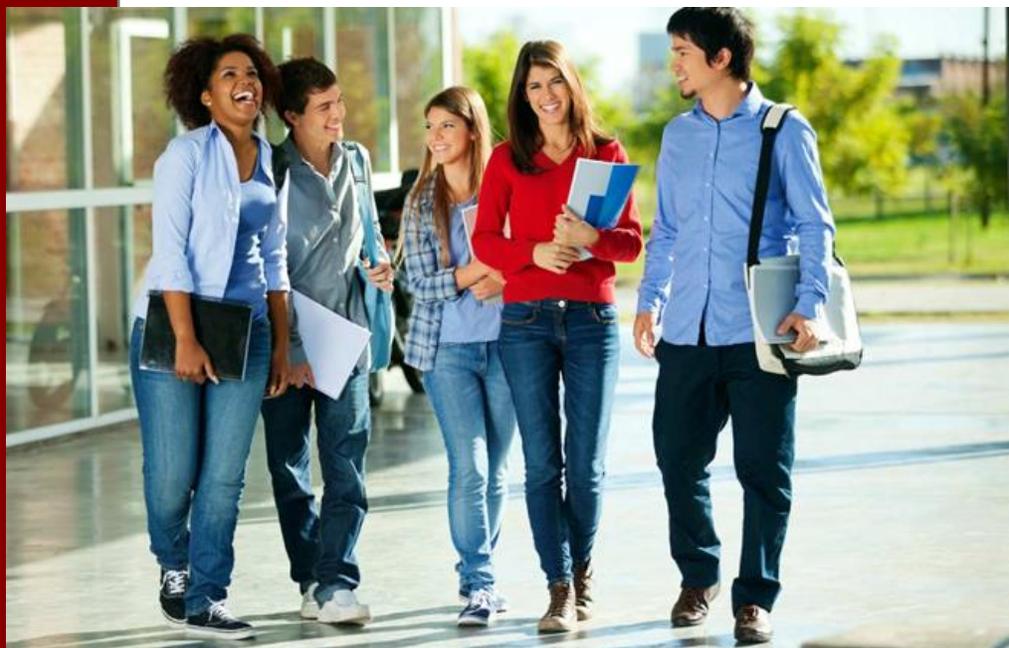


*Reshaping the Conversation:
Collegiate Recovery
Supports and Services in
the State of Washington*



**State of Washington
Collegiate Recovery Support Initiative
Evaluation Report 2020-2021
Washington State University**

Table of Contents

| | |
|--|----|
| Overview | 2 |
| Understanding Academic Support Needs and Barriers for Youth in Recovery During the Transition to College: Evaluation Part 1 | 6 |
| Introduction | 7 |
| Purpose | 9 |
| Methods | 9 |
| Table 1 | 10 |
| Table 2 | 12 |
| Results: Quantitative | 13 |
| Results: Qualitative | 13 |
| Table 3 | 14 |
| Similarities and Unique Themes among Parents and Students in Recovery | 19 |
| Summary and Recommendations | 20 |
| Figures 1—2 | 23 |
| Appendix A: Interview Scripts | 25 |
| References | 26 |
| Environmental Scan of Collegiate Recovery Supports: Evaluation Part 2 | 28 |
| Overview and Background | 29 |
| Methodology | 30 |
| Literature Review Findings | 33 |
| Policy Review Findings | 37 |
| Quantitative Findings | 43 |
| Figures 1—3 | 45 |
| Qualitative Findings | 47 |
| Discussion and Recommendations | 53 |
| Figures 4—5 | 55 |
| Conclusion | 58 |
| References | 59 |
| Appendix A: Washington State Collegiate Recovery Environmental Scan Survey | 63 |
| Appendix B: Semi-Structured Interview Protocols | 68 |
| Appendix C: Literature Review Charts | 74 |
| Appendix D: Policy Review Charts | 84 |
| Contributor Biographies | 87 |
| Acknowledgements | 89 |
| Suggested References | 89 |

Overview of the State of Washington Collegiate Recovery Support Services Evaluation

As part of the 2020-2021 State of Washington Collegiate Recovery Support Initiative, Washington State University (WSU) partnered with C4 Innovations (C4) to conduct a two-part evaluation from February to June 2021: *Evaluation Part 1—Understanding Academic Support Needs and Barriers for Youth in Recovery During the Transition to College* and *Evaluation Part 2—Environmental Scan of Collegiate Recovery Supports in the State of Washington*. A two-part process was selected in the first year of the State of Washington Collegiate Recovery Support Initiative specifically to better understand the individual experiences and life contexts of students in recovery and their parents in terms of educational supports as well as the availability and quality of collegiate recovery support services. The two parts of the evaluation were conducted separately; however, there was ongoing consultation and feedback between the two evaluation teams with oversight and direction by the initiative Co-PI, Patricia Maarhuis. Additionally, findings and recommendations from Evaluation Parts 1 and 2 are not linked, although there are intersecting concepts between the two separate projects, some of which are discussed below.

Description of Evaluation Parts 1 and 2

Evaluation Part 1: Understanding Academic Support Needs and Barriers for Youth in Recovery During the Transition to College

WSU Collegiate Recovery Support Services Initiative Evaluation Team (see page 87 for team description) conducted Evaluation 1. The purpose of this mixed-methods evaluation was to provide an in-depth examination of the factors that are involved in educational support for students in recovery during the transition into a collegiate setting. Specifically, the goal of this phenomenological research aimed to understand the educational needs and priorities for young people as they experienced transition from support systems in high school (i.e., recovery high schools) to collegiate settings. This study addressed three specific research questions:

1. How do students, and parents, define academic success?
2. What types of support can facilitate recruitment, admission, and retention into college programs?
3. What barriers or challenges exist that impede these processes?

The participants included three groups: Alumni of Washington State recovery high schools, current/past college students, and parents of students in recovery. Participants responded to two study components: An online survey and a structured interview. See pages 6—27 for *Evaluation 1: Understanding Academic Support Needs and Barriers for Youth in Recovery During the Transition to College*.

Evaluation Part 2: Environmental Scan of Collegiate Recovery Supports in the State of Washington

C4 Innovations Evaluation staff (see page 87 for team description) worked with the WSU Collegiate Recovery Support Services Evaluation Team to conduct a comprehensive, mixed-methods environmental scan to examine and evaluate the availability and quality of collegiate recovery support services throughout the State of Washington. The scan intended to (a) identify formal and informal supports available to college students in recovery with a particular focus on the availability of collegiate recovery supports within the State of Washington; (b) the relationship between recovery high schools, community supports, and institutions of higher education; (c) types of public funding sources available to institutions of higher education collegiate recovery development and sustainability; and (d) state

legislation or higher education policies that may indicate potential barriers to the cultivation of collegiate recovery statewide. The C4 Innovations team used multiple sources including current literature, a brief survey (via Survey Monkey), policy review, and state- and community-stakeholder interviews. Research questions from this part of the evaluation were the following:

1. What collegiate recovery supports are currently available across the State of Washington and how are they linked to academic services within institutes of higher education?
2. What is the relationship between community recovery supports, recovery high schools, and institutions of higher education (IHEs) collegiate recovery program recruitment and retention services?
3. What funding is available at the state and federal levels to support the development and sustainability of higher education collegiate recovery programs? In what ways do funding sources differ in their requirements or priorities?

See pages 28—86 for *Evaluation 2: Environmental Scan of Collegiate Recovery Supports in the State of Washington*.

Intersections between Evaluation Parts 1 and 2

Call for further research

As with most evaluation reports, Evaluation Parts 1 and 2 intersect in the common call for further research in the new field of collegiate recovery; however, both projects noted the need for comprehensive research across multiple aspects of collegiate recovery support and services development as well as the dissemination and application of findings. Calls for further research include:

- development of a widely agreed upon definitions for *recovery, collegiate recovery, collegiate recovery community, and collegiate recovery program,*
- efficacious collegiate recovery services and implementation practices to include various types of IHEs,
- state and federal policy review and revision,
- adequate funding sources for program sustainability,
- examination of health equity and disparities, and
- consideration of evolving life conditions and the needs of students in recovery who transition between campus and community environments and support services.

Systems of care and a full continuum of care that address the complex needs of students in recovery

Both Evaluation Parts 1 and 2 noted that life experiences of students in recovery include an evolving context with significant movement, fluctuation, and transition that impacts the students' living environments, social activities and relationships with peers, and access to reliable family and community supports and care services. One could note that the lives of many students are marked by an evolving context; however, without adequate supports and services, students in recovery risk significant negative impact to their wellbeing and academic success, including relapse and overdose. This context can result in some students in recovery having to choose between maintaining their recovery or attending college. The experience of transitioning between social and educational environments and contexts (home, recovery high school, small community college campus, large university campus, treatment center, long time peer recovery community, new peer recovery group, no peer recovery group) directly impacted students' in recovery needs and requests for support services. Both Evaluation Parts 1 and 2 found that students in recovery and parents identified (via direct participant response or as requested services via interviewed staff at IHEs) the need for similar social and environmental supports and services on campus: Designated recovery housing, recovery meetings or mutual aid meetings, peer mentoring and peer recovery specialists, sober social activities, a collegiate recovery community or program, and

others. As a result, within the separate discussion and recommendations of Evaluation 1 and 2, there are calls for a focus on simultaneous and sustainable implementation of interacting community-based systems of care and a campus-based continuum of care that meet the needs of students in recovery as they transition between social and educational environments and contexts.

Four interacting factors critical to the support of students in recovery

The need for review, revision, and alignment of four interacting recovery support factors were noted in Evaluation Parts 1 and 2:

- state and federal policy and regulations,
- adequate funding for collegiate recovery support implementation and sustainability,
- provision of community-based systems of care, and
- campus-based continuum of care services.

These interacting factors impact the questions of “who, what, when, where, and how” when addressing the needs of students in recovery within their evolving life context. Engaging in review, revision, and alignment of these four interacting factors begins with understanding the needs of students in recovery and their parents/guardians and then establishing funding and systems of care from that starting point. Federal laws, state legislation and policy, as well as funding are tools that recovery advocates, state legislators, state agencies, and university/college administrators can utilize to require and implement structural changes on campus and in the community.

Transparency and strategies for communication across stakeholders within these four interacting factors are critical to the development of systems of care and referral processes for health and education support services that, in turn, will increase the potential for wellbeing and academic success of students in recovery.

Social justice and equity concerns

Evaluations 1 and 2 found that students in recovery face unique life experiences and barriers that often force them to choose between maintaining their recovery or advancing their education, which are framed as a social justice and equity concern. Building and sustaining an interacting community-based system of care and a campus-based continuum of care works to address these social justice and equity concerns by providing continuous welcoming environments, culturally-based services, supportive relationships that promote wellbeing, recovery, and academic success. Additionally, the intersecting results and recommendations from both evaluation parts underscore that colleges and universities must provide a full continuum of support services noted as essential to wellbeing and academic success, which will require movement away from the persistent perception that the provision of recovery support services on IHE campuses are optional. In the Evaluation Part 1 students in recovery and parents identified these supports as designated recovery housing, recovery meetings or mutual aid meetings, peer mentoring and peer recovery specialists, sober social activities, a collegiate recovery community or program. As tools to address social justice and equity concerns, Evaluations 1 and 2 call for the use of current laws, regulation, and policy (e.g. the Drug Free Schools and Campuses Act and the Americans with Disabilities Act) for equal access to higher education, the creation of a safe learning environment, the provision of reasonable accommodation, the provision of a system of care, and a full continuum of care for students.

Summary

There is an oft repeated idea expressed within the field of collegiate recovery: No student should be in the dilemma of having to choose between pursuing higher education or their health, due to structures

and environments that are hostile to maintaining recovery. To that end, this evaluation project works to provide initial findings, analyses, and recommendations that will inform ongoing policy making and legislative action, funding source development, community-based systems of care, and campus-based continuum of care for students in recovery—given that the State of Washington is in the beginning stages of development of collegiate recovery supports at IHEs. Importantly, the State of Washington Collegiate Recovery Support Initiative efforts are firmly planted in a commitment to understand and to directly act upon the needs of students in recovery as well as to contribute to the growing body of literature on collegiate recovery support services.

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***Understanding Academic
Support Needs and Barriers
for Youth in Recovery During
the Transition to College
In the State of Washington:
Evaluation Part 1***

WSU Collegiate Recovery Support
Services Initiative Evaluation Team

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Introduction

Rates of substance use and misuse are highest during adolescence and emerging adulthood (Elswick et al., 2018). Emerging adulthood, typically defined as the ages between 18 to 25 years, is a developmental stage in the life course that signifies the transitional period between adolescence and adulthood (Arnett, 2000). During this transition, individuals achieve relative autonomy from guardians and are typically free from the dependencies that characterized adolescence, but many are not yet burdened with the full responsibilities of adulthood (Nash et al., 2019). While most emerging adults successfully navigate the transition to adult roles and responsibilities, these challenges may be exacerbated among college students in recovery from substance use disorder (SUD), as they seek to maintain sobriety within a peer/social context that is often characterized as an "abstinence hostile environment" (Cleveland et al., 2007) where alcohol and other substance use is pervasive (e.g., athletic events, student social gatherings, alumni events, etc.). As a result, many high school graduates in recovery and college students in recovery may find themselves facing the difficult choice of choosing between maintaining their recovery and continuing their education.

In response to these challenges, many colleges and universities have implemented strategies for assessing, treating, and prevention of disordered alcohol and other substance use within a collegiate setting (Harris et al., 2008; Transforming Youth Recovery, 2018). One of these strategies is the creation of Collegiate Recovery Programs (CRPs) that provide peer-to-peer support services to students within the collegiate environment to enable students to maintain their program of recovery from addiction. Past studies have identified five components of successful CRPs within a collegiate recovery community that build support and recovery capital in collegiate environments: 1) recovery support; 2) access to higher education and educational support; 3) peer support; 4) family support; and 5) community support (Harris et al., 2008).

A collegiate recovery program (CRP) is a college or university-provided, supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery from substance use. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other (Association for Recovery in Higher Education, 2020).

Currently, there is not an agreed upon definition of recovery (Ashford et al., 2019; Witkiewitz et al., 2020) and CRPs are based on multiple models – abstinence, moderation, or harm reduction (Association for Recovery in Higher Education, 2020; Laitman et al., 2014; Transforming Youth Recovery, 2018) in which the process of recovery from SUD includes accumulation of “recovery capital” – internal and external resources and services that an individual can access to initiate and sustain recovery (Laudet & White, 2010). Although originally defined by Granfield and Cloud (2001) as encompassing three domains (social, physical, and human capital), recent conceptualizations of recovery capital include up five domains that span individual-, micro-, and meso-level resources (Hennessy, 2017).



At the individual level, these include physical, financial, human, personal recovery, health, and growth recovery capital. Micro-level recovery capital has been described as social and family/social recovery capital. At the meso-level, authors have included cultural and community recovery capital. Hennessy, Cristello, and Kelly (2019) have adapted the recovery capital model (RCAM: Recovery Capital for Adolescents Model), which is specific to the adolescent recovery processes and grounded in developmental literature and includes components of 1) Human capital; 2) Financial capital; 3) Social capital; and 4) Community

capital. The RCAM has been used to understand individual- and community-level predictors of attendance and identify disparities leading to barriers to access at recovery high schools (Hennessy & Finch, 2019).

Multiple past studies concluded that fostering recovery requires two important elements in recovery support service delivery: the adoption of a model of sustained recovery management, and a coordinated multisystem approach that integrates services and supports across agencies to best meet an individual's needs given one's recovery stage, recovery path, and resources or recovery capital (Granfield & Cloud, 2001; Laudet & White, 2008, 2010; Vest et al., 2021). Recovery high schools have significantly beneficial effects on substance use and school absenteeism for adolescents treated for SUDs (Finch et al., 2018) as well as increased graduation rates (Weimer et al., 2019). Previous research demonstrates that CRPs contribute to both educational success and sustained recovery. For example, students who participate in CRPs have higher graduation and retention rates, and higher GPAs compared to the general student population (Cleveland et al., 2007; Laudet et al., 2014). In addition, a small number of studies indicate that relapse rates within CRPs are lower than comparable rates in community-based contexts (Cleveland et al., 2007; Laudet et al., 2014).

Despite a lack of research regarding the long-term effectiveness of CRPs (Reed et al., 2020) a small body of research has also attempted to elucidate the key program components of CRPs that are most effective in supporting students in their active recovery (Laudet et al., 2014; Vest et al., 2021). Staton and colleagues (2018) note that critical components include providing recovery housing, individual and group counseling, relapse prevention training, and alternate sober leisure activities. The Association for Recovery in Higher Education (2020) has identified CRP best practices including peer recovery supports, student drop-in centers, and a full offering of mutual-help groups. A scoping review (Vest et al., 2021) of CRPs notes that,

Though there may be evidence regarding the essential components of recovery programming in research on adult populations, how those components operate specifically among college students has not been effectively evaluated in randomized trials. Hence, based on the available correlational results, it appears that a blending of evidence-based interventions including recovery housing (Jason & Ferrari, 2010), peer recovery supports (Laudet & Humphreys, 2013), continuing care treatment programming (McKay, 2009), and mutual-help group (Kelly et al., 2020) facilitation may be driving the rapid growth of CRPs nationwide. These evidence-based components in other contexts are commonly referred to as “active ingredients” or essential components of an intervention to promote recovery (Brownson et al., 2009). (p. 5)

Although the above noted CRP components help explain how CRPs effectively support students *once they are on campus*, there is very little knowledge about the factors that are involved in the *transition to a college or university*. In particular, no studies to date have identified resources that Institutions of Higher Education (IHEs) should provide to facilitate the transition out of high school to a college environment, nor has previous research identified barriers that may pose particular challenges for adolescents in recovery as they transition to a post-secondary educational setting. It is noteworthy that very little research has attempted to understand these needs from the perspective of students in recovery. Moreover, there have been no studies to date that seek to understand perceptions of parents as they consider what resources are necessary to help students in recovery matriculate to, and succeed in, a college environment while maintaining recovery during this perilous transition.

Purpose

The purpose of the Evaluation Part 1 is to provide an in-depth examination of the factors that are involved in educational support for students in recovery during the transition into a collegiate setting. Specifically, the goal of this phenomenological evaluation research is to understand the educational needs and priorities for young people as they experienced transition from support systems in high school (i.e., recovery high schools) to collegiate settings.

This evaluation addressed three specific research questions:

1. How do students, and parents, define academic success?
2. What types of support can facilitate recruitment, admission, and retention into college programs?
3. What barriers or challenges exist that impede these processes?

Methods

Participants and Procedures

This Evaluation Part 1 used a mixed-methods design to integrate quantitative and qualitative data via two study components: 1) an electronic survey via Qualtrics (Qualtrics, Provo, UT) to collect self-reported demographic and background data; and 2) a structured qualitative interview conducted via Zoom (2021). Participants were identified from three separate populations and were recruited using snowball or chain referral and purposive sampling methods: 1) alumni of WA state recovery high schools ($N = 3$); 2) parents of current and former WA state recovery high school students ($N = 4$); and 3) current and former State of Washington college students who are in recovery from substance use disorder ($N = 3$) (see Table 1 for demographic information). For the targeted sample, we initiated purposive and chain referral recruitment techniques using contact information that had been freely provided to the evaluation team in public forums and webinars about recovery and substance use. These contacts served as “seeds” from which we asked for suggestions of others, who may be interested in participating in the study at the conclusion of the structured interview.

Potential participants were initially contacted by the Project Coordinator to gauge their interest in participating in the study. For those who expressed interest, the project coordinator explained the purpose of the study and asked three brief questions to determine their eligibility (over 18 years of age, resident of the State of Washington, self-described as being “in recovery” from substance use disorder or self-described parent of student, who is in recovery). Individuals, who met these inclusion criteria, were asked to schedule a Zoom meeting to complete the two study components (survey and interview). The Project Coordinator then sent an invitation email to eligible participants that included the participant’s randomly assigned study PIN and two study documents: 1) a pertinent fact sheet that provided details about the study; and 2) a copy of the informed (implied) consent. Participants were encouraged to read the informed consent document prior to their scheduled Zoom meeting. We obtained implied consent by embedding the consent document in the online Qualtrics survey. The invitation email also included information about using the Zoom software and interview format. The project coordinator sent a reminder email message to the participants to remind them about the upcoming interview 1 day prior to the scheduled interview. Participants received cash incentives (\$20) for participating in the study.

The qualitative interviews were conducted by either the Principal Investigator (parents) or the Project Coordinator (RHS alumni, college students/alumni). After a brief introduction at the onset of the Zoom meeting, the facilitator posted a link in the Zoom chat that directed the participant to the Qualtrics survey. Upon clicking the link, the participants were directed to the implied consent form and given a

choice to agree or disagree to participate. A skip pattern was programmed so that those who agreed to participate were sent directly to the survey, and those who did not agree to the implied consent were directed to a page that thanked them for their time. The survey took approximately 10 minutes to complete and participants were asked to complete the survey immediately before participating in the structured interview. Participants were reminded that they could skip any question or leave any response blank. We used options within the Zoom app to select that an audio-only file was saved to confidential cloud storage. From these audio files, written transcriptions of the audio recordings were prepared for qualitative analysis and the interview participants were de-identified and the interviews were organized by source (student, parent, RHS alumni).

Table 1. Frequency of responses to key measures in the online survey

| | Participant Group | |
|--|---|---|
| | Current/past college student (N = 6) | Parent of student in recovery (N = 4) |
| Sex of participant at birth | Female: 4 Male: 2 | Female: 2 Male: 2 |
| Identify as transgender? | Yes: 1 No: 5 | Yes: n/a No: n/a |
| Race/Ethnicity (self-chosen) | Black (mixed race): 1 White: 4 White/Hispanic: 1 | Black (mixed race): 0 White: 4 White/Hispanic: 0 |
| Highest Education Level | Less than HS: n/a HS graduate or GED: 2 Some college: 2 Associates degree: 0 BS degree: 2 Advanced degree: 0 | Less than HS: 0 HS graduate or GED: 0 Some college: 1 Associates degree: 0 BS degree: 0 Advanced degree: 3 |
| Currently enrolled as college student? | Yes: 4 No: 2 | Yes: 2 No: 2 |
| Received inpatient treatment? | Yes: 3 No: 3 | Yes: 1 No: 3 |
| Received outpatient treatment? | Yes: 4 No: 2 | Yes: 3 No: 1 |

Two separate online surveys were developed for use with the student groups (recovery high school alumni, current or past college students in recovery) and parents of recovery high school alumni. By design, there was a high degree of overlap between the group specific online surveys and interview questions. Taking the online survey prior to the interview did impact participant interview responses and some participants referenced and elaborated on specific survey questions in their interview responses.

Materials

The online survey included questions to collect demographic information from the participants, including age, sex, race and ethnicity, parental income, and level of education. Participants also responded to three questions that pertain to the participants' experiences as a RHS alumni, college student or alumni in recovery from SUD, or the parent of a student in recovery from SUD. These questions included the length of time the student has been in recovery and whether the student received inpatient and/or outpatient treatment. Finally, participants were asked to rate the importance of several types of services colleges and universities could provide to support students in recovery using the prompt: "*Please indicate how important the following types of support are for achieving and maintaining recovery and academic success during college*" (variables included: financial aid/scholarships, academic advising/guidance, seminars/workshops/study skills, substance-free housing, recovery housing, academic tutoring, courses/seminars on addiction, substance-free social activities). Five response options were: 1) *not at all*, 2) *not very*, 3) *moderately*, 4) *very*, 5) *extremely*. An option was provided for participants to "write-in any additional supports or services that they believed were important for achieving and maintaining recovery and academic success during college that WERE NOT included" in the above list.

The structured interview questions (Appendix A) focused on three general domains: 1) defining academic success; 2) understanding supports and barriers that had greatest impact on students' success in college; and 3) understanding unique challenges that students in recovery face in their preparation for, and success in, college. Participants who were RHS alumni responded to additional questions that asked them to describe their experience as students, who attend a recovery high school. These included a description of whether and how their experiences in a RHS prepared them for college and ways in which their experience in RHS did not prepare them for college.

Data Analysis

Analyses of the data from the two quantitative and qualitative study components were conducted separately. For the online survey, frequencies are reported for the following key measures: sex, race/ethnicity, education level, length of time in recovery, and reception of inpatient and outpatient treatment. Descriptive statistics (means, standard deviations) are reported for the ratings for importance of types of services.

The structured participant interviews were analyzed for emerging themes based on the research questions and purpose of the project. The analysis and coding of the data was a collaborative and iterative process guided by continuous reflection, discussion of emerging themes among the project team members, and identifying related CRP literature (Saldaña, 2013; Tracy, 2013). The coding process, theme analysis, and review of the findings were a simultaneous process and multiple evaluation team meetings were held to develop intercoder agreement and consensus building in data interpretation (Butler-Kisber, 2010; Saldaña, 2013). The descriptive coding of the data was based on answering the 3 research questions with a focus on the definition and meaning of academic success for individuals in recovery, types of supports needed to facilitate recruitment and retention, and barriers or challenges

Table 2. Coding scheme used in qualitative data analysis

| Theme | Operational Definition | Examples from Interviews |
|--|---|---|
| Academic Success and Recovery i. Holistic Nature of Academic Success ii. Academic Challenges, Resiliency and Recovery | Includes the responses to the question what academic success means for the individuals in recovery. The responses often answer the question what success means in general and focuses on the intersection of recovery process and being in college, graduating, employment and the challenges the individuals in recovery face. | Academic success depends on what you want to do with your life, what your boundaries are or what helps you to thrive. [660888] Um, academic success for me, would be a balance between education and recovery and inevitably, achieving employment that's the end game so that's, that's really how I break it down... [509916] |
| Developmental Tasks: Practical Life and Academic Skills i. Needs for Gaining Practical Life Skills ii. Needs for Gaining Academic Skills | Description of needs for life and academic skills such as study skills, time management, navigating university system. This theme may be discussed under the primary codes of academic success, transition, and challenges codes. | I would say you know, lack of time management skills, no real sense of when they start on a project, how long it's going to take ..., how to manage all the different things.... [135869] |
| Social Justice and Equity for Recovery i. Having to Choose between College Education and Recovery ii. Needed Combination of Essential Services iii. Recovery Supportive Housing | Description of availability and accessibility institutional resources and barriers for recovery students. Including designated spaces, housing and other resources. The theme is present throughout the data. | I'd say number one is substance free housing. And so just providing a place in which there will not be alcohol or drugs or whatever and closely related to that is recovery social groups and support so having people they can go out with and do things and whatever and where all of them will be trying to avoid substances. [135869] |
| Effects on Mental Health and Emotional Well-being i. Emotional Challenges of Transition ii. Stigmatization of Substance Use Disorders and Student Alienation iii. Social Support Networks and Peer Groups | Description of availability and accessibility of peer support groups and resources offering emotional, informational and other needed support. Includes primary codes on isolation, peer judgement, stigmatizations, unhealthy efforts to fit it. | But I for sure would like sit there and look around and be like I'm so different. You don't understand me. Yeah, and not really have that that same kind of lubrication that you get when you're at a recovery high school or a place that just kind of hands you this platform. Of comfortability where you can just sit down and get honest without fear that you're being judged. [660888] |

related to transition to college and needs of the students in recovery. For the purposes of keeping the original voice of the participants, the themes initially were coded in vivo where the language and words of the participants were used. In first round descriptive coding, the project Graduate Assistant read through the transcripts and highlighted the emerging themes in a Word document to get familiar with the data and the structure of the interviews. Qualitative coding software MAXQDA Pro (2020) was used in the subsequent rounds of coding, recoding, and analysis. To include the team members' varied perspectives and interpretations of the data, the initial emerging themes were outlined with participant quotes and verbatim phrases by the project Graduate Assistant and then presented to the rest of the project team for second round coding and categorization of emerging themes and sub-themes. The intercoder agreement and consensus building of the secondary level codes was achieved through

extensive discussions in the evaluation team meetings. The major themes and subthemes identified in the coding were used to develop a codebook with operational definitions and examples from the data (see Table 2).

