RELEASE

A student news collaborative focusing on the impact of incarceration in Connecticut

[FOCUS ON] *addiction*

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Brought to you by students at Central Connecticut State University,
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welcome to RELEASE

Welcome to Release, a publication devoted to collecting stories about citizens with criminal histories and the organizations that serve them. Produced by the Institute for Municipal and Regional Policy (IMRP) and created by students from Central Connecticut State University, the newsletter provides profiles, general features, interviews, videos, informative graphs and more. Our goal: to empower ex-offenders and to educate the larger Connecticut community on what it can do to stem recidivism. Release covers employment, housing, education, children of incarcerated parents and other subject areas that relate to building a productive life with a criminal history. For your free subscription to Release, which will be distributed online on a monthly basis and also published in print on a quarterly basis, please register at www.releasenews.org.

A Progressive APPROACH

A Q&A with NADCP Communications Director Chris Deutsch

By Dave Baker

Chris Deutsch, Director of Communications for the National Association of Drug Court Professionals, based in Washington, DC, works closely with NADCP's Public Policy Department writing briefs and testimonies to present before Congress, and lobbys state and federal legislators for more funding and support for Drug Court. Deutsch is also responsible for managing the NADCP website and coordinating national outreach incentives to promote the growth and expansion of Drug Courts.

BAKER: For those who may not be familiar with Drug Court and the NADCP, what do these organizations do?

DEUTSCH: The first Drug Court was started in 1989 in Miami, Florida, and the concept at the time was pretty simple: let's change the way drug addicted offenders are handled in the criminal justice system. What was happening in Florida at the time was a huge explosion of drug use, particularly in crack-cocaine, so the criminal justice system was being flooded by seriously addicted individuals. Judges were seeing the same people come before them, getting sentenced, then shortly after repeating the cycle. The idea was, "What can we do differently?" That's when Judge Stanley Goldstein got together with prosecutors, defense attorneys, probation, and law enforcement and put together this concept of Drug Court, where drug addicted offenders would be involved in a program that combines accountability, treatment and supervision. The NADCP was founded in 1994 by the early pioneers of the Drug Court movement. That coincided with the 1994 Crime Bill, which established the Drug Court Discretionary Grant Program and led to

> ***"The prosecutor and the defense attorney are working together, the judge is speaking directly to the participant; asking them how they're doing, reviewing their progress, making whatever changes need to be made in their treatment plan to best accommodate them."***

CHRIS DEUTSCH SPEAKING AT THE 2011 NADCP CONFERENCE.

the growth of these courts nationwide. There were 44 in 1994, ten years later there were over 1,600. We represent 27,000 Drug Court professionals.

BAKER: Is there a Drug Court in every state?

DEUTSCH: There is. We're up to 2,600 nationwide. Connecticut has five by our last tally.

BAKER: What might set Drug Court apart from other probation or reentry programs? What's different about how you help client's rehabilitation?

DEUTSCH: The crucial difference is that Drug Courts are designed for individuals with a diagnosed substance abuse disorder. They're rigorous programs that employ strict accountability coupled with treatment. a prosecutor, a defense attorney, law enforcement, case manager, probation, and treatment provider working as a team to develop a response best suited for the individual's needs. Walk into a Drug Court and it's vastly different than any other court you've been to. The prosecutor and the defense attorney are working together, the judge is speaking directly to the participant; asking them how they're doing, reviewing their progress, making whatever changes need to be made in their treatment plan to best accommodate them, and then rewarding them for doing well or sanctioning them for not living up to their obligations. Program lasts a minimum of a year and can go up to two or three years and along that time the intensity of court appearances may go down as someone moves through the program. The focus then becomes

"We're constantly down on Capitol Hill pushing and pushing for more Drug Court funding because we have a long way to go before this program is wide enough to reach everyone in need."

They're not programs for someone who doesn't have that clinical addiction; most of the time those folks are better served in alternative programs. These programs are really set aside for people with long criminal histories and long histories of substance abuse. The second major difference is the collaborative approach. Drug Courts are non-adversarial programs. You have a model where there's a judge, getting them ready to reengage with society, pick up job training, get them back in school; so when they leave the program they're not only clean and sober, but equipped with the tools to be successful.

