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The Story of The Healing Place An Interview with Jay Davidson

William L. White

Introduction

New recovery support institutions are emerging as adjuncts and alternatives to modern addiction treatment institutions. One such institution is The Healing Place in Louisville, Kentucky. Its mission is to provide a recovery-supportive sanctuary for men and women whose addiction and related problems have left them homeless. Mixing enmeshment in Alcoholics Anonymous, the Recovery Dynamics course, and a program of peer mentors, The Healing Place has distinguished itself as a widely replicated social model recovery program. The story of The Healing Place is inseparable from the story of Jay Davidson, whose own recovery set him on a path of studying social work following his retirement from a military career. I recently (February 2016) had the opportunity to interview Jay about how his own story led to the birth of The Healing Place. Please join us in this engaging conversation—a conversation that explores the boundaries distinguishing addiction treatment and recovery communities.

Background

Bill White: Jay, could we start with some of your personal background from your family history through your military service?

Jay Davidson: Sure. I guess my significant history starts at age seven when my alcoholic father left our family. It would be 27 years before I talked to him again. I became a caretaker of my younger sister and my mother. I excelled in this role and in school. I started smoking at the age of 13 to release some of the anxiety, and I also started drinking about that time on weekends. In high school, I was too short for basketball, not big enough for football, and not fast enough for track so I enrolled in Junior ROTC. I really enjoyed and excelled in ROTC. Right after high school, I went to work for General Motors Acceptance Corporation (GMAC) and excelled again, going between 1960 and 1965 from Mail Clerk to Assistant Accounting Manager at a small GMAC branch. But at that same time, selective service was checking on my status so I decided to outsmart the draft and enlist. I'd gotten married by then and I enlisted in the Army with the intent of avoiding Vietnam and going to Germany where my wife's dad was serving in the Air Force. I enlisted on December 15, 1965 and then found out my wife was pregnant. While I was in basic training, she continued to live with her grandparents.

I excelled again in basic training and was offered the opportunity to go to Officer Candidate School. Well, that fed my ego to the point that I agreed without checking with my wife—a decision that change my whole career pattern in the Army. I didn't go to Germany and instead went to Fort Ord and then on to Fort Benning for Officer Candidate School. My wife joined me at Fort Benning in 1966, but then she had a premature birth and our son, Eric, died after 36 hours, which was a great shock to both of us. I went ahead with Officer Candidate

School and my wife returned to Oklahoma. I made Second Lieutenant in December 1966 and then in 1967 went to Fort Ord, California to work as a Basic Training Officer for six months before heading to Vietnam. I served for 13 months in Vietnam with the First Cavalry Division. I was a Recon Rifle Platoon Leader for seven months, the Company Executive Officer for two-and-one-half months, and then served as a First Lieutenant Company Commander in combat before returning to the United States and a station at Fort Benning.

I excelled in the military, but all the while I was continuing to drink in the evenings and on the weekends. In 1971, my wife decided she had enough of my alcoholic drinking, and we ended our marriage after having had two children. I continued to excel in the Army with early promotions to Captain and then to Major. I'm at Fort Knox running the summer camp for 6,000 cadets each year for three years. Then in February of 1983, I flew with my Brigadier General to Fort Bragg to provide a briefing on the status of the camp for the coming summer. On our return flight on a commercial airline and while in uniform, I proceed to get drunk sitting next to my boss. On Monday morning, I came to my office at 6:00 a.m. to find my immediate supervisor already there. My Lieutenant Colonel delivered the message that if I didn't get a handle on my alcoholism, I was going to be discharged from the Army in 45 days. What no one in my entire life knew at that time was that I'd already lost a wife and two kids to my alcoholism, lost material things, lost everything, but hadn't stopped drinking. But what I wanted more than anything was to retire from the Army as a Lieutenant Colonel. And this General was about to take that away from me.

That was the motivation and the impetus for me to finally surrender, hit my knees, and say, "I can't, God, you have to help, I'm asking you for help." That was on February 9, 1983, which was the beginning of my sobriety. I was the first officer at Fort Knox to go through intensive outpatient treatment in their Community Counseling Center. It was a humbling experience because I was the only officer amongst all the enlisted men who were in treatment there at that time. The same General who was going to kick me out promoted me on May 15th of 1983 to Lieutenant Colonel. He saved my life. I served three more years and retired in 1986. My last assignment was in Washington, D.C. at the Army Material Command Headquarters.

Bill White: Describe the journey that spans your discharge to pursuing training in social work.