Results

Quantitative Online Survey

Table 1 provides the frequencies for the key demographic and recovery-related measures included in the online survey, separately for students and parents. The age range of the 6 students who responded to the online survey was between 19 to 45 years of age (mean = 26.83 years, SD = 11.32). Four of the six students were currently enrolled in a college or university; 2 students were 1st or 2nd year undergraduates, and 2 students were enrolled in post-baccalaureate programs. Two of the students were enrolled full-time and two were enrolled as part-time students. On average, the students reported being in recovery for 49 months (~4 years), with a minimum and maximum length of recovery being between 7 months to 135 months (~11 years). Three of the students reported that they had received inpatient treatment for SUD and 4 students reported that they had received outpatient treatment for SUD.

The age range of the 4 parents who responded to the online survey was between 48 to 62 years of age (mean = 52.75 years, SD = 6.40). Two of the parents reported that their child was currently enrolled in a college or university and two parents reported that their child was not currently enrolled; both of these students were 1st year undergraduate students who were enrolled part-time. One parent reported that their child was not enrolled in college or university because the child "considers college/university to be a "recovery hostile environment" and that this student "deferred admission to work on his recovery." The other parent reported that their child was not enrolled because their child "doesn't want to go to college/university" and was successfully pursuing a music career. The parents reported that their children had been in recovery between 10 months to 30 months. One parent reported that their child had been sober for 22 months, following a 3-month relapse that occurred in 2018, following 12 months of sobriety. One parent reported that their child had received inpatient treatment for SUD and three parents reported that their child had received outpatient treatment.

Table 3 displays the descriptive statistics (mean and standard deviation) for the participants' ratings of importance for each of the types of support for achieving and maintaining recovery and academic success during college. Among the students, highest ratings were reported for financial assistance/scholarships, recovery housing, courses/seminars about addiction, and substance-free housing. For parents, the two highest types of support were substance-free housing and substance-free social activities; both of these items were endorsed at the highest possible level by all four parents (mean = 5.00, SD = 0.00). Students listed the following additional types of support in the open-ended responses: connecting with other students in recovery (2 students), outreach to students in recovery from faculty (1 student), possibilities to explore art and recreation activities, such as music, art, hiking, cooking (1 student), club-based resources (1 student), therapy and counseling (1 student), and help with transitioning in employment (1 student). Additional types of support that parents listed in the open-ended response option included: strong connections with other students and faculty (3 parents), counseling availability (2 parents), and awareness/education of the overall campus community about substance use and addiction (1 parent).

Qualitative Structured Interviews

Themes: Structural Barriers and Individual Needs. The synthesis and grouping of the primary cycle coding helped identify the patterns, nuances, and specific elements of the participants' experience

of needs and barriers in their recovery process and academic pursuits. The tools of the coding software MAXQDA Pro (2020) helped to visualize the details of the hierarchical codes and subcodes (see Figure 1, MAXQDA Map A. Codes and sub-codes of the theme “Social Justice and Equity for Recovery”) and the similarities between the interview participants’ (see Figure 2, MaxQDA Map B. Similarities between Students and RHS Alumni, and Parents) description of recovery needs and barriers.

Table 3. Descriptive Statistics for Ratings of Importance for Types of Support

| Type of Support | Participant Group | | | |
|-------------------------------------|--------------------------------------|--------|---------------------------------------|--------|
| | Current/Past college student (N = 6) | | Parent of student in recovery (N = 4) | |
| | Mean | (SD) | Mean | (SD) |
| Financial Assistance/Scholarships | 4.00 | (0.89) | 2.50 | (1.29) |
| Academic Advising/Guidance | 4.17 | (0.98) | 4.25 | (0.50) |
| Seminars/Workshops for Study Skills | 3.67 | (1.51) | 4.00 | (0.82) |
| Substance-free Housing | 3.67 | (1.63) | 5.00 | (0.00) |
| Recovery Housing | 4.00 | (1.67) | 4.25 | (0.96) |
| Academic Tutoring | 3.83 | (1.33) | 4.00 | (0.00) |
| Courses/Seminars about Addiction | 4.00 | (0.89) | 4.00 | (1.41) |
| Substance-Free Social Activities | 4.50 | (0.84) | 5.00 | (0.00) |

Discussion of the needs and the barriers about the experience of recovery was interwoven throughout the participant interviews and also is interwoven in identified themes discussed below. Barriers are defined as systemic and structural challenges impeding the recruitment and admission of potential recovery students, their retention and success in college. Also, in this sense, the perceived needs of students in recovery—individual support and services required for academic and personal success—can result from and/or be influenced by an organizations structural design, service provision, and political will or lack thereof.

Based on the systemic analysis of the data, the following themes are identified from the data and elaborated in the following sections:

1. Academic Success and Recovery
 - i. Holistic Nature of Academic Success
 - ii. Academic Challenges, Resiliency and Recovery
2. Developmental Tasks: Practical Life and Academic Skills
 - i. Needs for Gaining Practical Life Skills
 - ii. Needs for Gaining Academic Skills

3. Social Justice and Equity for Recovery
 - i. Having to Choose between College Education and Recovery
 - ii. Needed Combination of Essential Services
 - iii. Recovery Supportive Housing
4. Effects on Mental Health and Emotional Well-being
 - i. Emotional Challenges of Transition
 - ii. Stigmatization of Substance Use Disorders and Student Alienation
 - iii. Social Support Networks and Peer Groups

Table 2. describes each theme and their operational definition for the purposes of this analysis. It should be noted that the discussion order of the emerging themes is arbitrary, and the themes are not discussed in the order of priority or frequency as this was not the purpose of the qualitative analysis. The participant quotes are provided in the text boxes and throughout the analysis in italics by citing participant pseudonyms. The bold texts in the quotes are added by the evaluation research team for the purposes of highlighting.

Academic Success and Recovery

Holistic Nature of Academic Success. For the participant students in recovery and the parents, academic success cannot (or should not) be defined in binary terms of passing or failing their classes and for most students in recovery it entails more than higher GPA. Academic success has an additional layer of maintaining recovery and making progress towards life balance, physical and mental well-being. As one student indicated, academic success is *a balance between education and recovery and inevitably, achieving employment* [Christina, student]. Academic success is also built upon *emotional well-being* (Sarah, parent) and being *comfortable* in an academic environment (Susan, RHS alumni). One of the interviewed parents stated that academic success is a result of *exploring, ... finding your passion, ... pursuing and achieving that* [Jordan, parent]. As the participants moved along in their journey of education, their experiences and decisions demonstrated resilience, commitment, values, and efforts to succeed academically, maintain recovery, and achieve life balance. Particularly, for participant students in recovery, academic success is experienced as holistic and interwoven with recovery; however, often, participants noted that it is recovery that must be prioritized for the students in recovery to thrive academically.

*Academic success depends on what you want to do with your life, what your boundaries are or what helps you to **thrive**. (Brian, RHS alumni)*

Academic Challenges, Resiliency and Recovery. Student and parent participants noted in their interviews that success in college requires an advanced set of skills, specifically the ability to analyze information and the development of critical thinking. Students in recovery may have to learn and *re-learn how to learn, how to process information* [Christina, student]. On one hand, as transition to college is already hard for an average student, it may be *incredibly more difficult* for someone in recovery, as they also are managing an SUD [Christina, student]. Some of the student participants are the first in their family to attend higher education (first generation) or state that they did not receive any informational or

*For me, my success is going to be attributed to the **skills** that I acquire while in school and focused on the end result, which is not just a diploma but rather **actual life**, ... a lifestyle that's different from the one that I'd experienced. [Christina, student]*

tangible support from their parents to prepare for higher education. On the other hand, while this created vulnerabilities and concerns, participants described their perseverance in working through addiction problems and academic challenges, even with the limited resources and support. Paraphrasing the words of one of the student participants, *the life experiences of individuals in recovery and overcoming these adverse life and addiction experiences, turning something so negative to positive*

uncovers the capacity and resiliency of students in recovery [Marsha, student]. By noticing and capitalizing on the perseverance and strength of the students in recovery, universities, faculty advising and other resources, help build confidence in their competencies, create hope, and set the stage for academic success.

*My professors' **encouragement** ... gives me **confidence** in my competencies.... And, instead of focusing on my previous weaknesses, I am focusing on my **future strengths**. Or make those become my future strengths. [Christina, student]*

Developmental Tasks: Practical Life and Academic Skills

Needs for Gaining Practical Life Skills. For students in recovery and their parents, academic success is also about being successful after graduation and being able to apply the knowledge and skills in real life settings. In this regard, individuals in recovery also highlighted the importance of developing practical life skills and knowledge to navigate life during college years and after graduation. Citing the statements of the participants, college education is considered successful if it results in *being prepared for life, ... and being able to create multiple streams of income for yourself and also knowing how to do your taxes, ... knowing how to find an apartment* (Eric, RHS alumni). Success in academia means *having a good set of skills* for employment (Monica, parent) and being able to *function in the workforce and live in the society* (Eric, RHS alumni). These data indicate that the individuals in recovery and their families

*I think most kids can figure out the academic piece, with a little bit of **guidance**, a little bit of **support**, but the **community** is really the key piece (referring to recovery supportive housing and community). [Monica, parent]*

define academic success of young adults in recovery more broadly than grades or GPA. Rather, the students and the parents described academic success as becoming successful and thriving individuals during college and most importantly after graduation which can be applicable to other students not in recovery. Additionally, participants noted that the challenges of getting an education and preparing for future employment intersect with recovery; this intersection multiplies the individual struggles and makes the institutional support critical.

Needs for Gaining Academic Skills. Several parents and students interviewed stated that young adults in recovery often do not have the academic and life skills to manage academic pressure and demands of being in college, such as *staying motivated, time management and study skills* (Sarah, parent; Sam, parent; Ashley, student; Marsha, student). They might also have *gaps in their educational experience* (Sam, parent). The lack of skills such as effective listening and note taking at the class can become an additional stressor hindering their progress towards recovery. In this regard, more proactive and *comprehensive mentoring and peer coaching* may be necessary for students in recovery to manage course load, stay motivated and plan effectively. Additionally, these participant experiences align with previous research that found exposure to alcohol and drugs, especially during adolescent development, can result in acute cognitive problems such as difficulty concentrating and sleep disturbances (Singleton & Wolfson, 2009; White & Swartzwelder, 2005). These substance use related cognitive problems and other mental health concerns can make it more difficult to function and succeed academically and to graduate (Arria, Caldeira, Bugbee et al., 2013; Arria, Caldeira, Vincent et al., 2013).

*I would imagine all students to some degree, are going to **struggle with time management** ... but a lot of them [Students in Recovery] are pretty far behind and once you're in a recovery school just getting to graduate, you're doing so much catch-up work. And they might not have their time management and **study skills** honed the way that other students would. [Sarah, parent]*

Social Justice and Equity for Recovery

Having to Choose between College Education and Recovery. The overarching theme in the discussions with the individuals in recovery and their parents is the spirit that colleges need to be supportive to

*I'd say resources are really important. I remember I toured and was planning on going to this college. One of the big things is that I went to a recovery meeting there. And it was young people's meeting and there was two college students and bunch of 65-year-old white dudes... And I'm like **I do not fit in here**. We tried to find the recovery center and ... it was in the basement of this old building.... [Susan, RHS alumni]*

maintain the recovery process and foster well-being of the individuals in recovery. Whether or not the college provides a recovery supportive environment including availability and accessibility of resources is the foundation from which every other decision about education and future employment hinges. In the absence of equal opportunities, equity and institutionalized recovery efforts, young adults and their parents must choose between maintaining recovery and receiving an education. Addressing

these barriers and needs are critical systemic steps to achieving social justice and equity for students in recovery.

The choice of education or maintaining recovery path is driven by the following factors:

- Campus being a hostile learning and living environment for recovery.
- Discontinuity of essential recovery services between educational settings.
- Non-comprehensive and inaccessible recovery services within educational settings.

For future college students and their parents, recovery is the priority. They are acutely aware of the fact that if the new college environment is not welcoming and designed to support recovery, it can have amplified consequences for these students. That is, being in a hostile college environment is a threat for potential relapse. This risk may be highest for students who are in early stages of recovery, who have built full family and community support system, or who come from recovery high schools where every aspect of the school is

*I remember one of my biggest concerns ... [Name of University] is a huge party school. And, that was... concerning. I was trying to like find a way to live off campus my freshman year.... My recovery is to like **limit the exposure to substances**. I don't really like to be around people who are drinking or getting high.... Not like really fun anymore. [Susan, RHS alumni]*

designed, and every instructor is mobilized to support and maintain recovery. Staying in the recovery path is the *primary goal* for these young adults and their families and in the absence of inclusive recovery environment potential students have to choose between education and recovery and may likely decide not to pursue a college degree [Marsha, student]. Thus, often the families and potential students defer, delay, or reject admission offers. Many decide to go to a Community College and be close to the support system they have built throughout years and importantly, choose a college that offers comprehensive recovery management [Jordan, parent; Monica, parent].

*I do not think I was really surprised by what happened... It is a big change... Especially in recovery high school [there are] maybe 15 people in recovery [who] have a support system for recovery every single day when you are at school, then not having that ... After [high school] **graduation** I started working immediately ... and had **no time to be in recovery** and I was working from 2pm to 11pm and there was no way I was waking up at 8am to go to a meeting.... [Eric, RHS alumni]*

Needed Combination of Essential Services. Participants noted that recovery requires continuity: sustained capacity and available support services that are integrated into institutional support services. Participants described situations where high school graduates, who are willing to attend college, decide against it unless this continuity of recovery is provided. In the absence of this continuity of supports, young adults, who are early in their recovery process, become more vulnerable to relapse, university drop-out, or delay in graduation. Some of the interviewed parents acknowledged that, often and unfortunately, universities are slow

to change, lack political will or awareness to change and the services offered are limited, insufficient and low quality.

To create a welcoming and safe campus environment, participants specified a combination of essential services and resources for academic success and recovery:

- *designated spaces for recovery (including for recovery housing, recovery meetings, and activities),*
- *targeted academic support and advising,*
- *peer mentoring,*
- *organizing diverse and multiple recovery support groups for social support,*
- *recovery supportive counselling and therapy,*
- *substance free activities and service learning.*

One key service for recovery support and relapse prevention that was repeatedly noted by parents and students is whether the colleges offer designated recovery housing.

Recovery Supportive Housing. Some of the needs and challenges discussed in other sections are equally applicable for any student, as transitioning to college can be hard for a variety of reasons. However, one can argue that students in recovery experience these common challenges in an amplified manner; moreover, they also experience unique structural challenges that can put their recovery journey at risk. Past research on recovery housing found higher rates of abstinence and maintained

*A recovery community is a **home base** that you can go back to. [Brian, RHS alumni]*

employment rates for those residing in recovery housing (Laudet & Humphreys, 2013). The interviewed students and parents expressed concerns about the availability of *dry dorm rooms* or *sobriety enforced university housing* (Marsha, student) where you do not have access to *substances that you are in recovery about* [Ashley, student]. For young

adults, who are early in their recovery, an inadequate and even hostile living environment where the *drug choice is everywhere* can be a major trigger for relapse [Ashley, student], especially when combined with the experiences of peer pressure to use substances, and efforts to fit in a campus environment. Additionally, with the effective oversight of the college or university, substance free recovery housing can help to build *recovery social groups* and *model substance free social interactions* [Sam, parent].

Mental Health and Emotional Well-Being Emotional Challenges of Transition. The transition to a bigger college environment can exacerbate the challenges to mental health and emotional well-being of the young adults who are early in their recovery. Coming from close-knit recovery high schools, the students in recovery can find themselves with little or no safety net or social supports. In addition, participants noted that co-occurring disorders such as substance use addiction combined with previous or current traumatic experiences and abuse, learning disabilities, lack of healthy coping skills to deal with academic stress, depression and anxiety compounded the common mental health challenges of life transitions. High rates of co-occurring addictions and other mental health concerns in the student in recovery population underlines the need

*It was pretty rough ... I purposefully went across the state. I wanted to be further away from home, but I was definitely **not prepared to be away from home.** ... I moved away from my siblings and **did not have that same support** ... and I did not have a solid friend group. I felt kind of isolated and had a difficult time finding **where I fit socially.... And I started drinking and doing drugs....** [Marsha, student]*

*I think it's a pretty human thing to want **to fit in** and want to be accepted, you want to be cool. And, especially, for young people in recovery it's **terrifying** to go somewhere where you know you're the oddball out.... [Brian, RHS alumni]*

for treatment, recovery support programs, and college health services to provide integrated support for mental health and behavioral addictions to SUD-affected young people (Laudet et al., 2015). In the absence of proactive care, counselling and recovery focused therapy and social support networks, these challenges of transition can lead to relapse. Relapse rates are high among individual with substance use disorders, and for students pursuing higher education, the high rates of substance use on campus can jeopardize recovery (Laudet, et al., 2015).

*I think having a group of other people going through it would be really helpful, having either a peer facilitated group, or a therapist facilitated group, so there is not that **isolation** factor and there's **other people who are experiencing the same experience with you** and making sure there is **access to good recovery support meetings** that are more of the community based ... and individual support [with] a counselor or therapist. [Marsha, student]*

Stigmatization of Substance Use Disorders and Student Alienation. Another mental health challenge of transition and retention is the stigmatization of substance use disorders among their peers and perceived feelings of isolation and alienation. Former and current students in recovery often discuss *feeling different* and *not fitting in*. For students coming from Recovery High Schools, the supportive environment allowed them to be *comfortable* and *honest* about their recovery journey. However, for these students, the transition to college evokes feelings of being *fearful* to be *judged* in a new college environment. Many young adults in recovery are also often warned by family members about the employment consequences of SUD and discourage them to openly discuss it outside of their recovery group. In this regard, a recovery community is a *home base* for students in recovery where they can openly share with their peers and have the opportunity for *personal connections* [Brian, RHS alumni; Ashley, student]. This feeling of alienation can discourage students in recovery from initiating new interactions and may amplify the likelihood of avoiding seeking out institutional support which in its turn hinders their academic success.

*I know that there's a lot of different ways that colleges have tried to help students who have issues with substance use disorders. But I feel like it's typically from a punitive standpoint. **That [is why] we're less likely to ask for help.** [Marsha, student]*

Social Support Networks and Peer Groups

As individuals in recovery and experts in the field often articulate, recovery from substance abuse is community based. The social isolation in their transition to college can exacerbate the mental and emotional health needs of students who do not have access to social support networks such as access to peers in recovery with similar experiences. Fortunately, as the interviewed students stated *peer facilitated groups* have helped to create *personal connections* which became extremely important to maintain *human connection* and sustain recovery journey (Ashley, student). Mental health issues, social stigmatization, and feelings of alienation were present and imbued throughout the participant interviews.

*I had an original group of friends that I would hang out and study with, but when they stopped doing collective study groups together, I really suffered. I was screwed. I could not really do anything, and then I got really **depressed** and **upset**, but luckily, I had my [Student Recovery Group], so I **did not relapse**, but it was definitely **hard**. [Ashley, student]*

The Similarities and Unique Themes among Parents and Students in Recovery

Although the interviewed individuals in recovery and parents of individuals in recovery were in different stages of their lives; some have just graduated from high school and started college in the last year of pandemic in an online setting, some have long graduated from high school or college, some did not attend college, they all articulated the importance of colleges offering recovery supportive housing.

Recovery housing was also consistently ranked by both students and parents in the quantitative survey as one of the most important types of services needed to support students in recovery. As it is extensively discussed above in the relevant sections, recovery supportive housing is one of the priority pillars of creating recovery supportive environment. Having recovery supportive housing also helps to contribute to the availability and accessibility of essential services by providing community support, designated space, and collegiate awareness.

Balancing Parental Involvement and Support with Adult Children in Recovery

It is scary for any parent when all of a sudden, your kid's out of your control ... and you actually have no rights anymore... But I think when your kid had substance abuse issue, you constantly have this in [mind], what if they relapse. What if when they relapse, they die. [Sarah, parent]

The interviewed parents of individuals in recovery often articulated their concerns balancing parental support and involvement. As parents feel responsible to take care of the health of their adolescent and adult children, it becomes challenging to find a balance to support without controlling and particularly after individuals in recovery graduate high school or start college. Some parents are the major figures in their children's lives advocating for college education and find themselves pressuring their children for education which can often be overwhelming for their children, as described by the parents.

Summary and Recommendations

This evaluation used a mixed-methods design to understand how students in recovery, and parents of students in recovery, face the difficult challenge of transitioning into a collegiate environment that can be considered hostile to the recovery process. Three questions were addressed to provide this understanding: 1) How do students and parents define academic success? 2) What types of support can facilitate this transition? 3) What barriers or challenges impede this transition?

Our results indicate that students in recovery face unique barriers that often force them to choose between maintaining their recovery and advancing their education. Framing these needs as a social justice and equity issue, the results from the quantitative and qualitative study components align and underscore the recommendation that colleges and universities must provide "essential services" to meet the individual needs of students in recovery. Provision of a full continuum of recovery support services must be a priority and will require Institutions of Higher Education (IHEs) to make structural changes in order to systematize and sustain a campus environment that actively supports the individual needs of students in recovery.

The results indicated that these participants defined academic success in terms that go beyond traditional metrics, such as grades or GPA or graduation. Rather, the participants often described academic success in more holistic terms, encompassing emotional well-being and pursuing goals that support one's own values. Notably, a consistent theme among the participants was that academic success cannot be achieved (or even defined) without consideration of maintaining successful recovery. This notion—recovery is the foundation for academic success—was also evident in the participants' views that the purpose of a college education is to prepare one for life and function in society and also was echoed in the participants' descriptions of the types of campus support that they identified as essential for college students in recovery.

Main Message

- Meeting the needs of students in recovery is a **social justice and equity issue**,
- Participants identified several key "essential" services that IHE **must provide**,
- Meeting these needs requires **systematic and sustainable services** to ensure a full continuum of care.

Although traditional academic supports, such as academic advising and tutoring were identified, a broader scope of support was identified by the participants to meet the needs of students in recovery. These included development of life skills that are likely necessary for all college students to develop (e.g., time management) but importantly, also encompassed several challenges that are unique to students in recovery. In particular, meeting the mental health and emotional challenges of students in recovery, such as stigmatization and feelings of isolation, is paramount. Further research and analysis are needed to increase understanding as to whether and how individual social and peer stigmatization interacts with structural barriers and whether individual experiences of acceptance and support are amplified by increased structural accessibility and services on campus.

Notably, there was considerable overlap in the participants' description of key supports necessary for students in recovery in response to both the online survey and the qualitative interviews. Across both components, the participants identified these key supports as: 1) providing designated spaces for recovery (including for recovery housing, recovery meetings, and social activities); 2) providing targeted academic support and advising; 3) providing peer mentoring; 4) organizing diverse and multiple recovery living groups (including housing) and mutual support groups for peer/social support; 5) providing recovery supportive counselling and therapy; and 6) providing substance free activities and service learning opportunities. Additionally, students rated financial assistance in the quantitative survey as a very important factor for ensuring success in college. Both students and parents noted the importance of a campus-wide supportive climate, including interactions faculty and staff. These supports were described as essential for students in recovery and, without them, many students in recovery must choose between maintaining their recovery or going to college. In general, the participant identified key supports and capacity building that match those noted in earlier studies and reviews (Association for Recovery in Higher Education, 2020; Harris et al., 2008; Hennessy et al., 2019; Laudet, et al., 2014; Vest, et al., 2021).

Given the above discussion, addressing the unique needs of students in recovery can be considered a matter of social justice and equity. Like other communities/groups who are underrepresented on campus (LGBTQ, multicultural, disabled, veterans, those with physical/mental health concerns and conditions, etc.), students in recovery have had unique life experiences and circumstances, which require that students in recovery receive specific supports and services in order to have equal access to higher education opportunities and to academically succeed in a safe learning environment. The provision of these specific supports and services allows student in recovery to be fully included in the campus community, to be treated with equity and dignity, and to be academically successful. Additionally, because students in recovery may be a "hidden group" to college personnel, it is likely that they are not referred to services and receive far less institutional support relative to other students, as per those listed above (Bugbee et al., 2016).

Efforts to ensure equal access to higher education for students in recovery cannot simply focus on the individual learner but will require systemic service and sustainable support provision changes that are about a campus cultural transformation, which moves colleges and universities away from being an abstinence hostile environment toward an environment that actively supports the unique needs of students in recovery. This requires the provision of a full continuum of recovery support services across education settings (e.g., high school and transition to university/college or other settings) with a campus-specific and simultaneous focus on foundational collegiate recovery services and supports: continuing care of substance use disorders, recovery-oriented systems of care (including re-entry and relapse prevention), and peer-recovery support services. Framing the needs and barriers experienced by students in recovery as a social justice and equity concern goes beyond the optional choices of "just

doing the right thing” and “helping students in need” within the administrative service provision at colleges and universities.

A full discussion of the social justice concerns about and legal requirements for access to higher education and service provision is beyond the scope of this evaluation and report; however, past studies referenced in this report and the results of this evaluation point to the need for a shift in the stubbornly persistent perception that the provision of recovery support services on IHE campuses are “optional.” Current federal laws,

most notably, the Drug Free Schools and Campuses Act (DFSCA) and the Americans Disabilities Act (ADA) do address equal access to higher education, the creation of a safe learning environment, the provision of reasonable accommodation, the provision of a full continuum of care regarding student substance use, as well as re-entry and support services for students in recovery. Notably, these legal requirements also are core elements within the mission and legal requirements of the U.S Department of Education. (See the Eastern Illinois University Higher Education Center website for more information regarding the DFSCA. See the U.S. Department of Justice Civil Rights Division website for information and technical assistance on the ADA.) The Americans with Disabilities Act (ADA) of 1990, as amended in 2008, establishes requirements for equal opportunities in employment, state and local government services, public accommodations, commercial facilities, transportation, and telecommunications for citizens with disabilities—including people with mental illnesses and addictions.

Recommendations

- Academic research regarding efficacious recovery services for students transitioning onto campus
- Focus on simultaneous and sustainable implementation of identified essential services and recovery-oriented systems of care that meet the continuing care needs of students in recovery
- Explore the use of already existing federal laws (e.g. DFSCA and ADA) as well as enactment of new state legislation, policies, and access to funding that can require sustainable provision of the essential services and other key supports.

Our results indicate that students in recovery face unique barriers that often force them to choose between maintaining their recovery and advancing their education. Framing these needs as a social justice and equity issue, the results from the quantitative and qualitative study components align and underscore the recommendation that colleges and universities must provide “essential services” to meet the individual needs of students in recovery. Provision of a full continuum of recovery support services must be a priority and will require IHEs to make structural changes in order to systematize and sustain a campus environment that actively supports the individual needs of students in recovery.

