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Recovery Management at Dawn Farm: An Interview with Jim Balmer and Jason Schwartz

William L. White

Emeritus Senior Research Consultant
Chestnut Health Systems
bwhite@chestnut.org

Introduction



Interest is growing in how local addiction treatment programs and local communities are integrating principles and practices related to recovery management (RM) and recovery-oriented systems of care (ROSC). Such

innovation often requires a transformation of systems of care that affects almost every area of service practices and a fundamental restructuring of the relationship between the treatment

organization and the communities they serve. Dawn Farm, a Michigan-based addiction treatment program, offers a vivid example of such a



transformation process. I recently had the opportunity to interview two key figures—President Jim Balmer and Clinical Director Jason Schwartz—about the birth and

evolution of Dawn Farm. Readers interested in how addiction treatment can be structured to support long-term addiction recovery will find this interview of considerable interest.

Professional Backgrounds

Bill White: Jim and Jason, I thought we could start by talking a bit about your personal histories and how you came to be involved in the addiction treatment field. Jim, could we start with you?

Jim Balmer: Happy to. I started in the crisis center movement of the late '60s and was involved in hotlines in Detroit and then in Washtenaw County, Michigan. I was doing training for a local hotline back in the days of empathy training and somebody from the local community mental health center suggested that I apply for a job there. My first paid job in the field was in 1973 at that community mental health center. I spent eight years there as a therapist and, ultimately, as a supervisor and then went into a child and family services agency for a couple years. I came to Dawn Farm in May of 1983 and I've been here ever since.

Bill White: Jason?

Jason Schwartz: I'm in recovery myself and as a college student was struggling to figure out what to do with myself. I was an economics major and a philosophy major and as I got sober, I lost my interest in those areas. I had a sponsor who was an MSW student at the time so I ended up transferring schools to give social work a try. I entered a bachelor's program at Eastern Michigan University and was given a field placement at Dawn Farm in January of 1994. I ended up getting hired by Dawn Farm during my internship and worked at the Farm for about four years or so. When I went on to get my masters' degree, I cut to part-time at the Farm with no intention of coming back to the Farm full time after completing the master's program, but Jim and I later met for lunch and he encouraged me to come back. I did and have been here ever since.

Early State of Addiction Treatment

Bill White: You entered the field some twenty years apart. Could you each describe the state of addiction treatment at the time you entered the field?

Jim Balmer: I'm also in recovery and I got clean in 1971. As a recovering IV drug addict in 1971, I couldn't get in to any of the treatment centers at the time. The hospital-based programs in the state of Michigan didn't take IV drug addicts, so my choices were pretty limited. I could have gone to the federal narcotics farm in Lexington, Kentucky, or I could have gone to Synanon, but I didn't. I ended up being drawn into the local recovery community, thankfully. I was then part of the founding of Dawn Farm in 1973 along with two other guys. We based our ideas in part on a program up in Quebec that had been founded in 1968, but it's striking that at the time, there was almost nothing by way of treatment resources in Michigan. There was Brighton Hospital, which is still around, as well as Sacred Heart Center, but beyond that, there were no programs, no licensing, no funding. The treatment landscape was pretty grim.

Bill White: Jason, what was it like for you twenty years after that?

Jason Schwartz: My first experience was volunteering at the Dimondale Center in Lansing, Michigan, in 1993. I didn't have any awareness of the larger forces in motion in the field at that time, but Dimondale ended up closing its stand-alone center and merging with the local hospital. In that process, they lost me and a bunch of other volunteers because we never felt welcomed in the hospital in the way we were welcomed in the stand-alone program. When I came to the Farm, I wasn't aware that the field was crumbling at that point. You could still open the yellow pages and flip through program after program, but many programs closed in the early to mid-1990s.

Bill White: It's interesting that Jim enters the modern addiction treatment field as it was getting birthed and that you came in at a time a major sector of the field was collapsing.

Jason Schwartz: Yes.

Early History of Dawn Farm

Bill White: Jim, could you elaborate on the early story of Dawn Farm?