BAKER: So this is a very intensive, all-encompassing type of treatment. It's hardly a vacation from prison.

DEUTSCH: Not at all. I think in the early days that was some of the concern that people had, that we're giving them a free ride. Well that's not the case. They're extremely intense programs.

BAKER: Can you describe in more detail how you help clients dealing with drug addiction? Is this a traditional "12 Steps " program or do you take more of a progressive approach?

DEUTSCH: It's really individualized and based on what the client needs. Part of that might be contingent on the resources available in their community. Drug Courts try to assess the needs of every person and develop an individualized treatment plan. A person may need inpatient treatment for the first few months. They'll get that. If they do well and are ready for it, they'll move to outpatient or someone may start an outpatient program. Some communities have thriving 12 Step resources and clients may find that helpful, others will look for alternatives. The individualized approach is really important. Another factor is that we're using evidenced based approaches to behavior change. With this community, relapse is to be expected – it takes individuals awhile to buy into the program, so to speak. The courts need to be prepared to respond in an evidenced-based fashion. Courts use what we call incentives and sanctions. If someone relapses early in the program that doesn't mean they're automatically thrown out, it means the court gets together and talks to the participant to determine what

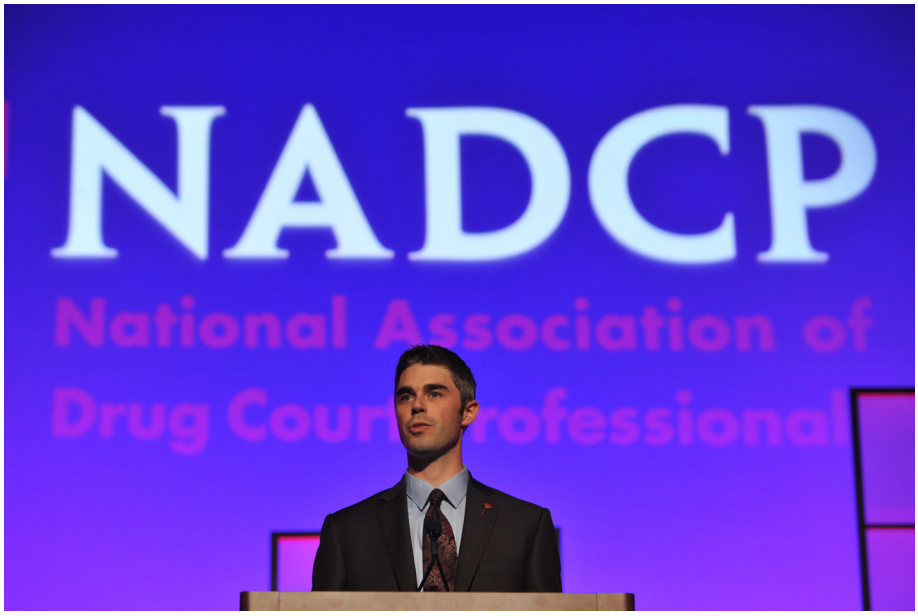
went wrong and what to do to get this person back on track. Behavior wise, courts can sanction a night or two in jail if someone is not complying with treatment. But, if they're just relapsing because they're addicts in early recovery, the court usually responds with changing the treatment plan.

BAKER: Is the final solution for someone who habitually relapses or continues to be non-compliant prison?

DEUTSCH: No. A sanction of prison would be for someone who is not complying with the requirements. If you have someone who is meeting with their case manger when they're supposed to, going to treatment when they're supposed to, doing what the court is asking but has a relapse, the appropriate response in that situation would not be a jail sanction it would be, "What can we do differently to get this person on track?" If someone thinks they can buck the system, not show up here and there, if they're lying to their case manager or a judge, a sanction of jail could be used to show them that the court is going to be follow up and hold them accountable, and ensure that they're following the procedure.

BAKER: How would you measure the effectiveness of Drug Court in helping clients combat addiction?

