, outcomes, and experiences of Black women in DTCs. However, there are several limitations that should be considered when interpreting the findings of this study.

The proposed methods were decided upon as they are appropriate when answering the current study's research questions (Singleton & Straits, 2010). Although they are appropriate, limitations may still exist in the chosen methods for this study. Phase one of this project consisted of a process review (like that of a process evaluation) and multivariate analyses. Program evaluations (reviews) have several limitations of concern when studying social programs. Some of these issues lie within the analysis of program records. Issues arise with the

use of program data because of the human error that can occur in data entry and monitoring. Human errors can affect external validity due to self-selection, staff, and program implementation (Singleton & Straits, 2010). Court staff who are consulted for the process review also were directly involved in court enrollment processes and could have a more idealized understanding of the impacts of court processes and operations. This study also faces limitations when creating a comprehensive understanding of the factors associated with the challenges of underrepresentation and low success rates that Black women experience in DTCs. This is because external factors that are outside of DTC processes may contribute to the challenges faced by Black women. The following details these limitations and points to important avenues for future research.

First, the study included four Black women which, while their input was essentially valuable to this study's goal, is a small sample size. However, this reflects the issue that this research set out to address, the limited number of Black women being recruited into DTC. This sample does not capture the full range of experiences of Black women in DTC. Additionally, data was collected from two DTCs, which limits the generalizability of the findings and recommendations as variations in policies, practices, and local legal cultures could impact the experiences of Black women in other courts. Even though the Black women participants in this study were from two different regions and shared similar experiences, there is still the need to expand this study to grasp a full understanding of their experiences. This limitation highlights the need for further research with a larger and more diverse sample. Future research should include a larger and more geographically diverse group of Black women across multiple DTCs and jurisdictions to better understand how policies, practices, and legal cultures shape access, outcomes, and experiences for Black women.

Second, the study focused solely on Black women who participated in DTC which introduces selection bias as these participants may differ meaningfully from those who declined or were excluded from participation. For example, many reported that family support was key to their success, but I did not hear from women without such support systems (i.e., those who may have chosen not to enroll or who face greater barriers related to support). Future research should intentionally include Black women who were eligible for DTC, but did not participate to uncover unspoken deterrents, unmet needs, or distrust in the system that the current research may have missed due to selection bias.

Third, while this study centers Black women's experiences it lacks perspectives from the legal actors (i.e., judges, district attorneys, public defenders, and prosecutors) who control access through referral decisions. Without these perspectives, it is difficult to fully assess the role that discretionary practices and implicit bias play in shaping enrollment patterns. Future research should include these stakeholders' perspectives and practice to gain a full understanding on how referral criteria are interpreted and applied, and whether these processes uphold or undermine the equity and inclusion of Black women, and other marginalized groups. Altogether, these avenues for expanded and more inclusive research are necessary to first provide a deeper understanding of the systemic barriers Black women face in DTC, and how DTC structures can be transformed to establish equitable, responsive, and culturally inclusive responses that adequately meet the needs of oppressed populations and are supportive in recovery and long-term stability.

Finally, while most research on reentry tends to focus on the vulnerabilities or deficits of Black women, this study demonstrates their strength, resilience, and determination in navigating legal involvement while seeking recovery. Future research should aim to shift the narrative away from framing Black women solely in terms of struggle and instead highlight their agency,

leadership, and insight. Doing so offers a more accurate account of how Black women move through and beyond these institutional spaces and empower them to continue resisting marginalization and redefining metrics of success and recovery on their own terms.

REFERENCES

- Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 2, 100051. <https://doi.org/10.1016/j.glmedi.2024.100051>.
- Alexander, M. (2010). *The new Jim Crow*. The New Press.
- Allard, P. (2002). "Life Sentences: Denying Welfare Benefits to Women Convicted of Drug Offenses." *Social Service Review*, 76(2), 275-289.
- All Rise. (2018). *Adult treatment court best practice standards Volume II*. Retrieved from <https://allrise.org/wp-content/uploads/2023/06/Adult-Drug-Court-Best-Practice-Standards-Volume-2-Text-Revision-December-2018-corrected-May-2022.pdf>
- All Rise. (2023). *Adult treatment court best practice standards: Definitive guidance for treatment court practitioners' standards I-VI*. Retrieved from https://allrise.org/wp-content/uploads/2023/12/All-Rise-Adult-Treatment-Court-Best-Practice-Standards-2nd-Ed.-I-VI_final.pdf
- All Rise. (2004). Defining drug courts: The key components. Washington, D.C: U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Assistance, 1-2. Retrieved from: <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>
- All Rise. (2020). Equity and inclusion assessment tool (EIAT) user guide. National Treatment Court Resource Center. https://ntcrc.org/wp-content/uploads/2022/01/Equity_and_Inclusion_Assessment_Tool_User_Guide.pdf
- All Rise (2019). Equity & Inclusion Equivalent Access Assessment & Toolkit: Adult Drug Court Best Practice Standard II. Alexandria, VA: Author. <https://www.ndci.org/wp-content/uploads/2019/02/Equity-and-Inclusion-Toolkit.pdf>

- Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Washington State Institute for Public Policy.
- Babb, B. A., & Wexler, D. B. (2014). *Therapeutic jurisprudence*. In *Encyclopedia of criminology and criminal justice*. Springer. University of Baltimore School of Law Legal Studies Research Paper No. 2014-13. Available at SSRN: <https://ssrn.com/abstract=2360252>
- Bailey, M. (2021). *Misogynoir Transformed: Black Women's Digital Resistance* (Vol. 18). NYU Press. <http://www.jstor.org/stable/j.ctv27ftv0s>
- Balko, R. (2013). *Rise of the warrior cop: The militarization of America's police forces* (First). PublicAffairs.
- Barkan, S. E., & Rocque, M. (2018). Socioeconomic status and racism as fundamental causes of street criminality. *Critical Criminology*, 26(2), 211-231.
- Beal, F. (1970). Double jeopardy: To be Black and female. In T. Cade (Ed.), *The Black women: An anthology*. New York: New American Library.
- Beall, S. K. (2018). "Lock her up!" How women have become the fastest-growing population in the American carceral state. *Berkeley J. Crim. L.*, 23, 1.
- Beck, A. J., & Blumstein, A. (2018). Racial disproportionality in US state prisons: Accounting for the effects of racial and ethnic differences in criminal involvement, arrests, sentencing, and time served. *Journal of Quantitative Criminology*, 34(3), 853-883.
- Bell, D. A., Jr. (1980). Brown v. Board of Education and the interest-convergence dilemma. *Harvard Law Review*, 93(3), 518-533.

- Bergen, N., & Labonté, R. (2020). "Everything is perfect, and we have no problems": Detecting and limiting social desirability bias in qualitative research. *Qualitative Health Research*, 30(5), 783–792. <https://doi.org/10.1177/1049732319889354>
- Berry, K., Kennedy, S. C., Lloyd, M., Veeh, C. A., & Tripodi, S. J. (2018). The intersectional effects of race and gender on time to reincarceration. *Justice Quarterly*, 37(1), 132–160. <https://doi.org/10.1080/07418825.2018.1524508>
- Bloom, B., & Covington, S. (2008). "Addressing the Mental Health Needs of Women Offenders." *Women & Therapy*, 29(3-4), 9-27.
- Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy 1. *Review of Policy Research*, 21(1), 31-48.
- Bouffard, J., & Taxman, F. (2004). Looking inside the "black box" of drug court treatment services using direct observations. *Journal of Drug Issues*, 34(1), 195-218. <https://doi.org/10.1177/002204260403400109>
- Brewster, M. P. (2001). An evaluation of the Chester County (PA) drug court program. *Journal of drug issues*, 31(1), 177-206.
- Brown, M., & Bloom, B. (2009). Reentry and renegotiating motherhood: Maternal identity and success on parole. *Crime & Delinquency*, 55(2), 313-336. <https://doi.org/10.1177/0011128708330627>
- Brown, R. T., Zuelsdorff, M., & Gassman, M. (2009). Treatment retention among African Americans in the Dane county drug treatment court. *Journal of Offender Rehabilitation*, 48(4), 336-349.

- Bush-Baskette, S. R. (1998). The war on drugs as a war against black women. In S. L. Miller (Ed.), *Crime control and women: Feminist implications of criminal justice policy* (pp. 113-129). SAGE Publications.
- Cacciola, J. S., Alterman, A. I., McLellan, A. T., Lin, Y. T., & Lynch, K. G. (2007). Initial evidence for the reliability and validity of a “Lite” version of the Addiction Severity Index. *Drug and Alcohol Dependence*, 87(2–3), 297–302.
<https://doi.org/10.1016/j.drugalcdep.2006.09.002>
- Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What works? The ten key components of drug court: Research-based best practices. *Drug Court Review*, 8(1), 6–42. 89
- Carey, S. M., Mark, S., & Waller, B. A. (2011). *Oregon drug court cost study: Statewide costs and promising practices*. https://npcresearch.com/wp-content/uploads/ORDC_BJA_Cost_and_Best_Practices_Final_Rerelease_03112.pdf
- Carson, E. A. (2022). Prisoners in 2021 – Statistical tables. Washington, DC: Bureau of Justice Statistics.
- Cheesman, F. L., Marlowe, D. B., & Genthon, K. J. (2023). Racial differences in drug court referral, admission, and graduation rates: Findings from two states and eight counties. *Journal of Ethnicity in Criminal Justice*, 21(1), 80–102.
<https://doi.org/10.1080/15377938.2023.2193952>
- Chesney-Lind, M. (1989). Girls’ crime and woman’s place: Toward a feminist model of female delinquency. *Crime & Delinquency*, 35(1), 5-29.
<https://doi.org/10.1177/0011128789035001002>
- Clarke, J. G., & Adashi, E. Y. (2011). Perinatal Care for Incarcerated Patients: A 25-Year-Old Woman Pregnant in Jail. *JAMA*, 305(9), 923-929.

- Collins, P. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge. <https://doi.org/10.4324/9780203900055>
- Combahee River Collective (1978). "The Combahee River Collective: A Black Feminist Statement". In Eisenstein, Zillah R. (ed.). *Capitalist Patriarchy and the Case for Socialist Feminism*. pp. 362–372. ISBN 9780853454199.
- Covington, S. S. (2002). A Woman's Journey Home: Challenges for Female Offenders and Their Children. *The Prison Journal*, 82(1), 79-101.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum*, 1989(1), 139–167.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.
- Crenshaw, K. W. (2010). Twenty years of critical race theory: Looking back to move forward. *Connecticut Law Review*, 43(5), 1253–1352.
- Creswell, J.W. and Poth, C.N. (2018) *Qualitative Inquiry and Research Design Choosing among Five Approaches*. 4th Edition, SAGE Publications, Inc., Thousand Oaks.
- Csete, J., & Catania, H. (2013). Methadone treatment providers' views of drug court policy and practice: a case study of New York State. *Harm reduction journal*, 10, 35.
<https://doi.org/10.1186/1477-7517-10-35>
- Dannerbeck, A., Harris, G., Sundet, P. A., & Lloyd, K. (2006). Understanding and Responding to Racial Differences in Drug Court Outcomes. *Journal of Ethnicity in Substance Abuse*, 5(2), 1–22. https://doi.org/10.1300/j233v05n02_01

