

# The Origins of Recovery Community Centers: Context and History

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# What Is a 'Sense of Community?'



“Sense of community is a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together.”

McMillan, D. (1976). Sense of community: An attempt at definition.  
Unpublished manuscript, George Peabody College for Teachers,  
Nashville, TN





# A Place for Community and Members



Examples of centers and clubhouses:

- Settlement Houses
- Fraternal orders
- Neighborhood social clubs
- Affinity clubs
- Boys and Girls Clubs
- Recreational centers
- Others





# Part One

## Learning from Demographic-based Centers

1. Senior Centers
2. LGBT Community Centers
3. Mental Health Clubhouses







# 1. Taking a Look: Senior Centers

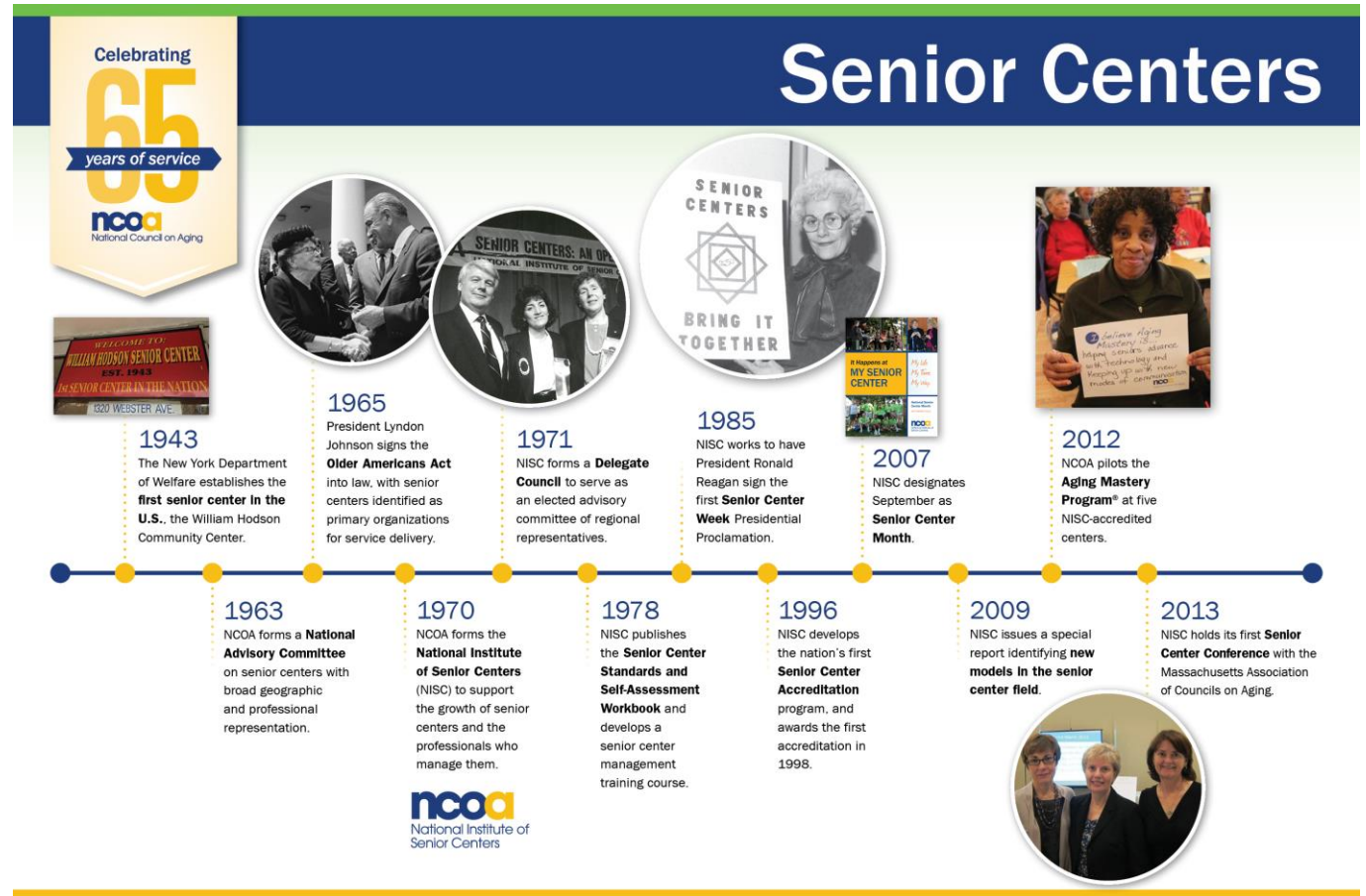
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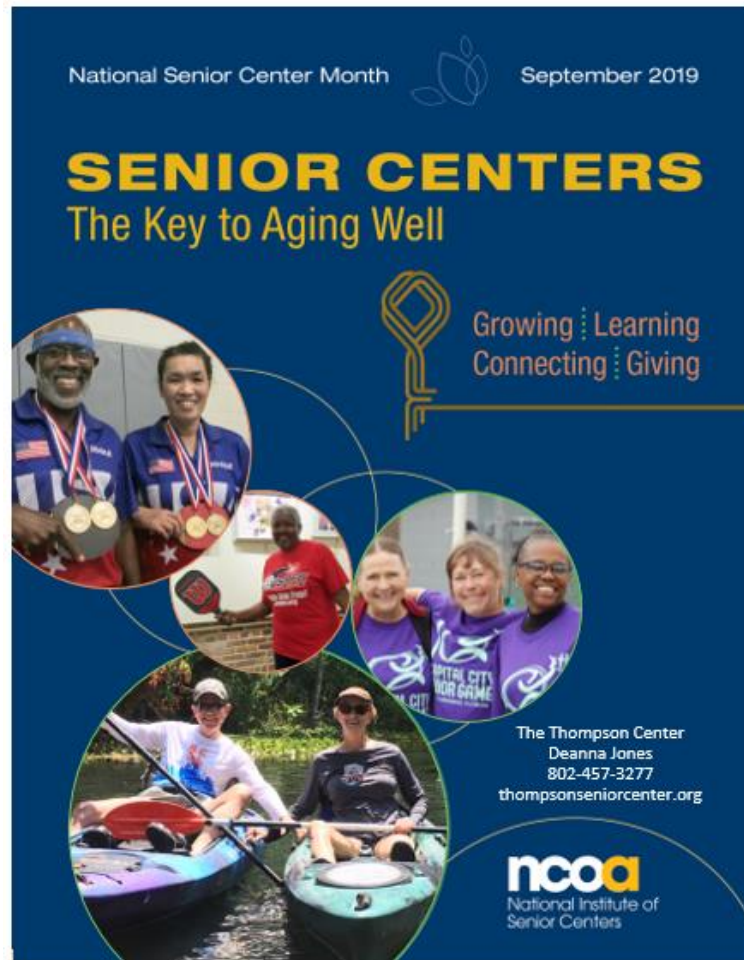
# Senior Centers: History