DEUTSCH: Drug Courts are one of the most researched programs in the criminal justice system. They do reduce drug use. They do reduce recidivism, and they save quite a bit of money for taxpayers. Nationally, we know that 70 percent of those who complete Drug Court are not arrested again. We know that Drug Courts reduce crime by about 45 percent. We know they save $2.21 for every $1 invested in criminal justice savings. When you factor in more offsets, reduced healthcare utilization, reduced victim compensation, that number jumps to $27 for every $1 invested. You're taking folks perpetually engaging with the criminal justice system, which means court costs, probation costs, jail costs, when you can take that person and turn them into a productive citizen you're going to have huge cost savings. The cycle has cost this country so much that every year about $70 billion is spent on corrections annually.



CHRIS DEUTSCH SPEAKING AT THE 2011 NADCP CONFERENCE.

BAKER: During your tenure, have any individuals come through Drug Court that were particularly memorable?

DEUTSCH: It's amazing. You can go to any Drug Court in the country and you're going to see truly inspiring stories of people whose lives have been saved by Drug Court. There was a young lady from Illinois who was arrested when she was 18 Didn't have a long criminal history but was clearly dealing with addiction issues and was on the brink of a life of drugs and crime. [She] went to Drug Court, about a year and a half later graduated from the program, went back to school, graduated from college, went to law school, and then was hired to be the assistant DA in the community where she was arrested. The person who hired her was the DA who originally charged her case – a pretty incredible story.

You can look at that on two paths. Had she continued down the path she was on who knows what would have had happened. Instead, she's back in her community working in the DA's office. There's a million stories out there; mothers reunited with their families, fathers reunited with their kids. Drug Courts are now serving veterans. We've been hearing a lot of stories of young veterans coming back and dealing with mental health and substance abuse issues, getting into what is now called Veterans Treatment Court, getting stabilized and back on track. It's pretty remarkable.

BAKER: Where is the money for Drug Court coming from?

DEUTSCH: Drug Courts get funding in a lot of different ways. Most Drug Courts get local funding, so that may come from the county or from the state; there is federal funding for Drug Court through what's called the Drug Court Discretionary Grant Program. Then there is treatment money through the Center For Substance Abuse Treatment. The federal budget that was just passed has allotted $78 million for Drug Courts, so it's a combination of both. It's always a challenge to keep Drug Courts front and center in the minds of legislators. We're constantly down on Capitol Hill pushing and pushing for more Drug Court funding because we have a long way to go before this program is wide enough to reach everyone in need.

BAKER: What are some of the initiatives you have in place for 2012 and beyond?

DEUTSCH: The Drug Court model is being expanded to serve more populations, so we're pushing for more DWI Courts, more Veterans Treatment Courts, and that happens at a state level and a federal level. We're really pushing hard on congress to make sure that Drug Courts continue to be championed. And there's every reason to believe that they will be. I think the future's really bright for Drug Courts.

BAKER: Is there anything you think our readers in Connecticut should know about?

DEUTSCH: Two things. One is that there was a study out of the Department of Justice a few years ago and it identified that there are 1.2 million individuals in the criminal justice system at any given time who would be eligible for Drug Court but there isn't a Drug Court within reach. So, Drug Courts are only reaching 10 percent of the eligible population. I would encourage people to get involved, to push their state legislators, to push their governors to invest in Drug Courts. Connecticut has five outstanding Drug Court programs, but I'm sure they could use more and that's only going to happen with citizens getting involved and calling for them.

In Front of THE TABLE

Finding a Safe Haven at the Bridgeport Recovery Community Center

By Jesse Duthrie

SISTER TERRY DODGE, PICTURED WITH OPRAH WINFREY, RECIPIENT OF THE 2010 MINERVA AWARD

Like many of nonprofit organizations RELEASE has covered in the past six months, the Bridgeport Recovery Community Center starts at a table. Tables are a place of varying emotions. Some people sit quietly, and look into their palms as they retrace the steps that led them in a path of self-destruction. Others raise their voices, pound their fists, and let their frustration and anger get the best of them. No matter what the cause that may have gotten a person to seek help- addiction, finding employment, searching for housing- the table is the start to finding a better future.

Four long tables are angled together to form one large rectangle. Chairs are plentiful, and by 12 p.m. on 49 Cannon Street, are mostly occupied. The thirty or so participants of the addiction recovery-counseling meeting are uniformly quiet, and a single voice is allowed its turn to speak.

"Fuck this," a middle-aged man says. "Fuck ya'll. I love you guys, and you're great. But for today, I need to focus on myself. I'm having a hard time getting through this, so sorry, but fuck your problems. I got mine."