- Dannerbeck, A., & Yu, M. (2021). An exploratory study examining differences in drug court graduation rates for black and white women. *Criminal Justice and Behavior*, 48(12), 1827–1841. <https://doi.org/10.1177/00938548211022389>
- DeVall, K. E., & Lanier, C. (2012). Successful completion: An examination of factors influencing drug court completion for white and non-white male participants. *Substance Use & Misuse*, 47(10), 1106–1116.
- DeVall, K. E. (2008). The theory and practice of drug courts: Wolves in sheep clothing? (Doctoral dissertation). Western Michigan University.
<https://scholarworks.wmich.edu/dissertations/763>
- DeVall, K. E., Gregory, P. D., & Hartmann, D. J. (2012). The Potential of Social Science Theory for the Evaluation and Improvement of Drug Courts. *Journal of Drug Issues*, 42(4), 320–336. <https://doi.org/10.1177/0022042612461767> (Original work published 2012)
- DiAngelo, R. (2016). The cycle of oppression. *Counterpoints*, 497, 83–95.
<http://www.jstor.org/stable/45157299>
- Dover, M. A. (2016). Human needs: Overview. In *Oxford/NASW Encyclopedia of Social Work* (2015). Retrieved from <http://works.bepress.com/michael-dover/23/>
- Gallagher, J. (2012). Evaluation drug court effectiveness and exploring racial disparities in drug court outcomes: A mixed methods study. (Doctoral dissertation). University of Texas at Arlington. <https://rc.library.uta.edu/uta-ir/handle/10106/11031>
- Gallagher, J. (2013). African American participants' view on racial disparities in drug court outcomes. *Journal of Social Work Practice in the Addictions*, 13, 143–162.

- Gallagher, J., Nordberg, A., Deranek, M., & Minasian, R. (2019a). Drug court through the lenses of African American women: Improving graduation rates with gender-responsive interventions. *Women & Criminal Justice*, 29(6), 323-337.
- Gallagher, J., Nordberg, A., & Dibley, A. (2019b). Improving graduation rates for African Americans in drug court: Importance of human relationships and barriers to gaining and sustaining employment. *Journal of Ethnicity in Substance Abuse*, 18(3), 387-401.
- Gallagher, J. R., & Wahler, E. A. (2018). Racial Disparities in Drug Court Graduation Rates: The Role of Recovery Support Groups and Environments. *Journal of Social Work Practice in the Addictions*, 18(2), 113–127.
- Gallagher, J., Wahler, E., & Lefebvre, E. (2020). Further evidence of racial disparities in drug court outcomes: Enhancing service-delivery to reduce criminal recidivism rates for non-white participants. *Journal of Social Service Research*, 46(3), 406-415.
- Garcia-Hallett, J. (2019). “We’re being released to a jungle”: The state of prisoner reentry and the resilience of women of color. *The Prison Journal*, 99(4), 459–483.
<https://doi.org/10.1177/0032885519852089>
- Garland, D. (2001). *The culture of control: Crime and social order in contemporary society*. University of Chicago Press.
- Genthon, K. J. (2023). Underrepresentation of Black participants in drug court: reasons reported for non-admission in six jurisdictions. (Doctoral dissertation). Virginia Commonwealth University.
<https://scholarscompass.vcu.edu/cgi/viewcontent.cgi?article=8641&context=etd>

- Ghandnoosh, N. (2021). One in five: Ending racial inequity in incarceration. The Sentencing Project. <https://www.sentencingproject.org/reports/one-in-five-ending-racial-inequity-in-incarceration/>
- Giddings, P. (1984). The quest for woman suffrage (Before World War I). In *When and where I enter: The impact of Black women on race and sex in America* (pp. 115-127) New York, NY: William Morrow.
- Gil, D. G. (1999). Confronting injustice and oppression: Concepts and strategies for social workers. *The Journal of Sociology & Social Welfare*, 26(1), Article 21. <https://doi.org/10.15453/0191-5096.2564>
- Government Accountability Office (GAO). (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes*. Washington, DC: United States Government Accountability Office, Report to Congressional Committees.
- Harris, C. I. (1993). Whiteness as property. *Harvard Law Review*, 106(8), 1707–1791.
- Hartley, R. E., Phillips, R. C., & Randy C. Phillips. (2009). Who Graduates from Drug Courts? Correlates of Client Success. *American Journal of Criminal Justice*.
<https://doi.org/10.1007/bf02886860>
- Heimer, K., Malone, S. E., & De Coster, S. (2023). Trends in women’s incarceration rates in US prisons and jails: A tale of inequalities. *Annual Review of Criminology*, 6(1), 85–106.
<https://doi.org/10.1146/annurev-criminol-030421-041559>
- Hennink, M., Hutter, I., & Bailey, A. (2020). *Qualitative research methods* (2nd ed.). SAGE Publications. <https://us.sagepub.com/en-us/nam/book/qualitative-research-methods-2>

- Hinton, E. (2017). *From the war on poverty to the war on crime: The making of mass incarceration in America*. Harvard University Press.
<https://doi.org/10.4159/9780674969223>
- Holzer, H. J., Raphael, S., & Stoll, M. A. (2006). "Perceived Criminality, Criminal Background Checks, and the Racial Hiring Practices of Employers." *Journal of Law and Economics**, 49(2), 451-480.
- Ho, T., Carey, S. M., & Malsch, A. M. (2018). Racial and Gender Disparities in Treatment Courts: Do They Exist and Is There Anything We Can Do to Change Them? *Journal for Advancing Justice*, 1, 5-34.
- Hong, S. (2018). Say her name: The black woman and incarceration. *Georgetown Journal of Gender and the Law*, 19(3), 619-642.
- Hoskins, K., & Sanders, K. (2024). Race and re-entry after incarceration. *Oxford Research Encyclopedia of Criminology*. Retrieved July 17, 2024, from
<https://oxfordre.com/criminology/view/10.1093/acrefore/9780190264079.001.0001/acrefore-9780190264079-e-341>.
- Kaeble, D. (2023). Probation and parole in the United States, 2021. Washington, DC: Bureau of Justice Statistics.
- Kendall, M. (2021). *Hood feminism*. Bloomsbury Publishing PLC.
- King, D. K. (1988). Multiple jeopardy, multiple consciousness: The context of a Black feminist ideology. *Signs: Journal of Women in Culture and Society*, 14(1), 42-72.
<https://digitalcommons.dartmouth.edu/cgi/viewcontent.cgi?article=3046&context=facoa>
- Kruttschnitt, C., & Savolainen, J. (2009). Ages of chivalry, places of paternalism: Gender and criminal sentencing in Finland. *European Journal of Criminology*, 6(3), 225-247.

