

National Center on Safe Supportive Learning Environments



Supporting Recovery and Building Resilience on Campus: The Role of Collegiate Recovery Programs

QUESTION AND ANSWER SUMMARY

On Thursday, March 28, 2019 the U.S. Department of Education, Office of Safe and Supportive Schools (OSSS) and the National Center on Safe Supportive Learning Environments (NCSSLE) in coordination with the White House Office of National Drug Control Policy (ONDCP) hosted a webinar to explore the role of Collegiate Recovery Programs (CRPs) and similar initiatives in supporting students in recovery.

During this webinar, **Dr. Mitchell “Mick” Zais**, Deputy Secretary, U.S. Department of Education provided opening remarks; and **Arthur Kleinschmidt**, Senior Advisor, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration provided an overview of CRPs. To provide campus-specific perspectives **Erich Klein**, Coordinator, Collegiate Recovery Program, Northampton Community College; **Karen Moses**, Director, Wellness and Health Promotion, Arizona State University; and **Ahmed Hosni**, Director of Recovery at the Higher Education Center for Alcohol and Drug Misuse, Prevention, and Recovery (HECAOD), The Ohio State University discussed details of their campus support of students in recovery. **James Carroll**, Director, White House Office of National Drug Control Policy, provided closing remarks.

Here is a compilation of the questions raised by webinar participants and the answers provided by presenters, both during and subsequent to the event.

1. What is the Federal government’s commitment to fund collegiate recovery programs on public university campuses?

Federal Partners: The Federal Government has supported the development of CRP replication materials and has hosted webinars, expert panels, and policy academies to support the development of CRPs. It has also funded preliminary research on this topic. The government will continue to explore opportunities for supporting the expansion and enhancement of CRPs.

2. How are you working to change the stigma that remains regarding recovery programs?

Eric Klein: Institutionally, we are using data collection. I presented some of our current outcomes in the slides. The proof that students in a CRP remain, succeed and/or transfer whole in strong academic standing make us an evidence-driven program. This evidence erases a bit of the institutional bias which is afraid to admit that we have “those people” on our campus, at all. It is starting to reverse the narrative, and the school is becoming supportive of our accessibility to community partners as a solution or part of a post-treatment plan for maintenance of mental health and sobriety as defined by the person

(and sometimes by the court). On the campus community, we are doing all kinds of events with tabling to get out our message (orientation, Parents' Day, Earth Day, QuadFest), plus we are cooperating on events with other groups on campus to normalize the title "person in recovery." We are hosting mocktails in the residence hall. We speak at presentations hosted by the Alcohol and Other Drugs Task Force on campus. Plus, we are trying to circulate better person-first language to faculty and staff to directly combat passive stigma or inadvertent microaggressions. In the community at large, we are looking to do more public awareness and engagement or tabling at regional events. We are also seeking positive "people" stories from the local press. We are growing our Instagram and Facebook presence beginning this summer.

Karen Moses: We have found that there is stigma with addiction, with recovery, and even with choosing not to drink alcohol. One way we address this is through education – helping our community of students, faculty, and staff to better understand addiction, to become familiar with what recovery means to the individual and to people in their lives, and to dispel the misperceptions that "everyone" drinks. One strategy is to host a panel of students in recovery to talk about their experiences, to share tips on acceptance and nurturing ways, and to expand social opportunities. We also make intentional effort to make recovery visible across campus. We have found that it is important to train faculty and staff, as well as students.

Ahmed Hosni: We created a recovery ally training that addresses stigma regarding substance use disorders, how to support students in or seeking recovery, and other stigma reduction topics.

Federal Partners: The Federal Government is working to encourage the adoption of consistent, evidence-based, and non-stigmatizing language across federal agencies and outside of the government. Language has been shown to have powerful effects on judgments about and perceptions of people with or in recovery from substance use disorders (SUD). Additionally, the government continues to work to convey that addiction is a disease and not the result of a personal or family failing. Federal efforts to better integrate SUD care with broader health systems help reinforce that addiction is a medical condition. These efforts are also expanding needed access to medication-assisted treatment, facilitating early identification and early intervention before substance use problems become severe, and improving linkage and coordination between primary care, hospitals, and specialty SUD treatment providers.