He finishes, and nobody is taken aback. When it's somebody's turn to speak, they're free to speak their mind and their heart.

Michael Askew is the program director of Bridgeport Recovery Community Center. Michael understands the issues that men and women face in their challenges against addiction.

One of those issues is dealing with a history of incarceration while battling addiction. It's no surprise that over twenty-five percent of convictions in the United States are drug related, and this statistic doesn't count those convictions such as robbery and manslaughter that are fueled by drug use.

The group meeting sessions, which are held between noon and one p.m. everyday, attract a variety of people: young and old, white and black, male and female, clean and washed up. Throughout the meetings there is a reoccurring topic of dealing with prison and release from incarceration.

One young man, no older than 25, attended that meeting on that frigid Thursday afternoon. Addicted to drugs, though he didn't specify his addiction, he did tell the group that two nights prior he had been arrested with possession and faced breaking his parole and being placed back into prison. Fortunately he was given another chance, and sitting at the corner of the table, shoulders slumped and head down, he was thankful for having another chance at life outside of bars.

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Kathy, an African-American woman in her early twenties, was released from prison in November of 2010. She's been a part of the BRCC for several weeks. She says, "The program allows me to reach out and meet new people. It also allows me to network."

Kathy had tried NA before coming to the Bridgeport Recovery Community Center, but she finds more comfort in the latter program. She knows more people, the volunteers staff are helpful, and she's been able to look for jobs.

"The program works if you work it."

On top of participating in the recovery program, Kathy volunteers at the Center. The majority of staff is volunteers, many recovering addicts themselves. Recovery coaches trained in a one-week academy. They are then allowed to volunteer on wide array of positions at the BRCC; these jobs range from signing people in at the front door to leading discussion during the recovery support meetings. The longer a person has been volunteering, the more involved their job typically becomes.

Michael Askew explains how people become involved in the BRCC. "People going through prison can use addiction counseling services that help them integrate back into society. When they are connected with their probation or parole officers, they are informed of our program. Also, there are community meetings called Re-entry councils. A lot of the providers in the area come to help in the support from transitioning back in the community."

Bridgeport Community Center moves beyond counseling meetings. They provide services for people who need help with other issues facing their returns from incarceration. They work on pardon processing, finding housing, and finding employment; these are all major issues ex-offenders face upon return.

"This is more than just raising spirits," Michael says, "People come in here and look at our bulletin boards and they'll come in and say 'I need something. Can you show me how to get it?' We provide the computers to create e-mail accounts. We connect people to STRIDE or Career Resources. Then they'll come back here for additional support."

No matter if a person wants to take full advantage of BRCC's many services or just come in for a recovery discussion, the only requirement is that they sign in.

"Some people just need a safe place to sit down and have a cup of coffee. We're here to encourage them, and we'll try to find out what's going on with them. Some people aren't motivated. Every now and then, we try to see where they're going."