- 1943: first senior center opened in NYC
- 1961: 218 centers nationwide
- 1965: Older Americans Act (US Administration on Aging)
- 2020: 11,000 centers nationwide





# National Institute of Senior Centers National Council on Aging



- Supports a national network of over 3,000 senior centers
- Promotes research, promising practices, professional development, and advocacy
- Offers National Senior Center Accreditation Program (250 accredited centers)

<https://www.ncoa.org/national-institute-of-senior-centers/>







# Senior Centers: Programs and Services

- Meal and nutrition
- Information, assistance, and referrals
- Health, fitness, and wellness
- Transportation
- Benefits assistance
- Employment assistance
- Volunteer and civic engagement
- Social and recreational
- Education and arts
- Intergenerational







# Senior Centers: Impact on Participants

- Manage and delay the onset of chronic disease
- Measurable improvements in physical, social, emotional, spiritual, mental, and economic wellbeing
- Empowerment through independent lifestyle and active engagement
- Social networking within and outside the center





# Senior Centers: Funding diversity



- Federal, state, and local government
- Fundraising events
- Public and private grants
- Businesses and corporations
- Bequests
- Participant donations
- In-kind and volunteer hours



## 2. Taking a Look: LGBT Community Centers

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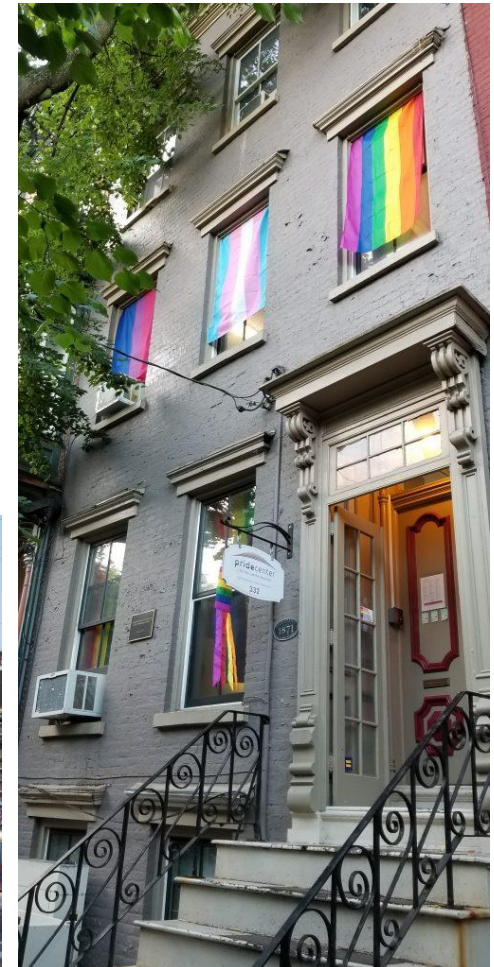






# LGBT Community Centers

“When the first lesbian and gay community centers in the country opened their doors in 1971 in Los Angeles, CA and Albany, NY, their premise was revolutionary: that lesbian and gay people deserve to live open, fulfilling and honest lives free of discrimination and bigotry, with access to culturally appropriate social services, as equal partners in the cultural and civic life of the community.”





# LGBT Community Center Movement

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- 1971: first two community centers: Albany, NY and Los Angeles
- 1980's: many urban centers became hub for HIV and other health and human services
- 1990's: movement spread to smaller cities and towns
- 1994: National Association of LGBT Community Centers (NALGBTCC) formed
- 2004: NALGBTCC hired first staff and opened DC offices
- 2008: NALGBTCC became CenterLink
- 2019: 256 members across US and international, nine staff





# CenterLink Focus

- Leadership development for EDs and boards
- Expanding capacity through professionalism and community linkages
- Building grassroots advocacy capacity
- Building capacity of centers to respond to the public health needs of the community
- Building a network of youth centers and youth programs with technical assistance
- Technical assistance to existing and newly-forming centers



<https://www.lgbtcenters.org/>







# LGBT Community Centers: Services and Programs

- Physical and mental health
- Information and education (71% have libraries)
- Legal services and referrals
- Social and recreation
- Community outreach and civic engagement
- Advocacy and public education
- Computer centers
- Arts and cultural programs





# LGBT Community Centers: Funding Diversity (large centers)

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- 46% State and Federal government grants
- 18% Individual donors
- 10% Fundraising events
- 9% Foundations
- 17% Other



# CenterLink 2020 Report: Recommendations

- Build financial capacity and stability of centers
- Continue to invest in racial equity and anti-racism work
- Continue to invest in board and staff development
- Mobilize and expand the capacity of centers to engage in advocacy and public education

<https://www.lgbtcenters.org/Assets/Images/PageContent/Full/lgbtq-centers-report-2020.pdf>







### 3. Taking a Look: Mental Health Clubhouses

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# Fountain House: History

- Fountain House originated with six patients at Rockland State Hospital in Orangeburg, New York.
- Soon after leaving Rockland, they joined together to re-create the supportive group they had formed in the hospital, meeting on the steps of the New York Public Library. All believed they could offer each other support in life's challenges and sustain their social community.
- They hoped that their successful recovery would gradually change society's perception of people living with mental illness, leading to broader understanding and a reduction in stigma.
- The group they formed, "We Are Not Alone," called attention to the central problem for people living with serious mental illness - social isolation.
- In 1948, with help from their supporters, they bought a building in New York City. The fountain that adorned the "Clubhouse" garden at West 47th street represented both hope and rejuvenation and inspired the name "Fountain House."



# Fountain House: the Model



- A working community is at the heart of our model. By working together, members regain confidence, make friends, learn new skills, and make progress towards achieving their employment and educational goals. This opportunity to be a part of a successful working community is restorative and builds dignity and self-esteem.
- The Fountain House model has been replicated in more than 300 locations in 30 countries and 32 states and currently serves more than 100,000 people with mental illness worldwide. As originators of this approach, we provide leadership by constantly advancing the practice and by leading the conversation around mental health recovery.