3. Where do we locate potential grant(s) to apply for that support addressing recovery?

Eric Klein: We start with county drug and alcohol enforcement agencies, drug treatment programs in the county and the State, and local business. Our grant team does the rest for us. We meet regularly to discuss what we need, who we are, and where we fit in currently available programs and simply apply for most of them.

Karen Moses: Our funds to support recovery have come through the Governor's Office for Youth, Faith, and Family and the Governor's Parent's Commission. I know of campuses who get funding for their recovery programs through their foundation – an endowment fund designated to helping students in recovery which has a donor who is an alum in recovery, a parent of a student, etc. I also always look through the Department of Health and Human

Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) grants, as there are sometimes grants that address recovery, though so far none have been right for our needs.

Ahmed Hosni: My suggestion would be to look within your local alcohol and other drug (AOD) and mental health county boards, state departments, and local philanthropic organizations. My best advice would be to continue advocating for your institution to pay for the program and apply for grants to grow it. Relying on grant money is not a sustainable model for a program. If you have a development officer within your university, work with them to identify grants and potential donors.

Federal Partners: SAMHSA awards grants to support the development of peer recovery support services infrastructure under programs such as Building Communities of Recovery (B-COR), the Recovery Community Services Program Statewide Networks (RCSP-SN), and Targeted Capacity Peer-to-Peer (TCE-P2P). More information on SAMHSA grants is available at: <https://www.samhsa.gov/grants>.

4. **Question for Eric- Can you please share a little about the strategy used to obtain the support from Student Affairs to have priority registration benefits for people enrolled in the 12-step programs? Is that part of your student profile or how did you locate these students?**

Eric Klein: We have had the luck of having very specific guidelines for priority registration. Once we were acknowledged by the Office of Diversity, the leap to priority registration was quick. Amazingly, there was no strategy getting this accepted. We just asked! As far as locating students, it is a program only for active members of the CRP not for people in recovery who are not part of the community. The idea that they are involved in 12-step programs is just an example of why they require some preferential schedule timing, but any pathway of recovery is acceptable. If they do not self-identify after our recruitment attempts or get referred by a counselor/staff/faculty member, there is very little we can do to recruit a person. The student may allow “in recovery” as part of their identity, but it certainly is privileged and personal.

5. **Question for Eric: Is there a guide specifically targeted toward creating collegiate recovery program to impact both internally on campus as well as externally in the community? (Sorry, I was a bit confused about this information.)**

Eric Klein: I am not sure that I fully understand this question. Let me respond based on how I’m understanding it. Every program template tries to achieve the growth of campus and community recovery capital (implicitly or explicitly). As for guides, my advice is to ask us personally, or to begin (GENTLY) with the Texas Tech Model which is built to be replicable. The issue is choosing a model that realistically mirrors your community. Texas Tech was not feasible for NCC because we have no money for programming and much of the model suggests that one hires a staff, finds independent space, and has housing. We are just not there yet.

6. **Question for Eric: Do any of the resources you’ve referenced include a comprehensive list of support services for collegiate recovery programs? I cannot find a comprehensive list of services.**

Eric Klein: I do not believe there are lists of CRP-specific support services other than the [Association of Recovery in Higher Education](#) (ARHE) website, or simply going to that site, finding the email of program directors, and reaching out directly for advice. Transforming Youth Recovery has a site called [Capacitype](#). That site has a ton of resources in regions who have participated. Joining in and growing your community there would be helpful, too.

Federal Partners: Transforming Youth Recovery has some additional resources on this topic, such as the following:

- <https://www.transformingyouthrecovery.org/research/community-colleges-the-next-frontier-of-recovery-support-at-institutions-of-higher-education-2018/>
- <https://www.transformingyouthrecovery.org/research/collegiate-recovery-activities-toolkit/>
- <https://www.transformingyouthrecovery.org/research/capacity-building-for-collegiate-recovery-edition-2-2017/>
- <https://www.transformingyouthrecovery.org/research/navigating-institutional-politics-quick-guide/>
- <https://www.transformingyouthrecovery.org/research/collegiate-recovery-program-fundraising-toolkit/>
- <https://www.transformingyouthrecovery.org/research/38-assets-for-building-collegiate-recovery-capacity-revised-2015/>
- <https://www.transformingyouthrecovery.org/research/recovery-support-in-and-around-community-college-campuses-in-the-u-s-2016/><https://www.transformingyouthrecovery.org/research/recovery-support-in-and-around-community-college-campuses-in-the-u-s-2016/>
- <https://www.transformingyouthrecovery.org/research/association-of-recovery-in-higher-education-arhe-conference-presentation-findings-from-transforming-youth-recoverys-2017-collegiate-recovery-census-2018/>
- <https://www.transformingyouthrecovery.org/research/collegiate-recovery-asset-survey-2015-report-2015/>