Kurlychek, M. C., & Johnson, B. D. (2019). Cumulative disadvantage in the American criminal justice system. *Annual Review of Criminology*, 2, 291–319.

<https://doi.org/10.1146/annurev-criminol-011518-024815>

Listwan, S. J., Sullivan, C. J., Agnew, R., Cullen, F. T., & Colvin, M. (2013). The pains of imprisonment revisited: The impact of strain on inmate recidivism. *Justice Quarterly*, 30(1), 144-168.

Lowencamp, C. T., Holsinger, A. M., & Latessa, E. J. (2005). Are drug courts effective: A meta-analytic review. *Journal of Community Corrections*, 15(1), 5–11.

Lynch, M. (2012). Theorizing the role of the ‘war on drugs’ in US punishment. *Theoretical Criminology*, 16(2), 175–199. <https://doi.org/10.1177/1362480612441700>

Marlowe, D. (2010). Research update on adult drug courts. National Criminal Justice Reference Service. Retrieved July 13, 2024, from <https://www.ojp.gov/ncjrs/virtual-library/abstracts/research-update-adult-drug-courts>.

Marlowe, D.B. (2003). "Integrating Substance Abuse Treatment and Criminal Justice Supervision." *Science and Practice Perspectives*: 4-14.

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

<https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

Marlowe, D. & Genthon, K. J. (2022). Completed analyses of racial disparities in drug court referral, admission, and graduation rates. Presentation at the National Drug Court Professionals All Rise 2022 conference.

Maslow, A.H. (1943) A Theory of Human Motivation. *Psychological Review*, 50, 370-396.
<http://dx.doi.org/10.1037/h0054346>

- Maslow, A. H. (1970). *Motivation and Personality* (2nd ed.). New York: Harper & Row.
- McCoy, W. N., Morton, T. R., White, A. M., & Burnett, M. (2024). Focus groups as counterspaces for Black girls and Black women: A critical approach to research methods. *Contemporary Educational Psychology*, 78, 102298.
<https://doi.org/10.1016/j.cedpsych.2024.102298>
- McKean, J., & Warren-Gordon, K. (2011). Racial differences in graduation rates from adult drug treatment courts. *Journal of Ethnicity in Criminal Justice*, 9(1), 41-55.
- Mertler, C. A., & Reinhart, R.V. (2016). *Advanced and Multivariate Statistical Methods: Practical Application and Interpretation*. Taylor & Francis.
- Meyer Foundation. (2019). *Cultural competency assessment tool*. Meyers Foundation.
<https://meyerfoundation.org/wp-content/uploads/2019/12/Cultural-Compentency-Assesement-Tool-customization-needed.pdf>
- Mitchell, M. B., & Davis, J. B. (2019). Formerly incarcerated black mothers matter too: resisting social constructions of motherhood. *The Prison Journal*, 99(4), 420–436.
<https://doi.org/10.1177/0032885519852079>
- Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. *Journal of Criminal Justice*, 40(1), 60–71.
<https://doi.org/10.1016/j.jcrimjus.2011.11.009>
- Monazzam, N. & Budd, K.M. (2023). Incarcerated women and girls. The Sentencing Project.
<https://www.sentencingproject.org/fact-sheet/incarcerated-women-and-girls/>

- Morash, M., Kashy, D. A., Smith, S. W., & Cobbina, J. E. (2014). The effects of probation or parole agent relationship style and women offenders' criminogenic needs on offenders' responses to supervision interventions. *Criminal Justice and Behavior*, 41(7), 788-810.
- Morgan, J. L. (2020). Partus sequitur ventrem: Law, race, and reproduction in colonial slavery. *Abolition: A Journal of Insurgent Politics*, 1. Columbia Law School.
<https://blogs.law.columbia.edu/abolition1313/files/2020/08/Morgan-Partus-1.pdf>
- Myers, S. L., Sabol, W. J., & Xu, M. (2021). Determinants of racial disparities in female incarceration rates, 2000–2018. *The Review of Black Political Economy*, 49(4), 381-402.
<https://doi.org/10.1177/00346446211051078>
- National Treatment Court Resource Center. (2022). *Equity and inclusion assessment tool: User guide*. University of North Carolina Wilmington. https://ntcrc.org/wp-content/uploads/2022/01/Equity_and_Inclusion_Assessment_Tool_User_Guide.pdf
- National Institute of Justice. (2023). *Adult drug court program logic model*. U.S. Department of Justice. <https://nij.ojp.gov/adult-drug-court-program-logic-model>
- Nordberg, A., Gallagher, J., Deranek, M., & Minasian, R. (2019). Examining service provider and racial perspectives of African American women in drug court. *Journal of Social Work Practice in the Addictions*, 19(4), 305-321.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1).
<https://doi.org/10.1177/1609406917733847>
- Nunn, K. B. (2002). Race, crime and the pool of surplus criminality: Or why the war on drugs was a war on blacks. *Gender, Race, and Justice*, 6(2), 381–398.