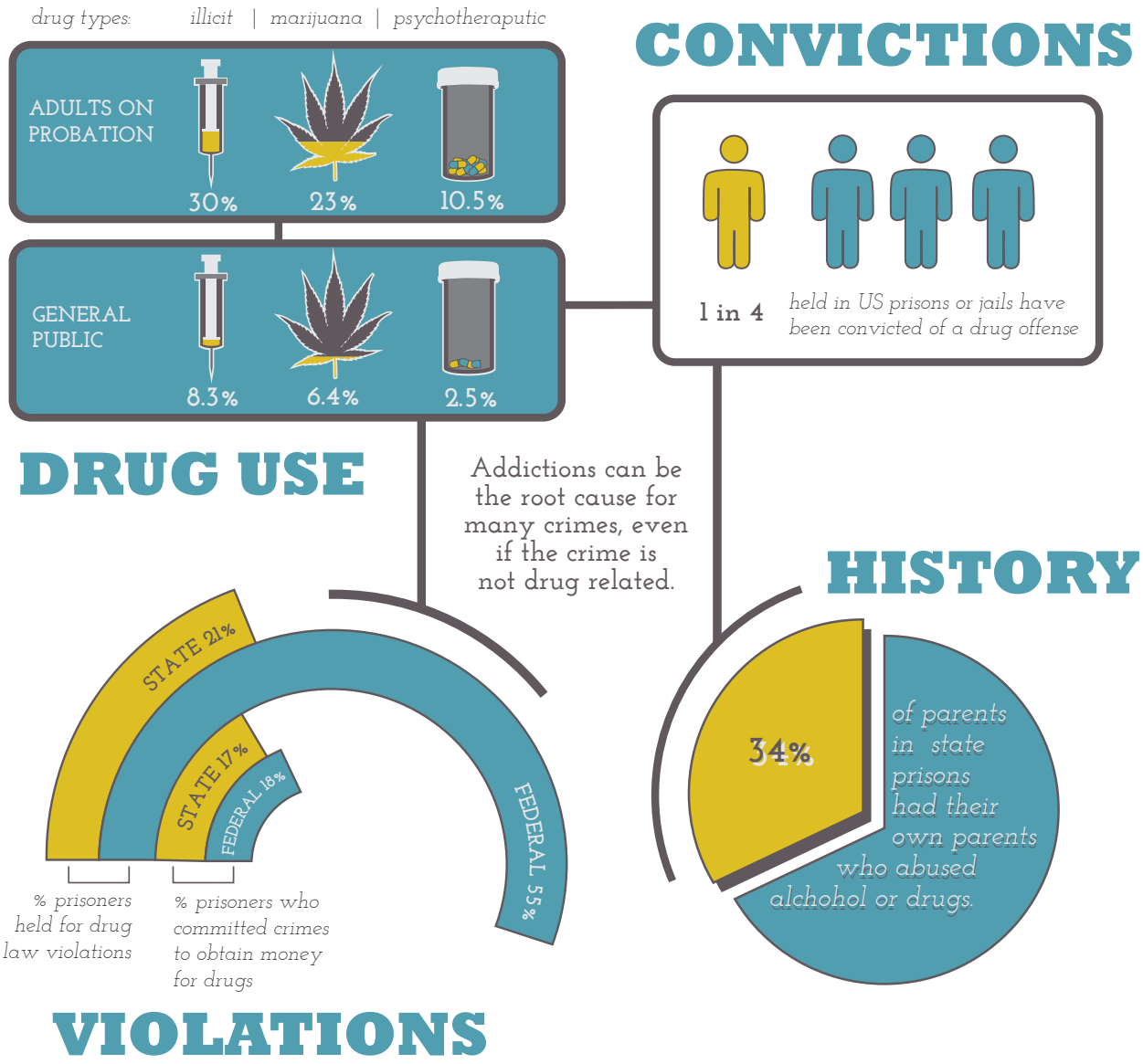
Outside of incarceration, a prison mindset tends to last in ex-offenders so breaking down that wall and allowing for a person to feel safe can be difficult. From the GED programs at the Greater Council of Churches to the Job Training at Career Resources, program leaders have described the challenge for ex-offenders to feel safe in the real world after a long sentence and a difficult background. And like those programs, BRCC keeps its doors open and judgment free. The more a person can trust the program, the more they can find change in their own lives.

After a young man describes his addiction and the possibility of being arrested for drug use, the discussion leader tells the group a story.

"A dog sits on a nail and beings to howl. Two men watch from afar and notice that the dog remains seated, and continues to howl. The first man says to the other, 'When is that dog going to move?'

The second man says, 'He'll move when it hurts enough.'"

PRISON *and* ADDICTION



In the US, **MORE THAN HALF** *of all inmates have a history of* **SUBSTANCE ABUSE** *and* **ADDICTION.**

Putting A
SIGN OUT

Helping All Addicts without Anonymity

By Casey Coughlin

"Hello," he opens, "My name is John and I am a recovering Alcoholic." He is plaid head to toe in Red Sox paraphernalia, his long goatee controlled in two braids that dangle from his chin.

"Hi John," the group of twenty or so responds. He drops his head and mumbles off the meeting's rules; his voice muffled by the visor of his baseball cap.

"Today's meeting is going to be about gratitude, I'll start…"

The room is crowded with people of every age, gender and race. Some stare deeply into the speaker's face, others watch the creamer in their coffee spin. John talks about being thankful that he got up this morning, that his mood was foul for no particular reason but now, now he is here he feels a little bit better.