Jay Davidson: Well, my second wife had friends who owned a large carnival, and they wanted to start a second smaller carnival so they could run parallel routes and make more money. I had gotten hooked on the excitement of the carnival, and they offered me a job to learn the carnival business from the ground up. It was just like an Army battalion, with its own transportation, mess hall, maintenance, chain of command, and uniform code and convoy control when the carnival moves from one town to the next. It was a good fit for me, and I started in May of '86 after I retired. My wife ran one of the ticket booths and I did everything on the lot that you can think of from setting up the lot, running the office, doing payroll, breaking down the lot, and then doing convoy control.

In the carnival business, the lowest people on the totem pole were the guys operating the rides because they got paid practically nothing. They put up the ride, took it down, and drove it to the next town. It was in my nature to befriend them. So, after about three months, I'd walk through the midway, they'd start saying, "Hey, Boss, how you doing?" Well, there's only one boss on the midway and it wasn't me. The owner got upset about that and did everything he could to make me quit, but I was stubborn. I was not going to quit. So, finally, he just had to

fire me. I have the distinction of being the only carnie ever to be fired from the carnival.
(Laughs)

From there, I volunteered to be an advisor on military missions anywhere in the world. I went to work for Raytheon in 1988 as a Logistics Advisor for the Royal Saudi Air Defense Force, their Missile Command. Bill, when you're in the Army and you go up in grade in your specific expert area of infantry, positions get fewer and fewer, so you have to get an alternate specialty. My alternate specialty was in logistics management so that's why I got the call. This was a two-year contract with a return for a two-week vacation every six months to be with my wife.

There are only two kinds of Christians in Saudi Arabia: hot ones and cold ones. The cold ones are afraid of being recognized as a Christian and deported back to the United States, and the hot ones are so fired up about their spiritual growth that they are willing to risk anything to practice their faith. I found out that there was going to be an Air Force Chaplain coming in to the US side of the Riyadh Air Base. I made arrangements to attend that service and linked up with another civilian there, a Baptist preacher who's there to teach English to the Saudis. We formed a Paul-Timothy relationship and find there are several international compounds in Riyadh--walled cities where all of the ex-patriots live. There's at least one house in each one of those communities that's willing to have an evening Bible study and then a praise and worship service on Fridays. So, this preacher and I begin to minister to each one of those house churches, just like back in the first century. We smuggled our Bibles in in brown paper sacks and disperse all the vehicles so that we don't reveal we're gathering in one place. We also hosted communion and had two Easter sunrise services out in the middle of the desert.

On my way back to the states I got to spend seven days in Jerusalem visiting all of the religious sites, and I came back with a conviction that the only way I was going to be happy in the future was by working with people. I looked around and asked, "Who's really helping people?" I saw psychiatrists passing out medications, psychologists doing a lot of research and evaluation, clinical psychologists doing some therapy, and then I saw social workers and licensed clinical social workers doing some real work with people. And I saw that I could complete social work training with one and one half years of classes and two years of clinical supervision for the LCSW. I said, "That's what I'll do." That's how I ended up deciding to go to Kent School of Social Work at the University of Louisville and getting my masters' in social work. My plan was to be a psychotherapist helping adults deal with their issues and do it from a Christian perspective.

The Healing Place

Bill White: How did that path then lead to The Healing Place?

Jay Davidson: I had a Pell Grant to pay back and some other debts so I had to get a job as soon as I graduated. I heard about this new program using a Twelve-Step program and a peer role modeling model in our local Jefferson County Jail. I sought out the Program Director and we really hit it off. We were kindred souls and felt the same way about recovery and were both passionate about the role of spirituality in recovery. "Man, you're great. You're going to be a fantastic asset to this whole program," he says, "But you gotta interview with my team." I said, "Oh, okay." I got to the meeting and the team came in to interview. It was three women, and they start firing questions at me and I choked, Bill. I couldn't even tell you what Step One was. I

panicked. I was trying to answer questions from a social work perspective, and I just couldn't get into my recovery mode. And finally, the team leader of the three said, "Well, thank you, Mr. Davidson, we appreciate your coming in but we really don't think you have enough experience to help us start this program. Thank you very much and you can leave now." That was, like, ten minutes of the interview.