Jim Balmer: Sure. It always requires some irrational person to launch these ventures. Gary Archie was the founding visionary behind the Farm. He was inspired by talking with these people from Quebec who had started a therapeutic community called "The Spera Foundation" and whom we had met at some early national conferences. So, we rented the original farmhouse and almost everybody moved in. I actually didn't move in; I went on the Board of Directors. But Gary and Jack Scholtus and all the original staff moved into the house and started taking people in for treatment. We had this idea that all addictions were the same, that no addiction was worse than any other. Thankfully, the local recovering community was pretty supportive of that for a long time. At its beginning, Dawn Farm was a classic

therapeutic community, with our long group encounters using lots of hot seat confrontations. We were doing transactional analysis and family sculpts and all the classic stuff from the '70s. And it was kind of a radical time.

The Farm was a long-term residential treatment facility on one site (at the farm) from 1973 until 1994. We believed in long-term, and we really didn't believe in anything else. We thought that short-term hospital programs were a joke. We only treated people up to the age of thirty-five because the other treatment centers largely treated older persons seeking help. And we treated people regardless of their financial condition in what was essentially a big therapeutic commune.

Bill White: And it really was an operating farm?

Jim Balmer: Yes, to the best of our ability [laughing]. The local farmers would come by regularly and point out what we were doing wrong. At that time, there's no question that they found us amusing. At the beginning, we had to go to the local township and ask for a conditional use permit to be able to use the property as a treatment facility, and they granted it. This is in a rural, socially conservative region of our county, but we got very little push-back.

Not only did the township agree to grant us a conditional use permit, the neighbors were helpful and didn't give us any of that NIMBY [not in my backyard] stuff that was typical of this period. When we built the house we're in now, we went back to the township. We'd already bought the land in the early '80s, but we were about to put almost a million dollars' worth of building in the ground, and we didn't feel like we wanted to go back every year for a conditional use permit. So we went to the township and asked to get some permanent agreement for us to stay here. They actually wrote a new zoning code in the Ypsilanti Township charter zoning code providing for an "Institutional Farm." There's only one plot of land in the whole township that would qualify for this institutional farm designation and

we're it. We think we may be the only treatment center in the United States that had a municipality write a new zoning code in order to allow us to stay here forever. It's a real testimony to the wonderful forbearance and support of our neighbors.

Evolving Philosophy and Practices

Bill White: You referenced that early philosophy continued until 1994. Could both of you describe the circumstances that led to a shift in philosophy and methods at Dawn Farm?

Jim Balmer: A few things happened in 1994. The biggest was there was a program near here called "Share House." The director of that program had been embezzling money and had run the program into the ground. This was the other residential program in our county catering to an older population, and they also had a sub-acute detox that was created as a result of Public Act 339 in the state of Michigan that had decriminalized public drunkenness. The funders of this program came to us and said, "We're about to close these people down because of this Director's malfeasance, and we'd like you to take it over."

Well, we were flattered and were willing to take on the residential services, but at that time, we really didn't believe in detox and we had mixed feelings about the women's program because it had deteriorated so much. But the funders insisted, "If you take it, you gotta take it all." So, we assumed it, and that changed our paradigm. Up until then, we had treated people in residential services for anywhere from nine to twelve months in the classic linear track of the early therapeutic community. That was all we did. And suddenly, we're dealing with child care and detox. We doubled our size overnight – and it changed everything. Jay, that was right when you came.

Jason Schwartz: Yes, I arrived in January of '94 and on May 1st of '94, we assumed responsibility for these other programs. Being the non-profit, publically funded

program located in a rural area, we had a bit of a chip on our shoulder and differentiated ourselves from all the big hospital-based programs that were really expensive and were providing short-term care. So, the idea of taking on a three- to five-day detox was a real challenge to our identity. That was a concern among all the staff.

Bill White: How long did this adjustment process last?

Jim Balmer: It took a few years to integrate those programs into our culture, and it began with considerable strain.