In order to fully address the structural changes on IHE campuses to address the above noted social justice concerns, we recommend 1) further academic research regarding efficacious recovery services for students transitioning onto campus, (2) a focus on simultaneous and sustainable implementation of identified essential services and recovery-oriented systems of care that meet the continuing care needs of students in recovery, as well as (3) exploration of the use of already existing federal laws (e.g. DFSCA and ADA) as well as enactment of new state legislation, policies, and access to funding that can require sustainable provision of the essential services and other key supports noted in this study. These federal laws, state legislation, and funding are tools that recovery advocates, state legislators, state agencies, and university/college administrators can use to require and then implement structural changes on campus that bring about essential services for students in recovery, so they can academically succeed and maintain their mental and physical health. No student should be in the

Just thank you, I appreciate ... talking to you, and... I'm just like glad that there is research being done, and you know people who actually like care... about improving young people's recovery.... (Eric, RHS alumni)

dilemma of having to choose between pursuing higher education and their health, due to structures and environments on campus that are hostile to maintaining recovery.

Figure 1. MaxQDA Map A. Codes and sub-codes for the theme of Social Justice and Equity for Recovery

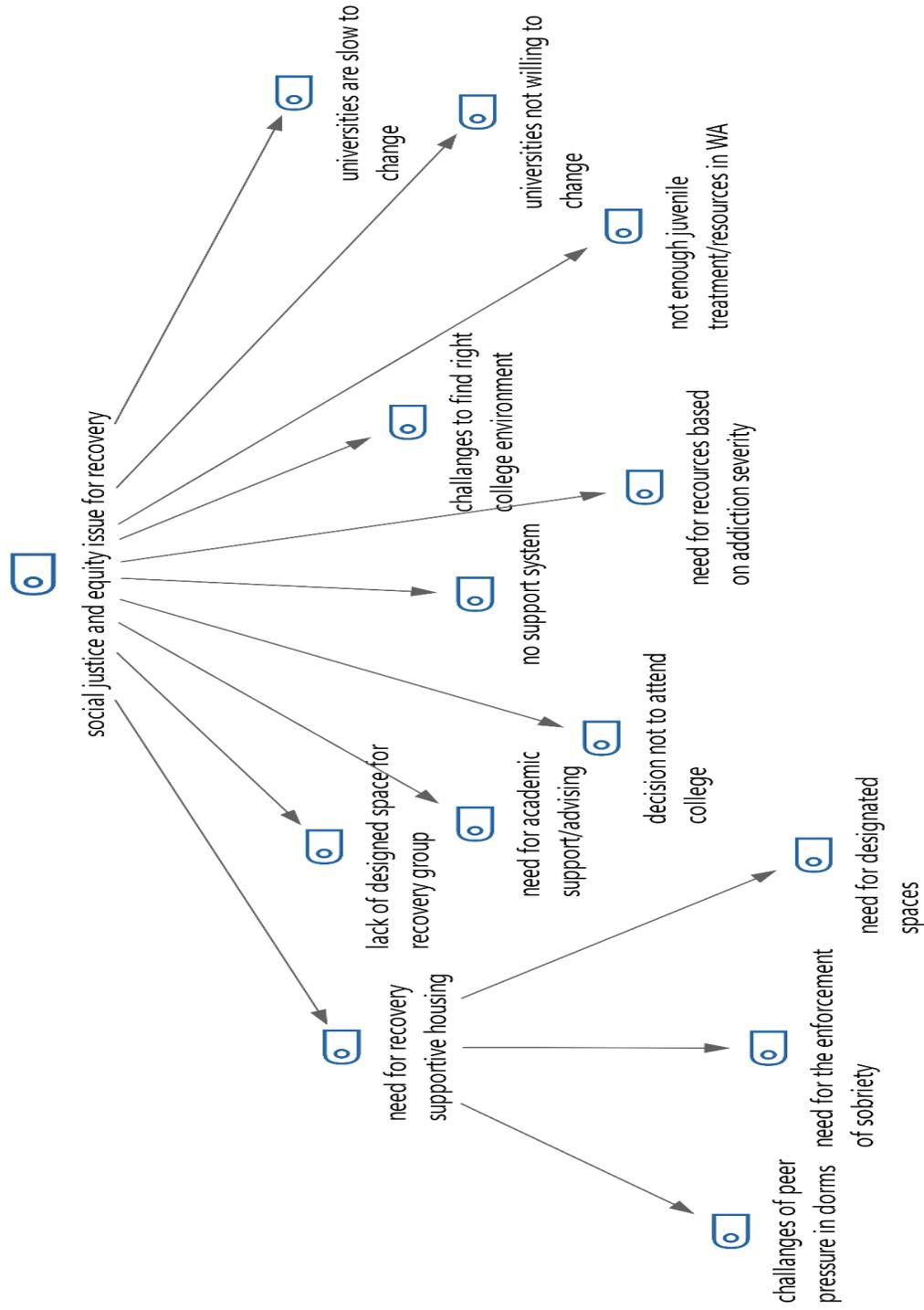
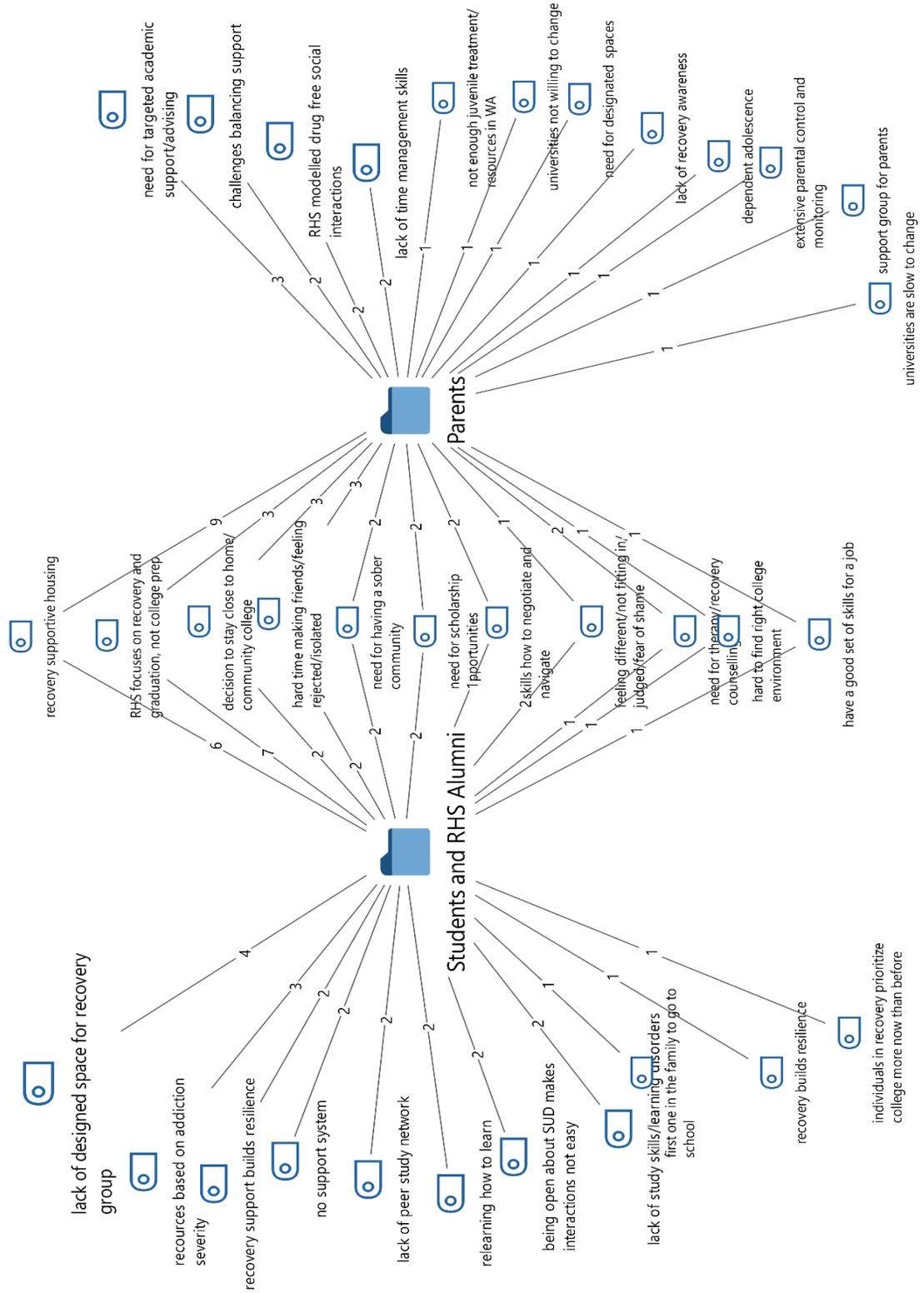


Figure 2. MaxQDA Map B. Similarities between Students and RHS Alumni and Parents

Two-Cases Model



Appendix A

Interview Script for RHS alumni and CRC student Participants

- Q1. I'd like to ask you how you define "academic success?" Getting a good GPA? Graduating? Something else?
- Q2. I would like to ask you about starting college. How did the transition from high school to college go for you?
- What things have been the most difficult?
 - What things were easier than you thought they would be?
 - Were you surprised by anything during the transition?
- Q3. Did your parents or other important adults in your life prepare you for college? If not, why not? What impact did that have on your path to college? If so, how did your parents or other important adults in your life prepare you for college? What types of things did your parents or others do or talk about to help get you ready for school?
- Q4. Next, I'd like to talk to you about your experience as a student, who attended a recovery high school. Did your experience in a RHS prepare you for college? If so, how?
- Q5. Were there ways in which your experience in RHS did not prepare you for college? In what way?
- Q6. Next, I'd like to talk to you about your experience as a college student. Do you regularly participate in a collegiate recovery community?
- Q7. When you think about your collegiate recovery program, which aspects or types of support do you think had the greatest impact on your academic success? Why? How so?
- Q8. When you think about your collegiate recovery program, what barriers did you encounter that had the greatest impact on limiting your academic success? Why? How so?
- Q9. In general, in what ways do you think students in recovery face particular challenges in their preparation for college that other students may not face? Why? How so?
- Q10. In general, in what ways do you think students in recovery face particular challenges for succeeding in college that other students may not face? Why? How so?
- Q11. Do you feel the challenges that you face are different from those of other students in recovery? If so, in what way were those challenges different? If not, how and why were those challenges the same?

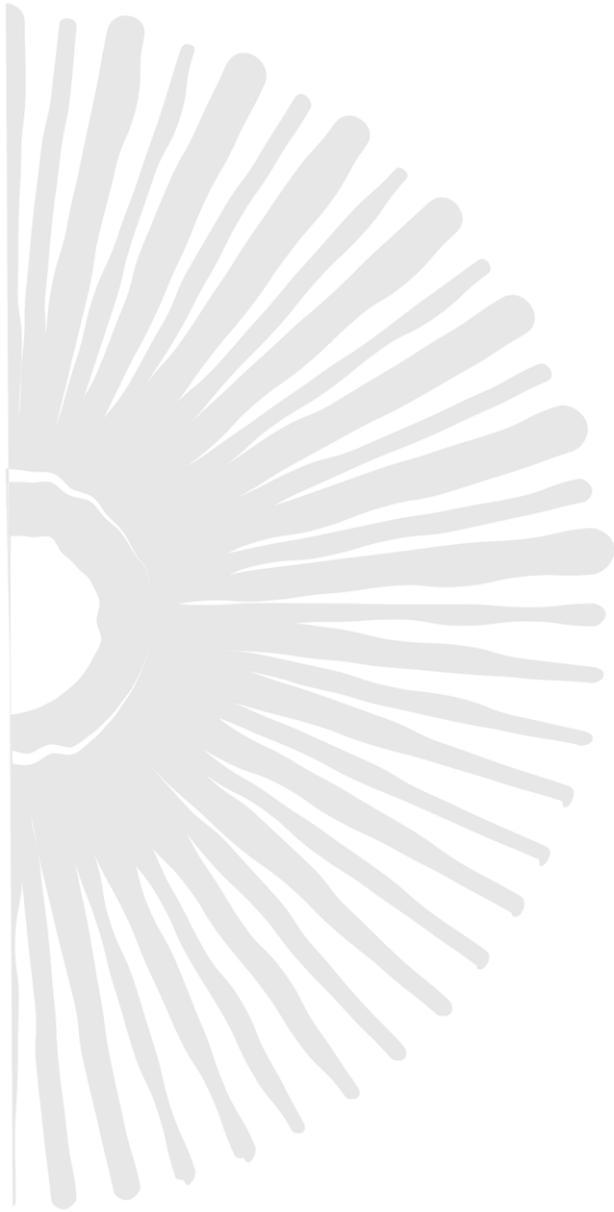
Interview Script for Parent Participant

- Q1. I'd like to ask you how you define academic success? Is it getting a good GPA? Graduating? Something else?
- Q2. I would like to ask about when your child started college. How did the transition from high school to college go for them?
- What things were the most difficult for your child?
 - What things were easier than you thought they would be?
 - Were you surprised by anything during the transition?
- Q3. Did you do anything specific to prepare your child for college? What kinds of things did you do to help prepare your child for college? What types of things did you talk about to help get your child ready for college? What did you not talk about that you wish you had?
- Q4. Did your child attend recovery high school? If so, how did their experience in a RHS prepare them for college?
- Q5. Were there ways in which attending a RHS did not prepare your child for college? Why? How so?
- Q6. What resources do you think are most important for colleges to offer in order to help students in recovery successfully transition to college? Why?
- Q7. What barriers do you think exist that have the greatest negative impact on students in recovery successfully transitioning to college? Why?
- Q8. What resources do you think are most important for colleges to offer in order to help students in recovery succeed academically once they are in college? Why?
- Q9. What barriers do you think exist that have the greatest negative impact on helping students in recovery succeed academically once they are in college? Why?
- Q10. In general, in what ways do you think students in recovery face particular challenges for preparing for college that other students may not face? Why?
- Q11. In general, in what ways do you think students in recovery face particular challenges for succeeding in college that other students may not face? Why? How so?

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Washington State University

Environmental Scan of Collegiate Recovery Supports in the State of Washington: Evaluation Part 2

C4 Innovations

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Overview and Background

As part of this year long project, Washington State University (WSU) partnered with C4 Innovations (C4) to complete an environmental scan of collegiate recovery supports across the State of Washington. The environmental scan conducted by C4 commenced in January 2021 and concluded in June 2021. The scan intended to identify formal and informal supports available to college students in recovery with a particular focus on the availability of collegiate recovery supports within the State of Washington; the relationship between recovery high schools, community supports, and institutions of higher education; types of public funding sources available to institutions of higher education collegiate recovery development and sustainability; and state legislation or higher education policies that may indicate potential barriers to the cultivation of collegiate recovery statewide.

Collegiate recovery supports:
Services and/or programs that provide support to students in higher education who are in or seeking recovery from substance use disorders and/or co-occurring disorders.

Defining Collegiate Recovery

Currently, the field lacks an agreed upon definition of collegiate recovery and what supports comprise collegiate recovery in institutions of higher education across the United States. For the purpose of this environmental scan, our team developed the following definition of **collegiate recovery/collegiate recovery supports** to ensure a shared understanding during data collection, analysis and reporting: *Services and/or programs that provide support to students in higher education who are in or seeking recovery from substance use disorders and/or co-occurring disorders.* The need for an agreed upon operational definition of collegiate recovery supports will be further explored in the qualitative findings and recommendations.

Research Questions

To ensure the environmental scan adequately addressed all focus areas, the C4 and WSU team developed the following research questions:

1. What Collegiate Recovery Supports (including Collegiate Recovery Programs and Communities) are currently available across the State of Washington and how are they linked to academic services within institutions of higher education?
 - a. In what ways are Collegiate Recovery Supports (including Collegiate Recovery Programs and Communities) currently developing and implementing best practices across the State of Washington (e.g., housing, academic advising and support, scholarships)?
 - b. What innovative practices are Collegiate Recovery Supports (including Collegiate Recovery Programs and Communities) utilizing to link prevention, intervention, harm reduction strategies, and recovery support services both within the State of Washington and other institutions of higher education across the United States?
 - c. Which policies at the state legislation, institution of higher education, or other system-levels cause barriers to the development and sustainability of Collegiate Recovery Programs across the State of Washington? How have other states overcome similar system- or policy-level barriers?
2. What is the relationship between community recovery supports, Recovery High Schools, and institutions of higher education Collegiate Recovery Program recruitment and retention services?
 - a. Are there formal policies regarding referrals in place?
 - b. Are there referral networks in place, how do they have a connection?
3. What funding is available at the state and federal levels to support the development and sustainability of higher education Collegiate Recovery Programs? In what ways do funding

sources differ in their requirements or priorities (including the availability of one-time or ongoing funding opportunities)?

Methodology

The team used a mixed-methods approach for the environmental scan, drawing from multiple sources including current literature, a brief survey (via Survey Monkey), policy review, and state- and community-stakeholder interviews.

Literature Review

C4 began the environmental scan by conducting a comprehensive literature review to identify the latest research in collegiate recovery, best practices in supporting youth and young adults in recovery, Native American populations, and other priority populations. Our team developed inclusion criteria to ensure the latest research was included and was not limited to only peer-reviewed research but included local evaluations or research as well. The inclusion criteria were as follows:

Collegiate recovery program (CRP): A college or university-provided, supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery from substance use.

- Limit to sources dated in the last 10 years (unless an older source is considered seminal and/or remains a most current best practice or guideline).
- Use internet searches to identify reports for local projects and initiatives (such as research or evaluation projects occurring on the state or county levels).
- Use academic databases to identify peer-reviewed journals and journal articles (including, but not limited to EBSCO, JSTOR, and Google Scholar)

The C4 team also identified preliminary primary, secondary, and tertiary search terms to ensure the literature review was inclusive of all appropriate research (Table 1). The search terms were reviewed and approved by WSU partners.

| Table 1. Literature Review Search Terms | | |
|--|--|---|
| <u>Primary</u> | <u>Secondary</u> (to be searched in conjunction with all primary terms) | <u>Tertiary</u> (to be searched in conjunction with primary and/or secondary terms) |
| Collegiate recovery Collegiate recovery programs Recovery Recovery-oriented College students Tribal Colleges Recovery support services Recovery pathways Recovery capital Substance use/substance abuse/addiction recovery Addiction Higher Education alcohol and other drugs (AOD) | Substance use/substance abuse/addiction treatment Best practices Evidence-based practices Substance use disorder Nontraditional students Navigator program Pell grants Relapse protection Relapse prevention | State of Washington Rural Urban Suburban Family/families/children Men/women Cultural competence Health disparities Equity/Inequity/Inequities Transition age youth Young adults Underserved/vulnerable populations LGBTQ+ |

| | | |
|--|--|---|
| TRIO programs Student support services Campus drug use prevention Campus recovery Higher education mental health Collegiate recovery communities Emerging adult substance use Campus health promotions College and criminal justice Overdose on campus Peer support Recovery-oriented systems of care Suicide prevention | | CAMP -migrant populations students whose parents are migrant workers Community colleges Emerging adults Young adults Marginalized populations |
|--|--|---|

Once appropriate literature was identified, each source was entered into a tracking matrix which listed the following information:

- Literature Type (i.e., white paper, peer-reviewed journal article, local report)
- Authors
- Title
- Journal Name
- Citation
- Keywords
- Link (if applicable)
- Abstract
- Summary of Findings
- Methods

Finally, the literature review tracking matrix included an area for notes so that C4 could track important details, themes, highlights, and strengths and weaknesses for each article. As each piece of literature was reviewed, themes were tracked and organized by topic area. The resulting literature review was compiled into a single document and used to identify best practices and known needs and gaps when it comes to collegiate recovery programs nationwide. The final literature review was reviewed by a subject matter expert to ensure all relevant literature has been included and no research gaps exist. In addition to providing information on current best practices and trends in collegiate recovery across the United States, the literature review was used to inform development of qualitative data collection protocols.

Policy Review

A review was conducted of federal, state, and institution-level policies that impact students in recovery enrolled in institutions of higher education (IHE) throughout the State of Washington. The team identified policy areas that impact these students, including laws and policies that support or regulate collegiate alcohol or substance use prevention programs, collegiate alcohol or substance use treatment programs, such as Collegiate Recovery Programs (CRPs) or Collegiate Recovery Communities (CRCs; Harris et al., 2007), alcohol or substance use treatment programs specialized for young adults, collegiate mental and physical health programs, justice involvement, and educational policies. C4 also reviewed funding streams and

Collegiate recovery community (CRC): Peer-driven community where program components have been developed according to student needs throughout the history of the community.

examined whether these policies were attached to any funding sources. C4 developed inclusion criteria as follows:

- Use internet searches to identify federal, state, and university-specific policies that may impact students in recovery at IHEs.
- Focus on United States federal legislation, Washington State specific legislation, and policies that impact United States based universities only.
- Focus university-specific policy reviews on the four collegiate recovery seed grantees: Gonzaga University, Green River College, Washington State University Pullman Campus, and Whitman College. C4 reviewed student codes of conduct and seed grantee quarterly reports.

C4 developed exclusion criteria as follows:

- Exclude policies or laws that do not directly impact students enrolled in IHEs.
- Exclude bills that have not passed or legislation or policies that have been overturned unless considered key legislation.

Once appropriate policies were identified, each source was entered into a tracking matrix which listed the following information:

- Name of policy or law
- Type of document (bill, law, policy)
- Level of policy or law (federal, state, institution)
- Year passed
- Legal citation
- Summary of policy and implications

Further, policy data collected through qualitative interviews with policy makers and faculty and staff of IHEs were triangulated with data from the policy review to ensure all policies were being captured.

Survey

In partnership with WSU, C4 developed a survey, distributed through SurveyMonkey, to identify the availability of collegiate recovery supports and services available and requested by students and their families across the State of Washington. The brief, anonymous survey was administered to staff at admissions, counseling and/or health promotion departments at every institution of higher education in the State of Washington to assess the availability of collegiate recovery programs and services for students. The purpose of the survey was to collect data about the types of programs, services, and supports available within an institution, regardless of whether it has an established collegiate recovery program or services. The survey also sought to determine if current or future students or their parents are seeking information about recovery supports or services; and if so, what types of services or supports they are seeking.

C4 worked closely with WSU partners to identify a list of all institutions of higher education in the State of Washington and appropriate contacts. The list was compiled by reviewing attendance lists at the Virtual Learning Sessions hosted by WSU and identifying other colleges and universities in the state. When necessary, the C4 team reviewed the institution's website to identify appropriate college admissions, counseling, or health promotions staff email addresses to conduct additional outreach. For some institutions, contact information for specific staff was unavailable. In those cases, the survey was distributed to the general Admissions Department or Counseling Department email address. Additionally, during WSU's Collegiate Recovery Summit, held on May 21, 2021, the survey link was

shared with all attendees. A total of 14 surveys were completed from staff/faculty in State of Washington IHEs. Data were uploaded and analyzed in SPSS. Due to the small sample size, analysis was limited to frequencies for each question. Findings are described further in the report, and the survey is included in Appendix A.

Key Informant Stakeholder Interviews

C4 worked in partnership with WSU to identify seed grantee staff, state-level policy makers, community stakeholders, and other subject matter experts who have the knowledge to speak to the issues being explored within this environmental scan. The interview began by exploring how each interviewee defined collegiate recovery. Questions then examined pathways to collegiate recovery, campus supports and prevention programs, community supports, services that are most needed for students, policies and funding related to collegiate recovery, barriers to collegiate recovery supports at both the organizational and student levels. Interview protocols were slightly modified based on roles of interviewees to ensure the team asked the most relevant questions to capture salient data from each individual. The interviews were scheduled for no more than 60 minutes and conducted on Zoom. A total of 17 semi-structured interviews were conducted. Qualitative interview protocols are included in Appendix B.

Similar to the process used in the research study described earlier in this report, the team developed a codebook based on evaluation and qualitative protocol questions, identifying and defining codes a priori but also allowing for open coding as deemed appropriate. Using a team-based approach, the team worked together to code interview transcripts, meeting to examine coded text and ensuring intercoder agreement throughout the process. The team discussed emerging themes and worked iteratively, reviewing evaluation questions and examining the data as they relate to policy and literature review content as well as data gathered through the surveys.

Literature Review Findings

As part of the environmental scan, C4 conducted a thorough literature review, reviewing 118 peer-reviewed articles, reports, dissertations, and more. Out of the 118 pieces of literature, 26 were applicable to the research questions for this environmental scan. Often, topic areas identified for the environmental scan were lacking in literature. For example while there is research focusing on both recovery high schools and collegiate recovery programs, research focusing on the experiences of students in recovery making the transition from high school to college was unavailable. This is not surprising considering that collegiate recovery programs are a relatively new initiative. A summary of the review is below and a list of the 26 articles with full citations and a brief description of each are included in Appendix C.

History and Best Practices

In the late 1970s, Brown University became the first institution of higher education to report housing a collegiate recovery community. Over the next few years, additional collegiate recovery communities slowly developed across the country at Rutgers University, Texas Tech University, and Augsburg College. Each university's programs were designed to support students in recovery or experiencing chaotic substance use to navigate and balance their education and recovery in a recovery hostile environment (Beeson et al., 2017; Reed et al., 2020) through a variety of approaches.

The collegiate recovery movement initially struggled to find common definitions and frameworks for collegiate recovery, as communities and programs were different at every school and depended upon campus culture, available resources, and student needs (Reed et al., 2020). As the collegiate recovery movement continued to grow, organizations emerged to standardize the movement. In particular, the

Association for Recovery in Higher Education (ARHE) developed official definitions and increased accountability by creating standards for programs. ARHE defines the term collegiate recovery program as: “A College or University-provided, supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery from substance use. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other” (ARHE, n.d.). A **collegiate recovery program** provides specific opportunities, services, and supports to the broader collegiate recovery community on campus and beyond (Beeson et al., 2017). Harris and colleagues (2007) note that a collegiate recovery community is a peer-driven community where collegiate recovery program components have been developed according to student needs. A **collegiate recovery community** specifically incorporates recovery support, access to higher education, educational support, peer support, family support, and broad community support/service in an effort to help individuals attain what is a systems-based sustained recovery. The goal of a recovery community is to create, implement, and maintain peer-to-peer support services that promote a culture of abstinence from substance use and relapse prevention. Notably, the terms collegiate recovery community and collegiate recovery program are used interchangeably at times or can be used differently from one IHE to another, and the ARHE (FAQs, n.d.) encourages individuals to inquire how terms are being used for clarity.

In addition to the variety of definitions and frameworks, it is important to note that collegiate recovery programs can and should look different based on the student populations they are serving. The needs of students in higher education in recovery, or curious about recovery, may vary widely based on the availability of services, programming, and supports in the community, the population of the college or university, and other social or cultural differences. An effective collegiate recovery program will be responsive to the needs of the students it is serving; therefore, it is recommended that each institution conduct a needs or readiness assessment prior to establishing a program (Kollath-Cattano et al., 2018). A 2018 meta-synthesis of collegiate recovery programs examined 10 articles and dissertations focusing on research conducted between 2000 and 2017 in the field of collegiate recovery programs. The meta-synthesis found six themes across the research, supporting the importance of the following pieces when developing a collegiate recovery program:

Recovery-informed approach takes the aggregate knowledge of those in recovery, translates it into science, and further translates knowledge into practice, education, prevention, and treatment (Brown & Ashford, 2019).

- Social connectivity and the ability to have casual as well as long-term social bonds with others that facilitate recovery;
- Recovery supports that include both primary and ancillary supports that are recovery focused and recovery-informed. These supports could include establishing connections, programming, or services that are aware, inclusive of, and fulfill the needs of people in recovery.
- Availability of a physical drop-in recovery center that can provide arenas for recovery support as well as social and academic supports or resources;
- Availability of and access to services and supports that allow students to work through internalized feelings of identity, experiences of stigma, and values through collegiate recovery programming and peer support;
- Education and support to foster coping mechanisms and skills regarding things such as stress, decision-making, regulating emotions;
- Opportunities to learn and practice finding a balance between a student’s recovery status and potential conflicting values with other college students as their social circles expand beyond the recovery community (Ashford et. al, 2018b).