The next thing that happened was my wife, who was then a nurse at Ireland Army Hospital, met a doctor's wife who was a volunteer at this shelter that the doctors owned and operated in Louisville called the Morgan Center. They were looking for a new Executive Director. So, my wife got my resumé to the doctor who got it to the Board of Directors of the Jefferson County Medical Society Outreach Program, Inc. That was the 501(c)3 that was operating what was known on the streets as the Morgan Center. The doctors looked at my resumé and I had 15 one-on-one interviews with the board members before I was hired and began work on the 19th of December, 1991. I knew zero about developing a recovery program, zero about homelessness, zero about welfare, other than a little knowledge I'd picked up going through Kent School. All I had was my military background and my recovery experience to guide me in the operation of an 80-bed wet shelter for homeless men in Louisville. That was the beginning.

Bill White: And how did the Morgan Center then evolve into The Healing Place, or is that a separate part of the story?

Jay Davidson: No, it's all one. Here's the history. In 1970, Father John Morgan, Catholic Parish Priest for St. Patrick's Cathedral at 13th and Market, was coming to work every morning and guys were sleeping on his doorstep. He'd wake them up and say, "Why are you here?" They said, "We can't get in to any of those shelters at night because we're under the influence." This happened day after day after day. Finally, Father Morgan in one of his Sunday morning addresses to his parishioners said, "Parish, I carry a real burden for these men. I want to do something for them. And I'm going to need your help, because I don't want any public money that has strings on it. I need your support for that. Are you willing to do that?" And they said, "Yes." And that began Mission House in 1970.

Fast forward to 1980, he's operating the Mission at 16th and Market and he goes to see Dr. Will W. Ward, his internist. While he's talking to Dr. Ward, he says, "Doc, you need to come down to Mission House and hold sick call because these men are ineligible for insurance and they don't have any other kind of support. They're using the emergency room for their primary care physician, and it's killing us dollar-wise. Why don't you come down and just hold sick call." Dr. Ward said, 'yes,' and he and his partner, Harold Blevins, came down every Thursday night and held sick call, treating what conditions they could. They did that week after week, month after month, year after year.

In 1985, Dr. Ward and all of his buddies were coming back from a ski trip when one of the guys, a wealthy local contractor, shared that he wanted to find a way to give back to the city. Dr. Ward said, "Well, you need to come down here and take a look at Father Morgan's building at 1017-1019. The roofs are leaking and it really needs renovation." So, Jesse Bollinger took a look and said, "Man, these buildings were built in 1893. You don't know what kind of problems you're going to have when you start ripping walls down, but you've got a vacant lot across the street. Let's see if the city will sell it to us for a dollar." There was a group of guys from the West End that had an idea of putting a strip mall there or a convenience store, but Dr. Will Ward,

Father John Morgan, and Jesse Bollinger went to the City and convinced them that a better use for that land would be to provide a shelter. Jesse Bollinger built the Morgan Center as it came to be called, a 24,000 square foot, two-story shelter with 80 beds and gave it to Father for a dollar.

Fast forward to 1988, the doctors are still going every week for sick call when Father Morgan goes to Dr. Ward and says, "I'm interested in getting involved with women coming out of prison. I've got three houses on South Brook Street that I want to convert into halfway houses for women coming out of the prison. I want to get out of the men's shelter business." This was coincidental with Dr. Ward and all the other doctors going to the AMA convention that year in Chicago where the President of the AMA stood and challenged doctors to improve their reputations by getting involved in local social issues within their communities. So the docs are coming back saying, "What can we do?" Dr. Ward says, "Well, I'm volunteering down here at Mission House. It seems like we doctors could get together and figure out how to break the cycle of homelessness." Well, some 30 doctors thought that was a good idea but the rest of the doctors in the Medical Society thought it was too risky. But those 30 doctors wouldn't give up and that's when they formed on August 15, 1989, the Jefferson County Medical Society Outreach Program, Inc., commonly known then as the Morgan Center.

Father Morgan deeded over all the property to the 501(c)3 and gave the 501(c)3 its first annual operating budget, \$90,000 in cash. The doctors began operating the shelter themselves from that point forward. Doctors came down and did maintenance work and the wives helped in the kitchen. They had one doctor, one retired doctor, and one doctor's wife doing the day-to-day activities until they realized they were in over their head. Their vision statement was to use the collective energies of the Medical Society to attract other professional societies and other professions and professionals to come together to collaborate to break the cycle of homelessness. This was a brilliant idea, but they clearly needed help. Dr. Ward sought the advice of Tom Lawson, the Acting Dean of the Kent School of Social Work. It was then determined that they needed a social worker to serve as Executive Director and a social worker to serve as a Case Manager to help make a difference in these men's lives.