- Oxford University Press. (n.d.). Ivory tower. In *Oxford English Dictionary*. Retrieved July 19, 2024, from <https://www.oed.com/view/Entry/100944>
- Pardo, B. & Reuter, P. (2018), Narcotics and Drug Abuse. *Criminology & Public Policy*, 17: 419-436. <https://doi.org/10.1111/1745-9133.12363>
- Petersilia, J. (2011). Beyond the Prison Bubble. *NIJ Journal*. 268, 26-31.
- Provine, D. (2011). Race and inequality in the war on drugs. *Annual Review of Law and Social Science*, 7, 41-60. <https://doi.org/10.1146/annurev-lawsocsci-102510-105445>
- Richie, B. E. (2001). "Challenges Incarcerated Women Face as They Return to Their Communities: Findings from Life History Interviews with Formerly Incarcerated Women." *Journal of Offender Rehabilitation*, 34(3), 35-52.
- Richie, B. (2012). *Arrested justice: Black women, violence, and America's prison nation*. New York University Press.
- Roberts, D. E. (1997). *Killing the black body: race, reproduction, and the meaning of liberty* (1st ed). Pantheon Books.
- Roberts, D. E. (2022). *Torn apart: how the child welfare system destroys Black families--and how abolition can build a safer world* (First edition.). Basic Books.
- Rolison, G. L., Bates, K. A., Poole, M. J., & Jacob, M. (2002). Prisoners of War: Black Female Incarceration at the End of the 1980s. *Social Justice*, 29(1/2 (87-88)), 131–143. <http://www.jstor.org/stable/29768124>
- Roth, B. (2004). *Separate roads to feminism: Black, Chicana, and White feminist movements in America's second wave*. Cambridge University Press.

- Rose, D. R., & Clear, T. R. (1998). Incarceration, social capital and crime: Implications for social disorganization theory. *Criminology*, 36(3), 441-480.
<https://doi.org/10.1111/j.1745-9125.1998.tb01255.x>
- Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A systematic approach* (7th ed.). Sage Publications.
- Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods*.
<https://doi.org/10.1177/1525822X02239569>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). Improving cultural competence (Treatment Improvement Protocol [TIP] Series No. 59; HHS Publication No. SMA 14-4849). Rockville, MD: Author.
- Sampson, R. J., & Laub, J. H. (1997). A life course theory of cumulative disadvantage and the stability of delinquency. In T. P. Thornberry (Ed.), *Developmental theories of crime and delinquency* (pp. 133–161). Transaction Publishers.
- Sampson, R. J., Wilson, W. J., & Katz, H. (2018). Reassessing “Toward a theory of race, crime, and urban inequality”: Enduring and new challenges in 21st century America. *Du Bois Review: Social Science Research on Race*, 15(1), 13-34.
- Sanders, K., Hoskins, K., & Morash, M. (2023). A First Step in Understanding Influences on System-Involved Women’s Changes in Financial Need. *Feminist Criminology*, 18(3), 225-249. <https://doi.org/10.1177/15570851231176856>
- Sawyer, W. (2019). Who's helping the 1.9 million women released from prisons and jails each year? Prison Policy Initiative. Retrieved November 15, 2021, from <https://www.prisonpolicy.org/blog/2019/07/19/reentry/>.

- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Houghton Mifflin.
- Shaffer, D. K. (2011). Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review. *Justice Quarterly*, 28(3), 493–521. <https://doi.org/10.1080/07418825.2010.525222>
- Shannon, L. M., Jones, A. J., Nash, S., Newell, J., & Payne, C. M. (2018). Examining racial disparities in program completion and post-program recidivism rates: Comparing Caucasian and non-Caucasian treatment court participants. *Journal for Advancing Justice*, 1, 63-88.
- Sheeran, A. M., & Heideman, A. J. (2021). The Effects of Race and Ethnicity on Admission, Graduation, and Recidivism in the Milwaukee County Adult Drug Treatment Court. *Social Sciences*, 10(7), 261.
- Silverman, D. (2005). *Doing Qualitative Research*. New York: Sage.
- Simmons, T. (2018). The effects of the War on Drugs on Black women: From early legislation to incarceration. *American University Journal of Gender, Social Policy & the Law*, 26(2), Article 3. Available at <https://digitalcommons.wcl.american.edu/jgspl/vol26/iss2/3>
- Simon, J. (2007). *Governing through crime: How the war on crime transformed American democracy and created a culture of fear*. Oxford University Press.
- Singleton R. & Straits B. C. (2010). *Approaches to social research* (Fifth). Oxford University Press.
- Stark, T. (2018). "Successful reentry of African American women" (2018). Master of Science in Criminal Justice Theses & Policy Research Projects. https://digitalcommons.kennesaw.edu/mscj_etd/6

- Taxman, F. S., Thanner, M., & Weisburd, D. (2006). Risk, Need, and Responsivity (RNR): It All Depends. *Crime & Delinquency*, 52(1), 28-51.
<https://doi.org/10.1177/0011128705281754>
- Taylor, U. (1998). The historical evolution of Black feminist theory and praxis. *Journal of Black Studies*, 29(2), 234-253.
- Teeters, P. (2018). *The Drug Court Textbook*. Page Publishing, Incorporated.
<https://books.google.com/books?id=o7p9DwAAQBAJ>
- The Sentencing Project. (2020). Incarcerated women and girls - the sentencing project. Retrieved November 15, 2021, from <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>.
- Tonry, M. (2011). *Punishing Race*. Oxford University Press.
- Travis, J. (2006). *But they all come back: Facing the challenges of prisoner reentry*. Urban Institute Press.
- Van Cleve, N. G., & Mayes, L. (2015). Criminal justice through “colorblind” lenses: A call to examine the mutual constitution of race and criminal justice. *Law & Social Inquiry*, 40(2), 406-432. <https://doi.org/10.1111/lsi.12113>
- Vito, G. F., & Tewksbury, R. A. (1998). The Impact of Treatment the Jefferson County (Kentucky) Drug Court Program. *Federal Probation*, 62(2), 46-51.
- Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health services: a complementary perspective. *The American psychologist*, 62(6), 563–574. <https://doi.org/10.1037/0003-066X.62.6.563>
- Wholey, J.S., Hatry, H.P., & Newcomer, K.E. (2010). *Handbook of Practical Program Evaluation* (3rd ed). San Francisco, CA: Jossey-Bass.