In 2020, DiRosa and Scoles described five pillars for a strong collegiate recovery program. While their research focused on a community college setting, it is likely the pillars apply to other types of higher education settings as well. As noted previously, collegiate recovery programs vary in services and programming from institution to institution; however, it is likely the five pillars identified by DiRosa and Scoles can be applied to a wide variety of programs. The five pillars include: 1) a sense of hope through self-awareness and self-efficacy that students can influence their life trajectories and manage current and future events through their new life perspective; 2) secure and supportive relationships that extend past the collegiate recovery program or student services and into the larger college community, destigmatizing students in recovery through awareness initiatives and professional development; 3) a means for self-reflection through the availability of clubs, support activities, and services for the on-campus recovery community; 4) avenues for exploration of competence and mastery by providing opportunities for students to take on leadership and advocacy roles in their recovery communities; and 5) generativity and meaningful contribution through the opportunity to share and include life experiences for students in recovery into their course work (DiRosa & Scoles, 2020).

Ensuring the needs of all students are met

One element of the environmental scan focused specifically on the transition from high school to higher education. Both literature and policy reviews yielded few results regarding the support that high schools provide students in recovery during their transition to college, despite the challenges that all students—especially those in recovery—face when transitioning into college or university life, such as an increased exposure to alcohol and other drugs, peer influence, and a sudden increase in autonomy (Cleary et al., 2011; Hartman et al., 2019; Hoyland & Latendresse, 2018). Literature briefly mentioned that the Association for Recovery Schools (ARS) guidelines encourage recovery high schools to support the transition; however, information about what this support entails or how support is provided is not mentioned (Moberg & Finch, 2008). Given this dearth in the literature, future research is needed on the transition between high school—whether it be a recovery high school or a public or private high school—to higher education for students in recovery. Also, additional research is needed related to supports for non-traditional students in recovery transitioning to a higher education setting, as they bring their own unique experiences and needs (e.g., married or partnered, children, working).

As noted previously, it is essential that collegiate recovery programs meet the needs and desires of the college students who are part of the recovery community; thus, services and supports may vary by institution based on the student population. Currently, collegiate recovery programs are disproportionately composed of white, cisgender male students (Brown et al., 2018; Cleveland et al., 2007; Laudet et al., 2015; Miles, 2021). A survey conducted by Cleveland and colleagues (2007) found that 91% of collegiate recovery students were non-Hispanic white and 62% male. A 2021 qualitative study conducted by Miles suggested that CRCs are still largely white, cisgender, and male, despite a 2020 report by the Washington Student Achievement Council, stating that males made up 40 percent of those enrolled in public 2-year institutions and 46 percent of those enrolled in public 4-year institutions. Further, white students made up 44 percent of students enrolled in public 2-year institutions and 49 percent of students in public 4-year institutions (Kwakye et al., 2020). The lack of representation in a peer-based community may discourage marginalized individuals from seeking support, especially in a peer-based recovery community where connectedness and “fitting in” is key (Brown et al., 2018; Laudet, 2015; Miles, 2021).

Further compounding the issue, current literature lacks data on best practices for supporting marginalized students in these spaces, despite the heightened levels of behavioral and mental health challenges that racial and ethnic minorities, gender and sexual orientation minorities, previously

incarcerated students, and disabled individuals experience (Miles, 2021; Wagner & Baldwin, 2020). It is likely that the needs of marginalized young adults do not differ dramatically from marginalized adult populations, for whom research suggests the need for treatment programs to address systemic burdens and provide culturally responsive care (Bjorling, 2018; Brogly & Link, 2019; Mericle et al., 2020). Snethen and colleagues (2021) further advanced this notion with their study examining perceptions of opening and welcoming spaces for marginalized communities and found that most participants appreciated the presence of supportive decals or posters in their space to mark themselves as an ally and providing individuals with a number of different ways to engage in the community (Snethen et al., 2021). Collegiate recovery communities should consider prioritizing the needs of these groups by creating equitable services that consider their unique needs and improve the quality of their experience.

Additionally, C4 identified literature that considered the unique needs of Washington’s tribal communities. Radin et al. (2021) noted that access to culturally appropriate substance use and behavioral health treatment and recovery communities was a critical need, and not always readily available. Within the State of Washington, there are 29 federally recognized Tribes, six recognized American Indian Organizations, and several unrecognized Tribes, with a wide variety of experiences, histories, challenges, strengths, and orientations across urban and rural settings (Radin et al., 2015). Researchers in a 2015 study interviewed Washington State Tribal community members and found that community and culture were both strengths and challenges in addressing substance use in their communities; individuals were family-based, with family being considered those living within the household, extended family, and close friends, forming the “social fabric” of the community.

Behavioral health includes the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Interviewees noted that culture had changed over time to a more focus on the nuclear family with less prominent roles for Elders and less free-flowing communication; however, they noted a renewed focus among younger generations on reclaiming lost and stolen cultures, renewing traditions, and returning to cultural ways (Radin et al., 2015). The study identified six themes that emerged across four communities who had included participants in recovery:

1. Incorporation of culture and tradition into treatment, such as teaching about cultural values and beliefs, passing on traditional knowledge, incorporating traditional ways of healing and activities such as drumming, beading, language, to name just a few;
2. Education that is sympathetic and compassionate for everyone in the community, including information about addiction, family, parenting, existing services, and healthy life skills;
3. Family and community involvement in improving health, wellness, and recovery from substance use disorders;
4. Treatment and recovery services that are offered within the community and include the full spectrum of services that are culturally based, holistic, and individualized;
5. Access to mental health care and healing from trauma (including intergenerational and historical trauma); and
6. Utilizing community strengths and resources to address substance use disorders (Radin et al., 2015).

It is essential that the commonalities and nuanced differences be understood when considering culturally specific, appropriate, and responsive treatment, supports, and programming for Native American students in recovery in higher education. While the above six domains were not specific to

collegiate recovery programs, they should be taken into consideration when developing a collegiate recovery program that is responsive these students.

Policy Review Findings

C4 conducted a policy review to understand which policies at the federal, state, local, and institution-levels may impact collegiate recovery efforts in Washington State. C4 identified several policy areas that impact the development and sustainability of collegiate recovery efforts across the state: prevention, mental health and behavioral health treatment, supports for students on campus, IHE response to use, and collegiate recovery funding mechanisms. Findings are summarized below and a list of policies and dates enacted, United States Codes, and brief descriptions of each are included in Appendix D.

The complexity and interaction between federal, state, and local policies, various interpretations of decades-old legislation, and differences in structure, size, and location of IHEs are key to understanding recovery supports for students on campus. Recovery supports are driven by various policies and protocols that support a continuum of care and programs for students throughout their time on campus and can range from prevention and early intervention to behavioral health care services as well as re-entry, which address a variety of contexts including disciplinary sanctions, a need for counseling or treatment, and a return to campus after a medical leave of absence to address substance use disorder.

Federal and State Focus on Prevention

Policy review findings revealed that there is a lack of federal and state policies that support the continuum of services for IHE students in recovery from an alcohol or substance use disorder. Policies and funding sources are largely prevention-focused and only minimally support universities in the development of evidence-based recovery supports on campuses. For example, at the cornerstone of federal collegiate recovery prevention efforts is the Drug Free Schools and Communities Act (1989), later revised as the Drug Free Schools and Campuses Act (1990). This law mandates that IHEs that receive federal funding must distribute (1) information about standards of student and employee conduct that prohibit the possession, use, or distribution of illicit drugs and alcohol on school campuses; (2) a description of federal, state, local, and institution level disciplinary actions for the unlawful possession or distribution of illicit drugs or alcohol; (3) a description of health risks associated with substance and alcohol use; and (4) a description of available substance use programs that includes prevention, assessment/identification, targeted intervention, treatment, rehabilitation, and re-entry programs (DFSCA, 1990). Additionally, for the development and implementation of the substance use programs, it is advised to include the use of standards “reflecting a holistic continuum-of-care model common to the public health approach;” although, again this recommendation is framed within a “prevention” focus (DeRicco, 2006, p. 18). Qualitative interview data revealed that due to the ambiguous nature of the DFSCA, the type and quality of programs are up to the individual IHEs and can differ drastically from institution to institution. Further, schools are rarely fined or sanctioned for having limited services, unless their noncompliance stretches for long periods of time or they do not comply with multiple components of the DFSCA.

In another example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) developed *CollegeAIM*, an alcohol intervention matrix that provides schools with guidance on both individual and environmental strategies for alcohol use prevention that they can enact in compliance with DFSCA (The National Institute on Alcohol Abuse and Alcoholism, 2019). This matrix supports campuses in the development of policies, protocols, and programs for prevention; yet there is no “recovery-equivalent” of this matrix, leaving IHEs without guidance on collegiate recovery services on how to maintain a continuum of care for students. Notably, the exclusion of recovery supports in a matrix such *CollegeAIM*

is due to the critical dearth of research specific to the effectiveness of recovery support programming within the collegiate recovery field.

The Sober Truth on Preventing Underage Drinking Act (STOP Act), a critical piece of federal prevention legislation, requires states to develop evidence-based programs for underage drinking. To comply with this act, schools may utilize resources like NIAAA's *CollegeAIM* matrix to select these environmental-level programs (The National Institute on Alcohol Abuse and Alcoholism, 2019). After selecting the appropriate program, each state must prepare an annual report on programs aimed at youth, parents, and caregivers to target underage alcohol use, enforcement programs to promote compliance with underage drinking laws, state interagency collaborations to implement prevention programs, best-practices, and collaboration with tribal governments, and information on state spending to support prevention efforts. The STOP Act is tied to a significant funding pool that was recently reauthorized by the 21st Century Cures Act (Sober Truth on Preventing Underage Drinking Act, 2006; 21st Century Cures Act, 2016). This act, and its associated funding, is key to prevention programming but does little to support the continuum of care or students who are actively in recovery.

In addition to support at the federal level, prevention efforts are historically well-funded in the State of Washington. The Health Care Authority (HCA) supports 82 local coalitions to prevent substance misuse and promote health and wellness through direct services, education, and outreach (Washington Health Care Authority, 2021). The College Coalition for Substance Abuse Prevention (CCSAP) supports all substance misuse prevention and awareness programming at IHEs across the state of Washington. CCSAP also sponsors wellness conferences, holds educational webinars, provides mini-grants and technical support to IHEs, and provides students with access to substance abuse self-assessment tools (Washington State Department of Social and Health Services, n.d.). In 1994, the passage of the Washington State Violence Prevention Act created a network of community public health and safety networks to support at risk youth across the state, including youth at risk for substance use. In order to support these at-risk youth, state agencies and local communities were instructed to begin to approach issues like youth substance use as public health issues and to implement more prevention activities across the state. Further, the Violence Prevention Act resulted in the development of 53 Community Public Health and Safety Networks across the State of Washington. The Community Public Health and Safety Networks distributed funds to communities across the state to help prevent risky behaviors among youth, such as substance use (Aos & Lieb, 1995; Silas et al., 1998; Washington State Violence Prevention Act, 1994).

In summary, IHEs throughout the State of Washington have supportive policies for well-funded, evidence-based, prevention programming. However, available programs vary widely among schools due to organizational differences between 4-year and 2-year IHEs, public and private colleges and universities, and rural and urban settings. In just one example, qualitative interviews with seed grantees revealed that four-year colleges with higher levels of funding and institutional buy-in may have access to dedicated health educators who are able to provide students with alcohol and substance use education, while two-year community colleges may be limited in their resources and resulting programming. Expanded federal and state policies to more robustly include collegiate recovery supports are critically needed.

Meeting Students' Behavioral Health Care Needs

Campus health centers may be the first line of support for students experiencing a substance use crisis, as students may have limited to no access to health care due to socioeconomic status, enrollment as an out-of-state or international student, or access to affordable and reliable transportation to service

providers. Campus health centers are often located on or near campus, exclusively support students at those universities, and accept student insurance. However, health centers may be limited in services provided and availability of appointments due to low levels of funding and high levels of demand for care on campus.

Federal legislation that increases behavioral health services rarely explicitly names substance use or addiction as behavioral health concerns that can be supported by the expansion of mental health services or funding. For example, the Garrett Lee Memorial Act supports the development of programs for behavioral health needs on campus and seeks to address suicide prevention (Garrett Lee Smith Memorial Act, 2004). Despite the known link between substance use and co-occurring mental health disorders, school administrative buy-in limits the impact of this act for collegiate recovery efforts at many IHEs. Other federal legislation supports increased funding for substance use treatment but does not specifically provide guidance or funding to campus health centers. For example, the Drug Addiction Treatment Act (DATA), as part of the Children's Health Act of 2000, allows for the use of buprenorphine for opioid use disorder outside of Opioid Treatment Programs (Children's Health Act, 2000), the CARA Act was attached to \$181 million to fight the opioid epidemic (Comprehensive Addiction and Recovery Act, 2016), and HRSA's behavioral health workforce education and training program sponsors an increase of supply of behavioral health professionals (HRSA, n.d.). These acts of federal legislation, although valuable to the general population, are most beneficial to collegiate recovery if school administrators see the value in adding these services to their campuses.

In recent years, Washington State has begun the process of creating legislation that supports students of IHEs who are in recovery from a substance use disorder. The most notable is the Involuntary Treatment Act for Substance Use Disorders, also known as Ricky's Law. Ricky's Law integrates involuntary treatment for individuals with behavioral health disorders, including substance use. This act allows for individuals with substance use disorders in crisis to receive care and treatment when they are deemed to be a danger to themselves or others (Involuntary Treatment Act, 2016). Another key act of Washington state legislation, the Blake Bill, addresses the *State v. Blake* court decision, resulting in increased funding for the behavioral healthcare system and explicitly names collegiate recovery as a potential behavioral healthcare service. This funding source and state support of collegiate recovery will allow for an increase in services and programs across the state (The Blake Bill, 2021).

Federal and state policies related to insurance for student health care are also important to explore in the context of collegiate recovery. Many IHE students remain on their parents' insurance plan, use school-sponsored insurance, or enroll in Medicaid (eHealth Insurance, 2021; Accredited Schools Online, 2021). A few federal acts of legislation have increased access to care for students. For example, the Mental Health Parity and Addiction Equity Act of 2008 bars insurances from imposing less comprehensive behavioral health care benefits than physical health care benefits (Mental Health Parity Act, 1996), and the SUPPORT for Patients and Communities Act expands Medicaid Services (SUPPORT for Patients and Communities Act, 2018). At the state level, Washington provides a number of student health insurance options, including a state-wide student health plan, and has a state Medicaid plan that covers substance use treatment for enrollees (eHealth Insurance, 2021). However, the most direct and widespread changes to student substance use insurance coverage came about with the passage of the Affordable Care Act (ACA), which increased accessibility and expanded the network of available alcohol and substance use prevention and treatment for IHE students. The ACA removed the requirement of a co-pay for common prevention services provided at campus health centers, including alcohol misuse screening, depression screening, and HIV testing (Patient Protection and Affordable Care Act, 2010). Amendments to the ACA in 2012 defined student health insurance coverage as a type of individual

health insurance—resulting in added protections for student health insurance and mandating that it covers substance use treatment (Student Health Insurance, 2012).

Supports for Students on Campus

College is often viewed as a recovery-hostile environment (Reed et al., 2020); thus, IHEs must consider supports students in recovery will need throughout their entire educational experience. One piece of legislation that can assist students in accessing the necessary supports is the American Disabilities Act, which prohibits discrimination based on one’s disability, including SUD, and requires institutions and organizations to provide reasonable accommodations for individuals with SUD (American Disabilities Act, 1990). Although pivotal, this legislation is limited: it requires students in recovery to identify as disabled, to receive documentation of their disability, and to navigate the complex university systems to receive reasonable accommodations. Under the ADA, qualified individuals include those who:

- “have been successfully rehabilitated and who are no longer engaged in the illegal use of drugs;
- currently participating in a rehabilitation program and are no longer engaged in the illegal use of drugs; and
- are regarded, erroneously, as illegally using drugs (U.S. Commission on Civil Rights, n.d.).”

Students, who elect to receive support through the ADA, can request reasonable accommodations to aid in balancing their recovery and academics such as priority registration, which allows them to build their course schedule around meetings and treatment sessions. It is important to note that students in recovery who have been involved with the juvenile justice or criminal justice systems may face unique barriers to receiving support despite their disability status. For example, ADA prevents IHEs from denying admission based on substance use disorders, however if an individual has a criminal background, they can be denied admission, employment, and participation in athletic teams on campus. This barrier is largely dependent on university barriers, however, several universities across the State of Washington ask students to disclose their criminal history within their applications (Custer, 2018).

Students in recovery at IHEs also are supported by Section 504 of the Rehabilitation Act which protects students with disabilities at IHEs and ensures that they receive equal access to educational opportunities (Rehabilitation Act, 1973). Additionally, the Higher Education Act of 1965 allows students with disabilities to receive additional financial aid for significant disability-related expenses (Higher Education Act, 1965). The Higher Education Act also was responsible for the development of TRIO programs that are available at select schools. TRIO refers to eight federal programs that seek to improve accessibility to higher education for economically disadvantaged individuals, first-generation students, and individuals with disabilities. The eight TRIO programs are Talent Search, Upward Bound, Upward Bound Math/ Science, Veterans’ Upward Bound, Student Support Services, Educational Opportunity Centers, the Robert E. McNair Post-Baccalaureate Achievement Program, and Training Grants. The most relevant TRIO program to collegiate recovery students is the Student Support Services Program that provides eligible students with tutoring, course selection, financial aid applications, and other supports (U.S. Department of Education, 2020a; U.S. Department of Education, 2020b).

Students in recovery who have criminal backgrounds have historically faced additional barriers to pursuing higher education, specifically financial aid. For example, the Higher Education Amendments in 1998 barred students with drug convictions from receiving federal aid for a period of time following their convictions (Higher Education Amendments, 1998). This measure, which was particularly restrictive and often perceived as unjust, was overturned in 2005 with the Deficit Reduction Act, which only denied federal financial aid if individuals were convicted during the time that they were receiving the aid (Deficit Reduction Act, 2005). Although this was considered a small win for collegiate recovery and re-

entry champions, financial aid barriers faced by individuals in recovery with criminal backgrounds still persist. For example, Pell Grants are one of the most commonly known sources of federal funding, but are limited to individuals without a criminal background (Federal Student Aid, An Office of the U.S. Department of Education, n.d.; U.S. Department of Education, 2015a). Programs such as the Department of Education's Second Chance Pell Initiative work to remedy this disparity by allowing select institutions to award Pell Grants to incarcerated individuals (U.S. Department of Education, 2015b). However, Second Chance Pell Grants are still limited to specific universities and are not a nationally available award. The State of Washington's Re-Entry Navigator Program seeks to remedy this issue and support students with criminal backgrounds as they seek financial aid support by providing them with guidance and mentorship through the admissions process (Washington State University, n.d.-b). However, there is still a significant gap in financial aid opportunities for students in recovery with a criminal justice history. Efforts to fill this gap and financially support students in recovery are largely left to individual IHEs through individual scholarships for students in recovery and are often difficult to sustain long-term.

Although expanding beyond the scope of this policy review, which focuses on *implemented* policies, recently enacted policies such as the 2021 Consolidated Appropriations Act (to be implemented in 2022) will change incarcerated individuals' access to financial aid (Consolidated Appropriations Act, 2021), providing promising support for students in prison education programs. These policies are critical to supporting a continuum of care that creates a smooth transition from prison to campus for students in recovery who are eager for a fresh start in higher education.

As discussed in the literature review, another key component of support for students in recovery is access to sober living residences or recovery-specific housing. The Fair Housing Act of 1968 makes it unlawful to deny a person housing based on their disabilities and requires housing providers to make reasonable accommodations for individuals with disabilities (Fair Housing Act, 1968). This act, which covers residential dorms and on-campus housing (Grieve, 2014), implies that schools should be required to offer sober or recovery-oriented housing for students in recovery from alcohol or substance use disorder. Qualitative data and quarterly reports from the seed grantees revealed that the most salient barrier to establishing recovery housing is administrative pushback. Several interview participants cited that administrators are not knowledgeable about collegiate recovery housing or its benefits to students in recovery, unwilling to allocate the funds to support these efforts, and unable to guarantee an ongoing physical space for recovery housing on campus.

How IHEs Respond: Protocols for Disciplinary Sanctions and Treatment Referral

When a student presents with a substance use issue, IHEs must determine whether to enact disciplinary measures or refer the student to substance use treatment. Review of policies and procedures from IHEs and student codes of conduct, with support from semi-structured interviews, reflect that the IHE's response to students using substances was determined by the nature of the scenario.

Disciplinary sanctions. When IHEs opt to enact disciplinary sanctions, students are reported to the relevant federal, state, local, or institution-based disciplinary agencies, in compliance with their written DFSCA policy. Notably, DFSCA compliance is based on federal law, rather than state law, which may result in confusion among students. For example, since the possession or use of marijuana is illegal under federal law, DFSCA compliance requires schools to enact disciplinary actions if a student is found possessing or using marijuana on campus. The DFSCA also mandates that IHEs enact a written policy on re-entry for students who must temporarily stop their education due to alcohol or substance use (Drug Free Schools and Campuses Act, 1990). Disciplinary sanctions may also be driven by Title IX policies. If a

drug-facilitated sexual assault occurs, including situations whereby the perpetrator takes advantage of the victim's involuntary or voluntary consumption of alcohol or other drugs, the institution will follow their written Title IX policy (Education Amendments of 1972, 2018). The Family Educational Rights and Privacy Act (FERPA) also allows schools to determine if a student's parents or guardians should be contacted, without the student's consent, about their violation of federal, state, local, or institution-level alcohol or drug use policies (Family Educational Rights and Privacy Act, 1974). This legislation, when enacted without the consent of the student, not only violates the privacy of legal adults but also has the potential to harm the relationship between the student and their school and decrease the likelihood that they will seek support from other campus resources, such as campus health centers or recovery groups (Students for Sensible Drug Policy, n.d.). Further, the Student Right-To-Know and Campus Security Act, also known as the Clery Act, requires colleges and universities that receive Title IV funding to report out information about any crimes that happen on campuses and within supporting communities, including substance and alcohol use violations (Student Right-To-Know and Campus Security Act, 1990).

If a student with a substance use problem is determined by the IHE to pose a threat to themselves or others, IHEs can opt to enact their "Threat to Self" policy, wherein schools enact a disciplinary action, suspend the student, or force the student to take an involuntary leave of absence (LoA). These situations are not covered by the ADA, as Title I of the ADA does not require reasonable accommodations for individuals who are posing a direct threat to themselves or others (American Disabilities Act, 1990; National Council on Disability, 2017). Again, these policies limit the student's autonomy and do not provide the student with the support that they need to continue their education. Further, these policies can affect students' financial aid, scholarships, and can cause increased stress as students continue to attempt to balance their recovery and academics (National Council on Disability, 2017).

Referral to treatment. Schools may opt to refer students to campus health centers, mutual aid support groups, or collegiate recovery programs. DFSCA requires that schools have written policies regarding disciplinary sanctions surrounding substance use (Drug Free Schools and Campuses Act, 1990); however, no federal, state, or local laws require written substance use treatment referral policies. Therefore, IHEs determine the appropriate referral mechanisms when students present with substance use problems and are seeking further support. In order to ensure that the treatment options provided are comprehensive and consistent, many universities, including a few Washington State seed grantees, have begun to develop and publish written protocols.

Referral protocols may be enacted in situations wherein a student may disclose their substance use, violate the Student Code of Conduct through the use of alcohol or other drugs, or be entering the university through a re-entry program or otherwise in search of recovery support. Referral policies should also include information about collegiate recovery programs or communities on campus, local recovery supports, national supports, and information about how to receive physical or behavioral health care treatment on campus. Additional policies may include Good Samaritan policies, also known as medical amnesty policies, that protect individuals or bystanders from disciplinary sanctions when they are involved in alcohol or other drug related emergencies. These policies encourage students to seek help for themselves or others, without worrying about the disciplinary measures that they may typically face (Students for Sensible Drug Policy, n.d.; Washington State University, n.d.-a).

Collegiate Recovery Program Funding

Funding is one of the most vital parts of collegiate recovery program development and sustainability. Federal, state, and local grants may support the development of collegiate recovery programs; organizations such as the Substance Abuse and Mental Health Agency (SAMHSA), the Department of Health and Human Services (HHS), state and local drug treatment programs have funding opportunities that support peer-based recovery efforts that may be a good fit for collegiate recovery programs (National Center on Safe Supportive Learning Environments, 2019). One key source of federal funding is the Substance Abuse Prevention & Treatment Block Grants (SABG), which are utilized for planning, implementing, and evaluating substance use prevention and treatment (SAMHSA, 2020). Nonprofit organizations may also provide funding for collegiate recovery programs. One example, Transforming Youth Recovery's Seeds of Hope grant program, provides funding, technical assistance, and mentorship for newly developed collegiate recovery efforts at 4-year institutions and the Bridging the Gap grant program supports increasing access to recovery supports at 2-year institutions (Transforming Youth Recovery, n.d.). One-time grants, although useful, do not provide sustainable funding, and collegiate recovery programs must then find longer-term sources of funding.

Quantitative Findings

In partnership with WSU, the C4 evaluation team developed a survey that was distributed electronically in April 2021 to admissions, counseling, and health promotions staff at all institutions of higher education across the State of Washington. The purpose of the survey was to identify the availability of collegiate recovery supports and services available to students, regardless of the presence of a formal collegiate recovery program. In total, the survey was sent to over 60 staff and faculty at 36 colleges and universities, with responses received from 14 individuals representing 7 colleges or universities for a response rate of 19.4 percent. Respondents represented a range of institutions including Research 1 (R1) or 2 (R2) Universities, public state universities, private universities, community colleges, land grant institutions, liberal arts schools vocational/technical schools, and military friendly designated institutions. Additionally, respondents covered a range of community classifications, including rural (50 percent), suburban (21.4 percent), and urban (21.4 percent) designations. One respondent was from an institution that had a mix of rural and suburban campuses. Of the 14 respondents, half (50 percent) stated they do receive funding for recovery support services, 29 percent stated they do not receive funding, and 21 percent did not know. The respondents who did receive funding all received it through a state-funded grant, one-time grants, benefactor funds, and/or a small annual department budget. Respondents reported their institutions were members of a variety of higher education-related organizations including the Higher Education Center for Alcohol and Drug Misuse, Prevention, and Recovery (6 respondents), National Association of Student Personnel Administrators (6 respondents), American College Health Association (6 respondents), Association of Recovery in Higher Education (5 respondents), Washington Recovery Alliance (4 respondents), and two respondents did not know if their institution had any memberships to the previously mentioned organizations.

Respondents described the types of on-campus recovery programs or supports currently available to students, regardless of whether they have a formal collegiate recovery program in place or not. Figure 1 displays the available programs or supports respondents said their institution had as well as the services or supports requested by current or potential future students or their parents. Survey respondents noted the requested services or reports came from a variety of sources: current students (6 respondents), parents of current students (3 respondents), potential future students (1 respondent), and parents of future students (5 respondents). While many of the services or supports respondents noted their institutions had available to students overlapped with requested services and supports, there was an interesting gap when it came to housing and peer recovery specialists or recovery coaches

where the service was requested by current or future students/parents of students but the service was not available at the institution, indicating the importance of communication between students and institution staff to ensure collegiate recovery programs align with what students actually want. The most commonly requested services or supports were related to housing with 29 percent of respondents saying current or future students/parents of students had requested recovery housing and 21 percent had received requests for substance-free housing. Interviewees from IHEs noted, however, that housing can be a challenging need to meet due to the requirement that the housing be filled. If an IHE is able to provide dedicated substance-free housing but students are not applying to live in the housing, the administration will not retain that dedicated housing long term. It should be noted that this was supported by qualitative interviews, in which respondents stated that housing is a support in which the demand must be present for the need to be met; several interview respondents stated that their IHE struggled to fill the housing when they were able to provide it.