7. What part could entrepreneurship education play in supporting collegiate recovery programs?

Eric Klein: A college could design a model and then begin testing it with focus groups and a board of directors which has student membership. You could set measurable goals as a unit.

Karen Moses: I'm not sure of the specifics, yet I believe that if you put a group of students from a collegiate recovery program in a room with students who want to develop products, they will come up with something useful.

Ahmed Hosni: I think that entrepreneurship education can and should play a great role in CRPs. The idea of equipping students in recovery with tools that will make them successful business people and give them the ability to contribute to their communities, families, and neighborhoods in a meaningful way is the spirit of collegiate recovery.

Federal Partners: While CRPs generally emerge organically within the campus ecosystem, there are for-profit entities that contract with institutions to support collegiate recovery communities and or establish dedicated recovery housing for students. The Association of Recovery in Higher Education may have more information on this.

8. The social and educational aspects of these programs are wonderful, but are they meant to supplement the students' own chosen programs of recovery, such as 12-step or harm reduction therapy? Or are those aspects built into these programs? Further, have any of you partnered at all with the Young People of AA conferences?

Eric Klein: We have partnered with youth recovery groups in PA, even tabled at a conference. A CRP should enhance an already in-place recovery plan. Many campuses do not acknowledge Medication Assisted Treatment (MAT) and harm reduction yet but the ARHE national conference is working vigorously to initiate movement on this immediately. We are engaging discussion and bringing forth data!

Karen Moses: Our recovery programs are open to any student. We have held AA and NA meetings (through the proper channels) on campus, but more recently received student input that they just need meetings to get together for support, not under a particular recovery plan/program. Now we host a general support meeting, and the students find their meetings in the community. Many bring students who are new in recovery to their favorite local meetings. The meetings at ASU have become stepping stones to other recovery programs. The meetings at ASU address issues more about being in recovery on campus versus doing the recovery plan central to a particular program.

Ahmed Hosni: At Ohio State, we view the CRP as supplemental to their program of recovery. For students who come not having a program of recovery, our job is to support them in developing their own unique pathway. Our sole requirement is that it is a pathway that has a goal of abstinence. If that is not the aspiration, we connect them with resources on campus that will help them achieve their goal of moderation. We've never partnered with any YPAAs formally, but many of our students are big fans.

9. Is there a list of all the Collegiate Recovery Programs around the country?

Eric Klein: Go to www.collegiaterecovery.org for a list of programs.

Ahmed Hosni: Check out the [Association of Recovery in Higher Education](http://www.arhe.org) (ARHE) and [Transforming Youth Recovery](http://www.tyr.org) (TYR) websites.

10. Do you see a connection between ADHD and addiction in students?

Eric Klein: I see co-occurring disorders of all kinds but not at a higher level than say anxiety and suicidal ideation or anxiety and ADHD. It has to be destigmatized from the onset and made part of a recovery plan. Then the CRP must support it. We can engage counseling to do this when there is no housing or counselor on the CRP staff. Dismissing other mental health issues is a sure path to failure.

Ahmed Hosni: I have worked with students who were in recovery and had an ADHD diagnosis. To be honest I don't think I am the best person to speak about this topic. It is a great question though.

Federal Partners: Although ADHD and addiction do present as co-occurring conditions, estimates on the prevalence and rates of co-occurrence are variable.

11. Question for Dr. Karen Moses: What a great presentation and it seems that you have a lot of campus support too. I would like to see the success rate based on data. Do you have that information available?