He passes the floor to Jessica. Like John she is grateful to be alive. She passes to Corey, Mark, Steve, Jennifer, and eventually in an hour's time everyone sitting around the room has had a chance to talk. They all have their own story, something small that separates their gratitude from the next: God, family, even prison. But in the end they are all thankful for the same thing, the glue that keeps them in recovery, this opportunity at Connecticut Community for Addiction Recovery.

CCAR started twelve years ago as a volunteer advocacy organization working to build legislative support for addiction recovery. Diane Potvin, now Center Manager of the Windham branch, was one of the original volunteers working to draw attention to this cause.

"I guess the first thing I should say is that my name is Diane, and I have been in recovery since Valentine's Day 1987." Diane explains that when she was approached by founder Bob Savage to join in his efforts the outside community did not understand addiction. They saw it as a self-inflicted habit, something a person had knowingly done to themselves, and thus they needed to be punished and sent to prison. They didn't understand that addiction is a disease. "What [addicts] need is treatment, a different way of thinking so they can live differently," Diane explains.

CCAR quickly evolved from strictly an advocacy organization to an agency that provided soft services to assist the recovery community across the state. They held public forums and came back with "a safe welcoming place" accessible to those who need it.

CCAR's strongest communal goal: to put a positive face on recovery. By changing the mindset from embarrassment to embracement they are able to do something extremely

foreign in the recovery community, hang up a sign. Before they opened shop, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) were the two major treatment centers. Both of these programs lived under the secrecy of anonymity. Meaning, if a person desires treatment they must know where the meetings are held. There is no building labeled in any community for these organization. CCAR does not agree with separating real life from recovery. They embrace the recovery community and stand as a voice to support them.

Other small differences separate CCAR from other treatment regiments. The typical, "Hello my name is, and I am an alcoholic," opener can be changed to whatever a person identifies with, for example. Diane prefers to substitute I am an alcoholic with I am in recovery. This subtle change in labeling can mean so much to a person's self esteem.

Another difference: they accept every type of addict. Where AA and NA are only for specific types of drugs, CCAR welcomes everyone including people with gambling and food addictions. Their twelve step program is open to interpretation and individual molding. And if a person slips up and uses again, the community at CCAR embraces them back into recovery right away.

Last year alone the doors to the three locations where opened over 45,000 times. With only two full-time staff at the Windham branch Diane says, "If it wasn't for our volunteers we probably wouldn't be open." The volunteers do everything from running support groups to cleaning to manning the front desk. But what Diane considers the most important aspect of their contribution is the Telephone Recovery Support system.

Exclusive to CCAR, volunteers from the community call CCAR clients once a week and check on their progress. For some who are separated from friends, family and trying to

COREY, A CCAR RECOVERY PARTICIPANT

curb old habits this check up system can be a real cornerstone of recovery. In fact research has shown that over 90 percent of participants in TRS don't recidivate. Melissa, a volunteer with CCAR for the last three months, gives two to six hours a week to help CCAR. She enjoys her time at the phone and has formed a special bond with one participant, a 21 year-old boy who opened up to her about his past during one of their phone calls. The best part about this work for Melissa is "being able to connect with him, somebody who has been through as much as somebody my age except all negative. I know it must be hard for him at his age to connect with other kids."

Corey has been participating with CCAR for the past ten months. Now 40, he has the face of a 25-year-old. He sits, arm crossed, leaning over the table, his Yankees hat shadows his eyes as he speaks about his lifelong tango with drugs. At age thirteen Corey started smoking Marijuana in an attempt to hang with his older brothers and their friends. His juvenile habit quickly escalated to selling, and then to harder drugs: alcohol, cocaine, and crack. "After I started smoking crack everything just started going downhill, I became my own best customer." He spent the next 20 years in and out of jail. In February of 2011 Corey decided he needed to change, "I woke in a crack house and said I don't want to live like this no more." So he checked himself into St. Francis Hospital and from there was sent to a detox center. "I got sick and tired of getting high and running the streets and just existing."

Now, Corey is living on his own working a part-time job and attending around 10 meetings a week. He has plans to attend a local community college and hopes to one day work in the field of recovery. CCAR has given him the voice and support he had been looking for his entire life. He reaches down to pat the little terrier at his feet, and tells me, "It's family here."