Jason Schwartz: It did. We took responsibility for the program May 1, 1994. Jim called Share House to inform the staff that Dawn Farm was now assuming responsibility for the program and that there would be a staff meeting in the morning to discuss what that meant for everybody. When he called, a client answered the phone and when Jim asked to speak to the staff person, the client said, "Well, I'm in charge." Jim asked what he meant, and the client said, "Well, the evening staff needed to leave and the midnight staff didn't show up and I'm the Senior Residential Client so they put me in charge." That was our introduction to the program we had taken over.

Jim Balmer: The other thing that happened to us that at first looked like a good thing, but turned out to be not so good was that we had acquired a fair amount of public funding, but not as much as the program we took over. This other program was almost entirely publically funded and so when we took it over, it infused an enormous amount of public money into our budget. Within a few years, we had six figures of back bills for services we had submitted to the county coordinating agency, and we couldn't get paid for it. We tried and tried and tried unsuccessfully to get paid. Eventually they said, "You know, this receivable is too old. We're not going to pay it." We said, "Well, it's too old because you haven't paid it." They basically stiffed us on a significant amount of money and we were powerless to do

anything about it because eighty-five percent of our budget was public funding.

At a strategic meeting with our Board, one of the board members turned to us and said, "How long would it take for you guys to disencumber yourself from public money?" We gulped. Imagine almost all of your funding stream going away. I said, "Three years," but I didn't really know if it was possible to do that. Within a year-and-a-half, we went from eighty-five percent of public funding to less than twenty-five percent of public funding, which has been a level we have maintained since then. Our funding source couldn't own us anymore. And this was the second time that our Board made a visionary decision about funding that, in the end, saved us.

In the early '80s, when the explosion of hospital programs was where twenty-eight-day programs were ubiquitous, they were growing everywhere. When all this insurance money flowed into these hospital programs, we thought, "Maybe we ought to get in line for some of this." And we debated it seriously. It was our board who said, "You know, you guys have positioned yourself as a charity. Maybe you ought to stay a charity. Maybe this is money you shouldn't chase." And, of course, when managed care hit and it burned the hospital-based treatment field to the ground, we were safe. Had we made that choice to seek out insurance as our primary funding source, we probably wouldn't be having this conversation right now. And within two years of us making the decision to decrease our reliance on public funding, the bottom fell out of public funding, at least in this state. Even our local alcoholism council ended up going out of business along with lots of esteemed, old entities that relied on public funding. To reduce our reliance on public funding, we had to start thinking about how to really become the place that people wanted to send their son or daughter.

Jason Schwartz: In the mid-1990s, I had also become increasingly disenchanted with our clinical approach at the Farm. We had grown increasingly punitive with clients. I think the increase in corrections referrals

had polluted our thinking about addiction and recovery. We viewed consequences as having a lot of therapeutic value and when the natural consequences weren't enough, we'd manufacture consequences. And, you know, being a real farm that involved tasks nobody wants to do such as shovel animal shit. We also were growing increasingly estranged from the local recovering community. The emphasis on rules had estranged them and in the process, we'd become self-important and viewed ourselves as experts who were going to heal and change people's lives rather than viewing that as something in the community and the larger context of a person's life. And we'd grown really codependent in a lot of ways—the same ways that families try to protect the addict in their life from making the wrong decisions. We did the same thing. Clients needed to ask for approval of where they were going to work and where they were going to live. We isolated people from their families and from the community. We had this sense that each client had one shot at treatment and we wanted them to get it right, so we got very controlling.

Jim Balmer: And this is where a strength of mine became a weakness. I'm very good at delegating, but the person directly under me insulated me from what was really going on. I ran into a client in the hall one day and said, "How are you doing" and they said, "I miss my family," and I said, "Well, when was the last time you saw them?" They said, "I haven't seen them since I came here." I said, "How long have you been here?" She said, "Six months," and I was horrified. A variety of things started to percolate, suggesting that we needed to make major changes in our program. We had to change this idea that treatment was the solution and restore the belief that the recovering community was the solution.