- Williams, J. M., Spencer, Z., & Wilson, S. K. (2021). I am not your felon: Decoding the trauma, resilience, and recovering mothering of formerly incarcerated black women. *Crime & Delinquency*, 67(8), 1103–1136. <https://doi.org/10.1177/0011128720974316>
- Wulczyn, F., Zhou, X., McClanahan, J., Huhr, S., Hislop, K., Moore, F., & Rhodes, E. (2023). Race, Poverty, and Foster Care Placement in the United States: Longitudinal and Cross-Sectional Perspectives. *International journal of environmental research and public health*, 20(16), 6572. <https://doi.org/10.3390/ijerph20166572>
- Yu, M., & Dannerbeck, A. (2020). Who is Admitted into a Drug Treatment Court? Comparing Caucasians and African Americans Residing in a Midwest state. 36(2), 133-162.
- Zeng, Z. (2022) Jail Inmates in 2021 - Statistical Tables. Washington, DC: Bureau of Justice Statistics.

APPENDIX A – STAFF QUESTIONNAIRE

Thank you for meeting with me - I want to ask general questions about your referral, screening, & enrollment processes.

My name is LaQuana Askew. I'm a 4th year PhD candidate at Old Dominion University and I'm looking at the access and experiences of Black women in DTC to improve racial equity so to do this I will be conducting a process evaluation of enrollment procedures & provide recommendations to your court.

May I record this discussion? Pseudonyms will be used to replace your names.

1. Are you the only key personnel who carry out the referrals, screening, and enrollment processes?
2. What are the eligibility criteria for enrollment in your program?
3. What is the referral process for your program?
4. What is the screening process for individuals referred to your program?
 - a. How useful is your screening tool in the enrollment process?
5. How much time does the enrollment process take?
6. Do you know why individuals are not referred for a screening?
 - a. Based on the screening tools, do you record why some people are not admitted/screened out?
7. Do you think your clientele represents the general population of those needing diversionary DTC services?
 - a. Do you believe your drug court is serving those in need?
8. Are there other resources for people who are screened out?
9. What are the reasons folks refuse your program?
10. How much dedicated time each week are participants required to commit to, to complete program requirements?
11. The research suggests some barriers to Black women's access & success in DTC. Is that true here? What do you think about that?
12. Any potential Black women that you believe would be available and interested in participating in a focus group?

APPENDIX B – FOCUS GROUP PROTOCOL

Introduction:

Thank you for joining us today. The purpose of this focus group is to explore your experiences in drug court, the impact of your experiences, and the treatment and services provided, in order to better understand how courts can improve services to Black women.

Results will be used to better understand the experiences of women in adult drug treatment court and speak to the impacts of the program on your recovery or transition. You are invited to participate in this research because you are or were a Black woman in an adult drug treatment court. You will be able to share your experiences and thoughts about the impact that your time in drug court had for you. Your participation will help improve drug treatment programs for other Black women.

There are no serious risks related to your participation. You will be taking part in a group discussion, so there may be some mild disagreement among participants about opinions related to experiences, but this will be mitigated as much as possible.

Your participation is voluntary, and your responses are confidential. You may choose to not answer questions that you are uncomfortable with or do not wish to answer. We will summarize the focus group discussion. The researchers will keep your information confidential by using pseudonyms in the final report, and no individuals will be identified in our summaries. While we do not have control over what others in the group do with the information they learn during this discussion, we do ask that everyone keep what they learn to themselves.

We would like to record the session to help with the accuracy of our data summaries. Once the project is completed, the audio will be discarded.

Does anyone object to the recording?

Are there any questions?

The final thing I would like to say before I ask the first question is that I am doing this research because I believe that drug treatment courts are only going to be improved for Black women if we understand the experiences of Black women. Given that, I invite you to share as much about your experience as you feel comfortable sharing, especially as it relates to your lived experience as a Black woman in drug treatment court. You all are a wellspring of knowledge, and I am here to listen and learn.

Program Admission (*I would like to start our discussions asking about your experiences with enrollment in your programs*)

1. How did you first learn about the Drug Treatment Court program, and what were your initial thoughts about it?
 - a. How were you referred?

- b. Were there any concerns or hesitations you had about participating, and how did you address them?
 - c. Was there anything you were particularly excited or hopeful about?
- 2. What factors were most important in your decision to participate in the program?
 - a. How did referral or screening processes impact this decision?
- 3. Looking back, do you feel like you had enough information and support to make an informed decision about enrolling?
 - a. What do you wish you had known about the drug treatment court before starting?

Understanding Program Successes (*when thinking about how the program is meeting or has met your needs*)

- 4. What aspects of the program did you personally excel at? Could you tell me about those?
 - a. How did your identity or experiences as a Black woman contribute to these successes?
- 5. What aspects of the program did you find most beneficial?
 - a. Phases? (e.g., stabilization, intensive treatment, and reintegration)
 - b. Services (e.g., SA Treatment, Educational/Vocational, Life Skills Parenting Skills, and Treatment)?
 - c. Group meetings?
 - d. Your team? Or a particular team member?
 - e. Incentives or sanctions?