Survey respondents also noted that people had requested peer recovery specialists (21 percent) and recovery coaches (7 percent); however, these were not services or supports currently available at the respondents' institutions. As noted in the Qualitative Findings section below, the available and requested supports show that a collegiate recovery program needs to be flexible and include multiple types of supports and services available to students to best meet the variety of needs of students in recovery. This once again highlights the importance of needing to collect information about the types of services and supports both current *and* potential future students would like to see in a collegiate recovery program.

The survey also asked respondents to select any available programs or services specific to harm reduction strategies that are provided at their institution for students. Figure 2 displays the variety of harm reduction strategies at the respondents' institutions. The most common harm reduction strategies included having policies and enforcement of drinking age laws on campus and in surrounding areas (36 percent), outreach and prevention programming to students considered an at-risk population (29 percent), establishing amnesty policies regarding substance use (29 percent), campus recovery support meetings (21 percent), information and resources available to students about safer ways to use substances (21 percent), restricting alcohol sponsorship and advertising on campus (21 percent), enforcing federal laws pertaining to cannabis on campus (21 percent), and prohibiting alcohol use and sales at campus events (21 percent). Three respondents did not know what, if any, harm reduction strategies for substance use were available at their institutions.

Figure 1. Services or Supports Respondents identified as being currently available at their institution compared to services or supports requested by current or potential future students or their parents (n = 14)

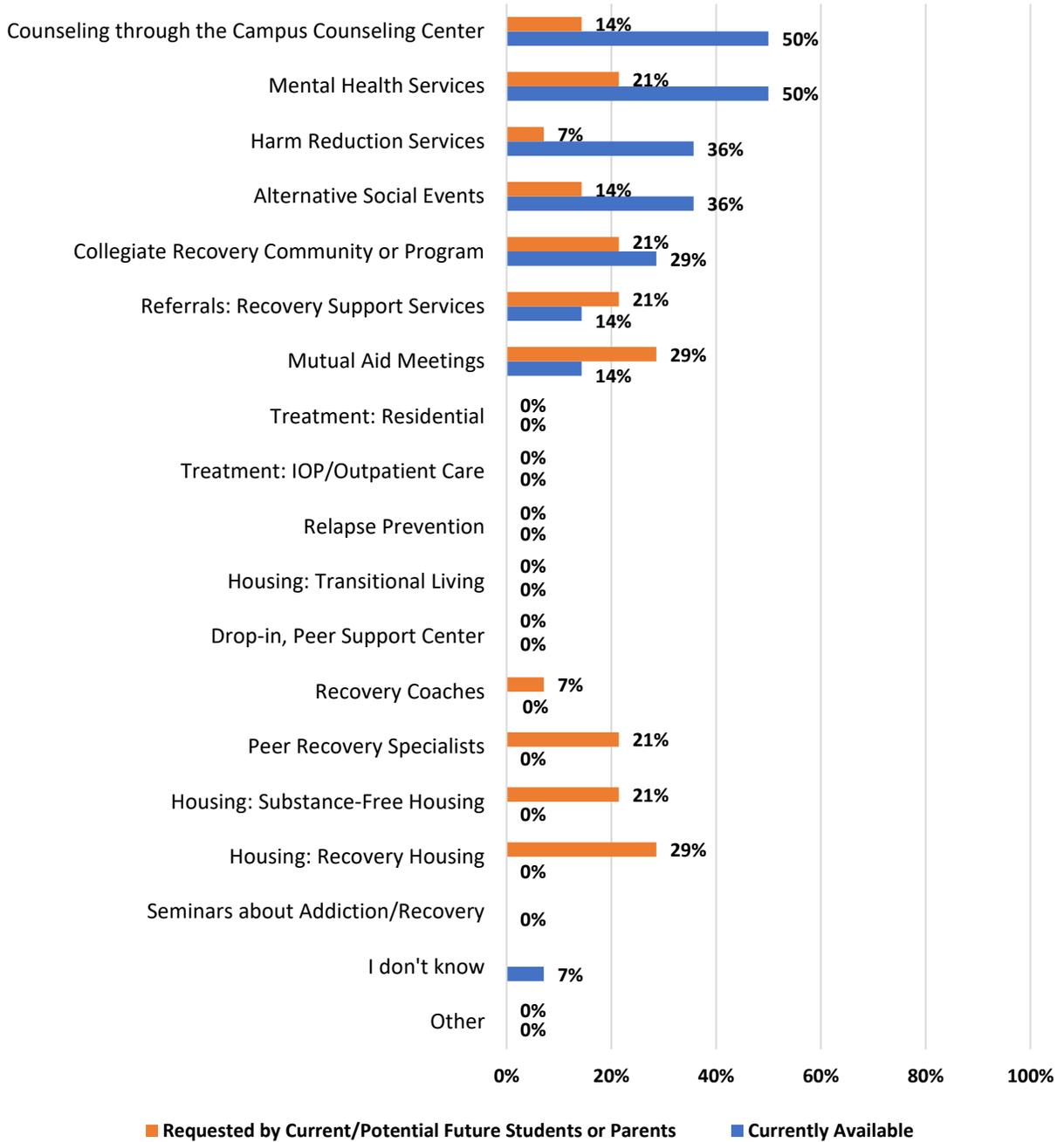
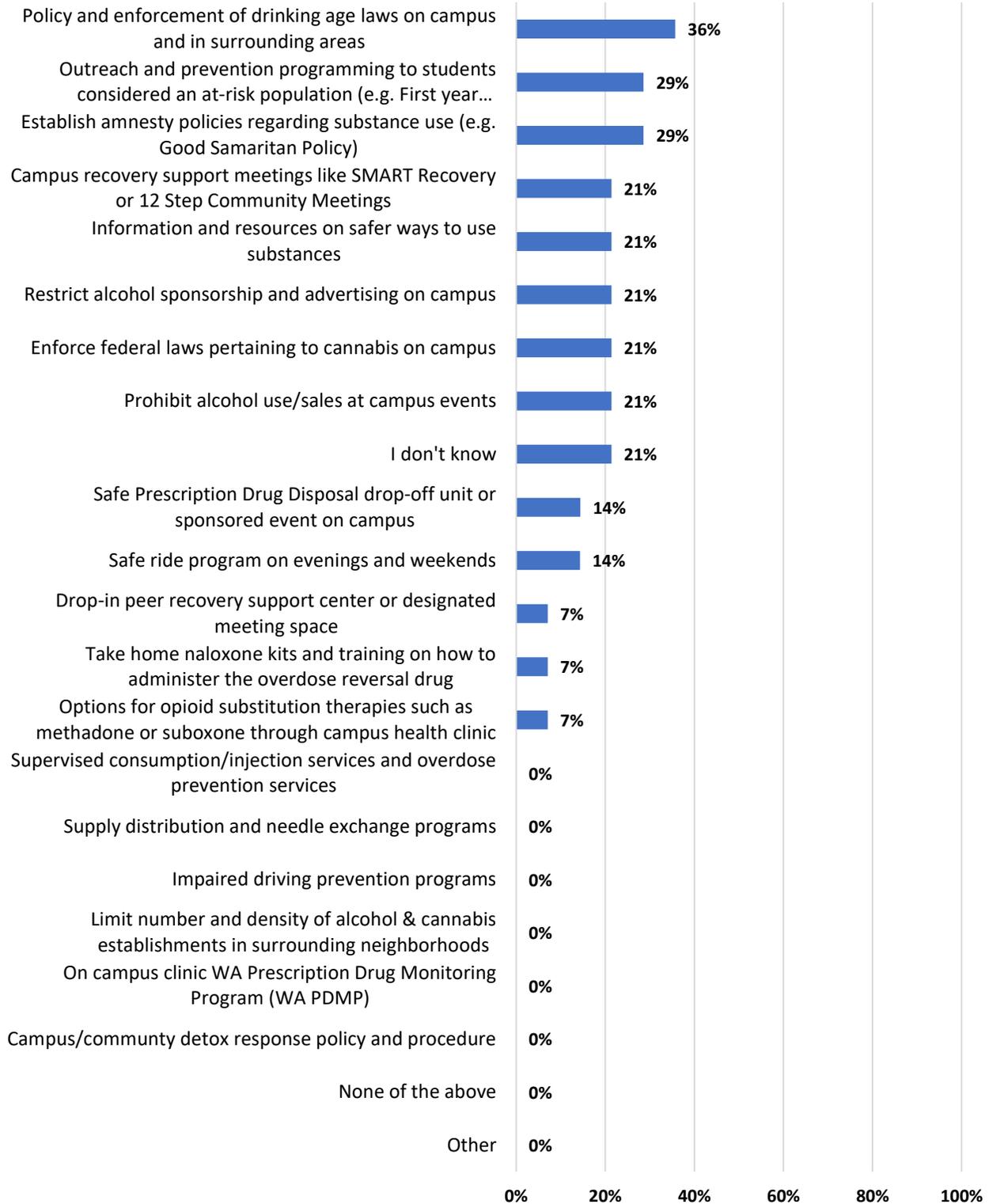
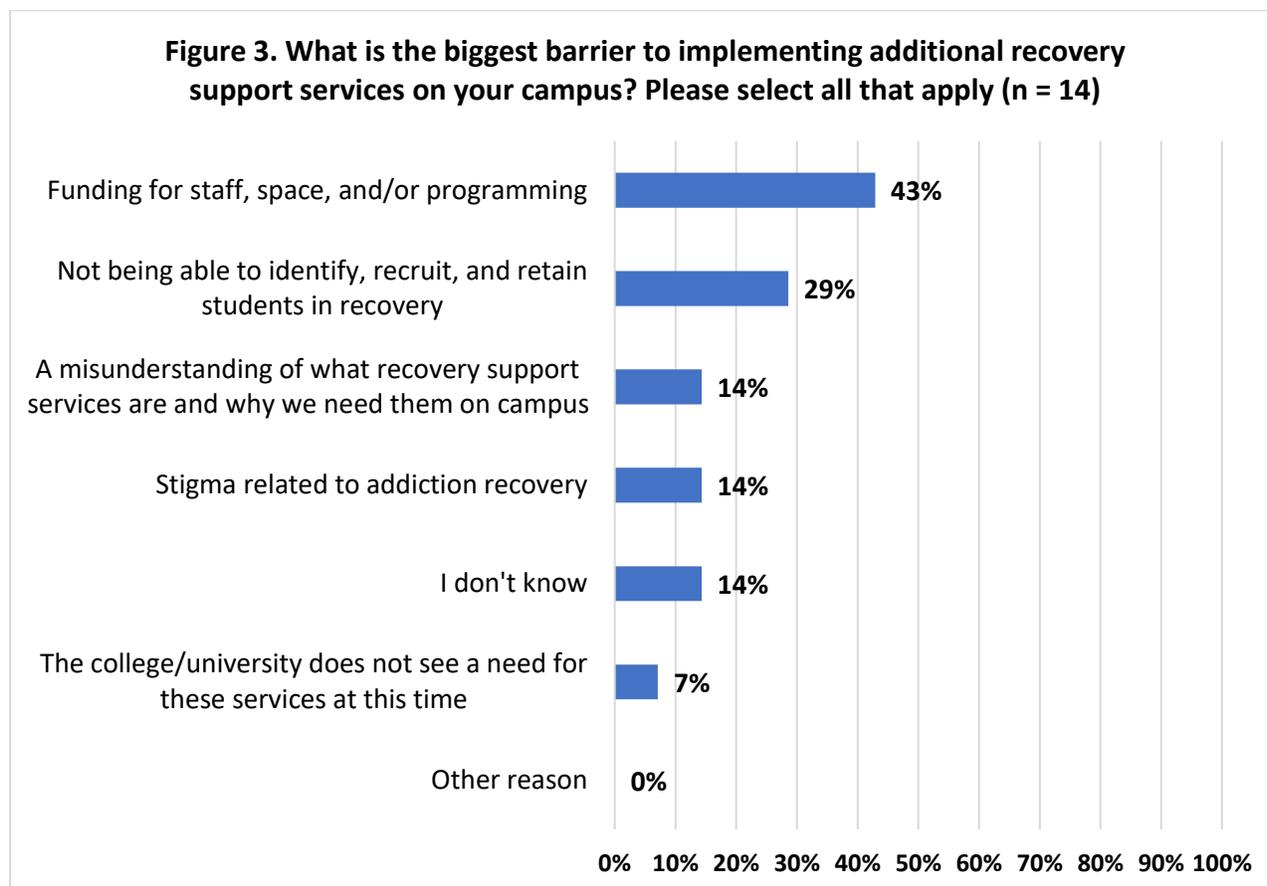


Figure 2. What harm reduction strategies for substance use do you provide at your institution for students? Please select all available programs or services. (n = 14)



When asked about the biggest barriers to implementing additional recovery support services on their campus, the majority of respondents stated funding for staff, space or programming as a major barrier (42.9 percent). Figure 3 displays barriers noted by respondents.



Qualitative Findings

Semi-structured key informant interviews were conducted with seed grantee staff, state-level policy makers, community stakeholders, and other subject matter experts in order to capture data related to policy and system-level successes and challenges, collegiate recovery services and supports that are available and needed, pathways into collegiate recovery supports, and funding challenges and opportunities. Several themes emerged from the qualitative data related to defining collegiate recovery; referral pathways to collegiate recovery collegiate recovery services and supports needed; community supports; barriers for students seeking recovery; funding challenges, and policy issues.

1. A shared definition of collegiate recovery is elusive.

In the field of collegiate recovery, a commonly acknowledged challenge is that collegiate recovery and what comprises collegiate recovery support are often defined differently by researchers, IHEs, individuals providing collegiate recovery supports, and those receiving supports. When interview participants were asked how they define collegiate recovery, a few could not clearly articulate a definition, others noted that it is constantly shifting, and one policy maker noted: *“Most college administration haven’t heard of collegiate recovery.”* Unsurprisingly, for those who did define it, their responses varied significantly. Some respondents described collegiate recovery as specific programs and services, others more broadly, with one respondent noting, *“Collegiate recovery is*

anything that helps individuals in recovery pursue both education and recovery simultaneously.” The same respondent went on to note that this may include a shift from “complete abstinence or full recovery” to embedding a harm reduction framework. The notion of collegiate recovery as a more

[No definition] existed before this seed grant. It’s been ground up, so in terms of the college there’s no strong sense of what this means for us. (University stakeholder)

comprehensive continuum rather than a discrete program was supported by other respondents, with one noting, “I think that it’s supposed to be an institutional-wide initiative, not just programming, to make sure folks coming into [school] have the support they need even if substance use is in their lives in any way.” This notion of an institution-wide initiative was echoed by others, with individuals describing collegiate recovery as a community environment. The following quote provides a step forward:

“I think it all comes down to “what is a program?” If you had 50 people in a room who were engaged in substance use work, and you asked them to define program, you would have 50 different definitions and descriptions of what a comprehensive substance use program is..., I would encourage you to develop a description and definition of what a comprehensive substance use program is and what it looks like using that full continuum of care...pulling everyone together and asking ‘what do we expect a comprehensive program to look like across the continuum?. What is the ideal? What do we aspire to?’ And then ‘What is realistic?’” (Researcher)

Although collegiate recovery supports should be tailored to the needs of students within each community, having a shared definition of collegiate recovery supports reduces ambiguity related to policies and funding and provides a standard for what services and supports should be available as part of collegiate recovery, thus creating clarity for IHEs, service providers, peer supporters, families, and students. Further, it creates an important opportunity, not only in the development and implementation of services, but also effective evaluation of those services.

2. Proponents of collegiate recovery identify many of the same comprehensive supports that should be offered to students, ranging from counseling services and support/mutual aid meetings to dedicated sober space to academic support.

During semi-structured interviews, the majority of respondents noted several components of collegiate recovery that they found important to offer to students. These included adequate counseling services; dedicated recovery/sober safe spaces, activities, and housing. A couple of respondents highlighted these points: “They need to have meetings offered every day, but also outings that are offered. Clean and sober [activities];” “Housing options...getting out of the dorms and into sober housing.” Further, respondents noted the importance of academic support including disability services, advising, and tutoring; support from peers/individuals in recovery (both students and staff or faculty); accommodations for students seeking treatment, and access to student health services.

Although interviewees identified the above components as critical, data indicate that they are often not widely available. Sober housing was viewed as very important; yet lack of funding and administrative support make it difficult to obtain. One university responded noted, “I’ve had conversations with probably every different housing administration since I’ve been here and what it always comes down to is able to fill the space and make enough money to be able to manage it.” Some IHEs have dedicated private, recovery-oriented safe spaces (drop ins), which were viewed as highly desirable but varied in their comprehensiveness. In describing what students need, one

university respondent noted: *“Dedicated space. Once they are at [IHE dedicated space], with other students who have shifted into a sobriety-based recovery, many students do shift in that direction once they see they can still do fun things and have a social life. We identify what they actually want or need.”* Data indicate that weekly meetings for individuals seeking recovery as well as sober activities are very desirable, however their availability varies widely. Similar to survey responses, interview participants noted the need for recovery housing, peer supports, and mutual aid meetings on campus, yet they are not consistently available. Respondents often reported limited service availability and a continuous struggle to provide even the most basic services to students.

Respondents continued by noting that colleges often have a counseling services department, but clinicians may lack comprehensive training specific to alcohol or substance use disorders. Further, a counseling office may meet with students who have an alcohol or drug policy violation for an assessment and possible treatment but will likely refer to treatment in the community, if supports are available: *“A lot of counseling services are geared towards general stress management and that’s not enough.”* When describing the need for a 24-hour response on campus, one respondent from a community college noted that their college lacks 24-hour mental health response. Although this is often a different scenario for 4-year universities, this example highlights differences in services and supports across IHEs.

Respondents also noted that it is critical that IHEs more actively promote services and supports that area available to students in-or seeking-recovery and provide information on how to access needed supports. The majority of interview participants noted that this occurs on a limited basis, sometimes only during student orientation. One respondent provided an example of a simple way to promote services—provide support information on the student syllabus.

So we’ve had conversations or interactions with staff from the two recovery high schools, so they know we’re working on this, but in terms of formal recruitment, where a recruiter contacts them or they’re getting regular specified marketing materials... That’s not happening. (University stakeholder)

3. The need for a recovery-oriented system of care (ROSC) is acknowledged, but pathways are not well-established or easily navigated.

To describe this component, it is helpful to include a depiction of the context in which collegiate recovery resides. A student’s continuum related to substance use may include prevention, targeted interventions, SUD referral and assessment, SUD treatment, re-entry, relapse prevention, and

Recovery-oriented system of care (ROSC):

Coordinated networks of community-based services and supports that are person-centered and build on the strengths and resiliencies of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of alcohol and drug problems. ROSC is also a conceptual framework that shifts from a crisis oriented, professionally-directed, acute-care approach with an emphasis on discrete treatment episodes to a person-directed, recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.

sustained recovery. Students move along this continuum, and to meet their needs, a variety of services and supports are often required. These may be multi- and inter-departmental substance use services and supports within an IHE, or they may expand beyond the IHE to a much larger system that encompasses community services and supports. In collegiate recovery, this may be referred to as a ROSC, in which there is an intersection between the student’s path of experiences and scope of services needed for their recovery. Within such a system, clear pathways and referral processes are needed

for students to move seamlessly through services and supports (National Council for Behavioral Health for the Indiana Family and Social Services Administration, 2020; SAMHSA 2010).

During the environmental scan and during qualitative interviews, this system did not appear to be present. Rather, most respondents described fragmented services and supports that were primarily based on discreet programs that varied across IHEs, with inconsistently accessible community supports with unclear referral processes. Participants generally failed to describe a cohesive system to meet the needs of students within collegiate recovery. For those who described more comprehensive services and supports *within* an IHE, these were often describing collegiate recovery seed grantees and four-year institutions.

When examining pathways through services and referrals to needed services, these also appeared ill-defined or described by most respondents. Evaluation participants described what was needed: clear pathways and referrals from high schools (including recovery high schools) to IHEs, referrals to appropriate services and supports *within* the IHE, from IHEs to community-based services (either for additional supports or more restrictive care) and a smooth transition back to IHEs. These were rarely described by respondents and appeared more often within seed grantees. These processes were also often developed through networks created from personal relationships or the persistence of individuals who champion collegiate recovery rather than a systematized process. As one university respondent noted, *“with treatment centers, I would say there’s really no connection.”*

I would generally like to see that it’s not just me doing the work. I want it to be an institutional wide conversation, interventions that have some teeth to them. Some real accountability. I want to see it go beyond the counseling center. (University stakeholder)

Further, the respondents described a lack of knowledge, at *all* levels (IHE administration, faculty and staff, and students) regarding what services and supports are available to students seeking, or in, recovery and how to access these services. Respondents noted that during new student orientation, services are briefly described but is very limited and often focused on prevention: *“This is a drug free campus, here is a website if you need help.”* Respondents noted that there needs to be more outreach to students, and that it must include information *beyond* prevention: pieces about stigma, what services are available, how to access those services, options regarding payment for services, and scheduling. One noted: *“Education by itself is not as effective as some of the more intentional pieces, environmental strategies, and individual strategies. We need that touch point with students.”* Another respondent, noting that orientation should occur even earlier, stated: *“There should be more education for incoming first year students to understand the risks. There shouldn’t be a lecture during orientation, there should be something that would be talked about in whatever home setting they are in before they go to the university.”*

Also concerning, interview participants described a significant communication breakdown between IHEs and community supports and high schools, showing further evidence of breaks in any type of

*Just **knowing** about it. If I knew [college name] had an active sobriety program, I would actively funnel students to that program...would encourage them to go to those schools. Knowing what schools are offering would be huge. (High school respondent)*

ROSC. Respondents from high schools noted that having more information about what supports are offered at particular IHEs would help them make more educated referrals for their students heading to college. Community-based providers described failed attempts at connecting with colleges and universities regarding their available services. One

respondent noted that they are often met with unreturned telephone calls and participants noted that they often do not know who to contact (*note: this is further supported by the evaluation team's difficulty in identifying the IHE respondents for our collegiate recovery survey for this project*). Memoranda of Understanding/contracts are sometimes in place with community providers, but again, no systematic process for these collaborations appeared evident.

Although one respondent described a grant for collegiate recovery that has helped to provide resources from marketing, in general, respondents described a lack of marketing and recruitment materials as well limited networking to educate individuals and programs about the collegiate recovery supports available.

4. Community supports are critical but inconsistently available or accessed.

Interview data indicate that supports vary significantly by community with some areas having much more robust external community supports and others requiring up to a two-hour drive, depending upon what is available in the area and the rural location of the school. Students often have limited transportation options, creating another significant challenge. Respondents noted that during the pandemic, telehealth options allowed students some flexibility and further access to services that they otherwise might not have had due to transportation issues. Respondents also noted that Alcoholics Anonymous support groups are common and fairly popular in the community; however, students living in a community only to attend college have noted to IHE faculty/staff that they often do not feel that they are part of the community and that they are often the youngest individuals at community meetings, making them feel out of place.

Respondents stated that along their learning and recovery path, students need local recovery support services (treatment as well as mutual aid meetings and other supports) that are easily accessible, affordable, and relevant to their needs. Further described in the next finding, collaboration between community-based providers and institutions of higher education is lacking.

We talk a lot about lifelong learning, and recovery is a lifelong issue. We could use collegiate support to build that lifelong recovery mindset. (Researcher)

5. Barriers to collegiate recovery supports for students are significant.

Policymakers, administrators, faculty members and staff, and community partners described barriers that they observe for students in IHEs or transitioning to IHEs and seeking or maintaining recovery. Many respondents cited stigma as major barrier to help-seeking; students may feel uncomfortable admitting that they are concerned about their alcohol or substance use and need help. The normalization of alcohol and substance use at IHEs may further stigmatize and ostracize individuals who are in recovery or seeking recovery, as students search for social supports and networks within their IHE.

Stakeholder interviews also indicated that students express feeling the need to choose between their recovery and their education. Not only does the prevalence of alcohol and substance use on campus make recovery challenging for some students, but students face additional barriers in

He felt like he had to choose between his recovery and his education and he chose his recovery, which meant he dropped out of school. (Respondent)

accessing recovery supports due to finances, insurance, academic workloads or course schedules, and juggling employment or internships. Having to navigate complex IHE systems and programs is challenging for higher education students who are already juggling multiple

responsibilities. Furthermore, some students may fear that reaching out to their IHE for support may result in disciplinary consequences, including suspension or leaves of absence if their school does not have a clear amnesty policy.

Availability and awareness of relevant recovery support services on campus is key to the success of students in recovery. Several respondents remarked that students may be unaware of the availability of services or types of supports they can access. Furthermore, it was noted by interview respondents that it is essential for IHEs to listen to students in recovery and provide them with the services that they need to ensure their academic and personal success and wellbeing.

*[Students are] trying to live in two worlds: the college world and the recovery world, instead of being fully in the college world.
(Community stakeholder)*

6. There is no consensus on how to fund collegiate recovery services.

When asked about funding for collegiate recovery services and supports, interview respondents described multiple sources of funding as well as barriers inherent with each. In the State of Washington, original funding for the Blake Bill (described in the policy review section of this report), and State Opioid Response (SOR) dollars originally came from block grant dollars and have been instrumental in supporting recovery services. Block grant dollars sometimes come in the form of funding from state substance abuse prevention agencies or flow through from SAMHSA (linked to

I just don't understand why it should be a challenge, why it should be a fight. I have seen students in recovery forward proposals saying, "We want dedicated space" and it's like "Thank you, we don't have the funding for that." I don't get it at all. I think any school that legitimately says, 'we care about student outcomes,' should care about this because your students in recovery should have the same support, sense of feeling included and counted, as any of the other students. (University stakeholder)

federal block grants). However, in Washington, new funding is in the state general fund; this was viewed positively by one respondent, who noted that this allows flexibility for use of the dollars. Respondents had mixed views on where funding for collegiate recovery *should* come from, with some interviewees stating that it should be built into the budgets at IHEs, not having to rely upon external funding. As an example, one respondent noted that using student fees and prioritizing collegiate recovery supports under university budgets would make supports sustainable as long as those dollars were not later

shifted to another priority area. Another respondent noted that earmarked funds in IHEs are often identified for mental health services and supports, and very often related to prevention, not necessarily *collegiate recovery*. Attaching funds to requirements related to federal policies was one recommendation offered, with the respondent noting that IHEs should be required to follow all Title I of the ADA and the DFSCA requirements to receive funding (which could then be earmarked for collegiate recovery services).

At the state or local (IHE) level, several interview respondents viewed seed grantee funding as critical to the development and sustainability of collegiate recovery services and supports. Endowments were also mentioned as potential options for funding collegiate recovery. Further, although funding from donors—in particular, one-time donations—were viewed appreciatively, respondents noted that the lack of consistent funding creates instability for staffing and supports and makes sustainability planning extremely difficult.

As is evident from the broad array of responses, there appears no single, clear path for funding collegiate recovery services and supports. Grant funding and other external support appear to create the impetus for developing and sustaining collegiate recovery services; however, several respondents voiced frustration with the lack of commitment and missed opportunity of embedding collegiate recovery programming within student fees.