Jason Schwartz: The staff had gotten into the common practice of telling clients when they were on the second step or third step or fourth step. There was a lack of clarity around the roles of the treatment staff and the roles of the recovering community. Our

work to heighten our recovery orientation was not to make the treatment staff more AA-centric but to distinguish their role from the role of the AA sponsor.

Jim Balmer: It had also become a practice to have people who were working on their fourth steps to actually read sections of their fourth step to the group as clinical material. I was horrified by this and stopped that practice. As we became more isolated during those years, our service numbers also started to decline pretty dramatically. I had a meeting with staff at one point and said, "If we keep this up, we'll be irrelevant because no one will enter and complete treatment here and we'll cease to exist."

One of the early shifts was our involvement in transitional housing. I mentioned that we originally didn't want to have detox, but it actually had become a spiritual engine for Dawn Farm. Many of the really great ideas came out of Spera [Dawn Farm detox program]. Detox called me up and said, "You know, we need to come up with some kind of housing. We now have to send people to Detroit or to Pontiac, which are cities a distance from here, if they want to find a sober living situation." So I wrote a grant to the local community foundation to do a best practices study on developing a transition house because I didn't know anything about how to run it.

Later, I got a call from our house in Ann Arbor and the staff said, "The crack house across the street is being evicted and their furniture's being dragged out on the lawn by the Ann Arbor City Police." We had just gotten this grant for twelve grand – and I thought this was a sign from God. I said, "Go up to City Hall, find out who owns the property, and see if you can get their phone number," and I called them up that day and said, "Would you be interested in renting to us?" I called up the head of the community foundation and said, "If I promise to do this research, will you let us use this money to augment rent on this house so that we can start this now rather than later?" She said, "Okay."

So, we painted and carpeted this house and we moved in within a month. We

started with an old guy in the recovering community with twenty-five years of sobriety as a house manager, and began moving people literally out of detox and the shelter into this house. Six months after we started this program, all five of the men in this house were still sober. Another house became available, we rented that, we had a House Manager move in. We did the same thing with that house and those five guys all stayed sober. So, in the midst of all this terrible decline at the Farm, statistical decline and all these sorts of cultural weird things going on at the Farm in residential, we would say, "You know, it's wonderful to open a program and have people do really well. But if you run a treatment center and you open a program that has no treatment and the people getting *no treatment* do better than the people who are getting treatment, that's a *bad day*. And it was.

And I had a moment where I was at a Twelve-Step meeting with most of our senior residential clients and all ten of these men from the two transitional houses. I heard all of them talk that night and I walked out realizing that those from the treatment center who had been in treatment for months and months were articulate treatment-wise, but they were entitled and narcissistic compared to the ten men who had been in a program without any treatment at all but who had been poured in to the recovering community. Those men appeared humble, grateful, and very involved in service. I remember walking out of that meeting that night thinking that those guys were healthier than the people who had months of treatment. It was very, very disturbing. This set the stage for a larger process of rewriting our mission statement and declaring that our central mission was one of identifying and removing barriers to recovery and helping people become part of a community of recovering people.

Bill White: If I'm remembering correctly, that set the stage for an important stakeholders' meeting?

Jim Balmer: That's exactly right. We realized that we had not only failed internally

but we'd also really failed the community and we needed to make amends in a public way. That's what ultimately produced the plan to do the stakeholders' meeting. We invited everybody. We had two mayors there; we had all of our funding sources, members of the recovering community, lots of alumni, referral sources, judges. We filled the auditorium, and as you know, we invited you to come and be our "Phil Donahue." I got up and shared about what we thought we'd done well and then we shared the ways in which we thought we'd failed. And we introduced our new mission statement to the group and tried to make it a combination fifth step and ninth step. We indicated we really wanted to make amends and to make sure this didn't happen again. We didn't want to let the community down again. And then Jason and I and Betsy McCallister and Ellie Serras from our Board got on stage and opened the floor to questions and comments. I don't know exactly what we expected, but I think we thought we might get a little bit of "good for you, guys." [Laughs] But people really let us have it. People were like, "You haven't shared half of it; let me tell you how full of shit you really are," and both Jay and I experienced that night as being pummeled. I don't know if you want to add anything, Jason.