Bill White: At what point did the Morgan Center then officially become The Healing Place?

Jay Davidson: It transitioned to The Healing Place when I assumed the director position in December of 1991. By that time, the social worker had case managed 30 guys into apartments, but 15 of those guys were back in the shelter. That's when I realized that if we're going to make any kind of a difference, it's gotta be through a more rigorous recovery program that will attract homeless men and give them a structure to help change their lives. For me, that was a Twelve-Step program. That's the only thing I could think of that would work.

Bill White: How would you describe today's Healing Place in terms of its scope of services?

Jay Davidson: The Healing Place model started with 80 beds for men and has now grown to a men's program and a women's program that provides a non-medical detoxification program. This involves five to ten days of withdrawal with no medication assistance other than people taking their medication for high blood pressure or asthma, that sort of thing. We still have the overnight shelter where you come in every night, check in, have a hot meal and a hot shower and a safe place to sleep, and you come back every night to get that bed. And then we have the residential recovery program which is where they commit to abstinence and that's the front end

of the recovery program that starts their journey on going through Steps One, Two, and Three. They get into the phase part of the program and finish Steps Four through Twelve. The recovery program is a six-month residential program and the reason it works is three things. The first is that the basic curriculum is teaching how to do the Twelve Steps, and all clients to complete the program have to complete all Twelve Steps. The second is that this is a model of attraction, just like in 1935 when Bill Wilson and Dr. Bob were trying to stay sober. They realized that the only way that was going to happen is if they reached out and helped another alcoholic. The whole model is about our alumni who complete the program and then volunteer to be what we call peer mentors. They contract for 90 days to be role models, to share their experience, strength, and hope on how the Twelve Steps have impacted their life and how they use the Twelve Steps to address their character defects and shortcomings and continue their spiritual growth. The peer mentors teach all of the classes that are required to complete the 36 classes and the 36 written assignments of the Twelve Step program over a period of six months. The third thing that makes this model unique is the community meeting, which is a peer group of accountability that meets three days a week, Monday, Wednesday, and Friday at 9:00 a.m., where 70 men sit in a circle and hold each other accountable for inappropriate behavior and suggest positive strength-based ways they can change that behavior. In that circle, there are no secrets; they cannot hide.

Bill White: How are these various programs staffed?

Jay Davidson: The monitoring for the nonmedical detox and the overnight shelter is provided for the most part by alumni who serve as paid full-time or part-time staff. The recovery program of the motivational track and the residential recovery and the recovery phase all have a paid full-time supervisor that's qualified clinically, and who happens to be an alumni, but all of the execution of that recovery program is by the peer mentor volunteers in both women's campus and the men's campus. That's the power of the model. They stand up in front of a group of 200 men and say, "Ten months ago, I was sitting in your chair where you are right now and this is what I know: this kind of a program works. It works for me because this is what I was. You know me when I was on the street and I've been able to use this program to change and if I can change, you can change." And that's the power of this, that's the attraction.

Bill White: Is The Healing Place a treatment program or a recovery community?

Jay Davidson: The Healing Place is a social model recovery program, not a treatment program. We do not do any individual counseling, nor do we do group therapy. All we do is share our experience, strength, and hope on how we have been able to change through working the Twelve Steps.

Bill White: Describe the current funding level of The Healing Place and its various funding sources.

Jay Davidson: Our current budget is about \$6.7 million. We have 700 bodies in beds every day. And all the services from the non-medical detox to the overnight shelter to the motivational track to the recovery program, to transitional and case management are provided for less than \$25 per day at no cost to the client. So, you take 700 bodies, 365 days, divide it into \$6.7 million, and you'll see that it's less than \$25 per person per day.

Bill White: That's remarkable and you must do that with an awful lot of support from the community and beyond.

Jay Davidson: Absolutely. This is a grassroots model and replication is difficult and challenging because it requires the movers and shakers that are interested in this to motivate and energize the community base to support the model. All alcoholics and addicts come to recovery with baggage. You remember the old MASH T.V. program. They did life-saving surgery. That helicopter went out to the battlefield, picked up the wounded soldiers, and brought them back to the surgical hospital. All they did was get the veins and the arteries connected so they could ship them to Japan to do the detailed work. They did life-saving surgery. The Healing Place does life-saving recovery from the street to get wounded people connected to recovery. We focus on equipping men and women with the tools of the Twelve Steps until they become an ingrained way of life so that when they leave us and life stressors hit, they don't resort to old behavior. They learn to reach out and ask for help and seek experts to help them deal with the issues that are facing them now in sobriety, which they wouldn't have done before.