On the recovery support services side, it's all of it. It's fully funded access to recovery housing, transportation and childcare access, employment pathways, education pathways which includes community technical colleges and CRPs, recovery high schools, access to technological recovery supports. It's not rocket science: when you fund all the pieces, people get better. We've just never funded all the pieces. (Policymaker)

7. Policies at the state and federal levels need to be reviewed and updated; processes at the IHE level need to be codified into policies.

The team's final finding related to policies coalesces a number of policy issues that have arisen throughout this environmental scan and are reflected throughout this report. Policies that support individuals in recovery in IHEs are limited. Federal (Drug-Free Schools and Communities Act; DFSCA and the Clery Act) and state (e.g., the Blake Bill) policies offer some support for collegiate recovery, but policies are described as "arbitrary" and "inconsistent" and often focus on alcohol prevention with little focus on substance use recovery. Further, enforcement of policies often does not occur.

...between recovery high schools and collegiate recovery communities, I think they are not only needed, but it's an injustice to not offer one in every school district and every college campus. (Community stakeholder)

One respondent noted that monitoring and enforcing the policies, including fines for noncompliance, would be very helpful. It was also noted that 4-year larger institutions appear to have more awareness of these policies and the importance of compliance.

Most respondents from IHEs stated that they were unaware of policies related to relapse or recurrence use. Policies were described as being related to police/safety issues, withdrawal and reentry policies, student codes of conduct, and alcohol policies. Description of supports for students in or seeking recovery appeared to be more procedures or processes and inconsistently utilized, with a dearth of codified policies related to recovery. Further, the processes appeared to be often driven by individual staff/faculty who are champions for collegiate recovery, making sustainability of this work a significant challenge. Interview participants described the need for top-down policies, as schools will otherwise find excuses not to provide the needed supports.

Discussion and Recommendations

The purpose of this environmental scan was to explore collegiate recovery supports currently available across the State of Washington and how are they linked to academic services in IHEs; examine the relationship between community recovery supports, recovery high school, and CRPs, recruitment and retention services, and examine the funding available at the state and federal levels to support the development and sustainability of higher education CRPs. Based on this environmental scan, recommendations will be provided both for individuals and organizations providing collegiate recovery supports, as well as recommendations for further research and evaluation activities.

A common theme throughout this report has been about the importance of having community-based systems of care (which can be described as a ROSC or recovery-oriented system of care referred to earlier on pages 50–51) in place for students as they transition through various life events and residences or living spaces. Examples of transitions through life events and residences/living spaces

include student graduation from high school and moving from home with parents/guardians to an on-campus residence at a 4-year IHE; a student graduation from a recovery high school and attendance at a 2-year IHE with a recovery program; or a previously incarcerated student enrolling in a local college that has a Navigator program, or similar.

Related to this, another theme in this report has been about the importance of having a targeted continuum of care or programs available for students at IHE campuses throughout their academic careers to meet the students' needs—wherever they are at—in terms of their substance use and recovery needs (see pages 37, 49—52). Notably, this continuum of care needs to be aligned with the federal requirements of the DFSCA on IHE campuses (see page 37; e.g., a continuum of care that includes prevention, assessment/identification, targeted intervention, treatment, rehabilitation, and re-entry support services or programs) and needs to be linked to a broader community-based system of care.

How can one envision and understand students' movement and transition through a broad system of care in the State of Washington and also within the more targeted continuum of care services or programs on an IHE campus? Figures 4 and 5 contain graphics and scenarios that describe the experiential paths of 2 different students and their transitional movements between the interacting campus-based continuum of care (e.g. targeted intervention, assessment, and referral to treatment off-campus) and the community-based system of care (including community treatment centers). And, certainly, students' experiential transitions and needs are not limited to only those depicted in Figures 4 and 5. The main point here is that having an interacting community-based system of care and a campus-based continuum of care—focused on students' experiential transitional and evolving needs—provides an ecosystem of continuous welcoming environments, supportive relationships, and services that promote wellbeing, recovery, and academic success. Our findings from this project revealed that these types of interacting community-based systems of care and a campus-based continuum of care are needed. Notably, few respondents (mostly at the policy and university levels) understood this broad view, yet all respondents spoke to the fissures in the community-based system of care and the campus-based continuum of care as well as the clear gaps in services and access to those that were available. To genuinely support students in their recovery needs and their educational goals, it is critical that we meet these student where they are at and wrap appropriate services around them.

Recommendations for provision of collegiate recovery services and supports:

1. **Listen to students.** Quantitative and qualitative data emphasized the importance of listening to students, as well as their families, regarding the needs of students in recovery. This included everything from mutual aid meetings to recovery housing and sober spaces. It is important to ask students about their needs rather than building programs/supports and assuming these are what students need.
2. **Create shared and widely understood definitions.** There are many differing opinions on what *recovery*, *collegiate recovery*, *collegiate recovery community*, and *collegiate recovery program* are as well as what types of services and supports these different terms encompass. Further, the simple use of the term collegiate recovery “program” suggests discrete services that are not part of a ROSC. The creation of shared definitions for terms used in the field of collegiate recovery offers clarity in legislation and funding and informs IHEs developing collegiate recovery supports. It also benefits community partners and individuals/organizations aiming to refer students to collegiate recovery supports.

Figure 4

Scenario 1. Path of student substance use experiences that intersects with campus-based continuum of care and community-based systems of care, which are focused on student needs.

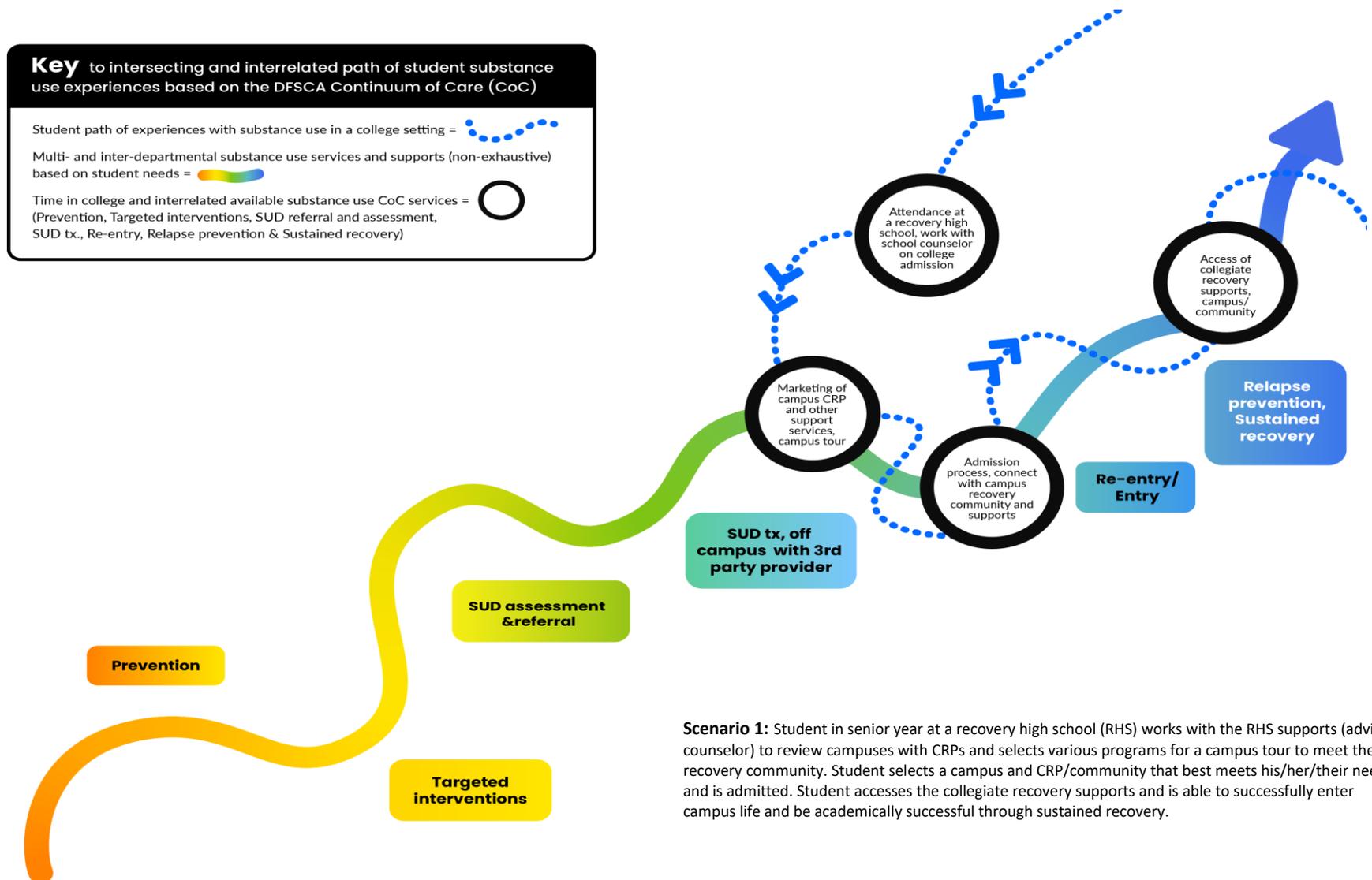
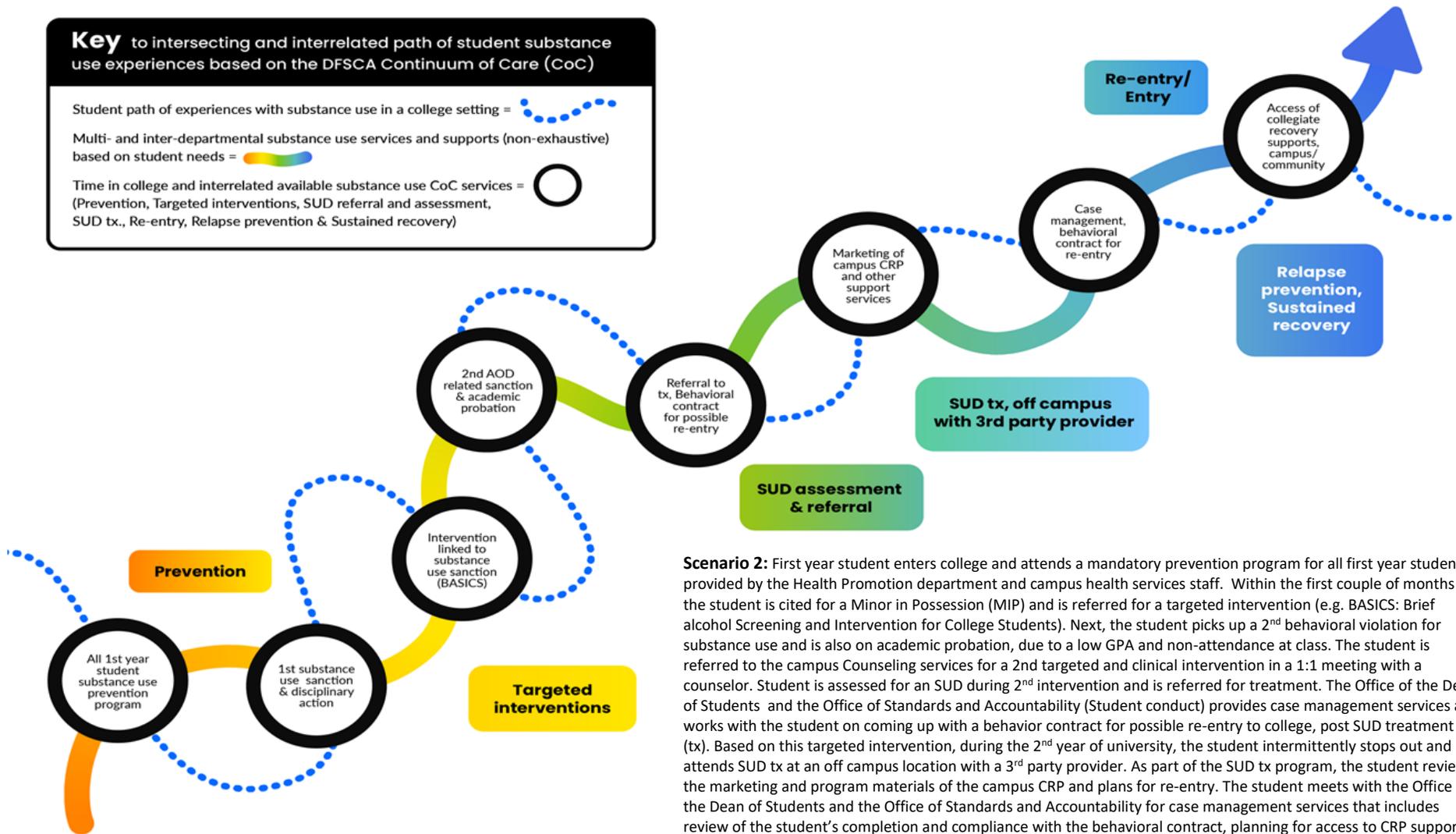


Figure 5

Scenario 2. Path of student substance use experiences that intersects with campus-based continuum of care and community-based systems of care, which are focused on student needs.



Scenario 2: First year student enters college and attends a mandatory prevention program for all first year student provided by the Health Promotion department and campus health services staff. Within the first couple of months the student is cited for a Minor in Possession (MIP) and is referred for a targeted intervention (e.g. BASICS: Brief alcohol Screening and Intervention for College Students). Next, the student picks up a 2nd behavioral violation for substance use and is also on academic probation, due to a low GPA and non-attendance at class. The student is referred to the campus Counseling services for a 2nd targeted and clinical intervention in a 1:1 meeting with a counselor. Student is assessed for an SUD during 2nd intervention and is referred for treatment. The Office of the Dean of Students and the Office of Standards and Accountability (Student conduct) provides case management services and works with the student on coming up with a behavior contract for possible re-entry to college, post SUD treatment (tx). Based on this targeted intervention, during the 2nd year of university, the student intermittently stops out and attends SUD tx at an off campus location with a 3rd party provider. As part of the SUD tx program, the student reviews the marketing and program materials of the campus CRP and plans for re-entry. The student meets with the Office of the Dean of Students and the Office of Standards and Accountability for case management services that includes review of the student’s completion and compliance with the behavioral contract, planning for access to CRP supports (designated housing, student recovery organization, scholarships, sober social activities, etc.), and plan to access academic remedial courses and advising session. Student is re-admitted to university, accesses CRP supports and services, and sustains recovery via relapse prevention efforts and participation in the campus recovery community.

3. **Strengthen ROSCs, referrals, and lines communication.** As clearly illustrated in the qualitative findings and the graphic above, a clearly delineated system of care, referral process, and strategies for communication across all stakeholders would greatly benefit students in collegiate recovery. Transparency related to the types of supports available and referral pathways; clear outreach, marketing, and recruitment strategies from IHE and communication strategies between community-based, IHE, and high schools are all critical.
4. **Develop policies that support collegiate recovery; update current policies.** IHEs need to codify processes for creation of collegiate recovery services and supports and referrals to those supports. Current processes are often not systematized and are dependent upon individuals who value collegiate recovery. Current policies are often not specific to recovery (prevention-based) and are often punitive. Policies supporting collegiate recovery improve the likelihood of systemwide change and sustainability. Federal and state policies, described as out-of-date by interview respondents, should move beyond prevention to clearly include recovery as well as IHE requirements (and consequences) related to implementation of policies.
5. **Strengthen funding for collegiate supports.** Engage in collaborative planning for consistent funding of collegiate recovery services and supports that includes commitment and *accountability* at multiple levels (federal, state, IHE). Examples of funding sources include external funding at the federal, state and local levels; grants; general institution funds, student fees, and fee-for-service dollars. A combination of multiple sources of funding and accountability will be required. Explore additional student-level financial support for students in recovery, such as scholarships, availability of financial support and insurance for needed services, and ancillary expenses such as transportation for community-based services.

Recommendations for further research and evaluation activities

In addition to recommendations related to developing and implementing collegiate recovery supports, it is important to acknowledge the interconnectedness of research and evaluation activities in the field and their role in examining and disseminating information related to collegiate recovery. Thus, in addition to recommendations related to implementation, our team offers additional recommendations specific to research and evaluation:

6. **Conduct further research and publish findings related to collegiate recovery.** Collegiate recovery is a rather new field of study. This was evidenced by the limited literature that was available during a comprehensive literature review conducted by our team. We strongly encourage further study in this area and dissemination of findings.
7. **Expand policy review and research to include various types of IHEs.** This project focused primarily on collegiate recovery seed grantees. Our team recommends examination of policies, processes, and ROSCs based on type of institutions, e.g., two-year v. four-year, private v. public, rural v. urban, to explore similarities and differences across IHEs and to gather further information about supports students/families are requesting, services and supports available, and referral processes and pathways that may not have been uncovered during our environmental scan.
8. **Examine health equity and disparities related to collegiate recovery.** Examining response to student use by race, ethnicity, culture; admissions and services available and/or accessed based on race/ethnicity, and by types of colleges may inform the field on possible disproportionality, including barriers to services by race and ethnicity. We further recommend exploration of

recovery support provision to previously incarcerated students, especially for those in recovery from substances that were related to their incarceration (e.g., providing collegiate recovery supports within IHEs that have re-entry or navigator programs), and examining collegiate recovery in tribal colleges and the culturally-based approaches used in consultation with Native American educators, clinicians, and/or researchers (e.g., the White Bison Wellbriety approach aligns with the six domains described by Ashford et al., 2018b but may not be well known or widely used).

Limitations

Some limitations of this environmental scan should be noted. Collegiate recovery services and supports are relatively new and the research and literature is somewhat limited, especially in supporting students in recovery as they transition from recovery high schools to colleges as well as experiences of historically marginalized populations. Further, our team recognizes the importance of including perspectives from indigenous populations. Unfortunately, perspectives from Washington’s tribal colleges were not included in this evaluation, despite attempts to conduct interviews with tribal college staff. Our team understands the importance of relationship building and the need to establish trust over time; we aim to build relationships with the Washington tribal colleges to ensure perspectives from indigenous populations are included future phases of this work in a respectful and culturally responsive way. Finally, due to the brief timeframe of the environmental scan, our team focused on colleges and universities that had known collegiate recovery services, whether as current seed grantees or previously established programs. Policy reviews of IHEs were also restricted to seed grantees.

Conclusion

We conclude this report with a participant’s quote that embodies the importance of supporting students in collegiate recovery...

“There’s this notion that when someone makes a courageous choice that we should bring down the moon for them. We should give them the sun, the moon, and the stars, but we don’t. We graduate people from treatment with a backpack full of every trauma and every problem that led them to use and tell them that they can’t use and send them back to the same place they came from.”

Though well poised for positive growth—as evidenced in this report—Washington State is in the beginning stages of developing a sustainable state-wide system of care of collegiate recovery support services for students that are linked to the continuum of care services provided on college campuses. At present, this will not immediately bring the “sun, the moon and the stars” as noted in the quote above, but current and future efforts in building sustainable collegiate recovery supports in Washington can ensure that students are not sent back to the “same place”—places that are hostile to recovery and student well-being. Rather, this evaluation and the first-year efforts of the State of Washington Collegiate Recovery Support Initiative give impetus and a challenge to policy makers, state agencies, IHEs, community partners, and others to tenaciously continue the work of building “welcoming places” for students in recovery (Snethen et al., 2021)—the generation of inclusive environments and relationships on campus and in the surrounding community, in which staff, faculty, allies, and students enact an accessible needs-based continuum of recovery supports and services. If students have the courage and tenacity to practice recovery, surely, we, in the State of Washington, can practice courage and tenacity when building recovery-oriented campuses and community environments and relationships where students can make meaning in their lives and are personally and academically successful.

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Appendix A: Washington State Collegiate Recovery Environmental Scan Survey

1. What college or university are you affiliated with?
2. What state is your college or university located in?
3. Please provide your position or job title at the institution.
4. What is the highest degree you have received? (Select one):
 - a. Less than high school
 - b. High school diploma or equivalent (GED)
 - c. Some college, but no degree
 - d. Associate degree
 - e. Bachelor's degree
 - f. Master's degree
 - g. Doctoral degree
5. How is your institution classified/designated? Select all that apply.
 - a. Research 1 or 2 University (public or private)
 - b. Public State University (Bachelor's, Master's, and/or Doctoral degree granting)
 - c. Private University (Bachelor's, Master's, and/or Doctoral degree granting)
 - d. Community College
 - e. Historically Black College or University
 - f. Tribal College
 - g. Hispanic-serving Institution
 - h. Native American-serving Institution
 - i. Trade School
 - j. Land Grant Institution
 - k. Liberal Arts School
 - l. Vocational/Technical Education
 - m. Military Academy
 - n. Military-friendly designation
 - o. For-Profit College or University
 - p. Other (please specify) _____
6. Does your institution have: Select all that apply.
 - a. Programs that support tribal relations or liaisons
 - b. Programs that support veterans' affairs
 - c. Programs that support multicultural students
 - d. Programs that support LGBTQIA+ students
 - e. Programs that support first generation students
 - f. Programs that support international students
 - g. Office of student disabilities
 - h. None of the above
7. Within your institution, do you serve a particularly high representation of any of the following populations? Select all that apply.
 - a. Hispanic
 - b. Native American
 - c. Military (including members of the national guard, active duty, reserve, veterans, or immediate family members)
 - d. Non-traditional students
 - e. I don't know
 - f. Other special population (please specify) _____
 - g. None of the above
8. How is the local community classified?
 - a. Rural
 - b. Urban
 - c. Suburban

- d. Other (please specify) _____

The following questions focus on recovery support services. For purposes of this survey, Collegiate Recovery Support is defined as: Services and/or programs that provide support to students in higher education who are in or seeking recovery from substance use disorders and/or co-occurring disorders.

9. Do you receive funding for recovery support services?
- a. Yes
 - b. No
 - c. I don't know

Branching Logic: If respondent selects 'Yes' for question 9, respondent will be routed to questions 10. If respondent selects 'No' or 'I don't know' for question 9, respondent will be routed to question 11.

10. Please describe the types of funding you receive including whether the funding is through State, Federal, or private funding sources.
11. What stage of development are you in for developing recovery support programs or services?
12. Which, if any, of these organizations do you or your institution have memberships? Select all that apply.
- a. Washington Recovery Alliance (WRA)
 - b. Association of Recovery in Higher Education (ARHE)
 - c. Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD)
 - d. American College Health Association (ACHA)
 - e. National Association of Student Personnel Administrators (NASPA)
 - f. I don't know
 - g. Other organization (please specify) _____
 - h. None of the above
13. What on-campus programs or services do you provide at your institution for students in recovery or seeking recovery from substance use disorder, otherwise known as addiction recovery? Select all available programs or services.
- a. Alternative Social Events
 - b. Collegiate Recovery Community/Program
 - c. Counseling through the Campus Counseling Center
 - d. Drop-in Peer Support Center
 - e. Harm Reduction Services
 - f. Housing: Substance-Free Housing
 - g. Housing: Recovery Housing
 - h. Housing: Transitional Living
 - i. Mental Health Services
 - j. Mutual Aid Meetings, examples include SMART Recovery, 12 Step Community Meetings, or Refuge Recovery
 - k. Peer Recovery Specialists
 - l. Recovery Coaches
 - m. Relapse Prevention
 - n. Referrals: Recovery Support Services
 - o. Seminars about addiction/recovery
 - p. Treatment: IOP/Outpatient Care
 - q. Treatment: Residential
 - r. I don't know
 - s. Other (please specify) _____
 - t. None of the above
14. Have you or anyone else at your institution, received requests for any of the above listed services (either by current students, potential future students, or parents of current or future students)?
- a. Yes

- b. No
- c. I don't know

Branching Logic: If respondent selects 'Yes' for question 14, respondent will be routed to questions 15-17. If respondent selects 'No' or 'I don't know' for question 14, respondent will be routed to question 18.

15. Which services were requested by current/potential future students or parents? Select all that apply.
 - a. Alternative Social Events
 - b. Collegiate Recovery Community/Program
 - c. Counseling through the Campus Counseling Center
 - d. Drop-in Peer Support Center
 - e. Harm Reduction Services
 - f. Housing: Substance-Free Housing
 - g. Housing: Recovery Housing
 - h. Housing: Transitional Living
 - i. Mental Health Services
 - j. Mutual Aid Meetings: SMART Recovery, 12 Step Community Meetings, or Refuge Recovery
 - k. Peer Recovery Specialists
 - l. Recovery Coaches
 - m. Relapse Prevention
 - n. Referrals: Recovery Support Services
 - o. Seminars about addiction/recovery
 - p. Treatment: IOP/Outpatient Care
 - q. Treatment: Residential
 - r. I don't know
 - s. Other (please specify) _____
 - t. None of the above
16. Who requested the services? Select all that apply.
 - a. Current students
 - b. Potential future students
 - c. Parents of current students
 - d. Parents of future students
 - e. I don't know
 - f. Other (please specify) _____
17. How has your administration responded to these requests?
18. Which, if any, of the following social supports do you track data for? Select all that apply.
 - a. Student-to-student interactions in social settings
 - b. Student-to-student interaction in one-on-one settings
 - c. Number of students accessing a designated drop in space (if you have one)
 - d. Number of community support meetings held per week/month
 - e. The number of peer staff working at your college/university
 - f. Who students reach out to in times of crisis
 - g. I don't know
 - h. Other (please specify) _____
 - i. None of the above
19. What harm reduction strategies for substance use do you provide at your institution for students? Select all available programs or services.
 - a. Establish amnesty policies regarding substance use (e.g., Good Samaritan Policy)
 - b. Campus/community detox response policy and procedure
 - c. On campus clinic
 - d. WA Prescription Drug Monitoring Program (WA PDMP)
 - e. Safe ride program on evenings and weekends
 - f. Policy and enforcement of drinking age laws on campus and in surrounding area

- g. Prohibit alcohol use/sales at campus events
 - h. Limit number and density of alcohol & cannabis establishments in surrounding neighborhoods
 - i. Enforce federal laws pertaining to cannabis on campus
 - j. Restrict alcohol sponsorship and advertising on campus
 - k. Safe Prescription Drug Disposal drop-off unit or sponsored event on campus
 - l. Impaired driving prevention programs
 - m. Outreach and prevention programming to students considered an at-risk population (e.g. First year students, Greek comm., athletes, etc.)
 - n. Information and resources on safer ways to use substances
 - o. Supply distribution and needle exchange programs
 - p. Options for opioid substitution (agonist) therapies such as methadone or suboxone through your campus health clinic
 - q. Take home naloxone kits and training on how to administer the overdose reversal drug
 - r. Supervised consumption/injection services and overdose prevention services
 - s. Campus recovery support meetings like SMART Recovery or 12 Step Community Meetings
 - t. Drop-in peer recovery support center or designated meeting space
 - u. I don't know
 - v. Other (please specify) _____
 - w. None of the above
20. What types of prevention and intervention strategies do you utilize with students at your institution? Select all available programs or services.
- a. BASICS (Brief Alcohol Screening and Intervention for College Students): 1:1 and/or group intervention
 - b. ASTP: Alcohol Skills Training Program group
 - c. Online personalized feedback intervention (e.g. eCHECKUPTOGO, etc.)
 - d. Multi-component and education-focused alcohol and other drug program: substance use education plus general life skills training (In person or online)
 - e. Mandated or voluntary first-year student alcohol and other drug program (outreach or online)
 - f. Bystander/peer intervention training (AOD emergency, overdose)
 - g. Mental Health First Aid training (MHFA)
 - h. Screen Brief Intervention and Referral to Treatment (SBIRT) protocol
 - i. Use of student mentors or peer health educators
 - j. Campus community behavioral standards or student conduct violations policy and protocol
 - k. On-campus counseling services
 - l. On-campus intensive outpatient services
 - m. Referrals to off-campus resources for counseling and/or tx services
 - n. Student Conduct Committee or Honor Board hearings (e.g. Behavioral violations within the Greek or Athlete community)
 - o. State-mandated (RCW/WAC) AOD ed. programs for student living group (e.g. Greek community)
 - p. I don't know
 - q. Other (please specify) _____
 - r. None of the above
21. What types of off-campus referral sources do you use for students in need of substance use disorder services? Select all available programs or services.
- a. In-patient treatment programs
 - b. Outpatient treatment programs
 - c. Medication assisted treatment programs
 - d. Drug courts
 - e. State mandated DUI school/classes
 - f. Private therapists
 - g. Recovery housing
 - h. Certified peer recovery coaches
 - i. Local recovery community center

- j. Off-campus mutual aid meetings
 - k. Faith-based programs
 - l. Memorandum of Understanding (MOU), Substance Use Disorder Treatment & support services
 - m. I don't know
 - n. Other (please specify) _____
 - o. None of the above
22. What are the major barriers for admission into your institution, regardless of a prospective student's previous substance use? Select all that apply.
- a. Admissions requirements are extremely competitive for admissions to our university. Please explain. _____
 - b. If the individual has been previously incarcerated. Please explain. _____
 - c. Citizenship status. Please explain. _____
 - d. G.P.A. and transcript requirements. Please explain. _____
 - e. Tuition. Please explain. _____
 - f. Cost of education other than tuition. Please explain. _____
 - g. Lack of housing options. Please explain. _____
 - h. Lack of transportation options. Please explain. _____
 - i. Other, please specify and explain. _____
23. Does your institution have a Navigator Program?
- a. Yes
 - b. No
 - c. I don't know

Branching Logic: If respondent selects 'Yes' for question 23, respondent will be routed to question 24. If respondent selects 'No' or 'I don't know' for question 23, respondent will be routed to question 25.