Jason Schwartz: That covers it.

Jim Balmer: [Laughs] Ellie and Betsy have a more forgiving memory of it, but there's no question Jason and I felt we were watching the worst night of our professional lives. We often talked about walking out that night with him and being suicidally depressed. My thought was, "Let's just put this behind us, and pretend it never happened." And Bill, you were the one who said, "This was great." We were taken aback – but you talked about how important this event was. We had a lot of respect for you, so we said, "Okay. If he thinks it's important, there must be something to it." So that began our process of thinking about it more but, I'll tell you, when we walked out that night, we really felt like, "Just shoot me in the head." It was a terrible, terrible moment. Now, we now know

that a few things happened that night, none of which we could have predicted. One of the most important was that we walked out of that room no longer afraid of making mistakes, and that's stayed with us ever since then. And it changed us and it continues to change us because we're an almost forty-two-year-old non-profit, and we behave very much like a *young* non-profit today – and that evening is part of why we can do that.

The other thing that happened that night was that we began to craft our organizational narrative differently. We were about to change the way we did things at the Farm and had no idea what was going to happen. We were changing. There were alumnae who came that night who said, "You're going to ruin the Farm. You're trying to create a kinder, gentler Dawn Farm and you're going to kill people." And we didn't know that that wasn't actually true. We didn't believe it was true, but we were in new territory and weren't sure. And so we began to *talk* about what we were doing and *telling our story in a new way* as a result of that meeting. The conversations were part of the evolution of our story. I've read some of what you've written about the factual and spiritual authenticity of stories among recovering people. The same values apply to organizational storytelling. We started to change the way we looked at everything by *changing our story*.

Bill White: Jason, I remember you describing going from a treatment culture to a recovery culture. Could you talk about how the culture of the Farm changed through the process Jim is describing?

Jason Schwartz: Sure. Jim's right about us going into uncharted territory, and all the staff were scared. We started out by doing things like getting rid of a rule book that was nearly twenty pages long. We stepped back and asked ourselves the purpose and desired outcome of every rule and then greatly reduced them. I'll give you another example. We had two groups a day every day – one in the morning and one in the evening after dinner. Members of the

recovering community will come and pick up clients to take them to meetings, but our group often didn't end until seven or maybe even seven thirty, and a lot of meetings in the community start as early as seven thirty, which made it impossible for clients to go to those particular meetings. If sponsors showed up to pick them up to take them to a meeting, they would have to sit in the office and wait until group was over. The message was, "Our group is more important than you spending time with this member of the recovering community and getting out in the community." So we changed that. If a member of the recovering community arrived to pick up a client, the client was pulled out of group and sent with that member of the recovering community. And then as staff became frustrated with clients being pulled out of group, we asked ourselves, "Why are we scheduling group at a time that would conflict with people going out to recovery support meetings in the community?" So, we reorganized our treatment schedule. These are examples of how our changing view of ourselves and our relationship with the community affected what we did in treatment each day.

Jim Balmer: Undoing our own sense of self-importance was challenging for people, and still is. People go to school for all these years and get degrees and get wise – and they come here and we say, "The most important thing that's going to happen with your clients is going to happen outside of here in their relationships in the recovering community." And they of course say, "Then why did I do all this work getting educated and trained?" We believe there's a need for treatment, but there is also a need for clinical humility and understanding the role of treatment in long-term recovery. Our focus in treatment today is on removing barriers to recovery and barriers that keep people out of the recovering community. That reformulated mission has held up pretty well. Mission statements are usually pithy and kind of innocuous, but this one ended up having *legs* because we really say that the recovering community is more important than we are. Our job is to get people into the

middle of the recovering community and, if they get there, they won't need us anymore. That is the goal, and that's a radical notion. It says that we are not remotely the most important people in the room. Somebody comes in to the Farm today, they'll be at a Twelve-Step Meeting tonight and tomorrow night, and we incentivize them getting phone numbers and connecting with people. The sooner they can ride out to their AA meetings or NA meetings with a recovering person, the happier we are. We also used to have a requirement that our clients' sponsors had to have at least six months of sobriety. People would say, "Six months? Six months isn't enough." And we would say, "It was good enough for Bill Wilson."