Bill White: What are the sources of funding for The Healing Place?

Jay Davidson: When the Doctors incorporated in 1989 they conducted a three and five year pledge campaign and raised \$650,000. As the social model grew, more reliance was placed on community financial support. One hundred percent of the operating funds in the early years of operation were provided by donors from the community and grants from Foundations and Corporations. The operating budget began at \$300,000 and grew exponentially every year as support from individual donors and Foundations continued to grow. As the budget continued to grow, so did the need for more community support. When the annual operating budget exceeded \$4 million, other sources of revenue needed to be found. The Kentucky Department of Corrections (DOC) identified a need for the female inmate population to receive treatment for their substance use disorders. The DOC contracted with The Healing Place to provide women with less than a year to serve long-term residential recovery program services. The Healing Place receives a per diem for each DOC client. Today the current operating budget is \$6.7 million and two-thirds of the funding comes from 12,318 individual donors, 497 organizations, 18 Foundations, 158 Churches, 1,723 Alumni, and 5 Employers for a grand total of 14,719 supporters, and one-third of the funding comes from contract services.

Bill White: And I understand the City has continued to be a strong supporter of what you do as well.

Jay Davidson: Yes, the City's always been really strongly supportive. The mayors have always told other mayors at the National Mayors' Conference about the model and how it works. And half of our funding comes from direct local fundraising. We built a new women's campus in 2009, a 20 million dollar, 73,000 square feet facility with 250 beds. We moved 94 women into that in October and then by March, we were full. We just received a pledge from the City that they're going to announce today and the check will come in March for \$500,000 for the Men's Capital Campaign. There'll be additional campaign money, construction dollars following that as well. That level of community support is remarkable.

Personal Reflections

Bill White: Could you talk about other communities that are replicating The Healing Place model?

Jay Davidson: We've been replicated in Lexington, Kentucky in a program called the Hope Center; that was done in 1996. In 1998, we were replicated by The Healing Place of Wake County in North Carolina, which is now called Healing Transitions. They have since gone beyond the scope of the original Healing Place model and added other recovery support services. Then we were replicated in The Healing Place of Richmond, Virginia. They're still operating pretty much true to our model here in Louisville. In 2005, Kentucky Governor Ernie Fletcher recognized the cost-effectiveness of our model and wanted to replicate it throughout rural Kentucky. He put together a coalition of the Kentucky Housing Corporation for bricks and mortar to build the first new facility. The Governor's office used community development block grant money for operating at \$250,000 annually, plus a contract with Department of Corrections to provide 50 of the 100 beds for the DOC. This provided a per diem reimbursement for what amounted to another \$250,000. We have five Congressional districts in the Commonwealth and there were 10 initial replications, two in each of the five Congressional districts, one male program and one female program.

Bill White: Jay, I seem to recall from our earlier conversations that some addiction professionals challenged what you were doing at The Healing Place, suggesting you were providing treatment without a license. Could you describe that challenge and its outcome?

Jay Davidson: In 1997, a couple of significant players in the drug and alcohol treatment field in Louisville, Kentucky felt we were doing counseling, group therapy, and other services from the quote "traditional model of drug and alcohol treatment." They did everything they could to challenge. Arguing that we had to change or get licensed. I knew that if we got licensed, it would ultimately be the kiss of death for the social model because our forced compliance with hundreds and hundreds of requirements would fundamentally change what we are. I resisted this. The State Inspector General's office came to inspect, the State Labor Department came to inspect, the Health Department came to inspect, the Fire Marshall came to inspect, and the local Chief of Police came to inspect. They all inspected what we were doing and why we needed to be licensed. Everybody looking at us with a fine tooth comb and the Director of the Division of Substance Abuse at the state level came down and spent his own personal time sitting in our classes, sitting in on the peer mentors working with the clients as they worked through the Steps, and sitting in the community meeting. The Director realized this was a mutual help Twelve-Step program on a grand scale, helping the greatest number doing the greatest good. All the inspectors came back saying, "I don't see anything contrary to our policies and requirements." and that was the IG and the Labor Department and the Health Department—you name it, they all kept coming back saying, "I don't see anything that's contrary to our standards and our requirements." I had a letter framed from the from the Secretary of Health and Human Services, Commonwealth of Kentucky, saying, "The Healing Place is operating a mutual help, Twelve-Step social model recovery program conducted by peer mentors who are alumni of the program and there's no necessity for this program to be licensed by the Commonwealth of Kentucky." And we've

successfully used that same argument in Virginia and North Carolina. My ultimate vision and dream is that SAMHSA will recognize social model recovery programs on the same level as they do clinical treatment models.