On the CUTTING-EDGE

Patrick F. McAuliffe House Sets the New Standard for Duel-Diagnostic Treatment

By Jesse Duthrie

Jermaine Cook, 37, has spent more than half of his life addicted to drugs, and in those years has been in and out of prison. Barring a five-year prison stint in his teenage years, he had never been clean until two months ago. Had it not been for his mother who forced him into Yale's emergency rehabilitation clinic in early November, Jermaine would have turned out to be another statistic: a black male addicted to drugs in downtown New Haven.

The challenge, Jermaine admits, is battling not only his addiction but also his mental illness, depression. A loner from an early age, he preferred isolation to social settings. The symptoms showed early in his life, but due to a lack of psychiatric treatment and any awareness about mental health problems among those closest to him, the problem went unnoticed.

It wasn't until his chronic PCP use in the fall of 2011 and his eventual breakdown that Jermaine was admitted to Yale's rehabilitation unit in New Haven, Connecticut, where, unlike most rehabilitation services, they treated both Jermaine's addiction to PCP as well as his depression.

Upon release from Yale's one-month rehabilitation clinic, Jermaine entered the Patrick F. McAuliffe co-occurring, 30-day intensive rehabilitation house, one of two co-occurring treatment centers in the state. Using clinical therapists, psychiatrists, and drug and alcohol abuse counselors, the house takes a two-part approach to treating its patients.

JERMAINE COOK, FORMER MCAULIFFE HOUSE RESIDENT

Funded by the Department of Mental Health and Addiction Services (DMHAS), the Patrick F. McAuliffe House provides cutting edge co-occurring treatment. Studies have proven a direct link between drug and alcohol addiction and mental illness. For a large amount of treatment providers in the state as well as the nation, there is a pattern of treating either mental illness or addiction singularly. The duel diagnosis program allows treating both congruently.

Anthony Corso is the Chief Officer of Residential Services for Connecticut Renaissance. On top of the co-occurring recovery house, he oversees a halfway house in Waterbury and two low intensive, long-term care houses.

When asked how many of the patients at the co-occurring treatment house have some sort of history of incarceration, his estimate is around fifty percent.

In his one month at the McAuliffe Center, Jermaine has participated in a wide range of treatment options. Family therapy, including group therapy, one-on-one therapy is just some of the forms of counseling practiced.

health history, and other avenues of treatment, new programs can target a population that hasn't previously been treated the best possible way.

Of the residents of the McAuliffe center with histories of incarceration, Matthew says that the biggest challenge they face is the restriction of opportunities. They have troubles getting jobs and housing because of their criminal background. He also says that many of these men didn't receive proper mental health treatment while incarcerated, so returning home can be a challenge for people who are battling stigmas of incarceration on top of untreated mental illness.

Had it not been for his mother who forced him into Yale's emergency rehabilitation clinic in early November, Jermaine would have turned out to be another statistic: a black male addicted to drugs in downtown New Haven.

"This is what I went for school for, and it feels like the first time I've found a home," says Clinical Therapist Matthew Bastiaanse. "Here it's a duel-diagnosis model. They look at the family therapy part of it and they look at the mental health part of it. They incorporate all of that as treatment."

When asked if this model should be implemented throughout the state, Matthew agreed adamantly. The medical model, which focuses directly on the addiction itself, is outdated. By looking at mental health, mental

"I chose the facility because it's only 20 people," Jermaine says, "and I felt like I could get the attention I needed instead of being at a 60 or 80 person facility. Since I've been in treatment, I've come along. I had a real bad depression. Since I've been taking my medication and participating in the groups, I've had my mind right."

Jermaine praises the one-on-one sessions for the opportunity to get his problems off his chest. He also likes the group therapy sessions, where he can hear others discuss their problems.

He's still working on the recovery side. He has "drug-dreams," vivid dreams of being at home with his old friends. In the dreams, he's about to get high but wakes up before he does. He describes the dreams as scary and they often startle him awake.

This January, Jermaine will be moved out of the McAuliffe Center and into a low-intensity housing unit. Eventually, he'll find himself back at home and amongst those peers that once led him down a path of destruction. It's up to him, his recovery, and the treatment he's received, whether or not he'll continue to fight the good fight.

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