Understanding Program Challenges (*when thinking about how the program is meeting or has met your needs*)

- 6. What aspects of the program were the most challenging? Could you tell me about those?
 - a. How did your identity or experiences as a Black woman contribute to these challenges?
- 7. What aspects of the program did you find least beneficial, or not beneficial at all?
 - a. Phases? (e.g., stabilization, intensive treatment, and reintegration)
 - b. Services (e.g., SA Treatment, Educational/Vocational, Life Skills Parenting Skills, and Treatment)?
 - c. Group meetings?
 - d. Your team? Or a particular team member?
 - e. Incentives or sanctions?

Fairness and Treatment by Staff

- 8. How would you describe the fairness and treatment you received from program staff?
 - a. Do you think your identity as a Black woman influenced how you were treated?
 - b. How do you think this shaped your overall experience in the program?

Comparing Drug Court and Prison

- 9. If you have had prior experiences with incarceration in a prison or jail, how does your experience in drug court compare to those experiences (as a Black woman)?
 - a. If you were choosing between, and go back would you make the same decision-knowing what you know now?

Advice for Others

10. If you had the ability to change anything about drug court, what would that be?
 - a. What additional services or supports would you add?
 - i. Why would this be helpful, particularly in addressing your circumstances as a Black woman?
 - ii. Were there needs you had that the program didn't address? What would have been helpful in meeting that need?
 - b. What aspects of the program would you eliminate?
 - i. Why would this be helpful, particularly in addressing your circumstances as a Black woman?
11. What advice would you give to other Black women considering participation in a drug treatment court?

APPENDIX C – INFORMED CONSENT

INFORMED CONSENT DOCUMENT OLD DOMINION UNIVERSITY

PROJECT TITLE: The Experiences and Impact of Drug Treatment Court

INTRODUCTION

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES. The Experiences and Impact of Drug Treatment Court will be held in a location designated by the court coordinator.

RESEARCHERS

This research is being conducted by Dr. Tracy Sohoni, Ph. D, the Principal Investigator. Dr. Sohoni is Associate Professor in the Department of Sociology and Criminal Justice at Old Dominion University. LaQuana N Askew, M.A. is a co-investigator and a Ph.D. Candidate in the Department of Sociology and Criminal Justice at Old Dominion University.

DESCRIPTION OF RESEARCH STUDY

The purpose of this research project is to better understand participant experiences of women in drug treatment court and examine the impact of these courts on participants. In particular, the study is interested in participant perception of what needs are being met, individual or program setbacks, individual and program success, and perceptions of what participants believe would have enhanced their experiences, what contributed to their outcomes, and how the program may better help the needs of female participants.

If you decide to participate, then you will join a study involving research on experiences in drug court. If you say YES, then the discussion will be led by LaQuana Askew (co-investigator), will consist of at least 4 participants, and last approximately 60-90 minutes. The topic of the discussion will be related to your drug treatment court experiences and your perception of the program's impact.

EXCLUSIONARY CRITERIA

To be a part of this study you should not have less than 30 days in drug court.

RISKS AND BENEFITS

RISKS: If you decide to participate in this study, then you may face a risk of release of confidential information and discomfort in group discussion. The researcher tried to reduce these risks by having all signed informed consent forms kept in a locked filing cabinet in a private office, away from all other data collected. You may choose to not answer questions that you are uncomfortable with or do not wish to answer. We will summarize the focus group discussion. The researchers will keep your information confidential by using pseudonyms in the final report, and no individuals will be identified in our summaries. While we do not have control over what others in the group do with the information they learn during this discussion, we do ask that everyone keep what they learn to themselves. We would like to record the session to help with

the accuracy of our data summaries. Once the project is completed, the audio will be discarded, along with signed consent forms. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: There are no direct benefits of the study. However, results will be used to better understand the experiences of women in adult drug treatment court and speak to the impacts of the program on your recovery or transition. You will be able to share your experiences and thoughts about the impact that your time in drug court had for you. Your participation will help improve drug treatment programs for other female participants. This may be rewarding for you and beneficial to women who are in the program in the future.

COSTS AND PAYMENTS

The researchers want your decision about participating in this study to be absolutely voluntary. Yet we recognize that your participation involves your time and arrangement to attend the focus groups. In order to compensate you for your time you will receive a 35\$ visa gift card to help defray incidental expenses associated with participation.

NEW INFORMATION

If the researchers find new information during this study that would reasonably change your decision about participating, then they will give it to you.

CONFIDENTIALITY

The researchers will take reasonable steps to keep private information, such as the names of participants confidential. The researcher will remove identifiers from all identifiable private information collected. Signed consent forms will be kept in a locked filing cabinet in a private office, away from all other data collected until the end of the study. All audio recordings and program data will be stored on ODU OneDrive on a password protected ODU managed computer. The researchers will use pseudonyms in the final report, and no individuals will be identified in our summaries. While we do not have control over what others in the group do with the information they learn during this discussion, we do ask that everyone keep what is discussed private. Upon the study's completion, all consent forms, data, and recordings will be discarded by the researcher. The results of this study may be used in reports, presentations, and publications; but the researcher will not identify you. Of course, your records may be subpoenaed by court order or inspected by government bodies with oversight authority.

WITHDRAWAL PRIVILEGE

It is OK for you to say NO. Even if you say YES now, you are free to say NO later and walk away or withdraw from the study at any time. Your decision will not affect your relationship with your drug court or otherwise cause a loss of benefits to which you might otherwise be entitled.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of discomfort arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any

other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact LaQuana Askew (investigator) at 252-402-1016 or Dr. Tancy Vandecar-Burdin the current IRB chair at 757-683 3802 at Old Dominion University, or the Old Dominion University Office of Research at 757-683-3460 who will be glad to review the matter with you.