Personal Reflections

Bill White: What are the most important lessons you've learned that you think would be of guidance to other people wanting to replicate what you are doing in other communities?

Jay Davidson: Well, the first thing is that you cannot legislate your way out of the drug problem because the drug, whether it's alcohol or prescription drugs or heroin, is merely the symptom of underlying issues experienced by the addicted individual who cannot deal with life on life's terms. They have inadequate coping skills, relationship skills, and living skills. We started out with alcohol as a primary drug back in the early '90s, then it went from alcohol to cocaine, then it went to crack, then it went to methamphetamine, then it went back to cocaine, then back to prescription opiates, and now it's gone to heroin and on and on. A drug of some sort is always going to be there. What we need is the realization that we need to provide more treatment and recovery support for individuals and families. That's the bottom line.

We're not going to make a change in this whole culture until we realize that locking people up and not doing anything else is not going to work; we need to provide more treatment. The other thing people need to understand is that coerced treatment works if your model is structured appropriately with appropriate role models. After a period of mental adjustment, the person coerced to treatment realizes they're just like me and they begin to change. The most important thing I've learned is this: don't prejudge who will and who won't be successful in recovery. If you expect more, you'll get more. If you treat men and women with dignity and respect and provide them with that unconditional love and acceptance, miracles can happen. The philosophy at The Healing Place is that, once you walk through that front door, we don't care about your past. I learned a long time ago that if I don't want to know the answer, don't ask the question.

We focus on one thing: you're here for one reason and one reason only and that's to learn how to stay sober. Put all those other differences aside; we don't want to talk about them; we don't want to hear about them. You're here to learn how to use the tools of the Twelve-Step program to be able to stay sober when life stressors hit. Our five major rules are no using drugs or alcohol, no sexually acting out, no racism, no violence of any kind, and no stealing. Violate any one of those cardinal rules and we'll ask you to leave, but we'll always give you a behavioral contract through which you can be welcomed back in. No one is ever barred for life. No one is turned away forever. There's no excuse for you not to be able to be here.

Bill White: What would you say is the greatest personal challenge you've experienced in this work?

Jay Davidson: Having the faith that the support will come when you need it. In a not-for-profit, we can get really caught up in the pressure of fundraising and the pressure of managing and worrying about where the next funding is going to come from. I've learned that if you stay true to the principles of recovery and the Twelve-Step program and continue to do the next right thing today, the money will come.

Bill White: What have been the greatest rewards you've experienced personally doing this work?

Jay Davidson: I brief all the candidates before they become peer mentors and I tell them that they are about to embark on the greatest adventure of their life. What a grace, what a privilege, what a blessing it is to be able to impart just a small amount of experience, strength, and hope to another human being that will affect the rest of their life. What a gift that is. And that person will go on to help somebody else who will help somebody else who will help somebody else. I'll never know the number of men and women that have been impacted by The Healing Place model. I know we've got 4,000 graduates. I can document that. But the theory of multiplication from that 4,000 is massive. My greatest joy is I get to see miracles every day. I've learned to focus on the successes and not to worry about the failures because all we can do is create an environment for change, provide unconditional love, support, and accountability, and provide the information that can change lives. That's all we can do. What the other person does with it is up to them. What sustains me is alumni with five, ten, or twenty years—or one year—coming in and saying, "I want to just say hi, and give you a hug of thanks." That's what it's all about.

We have also learned to keep it simple. What we've decided is that what The Healing Place does best is social model, mutual help, peer-driven recovery, teaching the Twelve Steps, over a period of six months. That's the ideal, but we've also learned that this curriculum that we've re-written and re-written and re-written can actually be done in a very condensed manner as well. We've decided to do "Recovery on Chestnut" (the address is 2100 Chestnut)—a long-term recovery program that has a short-term front-end residential model part and long-term intensive outpatient accountability that reports back to the referring authority, whether it be a spouse, an EAP, or a business. As long as we stay focused on that recovery vision, we will be okay.

Bill White: Jay, thank you for taking this time to share your work at The Healing Place.

Jay Davidson: Thank you, Bill. It's been my pleasure.

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