24. Does your Navigator Program include recovery services as part of the program?
- a. Yes
 - b. No
 - c. I don't know
25. What social activities seem to be most popular with your institution's students (general population, not recovery students specifically)? Select all that apply.
- a. University sporting events – football, basketball, soccer, etc.
 - b. Intramural sports
 - c. House parties or cookouts
 - d. Outdoor activities – hiking, water sports, mountain climbing, etc.
 - e. Going to clubs or bars
 - f. Student Registered Organizations (RSOs) or student club activities – student government, LGBTQIA+ Straight Alliance, Greek Life, veterans' groups, etc.
 - g. University music events and concerts
 - h. University Recreation Center
 - i. University/Community visual and performance arts events
 - j. Other (please specify) _____
26. What is the biggest barrier to implementing additional recovery support services on your campus? Select all that apply.
- a. Funding for staff, space, and/or programming
 - b. A misunderstanding of what recovery support services are and why we need them on campus
 - c. The college/university does not see a need for these services at this time
 - d. Not being able to identify, recruit, and retain students in recovery
 - e. Stigma related to addiction recovery
 - f. I don't know
 - g. Other (please specify) _____
27. Is there anything else you would like to add?

Appendix B. Semi-Structured Interview Protocols

Semi-Structured Interview Protocol #1 – Seed Grantees, Administrators of Higher Education Institutions, and Policy Makers

Purpose

Hello, my name is _____. Thank you for your time today. This interview is part of a larger environmental scan examining current recovery support services throughout the State of Washington that may either be found in or interface with higher education settings. The purpose of this interview is to capture the individual experiences of the State of Washington's Collegiate Recovery Seed Grant recipients, as well as other higher education personnel including administrators, policymakers, staff/faculty, and other, relevant community stakeholders. Because this is an environmental scan that is looking broadly at collegiate recovery and does not include data on individuals receiving services, this project was exempted from IRB oversight. Thus, I will not ask you to complete an informed consent. Nevertheless, confidentiality is extremely important to our project team. Everything you say during this interview will remain confidential; it is very important that you feel comfortable speaking candidly with me as we discuss your experience with and knowledge of collegiate recovery services and supports. Of course, you can refuse to answer any question for any reason. This interview will take no more than one hour of your time. Do you have any questions for me before we begin?

Recording

I would like to record the interview, simply to aid in my notetaking, allowing me to focus more on the interview itself. Are you comfortable with being recorded?

Publication

We may choose to use quotes from this interview in the final publication of the environmental scan. We will not attribute any quotes to your name and all quotes will be de-identified. Are you comfortable with this?

Questions

1. It will help to begin this interview with a shared understanding of what collegiate recovery actually means and how you define collegiate recovery based on your experience. How would you define/describe services and supports within a collegiate recovery program?
2. What is your role in relation to collegiate recovery programs or student support services?
3. How long have you been involved in collegiate recovery work/support of collegiate recovery services and supports? Has your experience always been in your current university/college/institute of higher education [if applicable]? If not, what other university/college/institute of higher education?

We are interested in hearing more about your university's services. I will also ask you questions more broadly about pathways for students in recovery as they transition to college, resources available to them as they transition, students seeking assistance in the initiation of recovery, as well as resources that help them succeed after they have settled into the higher education setting. We are asking the same questions to everyone to get a full understanding of the landscape in Washington, so if you do not know the answer to any or all of these questions, that is okay.

4. We are interested in the various pathways by which students who are already in recovery come to your university. What is the relationship between community recovery supports, recovery high schools, and institutes of higher education collegiate recovery program recruitment and retention services?
 - a. [If interviewee doesn't know] Would having an awareness of this relationship or transition be helpful to you in the work that you are doing? What would be needed to support you in having a better understanding of these relationships?
 - i. Are you aware of specific recruitment and retention measures taken by your campus with Recovery High Schools and students in recovery?
5. What types of resources are available to your students who may need drug and/or alcohol treatment or counseling? [Probe for whether this is available in the community or through the college/university]

- a. Does your institution have a formal referral protocol or policy?
6. What are the barriers students encounter in a substance use crisis situation? [Probe for: what the referral process to treatment looks like, what is the academic medical withdrawal process, what is the process for re-enrolling after completing treatment, are there any punitive/ disciplinary measures taken, are parents notified of incidence]
7. What supports are available to students in recovery within your university's collegiate recovery program? (Probe: "For example, housing, academic advising and support, scholarships")
8. What practices is your collegiate recovery program utilizing to link prevention, intervention, harm reduction strategies, and recovery support services?
 - a. Do you have a relapse or recurrence of use policy? Please describe.
9. Do you have a designated space for recovery students on campus?
 - a. If YES: How were decisions made about where collegiate recovery will be housed within your university? About what types of services/supports it should include?
10. How are collegiate recovery services funded within your university?
 - a. If you are not fully funded, what are the barriers to receiving collegiate recovery funding by your college or university?
11. In general, what unique challenges do you feel students in recovery face when *preparing for college*?
12. What resources do you think are most important for colleges to offer in order to help students in recovery successfully *transition to college*? Please explain.
 - a. What barriers do you see students in recovery facing during their transition to college?
13. What resources do you think are most important for colleges to offer in order to help students in recovery succeed academically *once they are in college*? Please explain. [Prompts: academic advising, tutoring, mental health counseling services, employment advising services]
14. What are the greatest barriers to helping students in recovery succeed academically *once they are in college*? Please explain.
15. Can you provide a few examples of how students in recovery are flourishing academically, socially, or professionally?

Additional questions for administrators

1. Do you see the need for collegiate recovery services? Please explain.
2. What funding is available at the state and federal levels to support the development and sustainability of higher education collegiate recovery programs? In what ways do funding sources differ in their requirements or priorities?
3. How are decisions made about how funding for collegiate recovery services are used/disbursed within your university?
 - a. [Probe: Who is involved in the decision-making process?]
4. If exploring external funding for services, how are decisions made about what funding to seek?
5. Which policies at the state legislative, institute of higher education policy, or other system- or policy-levels cause barriers to the development and sustainability of collegiate recovery programs across the State of Washington?
6. Who are the champions for collegiate recovery services within your university?

Additional questions for policy makers

1. Which policies at the state legislative or other system- or policy-levels enhance the development and sustainability of collegiate recovery programs across the State of Washington?
2. Which policies at the state legislative or other system- or policy-levels cause barriers to the development and sustainability of collegiate recovery programs across the State of Washington?

- What is needed (in terms of having the right people at the table, education/awareness of the topic, etc.) to overcome these barriers?
- 3. How are decisions made about whether to fund collegiate recovery services within the state (and how much)?
 - Is the current decision-making process working well? If yes, what makes you say that? If not, what changes would you like to see?
- 4. What funding is available at the state and federal levels to support the development and sustainability of higher education collegiate recovery programs? In what ways do funding sources differ in their requirements or priorities? *[Mention the opioid settlement funding if the interviewee is not aware]*
 - Can you describe the ways the requirements or priorities of these funding sources have supported the development and/or sustainability of collegiate recovery programs?
 - What about ways the requirements or priorities have hindered the development and/or sustainability of collegiate recovery programs?
- 5. Please describe the process for how resources for collegiate recovery are dispersed within the State of Washington (e.g., geographical location, type of institute of higher education, departments that are housing recovery support)
 - Do you believe the process is working well? If yes, why? If not, what changes would you like to see and why?
- 6. Who are the champions for collegiate recovery services within your state?

Closing

Is there other information about collegiate recovery in your university/state that you would like to share? Are there any questions that I didn't ask that you expected me to?

Throughout the environmental scan, we will be reaching out to others to complete surveys or interviews with us. Can you think of others with a deep knowledge of collegiate recovery within Washington State that we should connect with? Are you willing to share their contact information or pass along our contact information to them?

Thank you so much for your time and for your helpful comments. We really appreciate it. If you have any questions or additional thoughts, please feel free to reach out at any time. This evaluation project will be concluding in June 2021 and the report will be available over the summer. We will make sure that you are aware of the report once it is published and available!

Semi-Structured Interview Protocol #2 – Policy Expert

Purpose

Hello, my name is _____. Thank you for your time today. This interview is part of a larger environmental scan examining current recovery support services throughout the State of Washington that may either be found in or interface with higher education settings. One of the pieces we are very interested in learning more about is the affect that federal law, that is the Drug Free Schools and Communities Act (DFSCA) has on most college and universities alcohol and other drug (AOD) policies. AOD policies might include, but are not limited to student behavioral conduct, alcohol use at events and on campus property, and required comprehensive care services. We are also interested in learning more about DFSCA and the role it plays on collegiate recovery services.

Because this is an environmental scan that is looking broadly at collegiate recovery and does not include data on individuals receiving services, this project was exempted from IRB oversight. Thus, I will not ask you to complete an informed consent. Nevertheless, confidentiality is extremely important to our project team. Everything you say during this interview will remain confidential; it is very important that you feel comfortable speaking candidly with me as we discuss your experience with and knowledge of collegiate recovery services and supports. Of course, you

can refuse to answer any question for any reason. This interview will take no more than one hour of your time. We know we will need to watch the clock closely so please do not be offended if we need to keep things moving along. We want to ensure we have enough time to make it through all the questions. We can come back to something if we have time at the end. Do you have any questions for me before we begin?

Recording

I would like to record the interview, simply to aid in my notetaking, allowing me to focus more on the interview itself. Are you comfortable with being recorded?

Publication

We may choose to use quotes from this interview in the final publication of the environmental scan. We will not attribute any quotes to your name and all quotes will be de-identified. Are you comfortable with this?

Questions

1. Please tell us a little bit about your work/area of expertise?
2. We know that different fields have different terminology that frequently overlaps. When we say talk about collegiate recovery and collegiate recovery supports, we are defining that as: *Services and/or programs that provide support to students in higher education who are in or seeking recovery from substance use disorders and/or co-occurring disorders*. This may not resonate with you as it relates to DFSCA law where you refer to re-entry programming. How do you define reentry programming and how much does our definition of collegiate recovery overlap with re-entry programming as you define it?
 - a. What are your thoughts on including recovery supports in the reentry section of the biennial reporting?
3. Do people ever reach out to you seeking guidance or recommendations when they are developing legislation or regulations? If yes, what roles do they represent?
4. Currently, what national or state trends and/or DFSCA interpretations are you seeing in terms of...
 - DFSCA compliance (program develop/implementation specific to provision of substance use recovery supports (intervention, treatment/rehab referral, and/or re-entry = "recovery supports"))?
 - Biennial reporting specific to provision of substance use recovery supports?
 - Is this the same across campus type (4-year, 2-year, Tribal, private, etc.)?
5. What are the specific policies, protocols, and programs that are required to be in place to address "A description of any drug or alcohol counseling, treatment or rehabilitation or re-entry programs that are available to employees or students"? Or are these just "suggestions"? E.g., Referral for substance use intervention/treatment on or off campus? Designated housing for students in recovery, specific to creating a "safe environment" to address relapse prevention? etc.
6. Do you know of any specific cases involving campuses that were audited and even fined for non-compliance - not having a full scope of care (especially recovery supports and referral for treatment) as part of their comprehensive program and DFSCA Biennial report? What were the circumstances?
7. Do you know of any States (agencies, legislation) that are specifically working with the federal DFSCA compliance? Any specifically linked to state codes/laws, contract awards, or grant funding?
8. In addition to the DFSCA, what other policies at the federal level should we be aware of in regards to the development and sustainability of collegiate recovery programs in institutions of higher education?
9. Can you describe the relationship or connection between the Safe and Drug Free Schools Act biennial reporting and mandated programming and the recognition of substance use disorder recovery as recognized under the Americans with Disabilities Act?
10. What funding is available at the state and federal levels to support the development and sustainability of higher education collegiate recovery programs? In what ways do funding sources differ in their requirements or priorities?
11. Anything else we haven't asked about that we should know?

Closing

Thank you so much for your time and for your helpful comments. We really appreciate it. If you have any questions or additional thoughts, please feel free to reach out at any time. This evaluation project will be concluding in June 2021 and the report will be available over the summer. We will make sure that you are aware of the report once it is published and available!

Semi-Structured Interview Protocol #3 – Community Stakeholders not directly associated with a Higher Education Institution

Purpose

Hello, my name is _____. Thank you for your time today. This interview is part of a larger environmental scan examining current recovery support services throughout the State of Washington that may either be found in or interface with higher education settings. The purpose of this interview is to capture the individual experiences of the State of Washington's Collegiate Recovery Seed Grant recipients, as well as other higher education personnel including administrators, policymakers, staff/faculty, and other, relevant community stakeholders. Because this is an environmental scan that is looking broadly at collegiate recovery and does not include data on individuals receiving services, this project was exempted from IRB oversight. Thus, I will not ask you to complete an informed consent. Nevertheless, confidentiality is extremely important to our project team. Everything you say during this interview will remain confidential; it is very important that you feel comfortable speaking candidly with me as we discuss your experience with and knowledge of collegiate recovery services and supports. Of course, you can refuse to answer any question for any reason. This interview will take no more than one hour of your time. Do you have any questions for me before we begin?

Recording

I would like to record the interview, simply to aid in my notetaking, allowing me to focus more on the interview itself. Are you comfortable with being recorded?

Publication

We may choose to use quotes from this interview in the final publication of the environmental scan. We will not attribute any quotes to your name and all quotes will be de-identified. Are you comfortable with this?

Questions

1. Please tell me about your current professional role?
2. How does your work relate to recovery support services or programs?
3. What resources do those you serve, or your population of focus, request the most?
4. How often do you work in a coalition or collaborative committee setting?
5. If you have experience with committees, who are the other members of those groups?
6. Are you familiar with collegiate recovery?
 - a. If NO: What are you aware of as it relates to college age individuals seeking and receiving services to address addiction?
 - b. If YES: It will help to begin this interview with a shared understanding of what collegiate recovery actually means and how you define collegiate recovery based on your experience. How would you define/describe services and supports within a collegiate recovery program?
7. What is your role in relation to collegiate recovery programs or student support services?
8. How long have you been involved in recovery work or recovery advocacy work?

We are interested in hearing more about the types of services currently available to college-aged students. I will also ask you questions more broadly about pathways for students in recovery as they transition to college, resources available to them as they transition, students seeking assistance in the initiation of recovery, as well as resources that help them succeed after they have settled into the higher education setting. We are asking the same questions to everyone to get a full understanding of the landscape in Washington, so if you do not know the answer to any or all of these questions, that is okay.

9. What types of resources are available within your community to your students who may need drug and/or alcohol treatment or counseling? [Probe for whether this is available in the community or through the college/university]
 - a. Does your institution have a formal referral protocol or policy?
10. What are the barriers students or young adults encounter in a substance use crisis situation? [Probe for: what the referral process to treatment looks like, what is the academic medical withdrawal process, what is the process for re-enrolling after completing treatment, are there any punitive/ disciplinary measures taken, are parents notified of incidence]
11. In general, what unique challenges do you feel students in recovery face when *preparing for college*?
12. What resources do you think are most important for colleges to offer in order to help students in recovery successfully *transition to college*? Please explain.
 - a. What barriers do you see students in recovery facing during their transition to college?
13. What resources do you think are most important for colleges to offer in order to help students in recovery succeed academically *once they are in college*? Please explain. [Prompts: academic advising, tutoring, mental health counseling services, employment advising services]
14. What are the greatest barriers to helping students in recovery succeed academically *once they are in college*? Please explain.
15. Do you see the need for collegiate recovery services? Please explain.
16. What funding is available at the state and federal levels to support the development and sustainability of higher education collegiate recovery programs? In what ways do funding sources differ in their requirements or priorities?
17. Which policies at the state legislative, institute of higher education policy, or other system- or policy-levels cause barriers to the development and sustainability of collegiate recovery programs across the State of Washington?
18. Who are the champions for collegiate recovery services within your community or State?

Closing

Is there other information about collegiate recovery in your university/state that you would like to share? Are there any questions that I didn't ask that you expected me to?

Throughout the environmental scan, we will be reaching out to others to complete surveys or interviews with us. Can you think of others with a deep knowledge of collegiate recovery within Washington State that we should connect with? Are you willing to share their contact information or pass along our contact information to them?

Thank you so much for your time and for your helpful comments. We really appreciate it. If you have any questions or additional thoughts, please feel free to reach out at any time. This evaluation project will be concluding in June 2021 and the report will be available over the summer. We will make sure that you are aware of the report once it is published and available!

Appendix C. Literature Review

As a component of the environmental scan, C4 conducted a literature review to identify current best practices and The tables in Appendix C provide an overview of the literature in recent years that related to collegiate recovery programs and specific areas of focus. We organized our findings by these topics:

- History of Collegiate Recovery
- Qualities of a Strong Collegiate Recovery Program
- Connection or Transition between High School to Institutions of Higher Education
- Pacific Northwest Native American Perspectives on Recovery and Considerations for Collegiate Recovery Programs
- Marginalized Populations and Communities

Each section begins with a brief introduction and features a table that includes the applicable literature.

History of Collegiate Recovery

With the first collegiate recovery programs beginning in the 1970s, collegiate recovery is a relatively new idea. Collegiate recovery programs are designed to support students in recovery or recovery-curious in balancing their education and recovery. The collegiate recovery movement continues to struggle to identify common definitions and frameworks with programs looking different at each institution, dependent on campus culture, available resources, and student needs.

| Year | Author(s) | Title | Journal | Citation | Description |
|------|--|---|-------------------------------------|--|---|
| 2014 | Kitty S. Harris, Thomas G. Kimball, Ann M. Casiraghi, & Sara J. Maison | Collegiate Recovery Programs | <i>Peabody Journal of Education</i> | Harris, K. S., Kimball, T. G., Casiraghi, A. M., & Maison, S. J. (2014). Collegiate recovery programs. <i>Peabody journal of education</i> , 89(2), 229-243. https://doi.org/10.1080/0161956X.2014.897095 | In the late 1970s and early 1980s, collegiate recovery programs were developed, providing students in recovery with “safe havens,” to receive support from peers and school staff. |
| 2016 | Brittany A. Bugbee, Kimberly M. Caldeira, Andrea M. Soong, Kathryn B. Vincent, & Amelia M. Arria | Collegiate Recovery Programs: A Win-Win Proposition for Students and Colleges | Not Applicable | Bugbee, B. A., Caldeira, K. M., Soong, A. M., Vincent, K.B., Arria, A. M. (2016). <i>Collegiate recovery programs: A win-win proposition for students and colleges</i> . College Park, MD: Center on Young Adult Health and Development. | College campuses are a recovery hostile environment, and collegiate recovery programs fill an important gap in services for students who meet the criteria for substance abuse or alcohol dependence. Benefits of collegiate recovery programs include higher graduation rates, GPAs, and decreased recurrence of use among students in recovery. |

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| | | | | http://www.cls.umd.edu/docs/CRP.pdf | |
| 2017 | Eric T. Beeson, Jennifer M. Whitney, & Holly M. Peterson | The Development of a Collegiate Recovery Program: Applying Social Cognitive Theory within a Social Ecological Framework | <i>American Journal of Health Education</i> | Beeson, E. T., Whitney, J. M., & Peterson, H. M. (2017). The development of a collegiate recovery program: Applying social cognitive theory within a social ecological framework. <i>American Journal of Health Education</i> , 48(4), 226-239. https://doi.org/10.1080/19325037.2017.1317304 | Authors describe the history of collegiate recovery programs, the developmental stage of college students and the importance of recovery capital. The authors tie these components into collegiate recovery programming. |
| 2020 | Bruce J. Reed, Andrea P. Almaguer-Botero, Saara Grizzell, & Justin Watts | Collegiate Recovery Programs: Helping College Students in Recovery Succeed | <i>Rehabilitation Research, Policy, and Education</i> | Reed, B. J., Almaguer-Botero, A. P., Grizzell, S., & Watts, J. (2020). Collegiate recovery programs: Helping college students in recovery succeed. <i>Rehabilitation Research, Policy, and Education</i> , 34(2), 58-72. https://doi.org/10.1891/RE-19-07 | Since collegiate recovery began at Brown University in 1977, collegiate recovery programs have filled a gap in services for students with substance use disorder. |

Qualities of a Strong Collegiate Recovery Program

The needs of students in higher education in recovery, or curious about recovery, may vary widely based on the availability of services, programming, and supports in the community, the population of the college or university, and other social or cultural differences. A good collegiate recovery program will be responsive to the needs of the students it is serving.

| Year | Author(s) | Title | Journal | Citation | Description |
|------|-------------------------------------|--|---|---|--|
| 2010 | Alexandre B. Laudet & William White | What are your priorities right now? Identifying service needs across recovery | <i>Journal of Substance Abuse Treatment</i> | Laudet, A. B., & White, W. (2010). What are your priorities right now? Identifying service needs across recovery stages to inform service | In addition to working on recovery, findings show that participants at all stages of recovery express concern about multiple areas of functioning. Working on one's recovery is the top priority. The second priority is employment, which provides financial resources + a valued and respected role in society. Participants also mention housing and living environment. Finally, |

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| | | stages to inform service development | | development. <i>Journal of Substance Abuse Treatment</i> , 38(1), 51-59. https://doi.org/10.1016/j.jsat.2009.06.003 | "achieve and enjoy a normal, productive life" becomes a priority throughout recovery. |
| 2013 | Transforming Youth Recovery | The Assets for Building Collegiate Recovery Capacity | Not Applicable | Transforming Youth Recovery. (2013). <i>The assets for building collegiate recovery capacity</i> . https://www.transformingyouthrecovery.org/research/the-assets-for-building-collegiate-recovery-capacity-2013/ | Transforming Youth Recovery conducted a thorough literature review, interviews with subject matter experts, surveyed 42 self-identified collegiate recovery programs across the United States and conducted focus groups with recent college graduates to identify the most essential assets needed for starting and supporting college students in recovery. The resulting report identified a final set of 38 community-based assets that can support students in recovery during their college experience. |
| 2014 | Alexandre Laudet, Kitty Harris, Thomas Kimball, Ken C. Winters, & D. Paul Moberg | Collegiate Recovery Communities Programs: What do we know and what do we need to know?. | <i>Journal of Social Work Practice in the Addictions</i> | Laudet, A., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2014). Collegiate Recovery Communities Programs: What do we know and what do we need to know?. <i>Journal of social work practice in the addictions</i> , 14(1), 84–100. https://doi.org/10.1080/1533256X.2014.872015 | The authors describe the need for collegiate recovery programs as a way to overcome the obstacles faced by students in recovery who are perusing higher education, describe outcomes from past research, and identify areas where further research is needed. |
| 2015 | Transforming Youth Recovery | Collegiate Recovery Asset Survey 2015 Report | Not Applicable | Transforming Youth Recovery. (2015). <i>Collegiate Recovery Asset Survey: 2015 Report</i> . https://www.transformingyouthrecovery.org/wpcontent/uploads/2017/09/TYR_Collegiate_Recovery_Asset_Survey_2015_Report.pdf . | The annual Collegiate Recovery Asset Survey, administered by Transforming Youth Recovery (TYR), aims to refresh and update research undertaken to identify community assets that can help students in recovery to thrive in the fullness of the college experience. The unshakable focus of this work is to offer a methodology for increasing the capacity of a collegiate community to make available those assets that students in recovery need to pursue academic, recovery and life goals. This survey is not intended to evaluate the effectiveness of any given college-based recovery program or effort. Rather, it is intended to uncover how certain assets are being identified and assembled into practices that best support students in recovery |

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| 2018 | Robert D. Ashford, Austin M. Brown & Brenda Curtis | Collegiate Recovery Programs: The Integrated Behavioral Health Model | <i>Alcoholism Treatment Quarterly</i> | Ashford, R. D., Brown, A. M., Curtis, B. (2018a). Collegiate recovery programs: The integrated behavioral health model. <i>Alcoholism Treatment Quarterly</i> , 36(2), 274-285. https://doi.org/10.1080/07347324.2017.1415176 | The article describes a study of a collegiate recovery program with integrated support services for students with substance use, mental health, or co-occurring disorders with the most beneficial services being the peer-based services. The integrated model showed outcomes with students in recovery having higher than average grade point averages and lengths of time in recovery. |
| 2018 | Robert D. Ashford, Austin M. Brown, Emily Eisenhart, Anne Thompson-Heller & Brenda Curtis | What We Know about Students in Recovery: Meta-synthesis of Collegiate Recovery Programs, 2000-2017 | <i>Addiction Research & Theory</i> | Ashford, R. D., Brown, A. M., Eisenhart, E., Thompson-Heller, A. & Curtis, B. (2018b). What we know about students in recovery: meta-synthesis of collegiate recovery programs, 2000-2017. <i>Addiction Research & Theory</i> , 26(5), 405-413. https://doi.org/10.1080/16066359.2018.1425399 | The meta-analysis identified six major themes that can be considered accepted best practices and should be used as the foundation for the growth of collegiate recovery programs. The six major themes are: (1) social connectivity, (2) recovery supports (connections, programming, and services that are cognizant of recovery needs and facilitate the fulfillment of those needs within a CRP); (3) drop-in recovery centers (centralized, recovery specific locations, may serve recovery purposes or social purposes, or provide academic support and resources), (4) internalized feelings (identity, values, coherence, development), (5) coping mechanisms, (6) conflict of recovery status and college life. |
| 2018 | Christy Kollath-Cattano, Andrea L. DeMariab, Beth Sundstromc, Anna Kooperd, Hannah Manzi, Stephanie M. McInnisc & Jeri O. Cabote | Everyone wants a community': a qualitative investigation of the challenges and service needs among college students in recovery | <i>Addiction Research and Theory</i> | Kollath-Cattano, C., DeMaria, A. L., Sundstrom, B. Kooper, A., Manzi, H., McInnis, S. M., Cabot, J. O. (2018). 'Everyone wants a community': a qualitative investigation of the challenges and service needs among college students in recovery, <i>Addiction Research & Theory</i> , 26(5), 369-376. https://doi.org/10.1080/16066359.2017.1414199 | Students need to have options for recovery support services. Higher education institutions should conduct a needs assessment prior to establishing a collegiate recovery program to ensure the program reflects the services, supports, and programming students want. |