<https://www.fountainhouse.org/>







# Fountain House Clubhouse Model: History

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- 1948: Fountain House established in NYC
- 1977: Clubhouse training and expansion of model
- 1987: Clubhouse Expansion Project
- 1988: Faculty for Clubhouse Development
- 1989: International standards for Clubhouse programs
- 1994: Clubhouse International established



Clubhouse International

Creating Community: Changing the World of Mental Health

<https://clubhouse-intl.org/>



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# Part Two

## Recovery Community Centers (RRCs)





# Recovery Community Services Program (RCSP)



- 1998: SAMHSA-funded recovery initiative
- 2001: 2<sup>nd</sup> cohort of grantees, shift to peer services
- 2004: RCSP conducts two-day skill building meeting in El Paso, Texas (held at El Paso Alliance) in conceptualizing and starting up recovery community centers.
- Following the meeting, many RCSP grantees initiated RCCs as part of their peer programs. They called them *Recovery Community Centers* to distinguish them from treatment.

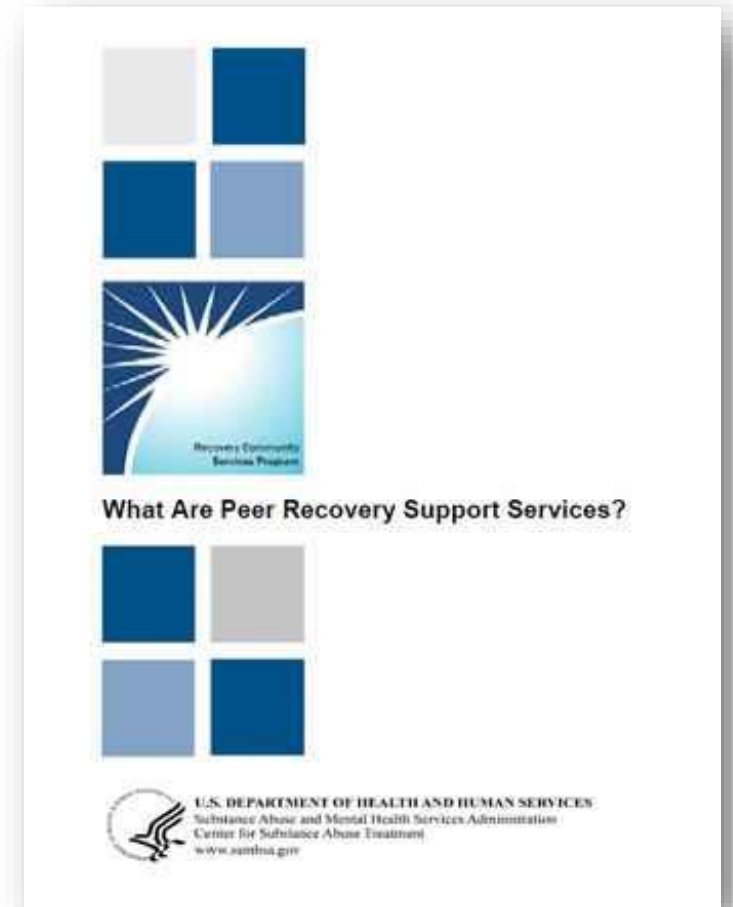






# RCSP

“A number of RCSP grantees have created recovery community centers as “places where recovery happens.” Many types of peer service activities—such as mentoring and coaching, connecting to resources, support and educational groups—take place at these centers. At the core of the effort is the nurturing of a caring recovery community, with shared norms and values, which is dedicated to supporting the recovery of all who seek it. These centers “bring recovery to Main Street” and, by making recovery visible, carry a message of hope to the larger community.”



<https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454>







# An RCC is a PLACE

The RCC is a PLACE run by the recovery community:

- The PLACE is a service unto itself, a sanctuary that provides a welcoming and safe public space for individuals and families to convene in a recovery-supportive environment
- The PLACE serves as a hub for peer support services and connections to community resources
- The PLACE is an engine for community organizing and advocacy, volunteer and service opportunities, leadership development, and stakeholder engagement





# What Fuels an RCC?

An RCC runs on a Social Model:

- Valuing wisdom, strength, and experiential knowledge of individuals and communities
- Providing a sanctuary and embodies a culture of recovery
- Understanding recovery is a lifelong process that is person-driven and involves mutual peer support
- Offering connection to community support, connection, and resources