VOLUNTARY CONSENT

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them:

During the study, if you have any questions about the study or my part in it, you can email the person in charge of the study, LaQuana Askew at Laskew@odu.edu or Dr. Tracy Sohoni at tsohoni@odu.edu.

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. Tancy Vandecar-Burdin, the current IRB chair, at 757 683 3802, or the Old Dominion University Office of Research, at 757 683 3460.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Subject's Printed Name & Signature:

Date:

INVESTIGATOR'S STATEMENT

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

Investigator's Printed Name & Signature:

Date:

APPENDIX D – LETTERS OF SUPPORT



SAM HOUSTON STATE UNIVERSITY
CORRECTIONAL MANAGEMENT INSTITUTE OF TEXAS
GEORGE J. BETO CRIMINAL JUSTICE CENTER

DOUG DRETKE
EXECUTIVE DIRECTOR

HUNTSVILLE, TEXAS 77341-2296
(936) 294-1676 • FAX (936) 294-1671

This letter conveys the Texas Specialty Court Resource Center's (SCRC) support for LaQuana Askew at Old Dominion University (ODU) to conduct focus groups with identified Texas drug treatment courts. The SCRC is housed within the Correctional Management Institute of Texas (CMIT) at Sam Houston State University (SHSU).

The SCRC supports the proposed data collection efforts of the research team, subject to the discretion of the court's approval to participate. The SCRC will help facilitate engagement and interaction with the selected drug courts for the project and will assist the researcher with identifying the appropriate court sites to hold focus groups. The SCRC will work with the courts to provide the researcher with access to court benchmarks.

We anticipate that this study has the potential to benefit the SCRC through an enhanced understanding of the drug court's impact on participants. Should you have any questions regarding this letter, please do not hesitate to contact me.

Thank you,

Amber Gregory
Project Manager
Texas Specialty Court Resource Center



A nonprofit organization improving justice through leadership and service to courts

Mary Campbell McQueen
President

Pamela M. Casey, Ph.D.
Vice President
Research
Williamsburg Office

Dear NIJ Graduate Fellowship Program,

It is with great pleasure that I recommend an outstanding doctoral student LaQuana Askew at Old Dominion University (ODU) for the NIJ Graduate Fellowship (GRF) program to complete her dissertation, an extremely timely and important topic that promotes civil rights and racial equity, increases access to justice, and supports individuals impacted by the justice system who are typically underserved and underrepresented in research. The research staff at the National Center for State Courts (NCSC) fully support ODU receiving the GRF grant to support Ms. Askew and we are committed to facilitating the project's research needs with Virginia drug treatment courts. The NCSC has a long-standing relationship with the Virginia drug treatment courts, and we recently completed a statewide evaluation of these programs, to which Ms. Askew contributed as a student research intern.

The NCSC staff will assist in connecting Ms. Askew to the Virginia state specialty court coordinator and assist with identifying the appropriate court sites to hold focus groups based on the experience and findings of the recently completed statewide evaluation, as well as recommendations from the statewide coordinator. Moreover, the NCSC staff support the proposed data collection methods to include administrative court data and qualitative data generating from focus groups with drug treatment court participants, subject to the discretion of each programs' approval to participate.

This project will make substantial contributions to ensuring the fair and impartial administration of criminal justice, including meaningful engagement with Black women who have lived experience in Virginia drug treatment courts. We also anticipate this project to benefit NCSC's ongoing program of research on treatment courts, as well as the scientific understanding of treatment courts' impact on participants.

If you have any questions, please do not hesitate to contact me. Thank you,

Lindsey Wylie, JD, PhD
lwylie@ncsc.org
National Center State Courts



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300 Newport Avenue
Williamsburg, VA 23185-4147
(800) 616-6205

Court Consulting
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Denver, CO 80202-3429
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Washington Office
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Washington, DC 20002-7303
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VITA

LaQuana N. Askew
Old Dominion University
Department of Sociology and Criminal Justice
Norfolk, VA 23529

EDUCATION

- | | | |
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| Ph. D. | Criminology & Criminal Justice
Old Dominion University
Chair: Tracy Sohoni, Ph.D.
Committee Members: Randy Gainey, Ph.D., Amanda Petersen, Ph.D., Kathryn Genthon, Ph.D.
Dissertation Title: Examining Access, Outcomes, and the Lived Experiences of Black Women: Improving Racial Equity in Adult Drug Treatment Court. | 2025 |
| M.A. | Public Sociology & Criminology
University of North Carolina Wilmington
Thesis: Sex Offender Treatment Effectiveness: A Formative Evaluation of SOAR
Chair: Christina Lanier, Ph.D. | 2014 |
| B.A. | Criminology & Criminal Justice
Minor: Psychology
University of North Carolina Wilmington | 2011 |

CAREER HISTORY

- | | |
|-------------|---|
| 2022 - 2025 | Research Intern, National Center for State Courts |
| 2015 – 2021 | Research Associate I, Correctional Management Institute of Texas, College of Criminal Justice, Sam Houston State University |

REFEREED JOURNAL PUBLICATIONS

Orrick, Erin A. and Askew, LaQuana N. (2024). The impact of specialized referral service among Halfway House residents: A randomized control trial. *Journal of Offender Rehabilitation*, 63(5), 311-327, <https://doi.org/10.1080/10509674.2024.2353559>

Paige, Briana, Askew, LaQuana N., Haakmat, Narissa, Otañez, Leslie, & Monk-Turner, Elizabeth (2024). The social media coverage of deadly police shootings of black men: 2016 v. 2020. *Journal of Ethnicity in Criminal Justice*, 22(2), 140-162, <https://doi.org/10.1080/15377938.2024.2342796>