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| 2018 | Sophie C. Staton, Kelly Melekis, & Peter McCarthy | A Review of Collegiate Recovery Communities and Recommendations for Implementation on a Small Residential Campus | <i>Innovative Higher Education</i> | Staton, S. C., Melekis, K., & McCarthy, P. (2018). A review of collegiate recovery communities and recommendations for implementation on a small residential campus. <i>Innovative higher education</i> , 43(6), 447-462. https://doi.org/10.1007/s10755-018-9442-2 | Three benchmark programs: Texas Tech, Rutgers, Augsburg College. Some have dedicated facilities, residential housing (Augsburg has students in recovery housed in a residence hall with peer support available 24/7), relapse prevention training, alternative leisure activities. Entry/ participation requirements could include minimum of X months sober, application process, GPA above 2.0, recovery contract detailing their commitment to attend counseling sessions + 12 step meetings, avoid high risk environments, avoid romantic relationships with other StepUP members. Some schools have scholarships for students in recovery (e.g., Rutgers). Some studies found quantitative data that shows decreased relapse rates for CRC students (rates are even more impressive in an abstinence-hostile environment), improved academic performance. Starting a CRC: (1) formation of a project team with identified leader, (2) est. need for services, (3) create project plan with timeline, (4) rallying of support among stakeholders, (5) fundraising. |
| 2020 | Francesca DiRosa & Pascal Scoles | The Healing Pillars of Collegiate Recovery: A Community College Model of Recovery and Education | <i>Journal of Student Affairs Research and Practice</i> | DiRosa, F. & Scoles, P. (2020). The healing pillars of collegiate recovery: A community college model of recovery and education. <i>Journal of Student Affairs Research and Practice</i> , 57(1), 69-76. https://doi.org/10.1080/19496591.2019.1644116 | The Community College of Philadelphia identified five “Healing Pillars of Collegiate Recovery” that are prioritized in their collegiate recovery model of services. The Five Healing Pillars of Collegiate Recovery are: (1) A sense of hope; (2) secure and supportive relationships; (3) a means of self-reflection; (4) competence and mastery; and (5) generativity and meaningful contribution. |

Connection from High School to Higher Education

The literature and policy review identified a gap regarding trends, best practices, and barriers, in supporting students in recovery as they transition from high school settings to institutions of higher education. Recovery high schools can provide support for students in recovery as they transition, but the all students, regardless of recovery status may be at an increased risk for alcohol and substance use as enter college due to the accessibility of substances and less supervision.

| Year | Author(s) | Title | Journal | Citation | Description |
|------|---|--|---|---|--|
| 2008 | D. Paul Moberg & Andrew J. Finch | Recovery High Schools: A descriptive study of school programs and students | Journal of Groups in Addiction and Recovery | Moberg, D. P., & Finch, A. J. (2008). Recovery high schools: A descriptive study of school programs and students. <i>Journal of Groups in Addiction & Recovery</i> , 2, 128-161. https://doi.org/10.1080/15560350802081314 | Students in recovery high schools receive a number of supports, including recovery maintenance support, support in balancing academics and therapeutics, and support for students in transitioning to other high schools, college, or into a career. |
| 2019 | Jessica D. Hartman, William R. Corbin, Alexandria S. Curlee, & Kim Fromme | Indirect and moderated effects of parent-child communication on drinking outcomes in the transition to college | <i>Addictive Behaviors</i> | Hartman, J. D., Corbin, W. R., Curlee, A. S., & Fromme, K. (2019). Indirect and moderated effects of parent-child communication on drinking outcomes in the transition to college. <i>Addictive behaviors</i> , 90, 1-9. https://doi.org/10.1016/j.addbeh.2018.10.012 | Students entering college may be at increased risk for alcohol and substance use due to significant increase in accessibility of alcohol, more autonomy, and less supervision. |

Pacific Northwest Native American Perspectives on Recovery and Considerations for Collegiate Recovery Programs

The 29 federally-recognized Tribes, six Recognized American Indian Organizations, and several unrecognized Tribes within the State of Washington have a wide variety of histories, experiences, challenges, strengths, and orientations and it is of the utmost importance that the commonalities and nuanced differences be understood when considering culturally-specific, appropriate, and responsive programming and supports for Native American students.

| Year | Author(s) | Title | Journal | Citation | Description |
|------|--|---|---|---|--|
| 2012 | Sandra M. Radin, Caleb J. Banta-Green, Lisa R. Thomas, Stephen H. Kutz & Dennis M. Donovan | Substance Use, Treatment Admissions, and Recovery Trends in Diverse Washington State Tribal Communities | <i>The American Journal of Drug and Alcohol Abuse</i> | Radin, S. M., Banta-Green, C. J., Thomas, L. R., Kutz, S. H. & Donovan, D. M. (2012) Substance use, treatment admissions, and recovery trends in diverse Washington State Tribal Communities. <i>The American Journal of Drug and Alcohol Abuse</i> , 38(5) 511-517. https://doi.org/10.3109/00952990.2012.694533 | . Community health and wellness is tied to community involvement, support, and access to culturally appropriate and effective resources and services, whether it be for substance use treatment or recovery. |

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| 2015 | Sandra M. Radin, Stephen H. Kutz, June La Marr, Diane Vendiola, Michael Vendiola, Brian Wilbur, Lisa Rey Thomas & Dennis M. Donovan | Community Perspectives on Drug/Alcohol Use, Concerns, Needs, and Resources in Four Washington State Tribal Communities | <i>Journal of Ethnicity in Substance Abuse</i> | Radin, S. M., Kutz, S. H. La Marr, J., Vendiola, D., Vendiola, M., Wilbur, B. Thomas, L. R. & Donovan, D. M. (2015) Community perspectives on drug/alcohol use, concerns, needs, and resources in four Washington State Tribal Communities, <i>Journal of Ethnicity in Substance Abuse</i> , 14(1), 29-58. https://doi.org/10.1080/15332640.2014.947459 | While diverse, Native American and Alaskan Native communities in Washington State do share some similar and overlapping substance use, treatment, and recovery trends, it is essential that the commonalities and nuanced differences be understood when considering culturally-specific, appropriate, and responsive programming |
| 2019 | Monica C. Skewes and Arthur W. Blume | Understanding the Link Between Racial Trauma and Substance Use Among American Indians | <i>American Psychologist</i> | Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. <i>American Psychologist</i> , 74(1), 88-100. https://doi.org/10.1037/amp000331 . | Using a community-based participatory research model, participants in the study were asked their views on the causes of substance use problems and barriers to recovery on the reservation. Findings suggest that interventions for substance use disorders and other possible chronic illnesses may be more effective if they include addressing racial discrimination and historical trauma. |

Marginalized Populations and Communities

The literature lacks data on best practices for supporting marginalized students in collegiate recovery spaces, despite the heightened levels of behavioral and mental health challenges that racial and ethnic minorities, gender and sexual orientation minorities, previously incarcerated students, and disabled individuals experience.). In order to appeal to marginalized communities, collegiate recovery programs should ensure that their space is viewed as a “welcoming space” for all students and allow for the opportunity for students to see themselves represented among the students in the program, regardless of their identities.

| Year | Author(s) | Title | Journal | Citation | Description |
|------|---|--|---|--|---|
| 2007 | H. Harrington Cleveland, Kitty S. Harris, & Amanda K. Baker | Characteristics of a collegiate recovery community: Maintaining recovery in an abstinence- | <i>Journal of Substance Abuse Treatment</i> | Cleveland, H. H., Harris, K. S., Baker, A. K., Herbert, R., & Dean, L. R. (2007). Characteristics of a collegiate recovery community: Maintaining recovery in an abstinence-hostile environment. <i>Journal of</i> | The vast majority of collegiate recovery community members are under 25 years old (79%) and non-Hispanic White (95%). The majority of collegiate recovery community members are male (62%). |

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| | | hostile environment | | <i>Substance Abuse Treatment</i> , 33(1), 13–23. https://doi.org/10.1016/j.jsat.2006.11.005 | |
| 2015 | Alexandre B. Laudet, Kitty Harris, Thomas Kimball, Ken C. Winters, & D. Paul Moberg | Characteristics of students participating in Collegiate Recovery Programs: A national survey | <i>Journal of Substance Abuse Treatment</i> | Laudet, A. B., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2015). Characteristics of students participating in Collegiate Recovery Programs: A national survey. <i>Journal of substance abuse treatment</i> , 51, 38-46. https://doi.org/10.1016/j.jsat.2014.11.004 . | Collegiate Recovery Students had experiences with the juvenile justice or criminal justice systems, identified other behavioral health concerns, utilized multiple substances, and had received some form of substance use treatment prior to completing the survey. |
| 2017 | Terrence S. McTier, Stephen Santa-Ramirez, & Keon M. McGuire | A Prison to School Pipeline: College Students with Criminal Records and their Transitions into Higher Education | <i>Journal of Underrepresented and Minority Progress</i> | McTier, T. S., Santa-Ramirez, S., & McGuire, K. M. (2017). A prison to school pipeline: College students with criminal records and their transitions into higher education. <i>Journal of Underrepresented & Minority Progress</i> , 1(1), 8-22. https://doi.org/10.32674/jum.p.v1i1.33 . | College students with criminal records face unique challenges in institutions of higher education. Specialized resources and learning resources are key to supporting this population. |
| 2018 | Sarah A. Bjorling | The intersection between substance use, incarceration, and disability: An exploration of intervention efficacy for persons with disabilities within the criminal justice system | | Bjorling, S. A. (2018). <i>The intersection between substance use, incarceration, and disability: an exploration of intervention efficacy for persons with disabilities within the criminal justice system</i> . [Master's thesis, Southern Illinois University Carbondale] OpenSIUC. | Incarcerated and disabled individuals are often underserved and forgotten. Treatment options should take the intersection of identities into consideration and provide care that supports their unique experiences. |

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| 2018 | Austin M. Brown, Robert D. Ashford, Naomi Figley, Kayce Courson, Brenda Curtis & Thomas Kimball | Alumni Characteristics of Collegiate Recovery Programs: A National Survey | <i>Alcoholism Treatment Quarterly</i> | Brown, A. M., Ashford, R. D., Figley, N., Courson, K., Curtis, B. & Kimball, T. (2018). Alumni characteristics of collegiate recovery programs: A national survey. <i>Alcoholism Treatment Quarterly</i> . https://doi.org/10.1080/07347324.2018.1437374 . | In general, collegiate recovery program graduates have high rates of employment, are in stable relationships, and have low relapse rates. Collegiate recovery programs are composed of a largely white, cisgender male population. Minorities face significant barriers in receiving recovery support in institutes of higher education. |
| 2019 | Susan B. Brogly & Kendra Link | Barriers to treatment for substance use disorders among women with children | <i>Canadian Journal of Addiction Medicine</i> | Brogly S. B., Link, K., & Newman, A. (2019). Barriers to treatment for substance use disorders among women with children. <i>Canadian Journal of Addiction Medicine</i> , 9(3), 18-22. https://doi.org/10.1097/CXA.000000000000025 | Some women with a substance use disorder experience high levels of stigma and guilt surrounding help-seeking. Providers should be mindful of the unique treatment barriers and unmet needs of this population. |
| 2020 | Oluwatosin Adesola Odefemi-Azzan | Factors that Affect Students Enrolled in a Midsize Collegiate Recovery Program in the United States | Not Applicable/ Doctoral Dissertation | Odefemi-Azzan, O. A. (2020). <i>Factors that Affect Students Enrolled in a Midsize Collegiate Recovery Program in the United States</i> . Publication No. 27994834 ProQuest Dissertations Publishing. | Researchers conducted a study on students in a collegiate recovery program/ collegiate recovery community and found that those with co-occurring disorders are at a higher risk of relapse and lower graduation rate, and female students relapse more than male students, but have higher graduation rates. |
| 2020 | Isaac Kwakye, Emma Kibort-Crocker & Sarah Pasion | Washington Equity Report Snapshot | Not Applicable | Kwakye, I., Kibort-Crocker, E., & Pasion, S. (2020). Washington equity report snapshot. Washington Student Achievement Council. https://wsac.wa.gov/sites/default/files/2020-10-20-Snapshot-Equity-Landscape.pdf | The report examines the ongoing inequities among Washington High School graduates when it comes to high school graduation rates, access to post-secondary education, post-secondary graduation rates, and labor market outcomes. |

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| 2020 | Eric F. Wagner and Julie A. Baldwin | Recovery in special emphasis population | <i>Alcohol Research: Current Reviews</i> | Wagner, E. F., & Baldwin, J. A. (2020). Recovery in special emphasis populations. <i>Alcohol Research: Current Reviews</i> , 40(3). https://doi.org/10.35946/arcr.v40.3.05 | Individuals attending college, Latinx, Black, and Native American populations, lower socio-economic status are at an increased risk for alcohol or substance use disorder. |
| 2020 | Amy A. Mericle, Adam W. Carrico, Jordana Hemberg, Rebecca de Guzman, & Ronald Stall | Several common bonds: Addressing the needs of gay and bisexual men in LGBT-specific recovery housing | <i>Journal of Homosexuality</i> | Mericle, A. A., Carrico, A. W., Hemberg, J., de Guzman, R., & Stall, R. (2020). Several common bonds: Addressing the needs of gay and bisexual men in LGBT-specific recovery housing. <i>Journal of Homosexuality</i> , 67(6). https://doi.org/10.1080/00918369.2018.1555394 . | LGBTQ+ men experience co-occurring conditions, such as trauma, depression, and HIV, that result in unique challenges throughout their recovery. Services providers should be mindful of this and provide services that address this additional burden. |
| 2021 | Devin Borland Miles | Impact of Collegiate Recovery Communities on the Internalized Stigma of Student Participants | Not Applicable/ Doctoral Dissertation | Miles, D. B. (2021). <i>Impact of Collegiate Recovery Communities on the Internalized Stigma of Student Participants</i> (Doctoral dissertation, Concordia University Wisconsin). | Racial and ethnic minorities, individuals in poverty, members of the LGBTQ+ community with substance use disorders can experience more stigma than their white, cisgender and heterosexual counterparts. CRCs that lack in representation can result in increased stigmatization and isolation and decreased help-seeking from marginalized communities. |
| 2021 | Gretchen Snethen, Victoria Jeffries, Elizabeth Thomas, and Mark Salzer | Welcoming Places: Perspectives of Individuals With Mental Illnesses | <i>American Journal of Orthopsychiatry</i> | Snethen, G., Jeffries, V., Thomas, E., & Salzer, M. (2020). Welcoming places: Perspectives of individuals with mental illnesses. <i>American Journal of Orthopsychiatry</i> , 91(1), 76-85. https://doi.org/10.1037/ort000519 | Community-based organizations can be more welcoming to individuals with serious mental illness by increasing natural light, plants, providing an increased number of activities, facilitating reciprocal relationships, and displaying welcoming decals or signs. |

Appendix D. Policy Review

C4 conducted a policy review to identify federal, state, and institution-level policies that may impact the development and sustainability of collegiate recovery programs in the state of Washington. C4 also reviewed the Washington state seed grantee quarterly reports to better understand the priority areas of each school throughout the grant period. Findings are organized by level: federal, state, and institution-level.

Federal Laws

| Law or Policy Name | Year | U.S.C. Code | Brief Description |
|--|------|----------------------------------|--|
| Higher Education Act | 1965 | 72 U.S.C. § 941 <i>et seq.</i> | The HEA allowed students with disabilities to receive additional financial aid for disability-related expenses. It also resulted in the development of TRIO programs. |
| Title IX of the Education Amendments Act of 1972 | 1972 | 20 U.S.C. §1681 <i>et seq.</i> | Title IX of the Education Amendment Act of 1972 includes protections for victims of sexual assault, including instances of alcohol- or drug-facilitated assaults. |
| Section 504 of the Rehabilitation Act | 1973 | 29 U.S.C. § 794 <i>et seq.</i> | Students with disabilities must receive equal access to educational opportunities. |
| Family Educational Rights and Privacy Act (FERPA) | 1974 | 20 U.S.C. § 1232 <i>et seq.</i> | IHEs may contact a student's parent or guardian without the student's consent when they have violated alcohol or drug use laws or institutional policies. |
| Fair Housing Act; Title VIII of the Civil Rights Act of 1968 | 1968 | 42 U.S.C. 3601 <i>et seq.</i> | It is unlawful to deny a person housing, including campus housing, based on their disabilities. |
| Drug Free Schools and Communities Act | 1989 | 20 U.S.C. § 12101 <i>et seq.</i> | Institutes of Higher Education must certify that they have (1) student and employee codes of conduct that prohibit the possession, use, or distribution of illicit drugs and alcohol on school campuses; (2) disciplinary actions for the unlawful possession or distribution of illicit drugs or alcohol; (3) description of health risks associated with substance and alcohol use; and (4) a description of available alcohol or substance use prevention programs and treatments available for students. |
| American Disabilities Act | 1990 | 42 U.S.C. § 12101 <i>et seq.</i> | Students with disabilities, including substance use disorder, can request reasonable accommodations from the IHE. |
| Student Right-To-Know and Campus Security Act (Clery Act) | 1990 | 20 U.S.C. § 1001 <i>et seq.</i> | IHEs that receive federal funding must disclose information about crime that occurs on campus or in surrounding communities, including drug and alcohol use violations. |
| Mental Health Parity Act | 1996 | 42 U.S.C. § 201 <i>et seq.</i> | Insurances cannot pose less favorable benefits for behavioral health care than medical health care. |

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| Higher Education Amendments | 1998 | 20 U.S.C. § 1091 <i>et seq.</i> | The reauthorization of the HEA in 1998 included a provision that denied financial aid to students with past drug convictions. |
| Drug Addiction Treatment Act of 2000, part of the Children’s Health Act of 2000 | 2000 | 42 USC 201 <i>et seq</i> | Permits physicians to treat opioid use disorder with buprenorphine, among other FDA approved narcotic medications, outside of Opioid Treatment Programs |
| Garrett Lee Smith Memorial Act | 2004 | 42 U.S.C. § 201 <i>et seq.</i> | The Garret Lee Smith Memorial Act developed programs to address behavioral needs on campus by working with suicide prevention. |
| Deficit Reduction Act | 2005 | 42 U.S.C. § 1305 <i>et seq.</i> | Individuals convicted of drug crimes are only ineligible for federal student financial aid if they are convicted of the crimes during the aid period. |
| The Sober Truth on Preventing Underage Drinking Act (STOP Act) | 2006 | 42 U.S.C § 201 <i>et seq.</i> | States must report on their underage alcohol use prevention efforts. |
| Patient Protection and Affordable Care Act | 2010 | 42 U.S.C. 18001 <i>et seq.</i> | The ACA resulted in the expansion of health care coverage and removal of co-pay for preventative services common at campus health centers. |
| 21 st Century Cures Act | 2016 | 42 U.S.C. § 201 <i>et seq.</i> | This reauthorized the STOP Act, and is associated with funds for recovery support services in multiple domains, including collegiate recovery. |
| Comprehensive Addiction and Recovery Act (CARA Act) | 2016 | 42 U.S.C. § 201 <i>et seq.</i> | Provides funding to fight the opioid epidemic. |
| SUPPORT For Patients and Communities Act | 2018 | 21 U.S.C. § 301 <i>et seq.</i> | The Support for Patients and Communities Act expanded of Medicaid services. |
| Consolidated Appropriations Act Brief Description: The Consolidated Appropriations Act of 2021 | 2021 | U.S.C. Code: Publ. L. No. 116-260, Stat 1182 | Allows for incarcerated individuals to receive federal financial aid. |

State Laws

| Law or Policy Name | Year | Bill Number | Description |
|--|------|-------------|--|
| Washington State Violence Prevention Act | 1994 | HB 2319 | This act created a network of community public health and safety networks to support at-risk youth across Washington State. |
| Involuntary Treatment Act (Ricky’s Law) | 2016 | HB 1713 | This law allows for individuals with substance use disorders to receive crisis care if they are determined to be a danger to themselves or others. |
| The Blake Bill | 2021 | SB 5476 | The Blake Bill increased funding for the behavioral health care system and allows for an increase in collegiate recovery services. |

Institution Level Policies

| Law or Policy Name | Year | Public Law Number | Description |
|---|-------------|--------------------------|--|
| Gonzaga University Student Code of Conduct | n.d. | N/A | The Gonzaga student code of conduct included information about their alcohol and substance use policies. |
| Green River College Code of Conduct | n.d. | N/A | The Green River student code of conduct included information about their alcohol and substance use policies. |
| Washington State University, Pullman Campus Student Code of Conduct | n.d. | N/A | The Washington State University, Pullman campus student code of conduct included information about their alcohol and substance use policies. |
| Whitman College Code of Conduct | n.d. | N/A | The Whitman student body code of conduct included information about their alcohol and substance use policies. |

Contributor Biographies

WSU Evaluation Team

Michael Cleveland, PhD, Faculty, Human Development, PI

Michael Cleveland's research focuses on the entire spectrum of substance use and addiction. His primary prevention work centers on youth during the transition from high school into emerging adulthood. Michael's research highlights how parents can remain an active influence in their children's lives during this time by offering strategies to help parents communicate and stay involved. This approach has wide-ranging implications for families as they learn how to navigate this transition in a way that empowers both the parent and the teen. A second area of Michael's research focuses on the daily experiences of people who are in recovery—that is, people who suffer from a substance use disorder.

Patricia Maarhuis, PhD, WSU Health Promotion, Co-PI

Patricia Maarhuis serves as the WSU Collegiate Recovery Initiative Co-PI with a focus on state-wide IHE and WSU Pullman campus implementation of recovery support programs, including oversight of the initiative evaluation project and the multi-campus seed grant project. She has worked in collegiate substance use prevention and recovery support program development and implementation for over 20 years. Patricia has authored or edited publications and reports on the intersections between education, culture, and high-risk health experiences.

Konul Karimova, MA, Recovery Support Campus Coordinator

Konul Karimova joined the Collegiate Recovery Support Initiative project as the Recovery Coordinator for WSU Pullman campus. Konul holds master's degree in Women's and Gender Studies and is in the process of completing her doctoral degree in Prevention Science with a focus on gender-based violence prevention as well as translation and evaluation of evidence-based programs.

Jonathan Wallis, MA, Recovery Support Project Coordinator

Jon Wallis helped launch the Collegiate Recovery Program (C4R) at Washington State University while finishing his undergraduate studies in Psychology. He served as the 2020-2021 Project Coordinator for the WSU-HCA Collegiate Recovery Support grant. After completing a master's degree at Seattle University, Jon now works as a mental health counselor in North Seattle.

C4Innovation Evaluation Team

Kathleen Ferreira, PhD, Director of Research and Evaluation, C4 Innovations

Kathleen Ferreira is a former direct care provider and has 20 years of research, evaluation, training, and technical assistance experience in development and implementation of services and supports for marginalized populations. Her research areas include mental health and recovery, substance use & prevention, family- and consumer-driven services, homelessness, and organizational and system-level development to better serve youth and families facing behavioral health challenges. Kathleen received a Ph.D. in Interdisciplinary Education from the University of South Florida.

Jennifer Battis, MRes, Evaluator, C4 Innovations

Jennifer Battis is an evaluator at C4 Innovations with over 10 years of experience leading evaluations and providing technical assistance to local and cross-site projects across the United States. Jennifer received her master's degree in social research (MRes) from the University of Aberdeen, Scotland, and has since worked on evaluations focusing on substance use treatment, criminal justice and specialty courts, juvenile justice and juvenile diversion programs, victim assistance programs, and human trafficking. Currently, Jennifer is part of the evaluation team partnering with Washington State University to conduct an environmental scan looking at the availability of collegiate recovery supports across the state of Washington

Adrienne Kasmally, BA, Research Coordinator, C4 Innovations

Adrienne Kasmally is an evaluator and research coordinator at C4 Innovations. She has led evaluations on sexual and domestic violence prevention programs and policies that emphasize the importance of person-centered, trauma-informed care. She has also conducted evaluations on Title IX policies, childhood behavioral and mental health programs, and programming for survivors of domestic violence. She has a background in advocacy work and is passionate about supporting and empowering marginalized communities.

Kristen Harper, MEd, Recovery Specialist

Kristen Harper, MEd has over 15 years of experience in nonprofit management, policy reform, and recovery services. She began her career in collegiate recovery in 2008 as the founding director of the Center for Addiction Recovery at Georgia Southern University. In 2011, Kristen joined the Texas Tech University Collegiate Recovery Community team as a research associate. Kristen joined the Association of Recovery Schools as the first full-time executive director in 2013. Kristen currently sits on the National Advisory Council for SAMHSA's Center for Substance Abuse Treatment and is Director of Recovery Innovation at Faces & Voices of Recovery.

WSU Collegiate Recovery Support Initiative Staff

Paula Adams, MA, Director of HP, Co-PI

Currently in the position of director of health promotion at WSU, Paula Adams has 19 years of experience in prevention, health education, and health promotion in higher education. She has a master's degree in strategic communication and is near completing a doctoral degree in prevention science. Paula led writing and implementation of \$1 million in federal grants to bring collaborative, systemic change to WSU Pullman around sexual violence prevention and suicide prevention.

Konul Karimova, MA, Recovery Support Campus Coordinator

See biography above.

Patricia Maarhuis, PhD, WSU Health Promotion, Co-PI

See biography above.

Jonathan Wallis, MA, Recovery Support Project Coordinator

See biography above.

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and Rehabilitation (DBHR)

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Full report:

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Overview:

Maarhuis, P. (2021). Overview of the State of Washington Collegiate Recovery Support Services Evaluation. In Maarhuis, P., Ferreira, K., Cleveland, M., Battis, J., Harper, K., Karimova, K., Kasmally, A., & Wallis, J. (2021). *Reshaping the conversation: Collegiate recovery supports and services in the State of Washington* (pp. 2–5). Evaluation Report of the 2020-2021 State of Washington Collegiate Recovery Support Initiative. Pullman, Washington: Washington State University. <https://cougarhealth.wsu.edu/collegiate-recovery/>

Evaluation Part 1:

Cleveland, M., Maarhuis, P., Karimova, K., & Wallis, J. (2021). Understanding Academic Support Needs and Barriers for Youth in Recovery During the Transition to College: Evaluation Part 1. In Maarhuis, P., Ferreira, K., Cleveland, M., Battis, J., Harper, K., Karimova, K., Kasmally, A., & Wallis, J. (2021). *Reshaping the conversation: Collegiate recovery supports and services in the State of Washington* (pp. 6–27). Evaluation Report of the 2020-2021 State of Washington Collegiate Recovery Support Initiative. Pullman, Washington: Washington State University. <https://cougarhealth.wsu.edu/collegiate-recovery/>

Evaluation Part 2:

Ferreira, K., Battis, J., Kasmally, A., & Harper, K., (2021). Environmental Scan of Collegiate Recovery Supports in the State of Washington: Evaluation Part 2. In Maarhuis, P., Ferreira, K., Cleveland, M., Battis, J., Harper, K., Karimova, K., Kasmally, A., & Wallis, J. (2021). *Reshaping the conversation: Collegiate recovery supports and services* (pp. 28–86). Evaluation Report of the 2020-2021 State of Washington Collegiate Recovery Support Initiative. Pullman, Washington: Washington State University <https://cougarhealth.wsu.edu/collegiate-recovery/>

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