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220294/>



# The Social Model: Six Questions

<b>1. Does the place feel like a home?</b>	The physical space must promote interaction between staff and participants and each other. Social model environments feel more like homes rather than clinical settings.
<b>2. Are staff respected peers vs. distant superiors?</b>	Staff and members co-mingle: some of the best insight, feedback, and interactions happen in informal or community settings.
<b>3. Is authority based on lived experience?</b>	Social model programs by and large employ persons in recovery. Recovery imparts experiential knowledge, which is valued on the same level as professional knowledge.
<b>4. Is the program recovery-oriented?</b>	There is a shared and fundamental understanding that recovery is person-driven, lifelong, and a “whole-person” process. Also, an understanding that alcohol and drugs are only a part of the problem.
<b>5. Does accountability involve peers?</b>	Peers develop, establish, and carry out program guidelines in a significant way. Members feel invested both in the program and in their own recovery.
<b>6. Is the community viewed as a resource?</b>	There is recognition that members must learn how to reach out and connect with a web of support and resources in the community: friends, mentors, social activities, employment, housing, etc.

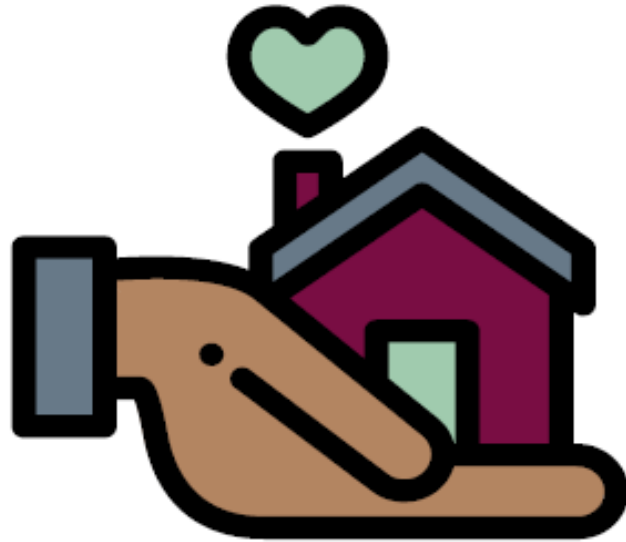
Adapted by Jason Howell (2016) from Kaskutas et al (1998). Measuring Treatment Philosophy: A Scale for Substance Abuse Recovery Programs. Journal of Substance Abuse Treatment, Vol. 15, No. 1, pp.27-36.





# Social Model: Neighborhood Community Centers

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U.S. Center for Substance Abuse Treatment.  
(1993). A sampling of definitions of social model  
recovery. Rockville, MD: U.S. Center for  
Substance Abuse Treatment, Social Model  
Recovery Evaluation Design Project.

- “NRCs are community centers for individuals who are recovering from alcohol abuse and resource centers for others with an interest in alcohol problems.” (San Diego Co. Alcohol Programs, n.d.)
- Developed in the 1980’s, with emphasis that NCRs were not drop-in centers
- Four components:
  1. Front desk (greeter)
  2. Kitchen (coffee pot)
  3. Meeting space (recovery support)
  4. Living room space (home away from home)





# More History: The A.A. Clubhouse

- 1940: First A.A. Clubhouse started at 334½ W. 24<sup>th</sup> Street, NYC
- 1947: Bill Wilson, co-founder of A.A., wrote a Grapevine article entitled, “Clubs in A.A.: Are They with Us to Stay?”
- The article was a precursor to an A.A. Guidelines brochure on Clubhouses, establishing Clubhouses as separate and autonomous from the Alcoholics Anonymous organization



<https://www.howitworksbellingham.com/Clubs-In-AA-Are-They-With-Us-to-Stay-April-1947.pdf>



## From the Guideline brochure:

These Guidelines are for A.A. members responsible for clubs and similar facilities that provide meeting space for one or more A.A. groups.

It's important that club members and A.A. groups respect A.A.'s Twelve Traditions, including the long form of Tradition Three that defines an A.A. group: "Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend on money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other affiliation."

The relationship between a club and an A.A. group is mutually beneficial when all involved respect the autonomy of the group. Members of a group may also be "club members," and pay dues to enjoy the privileges of the club. However, there are no dues or fees for membership in an A.A. group, and each group is self-supporting with regard to rental payments for meeting space, coffee arrangements and literature.