Bill White: How did these shifts affect the overall relationship with the recovery community?

Jim Balmer: As bad as our relationship had become in the late '90s with AA, what we've done in the last fifteen years has dramatically changed that. It's one thing to say we think the recovering community is more important than we are; it's another thing to live by that and give it enough weight that people really get their head around it. People in the recovery community come to believe us – and that's one of the reasons why we are swamped now with clean and sober volunteers. If you go over to our detox on any given day, you will see an average of between thirty and sixty recovering volunteers who show up *every single day*. All of the cooking in Spera right now in detox is done by recovering volunteers, many with a long-standing commitment to this service work. I don't think we've ever been more integrated into the recovering community in great part because our trust in the recovering community has resonated to that community and to those we are serving.

There are a lot of things treatment organizations have done over the years to hurt AA and NA. We're now in a place where I think we can truly do something valuable. You go to a lot of treatment centers around the country and people never leave the physical campus and never experience the

recovery community during their treatment. We're the opposite of that. Sponsors will have a sponsee who's feeling sorry for themselves and they'll say, "I'll tell you what, why don't you go over to detox and tell them I sent you and ask them what you can do to help. It might be just mopping a floor or helping cut vegetables for a meal, but go over there and spend a couple hours helping out at detox, right?" Imagine someone walking into a typical treatment center and saying, "My sponsor told me to come over and help out for a couple of hours." The likelihood of getting in the door is pretty slim. We now welcome folks like that.

Bill White: How many volunteers do you currently have involved with Dawn Farm?

Jason Schwartz: We don't really know how many volunteers we have, but as an example, we keep a volunteer log at detox and on a typical day we will have anywhere from fifty to seventy community members visiting and volunteering.

Bill White: Could you give me an example of how these changes affected a key measure of program effectiveness?

Jim Balmer: We created this kinder, gentler Dawn Farm. We got rid of all the rules and we start doing this more solid relationship with clients and community; then one day, we realized that we'd gone six months without anybody leaving against staff advice. We were just astonished – because people leaving against staff advice had become a daily occurrence. We would walk in each morning and ask, "Who left?" Within a year of our change, our completion rates rose dramatically, as did the percentage of people completing one level of care and being successfully engaged in another level of care.

Another thing that changed is what happens to people who aren't in those initial success stories. Not everyone is going to come here and get sober and stay sober and be happy forever. That's not how it works. But when this place is firing on all barrels – when we get somebody that goes through

residential treatment and they go into transitional housing and three or four months into transitional housing, they *relapse*, something very interesting happens. Twenty-five years ago if that happened, the next time we saw the person, they would have burned it to the ground; they'd have nothing left. We would be the last place that they would visit until they really lost everything. What typically happens now in situations like that is that a person relapses and their fellows in transitional housing circle around them and take them over to Spera Recovery Center. Spera's the Latin word for "hope," and we now have this broad community of people who make that word come alive. The transitional housing people will take that guy over to Spera where he'll spend three or four or five days, and then will likely go back into transitional housing, often never losing his job, and is quickly nested again in the recovery community. That's engagement at its best.

Dawn Farm Programs

Bill White: That's remarkable. For the sake of readers that aren't familiar with the Farm, could you catalogue the different programs under Dawn Farm right now?

Jason Schwartz: Sure, we've got two residential sites and the average stay in residential is around ninety days. We have Dawn Farm Downtown that is a small, thirteen-bed residential facility on the outskirts of the University of Michigan campus. The 36-bed residence on the original Farm has always been a working Farm. It is sixty-four acres of livestock and vegetables. People are occasionally surprised because treatment centers have these pastoral names, but we really are a farm. Tomorrow, people from the community will be coming out to get their fresh turkeys for Thanksgiving.