## A.A. Guidelines

Relationship Between  
A.A. and Clubs

From A.A.G., Box 458, Grand Central Station, New York, NY 10163

A.A. Guidelines are compiled from the shared experience of A.A. members in various service areas. They also reflect guidelines given through the Twelve Traditions and the General Service Conference (GSC) and Councils in keeping with our Tradition of autonomy, except in matters affecting other groups or A.A. as a whole, most decisions are made by the group consensus of the members involved. The purpose of these Guidelines is to assist in meeting an intended group consensus.

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### SINCE THE EARLY DAYS...

There have always been A.A.s who have sought a place to go for coffee and conversation; a spot where members could gather for lunch, a place where they could gather socially on weekends and holidays.

In 1947, DR. W. wrote a *Conscience* article on clubs that became part of our pamphlet "A.A. Tradition—How It Developed." The title carried the question, "Clubs in A.A.—are They Worth It or Not?" Today, the answer to that question can be "yes." The success and the endurance of the club idea can be ascribed to the wisdom and guidance expressed in DR's article and to the willingness of club-minded A.A.s to help make them work. These A.A.s make it possible for a club to function effectively without detracting from A.A.'s sense of recovery—the A.A. group. Experience demonstrates that a club can live in harmony with the A.A. community and serve a very useful purpose for those who find a club helpful.

### GETTING STARTED

Even though a club is not "A.A.," many will think of the club as A.A.—particularly the non-A.A.s in your community. While it is suggested that the name of the club not include A.A., the club members who comply to A.A.'s Twelve Traditions and accept funds only from club members. Naturally, this includes any kind of fundraising that would involve the public. Dues and contributions

from club members keep the club going, in addition to not money from A.A. groups that hold their meetings in the club.

Frequently, there is a tendency for a club to accept building materials, furniture, and kitchen equipment and supplies from well-meaning club-minded non-A.A.s. Everyone in the club will want to respect Tradition Seven and the principle of self-support that has brought A.A. along in the past completely independent and financially sound.

- Define the purpose of the club and look for space that will meet the club's needs. Determine the amount of money needed for such an operation, and work out a budget that will cover getting started, rent, utilities, insurance costs, and any other known expenses.

- Call a meeting of all interested A.A.s—compare them to an A.A. group meeting. Choose the place and financial needs, and determine how many dues-paying members can be counted on from the beginning. Also, ask the local A.A. group or groups whether they would be interested in meeting space from the club for meetings and, if so, how much rent they would consider reasonable.

Sometimes, charter members of the club are willing to pay a little more in the beginning to help get the club off the ground. It seems better to ask all to participate in this financing than for one or two people to assume this responsibility (not every A.A. participant who wants to, so that the club has the support of many members).

- At the meeting, you might also determine qualifications for club membership. Most clubs require 30 days of A.A. sobriety, while a few require 90 days. But how A.A.s may use the club facilities as guests and their quality for club membership. All dues-paying members are normally eligible to host office and to vote at the club business meetings.

### WHAT KIND OF DECISIONS?

- During the initial meeting, ask interested members to consider two more questions: Who will serve as club directors?, and What should their qualifications be? Directors handle the business affairs of the club, are responsible for the lease and pay all bills for maintenance of the property. Many clubs require approximately three years' A.A. sobriety for directors. What agree that A.A. members serving as club directors should not hold offices in the A.A. groups meeting in the club. This practice avoids confusion and conflicts.

### BUSINESS DECISIONS

- If enough A.A.s are interested to make financing possible, it is time to consult a lawyer and have the club incorporated as a non-

[https://www.aa.org/assets/en\\_us/aa-literature/mg-03-relationship-between-aa-and-clubs](https://www.aa.org/assets/en_us/aa-literature/mg-03-relationship-between-aa-and-clubs)