Then we've got transitional housing scattered all over Ann Arbor that accommodates a total of 160 people in recovery at any point in time. We ask people for a six-month minimum when they move into our supportive housing, but they can

stay up to two years and we try to keep each site operating as a little community. Every site has a live-in house manager who's a member of the recovering community in stable recovery. We've got an outpatient program in downtown Ann Arbor that is within walking distance of detox and from several transitional housing sites. So, we end up with people dropping in there (detox) and hanging out all the time, which was what we always wanted.

We've also got something called the Community Corrections Outpatient that happens on the jail campus for people who aren't in jail but are involved in community corrections. There we work with people for thirty to sixty days toward the goal of engaging them into the rest of our service continuum. We work hard to try and get people from the jail into programs like transitional housing and outpatient services and some of them also enter our residential services.

We've got an outpatient adolescent program and we do a lot of community education, including the Dawn Farm Education Series, which hosts educational programs twice a month during the school year with nearly a hundred people attending each meeting. We also do something called, "Teens Using Drugs," which helps people figure out if a teen loved one in their life has a problem and if so, what to do about it. That also runs during the school year. We're also constantly speaking in the college classrooms and high schools, middle schools, and grade schools. We do *Recovery is Everywhere*, which is a public education campaign aimed at changing public perceptions of addiction recovery. More recently, we started a program called After the Overdose, which is an educational website. We're supportive of initiatives to increase naloxone distribution, but we wanted to address the very important question of what happens after the reversal. The website is paired with cards that first responders will give to the person who has experienced an overdose. We can then sit down with them and figure out what we can do to help them. That covers all of our major services.

Jim Balmer: There are various other little small things going on. People in recovery come to us with various ideas. We even have a knitting group that runs out of our detox facility called “Knittervention.” It draws in people in recovery who like to knit. We’ve had plenty of detox clients learning how to knit, which they report as having therapeutic value. We’re pretty encouraging of staff coming up with ideas if they want to try different things. We have a variety of people on staff trained in various disciplines. We have a couple of interventionists on staff, we have an EMDR specialist, we have people who specialize in motivational interviewing and trauma and all sorts of other areas. We’re not opposed to new ideas by any stretch.

Bill White: In a lot of treatment organizations, the service programs are extremely isolated from one another. I get the sense that the boundaries between programs at Dawn Farm are very permeable.

Jim Balmer: Absolutely. Jason was talking about outpatient, which because of our early emphasis on residential services, was for a long time something of an afterthought – the last hurdle. That was one of the things that we had to get out of our head. It took us a long time to get outpatient services into the culture here, but eventually it happened. And now, it’s a hugely important hub within all of the services that we deliver. And they are pretty seamless; people are connected to each other all the time.

Jason Schwartz: Two things made a huge difference. First was locating outpatient services close to our other programs. Second was our shift towards private funding helped Dawn Farm pay greater attention to quality and as a result integrate programs like recovery support specialists and outpatient services using our public funding. The population-based reimbursement (an annual allocation to address the treatment needs of fifty percent of the indigent people in our community) of the latter meant that we

don’t need approvals for particular levels or duration of care. That allowed a much more creative use of a wide spectrum of services.

Jim Balmer: Over the past fifteen years, we have purposefully moved toward the idea of no-wrong door of entry into treatment and recovery. And it happened. Programs were no longer discreet entities anymore; they were enmeshed and connected and intermingled. You could access all by entering any single service program. Such tight integration does present a unique dilemma if you find yourself in a position where you need to cut something. There was a time when we could in principle peel off a program if finances got hard. If there’s a single challenge as an administrator, it is the question, “If something catastrophic were to happen, what would be cut?” We’re motivated now to remain fiscally strong to avoid that situation.

Relationship with Larger Community

Bill White: You have talked about the changed relationship with the recovery community, but I have also been impressed with the changed relationship with the larger community and your efforts to create a recovery-friendly environment in that larger community. Could you describe what you have done in this area?