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12-Step Clubhouse	Recovery Community Center
No direct affiliation with AA, but bound by AA Traditions	No affiliation with any 12-step programs
12-step-oriented culture and programming: singleness of purpose	Recovery-oriented culture and programming: multi-purpose
Self-supporting (7 <sup>th</sup> Tradition): Funded by member dues and rent from user groups; no outside contributions	Funded by outside sources
Responsible to members and user groups	Accountable to funders and the recovery community
Specific membership and guest policies	Varying membership policies, if any
12-Step groups are the only or primary user groups	Differing policies about user groups (including 12-step groups)
User groups are autonomous and self-supporting from the Club	User groups are autonomous and self-supporting from the Center
Volunteer- and Board-run (possible staffed caretaker)	Staff and volunteer run
Decisions made by Board; some by members at annual meeting	Decisions made through participatory process: staff and advisory leadership
Autonomous 501 c3 organization (not officially connected to AA)	Usually a program of a 501 c3 Recovery Community Organization
Drop-in space and social activities are sometimes available.	Drop-in space and social activities are sometimes available
Involves facility policies and procedures, including guidelines for behavior	Involves facility policies and procedures, including guidelines for behavior
Space may not be owned	Space may be rented or owned

Tom Hill (2004)





# Example: Vermont Recovery Network (VRN)

- **2001:** The Vermont legislature began providing state funding for the development of community-based, nonprofit recovery centers, replicating the success of the original recovery center in White River Junction (1999).
- **2006:** The legislature created and funded the Vermont Recovery Network, stipulating a representative executive council and the hiring of a network coordinator to coordinate between centers and the state.
- **2012:** VRN responded to a legislative request to develop program standards; the centers collaborated to develop these standards, which led to increased funding based on the promising practices the centers provided.
- **2020:** Today, the Vermont has 12 peer-run recovery centers, 9 of which are currently part of the VRN with the three additional centers offering peer-based recovery services and supports independently.



<https://www.vtrecoverynetwork.org/about-us/history/>







# VRN: MAT Guide Program



- A peer-based, strength-based support for individuals with opioid use disorder seeking recovery
- MAT Guides work out of their Recovery Center, as well as the Vermont “Hub and Spoke” system model
- Participant contact includes brief interactions, group-based and one-to-one interactions, and Guide-facilitated recovery meetings
- MAT Guides support and honor all pathways to recovery

<https://www.vtrecoverynetwork.org/centers/>



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# Example: Connecticut Community for Addiction Recovery (CCAR)



<https://ccar.us/action-center/recovery-community-centers/>

- Recovery Community Centers “exist to put a face on recovery, to build recovery capital, and to serve as a physical location... to organize the local recovery community’s ability to care.”
- “An RCC is not a treatment agency; it is not a 12-step club; it is not a drop-in center, although aspects of all of these are apparent.”





# CCAR: Five RCCs

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- Willimantic, opened February 2004
- Hartford
- New Haven
- Bridgeport
- Manchester







# CCAR: Programming



- All-Recovery Meetings (ARM)
- Recovery Training Series
- Family Support Groups
- Recovery Coaching
- Recovery Social Events
- Telephone Recovery Support
- Volunteer Opportunities







# Example: Recover Project Greenfield, Massachusetts

“With this invaluable community wisdom, many crucial things emerge about Peer Participatory Process. We hear about sharing stories, becoming visible, and meeting folks where they’re at. We hear about connecting to resources, paying attention to other’s needs, and getting the push that we may need. We hear about welcoming folks the moment they walk in the door, connecting with sincerity and honesty, and about an emerging sense of ownership. We hear about inverted triangles, about showing not telling, and about having a voice.”



Manual: *From the Ground Up: How to Build Your Own Peer-to-Peer Recovery Center*

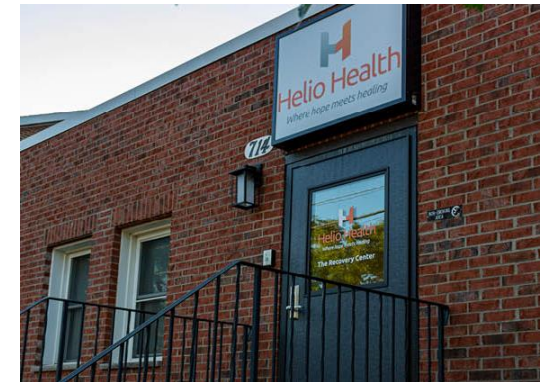
<http://recoverproject.org/wp-content/uploads/2016/05/RECOVER-Project-From-the-Ground-Up.pdf>





# Examples: State Support for RCCs

- Massachusetts: 27 Peer Recovery Support Centers, funded by Bureau of Substance Abuse Services (BSAS)
- New York State: 26 Recovery Community and Outreach Centers funded by Office of Addiction Services and Supports (OASAS)
- Vermont: 12 Recovery Centers funded by the State Legislature through the Vermont Recovery Network



<https://www.mass.gov/treatment-and-recovery-services>

<https://for-ny.org/recovery-community-outreach-centers/>

<https://www.vtrecoverynetwork.org>





# Recovery Café Seattle

- **2003:** Recovery Café was founded as a direct response to the critical, unmet need for those who suffer on the margins – that of long-term recovery support
- **2004:** Recovery Café opened its doors in the Belltown neighborhood of Seattle
- **2010:** The Café moved into a new, permanent home in the South Lake Union neighborhood, a space nearly four times larger than the size of the first Café
- **2016:** Recovery Café launches the **Recovery Café Network**, a model replication effort
- **2020:** Recovery Café SODO officially opens in January providing a second Seattle Café and new home to the Recovery Café Network which is now supporting over 20 other communities

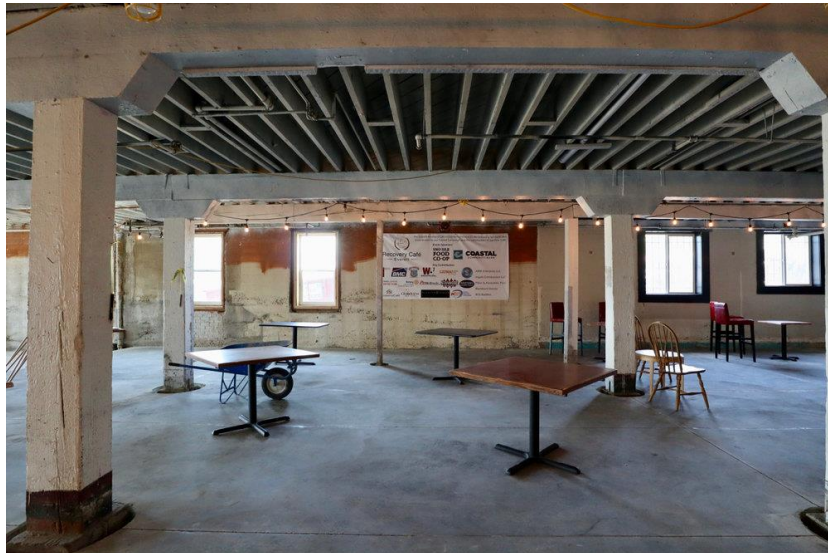


<https://recoverycafe.org>





# Recovery Café Network



<https://recoverycafenetwork.org/>

- Every Emerging Member and Full Member of the Recovery Café Network is dedicated to these Core Commitments:
- Create a community space that is drug and alcohol free, embracing, and healing
- Nurture structures of loving accountability called Recovery Circles
- Empower every Member to be a contributor
- Raise up Member leaders
- Ensure responsible stewardship
- Replication in 23 cafes in 10 states and one Canadian province







# Dryhootch Milwaukee

- Opened September 2010
- Coffee House atmosphere
- “A social place, a health space” for and by veterans
- Camaraderie with brothers & sisters in a safe place
- Writing, art, theater, music
- Peer-to-Peer help PTSD, AA, NA
- Family groups
- Suicide prevention groups
- Legal and housing support
- Partnership with VA & community
- Seven replications in five states



<https://www.dryhootch.org/addiction>





# Examples Across the Country

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- Recover Wyoming, Cheyenne <https://recoverwyoming.org/about-us/>
- Sandusky Artisans Recovery Community Center, Sandusky, OH <https://sanduskyartisansrecovery.com/>
- MoNetwork, St. Louis <https://www.monetwork.org/outreach-center-schedule1>
- Association of Persons Affected by Addiction (APAA), Dallas, TX <https://apaarecovery.org/what-we-do/peer-support-services/>
- Recovery Communities of North Carolina (RCNC), Raleigh <https://www.rcnc.org/about/community-center.html>





# Snapshot: Current Trends

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- Naloxone distribution at RCCs
- Hybrid recovery programs: Abstinence, Harm Reduction, Medication
- RCCs pivot during COVID to make necessary adaptations: creation of virtual PLACES
- Promoting All-Recovery Meetings
- New programming: Unity Recovery Organization, Philadelphia; Social Determinants of Recovery workshops <https://unityrecovery.org/sdor>
- New Programming: Alano Club, Portland, OR; Recovery Gym, Recovery Toolkit; Artists in Recovery <https://www.portlandalano.org/programs>