Jim Balmer: Well, we care about stigma. One of the obstacles to people staying sober is stigma, and we still encounter it all the time. We take every opportunity to convey the reality that recovery really is everywhere. We’re lucky in that we are in a great community that has supported us for forty years. We raise more than a half a million dollars a year in charitable gifts, mostly from this region. That support is from the accumulation of visible and positive recovery stories that flow from our programs. I sometimes joke that our job is to not do anything stupid that would interfere with that larger recovery story. The fact is that the community and this place is a sum greater than the parts. We have this amazing community, fantastic board, amazing staff,

and a lot of creative and dedicated volunteers. Part of our job is to make sure that we as leaders aren't doing anything to muck it up.

Jason Schwartz: And it's hard to overstate how much of this was not intentional. There was no grand vision that shaped this. There were a bunch of small decisions that at the time we didn't know whether they were going to work or not. In terms of community engagement, a couple things that come to mind are when we first opened transitional housing, one of the requirements for people living in transitional housing was some kind of volunteer activity. That volunteer activity could be something involving Dawn Farm or it could be as simple as mowing a neighbor's lawn or shoveling a neighbor's snow or cleaning their gutters. Part of our culture's always been focused on being a good neighbor. I think reducing the amount of sobriety time to sponsor our clients made a big difference because that really increased the networking that occurred between people who went through our programs. Now, people are constantly talking about where they're working and bringing other Farmers on board. You now have these local businesses where half of their staff are recovering people and alumni as a result of that networking.

Closing Reflections

Bill White: If other people are looking to lead the kind of organizational transformation process you have described, are there lessons learned or guidance you could offer them about such a process?

Jim Balmer: We get asked this from time to time. People will come to us and say, "We want to set up a program in our area like yours. How do we do that?" We always say the same thing: "How well do you know the local recovering community?" That's far and away the first thing you need to address. There's a foundation in Detroit that would love for us to take our services to the Detroit area, but we don't feel like we have a good working knowledge of the timbre of the

recovering community there. As a result, we haven't done it. You can drop a treatment center anywhere, but in order to really be successful, we believe that you really have to be connected to the recovering community. They have to know who you are. You have to forge relationships within this community. Nothing is more important than that. You have to know the strong and weak spots within this community. We want people we serve to become literate enough in recovery that they can walk into Kansas City and find the pockets of enthusiasm. You can go to Twelve-Step meetings where people hate their lives, where people are there only to get their papers signed and to find people to get high with. By the same token, you can find places where people are living in the solution. They're in the game, they're having a good time. They're living productive, meaningful lives. That's the recovery community that programs need to be connected to.

Bill White: Jason, would you add other lessons?

Jason Schwartz: I would echo what Jim said but also note the importance of what is going on internally within the treatment organization. You have to be an organization that's capable of creating and maintaining healthy relationships amongst your staff. I'm talking about a place where it is safe to notice and admit mistakes, where people hold each other accountable for good service, where hope is part of the culture. Part of what keeps that hope alive is regular contact with success stories who have been to a program and are doing well. We focus on how important it is for clients to see that, but it's every bit as important for staff to see that on a regular basis. When we talk about being a recovery-focused program, that is for the clients, but it is also for the staff.

Bill White: Given your long involvements in Dawn Farm, what do you each feel best about in terms of your own personal involvement?

Jim Balmer: I'm happy that for the last fifteen years, I don't think I've done anything to screw it up. It sounds like I'm being disingenuous, but that's really the truth. I realize my own foibles and I'm capable of making bad choices, but I haven't done anything really stupid in the last fifteen years, and that's a good thing.

Jason Schwartz: It's hard to put my finger on any one thing but along with everything we've talked about today, I think I feel best about the fact that we've become a learning organization. We're always asking ourselves, "Could we be doing this better?" I am confident that every year, Dawn Farm is better than it was the year before. We will be better next year than we are today.

Jim Balmer: It is nice to work at an organization of people where none of them wake up in the morning dreading to go to

work. I think the staff and volunteers at Dawn Farm are more like Martin Sheen's line in the West Wing, "Okay, what's next?" I think this is the kind of hopeful, joyous anticipation that Dawn Farm conveys. It's been wonderful to have been part of that.

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