Karen Moses: We have incorporated some questions into our annual health behavior survey that we hope will show that those areas of support that students in recovery are requesting are being addressed, such as having enough social events, connections for people in recovery, getting the support they need, etc. We will not know whether the trends are improving until we get our data back for the 2019 survey.

Federal Partners: Participation in certain CRP models has been associated with higher grade point averages, greater retention, and higher graduation rates than the student population as a whole at hosting institutions. For example, CRP members in the StepUP program at Augsburg College reported higher GPAs than the student body average and 93 percent reported abstinence from 2007 to 2016 (Augsburg University, n.d.; Greenagel, 2016; Laudet, Harris, Kimball, Winters & Moberg, 2014). Additionally, active participation in a CRP seems to enhance recovery quality and length as well as potential for academic success (Brown, Ashford, Heller, Whitney, & Kimball, 2018).

12. If funding were donated for collegiate recovery programs at community colleges, how would that funding be best used?

Eric Klein: My advice is that you should be prepared for flexibility. It also matters how much money you are talking about. New Jersey gave \$5 million in grants to Universities to build sober living . . . that's a lot different than the \$2 thousand we have. If you have a small amount, hiring competent staff with proper credentials, peer-to-peer development, and the budget for weekly events (transportation to events, movie nights, mocktails, shopping, yoga, FOOD at meetings is a HUGE draw). Plus, the school should do the marketing. If they do not, use social media. It is free. Spend the money on student programming and direct support. In addition, I would also add that one should engage each cohort differently. Choose activities that will enhance retention and educational support.

Karen Moses: Staff is a priority. You may be able to carve out time from a professional staff to coordinate, but will minimally need paid student staff to coordinate activities, meetings, etc. and food to attract students to planning meetings, events, etc. Once you have a plan (created by input from students in recovery facilitated by program staff), you can determine whether the next expenditures would be promotional materials to make the program and activities visible, or for events and activities, etc. Don't forget to budget for evaluation of your program.

Ahmed Hosni: ARHE identifies a few best practices for starting collegiate recovery programs, and I think they apply at the community college structures as well. Having a staff person who is dedicated to the CRP and possibly other AOD programs on campus would be ideal. Giving the students a space on campus, a drop-in center. Other than that, I would say that the funding should be used to support the needs of your students and that their input should be driving any decisions being made.

13. These programs are amazing! Is there a nationwide comprehensive list of curricula? Several classes in opioid education? Best practices?

Eric Klein: I would ask different locations to add theirs, like Ahmed volunteered. The Texas Tech model is not feasible for 95% of all campuses in the US.

Karen Moses: I would also recommend directly contacting schools who are a part of the [Association of Recovery in Higher Education](#) to ask them about their plans and their curriculum. Or attend their annual meeting.

Ahmed Hosni: Check the Association of Recovery in Higher Education (ARHE) at <https://collegiaterecovery.org> for standards and recommendations. The Texas Tech University curriculum can be found on their website <http://www.depts.ttu.edu/hs/csa/>. For Ohio State's, please reach us at recovery@osu.edu.

14. How do collegiate recovery programs handle the heavier barriers of these students? Homelessness, poverty, hunger...the bottom of Maslow's Hierarchy of Needs?

Eric Klein: Technically, they only support the students in this regard, so every place is different. It depends on the clinicians involved. Beatriz and I at NCC are social workers. We consider all those issues all the time. We engage every support system our college has to offer and as a community college, there are tons. We do an exceptional job of supporting every need from food banks, to gas cards/bus passes, bookstore gift cards, emergency grocery store gift cards, prescription support, etc. In reality though, this is not the official capacity of the CRP.

Karen Moses: Our team has training to prepare them to guide students to resources available on campus. We have an office on campus that will help students with need to get the financial assistance they need – to get them beyond the day-to-day challenges with hunger, homelessness, and poverty, etc. We listen and engage students in caring conversations to move them toward this help. We also have a Friends of Recovery ally program that is intended to make “safe places” for people in recovery more visible.

Ahmed Hosni: An amazing question. We handle it by doing case management with our higher need students. We work as hard as we can to help them find the resources they need on or off campus, that we cannot provide in-house. Being a CRP employee means being a benefits bank directory, having community partners who are dedicated to serving students in recovery as well that you can rely on to fill gaps that you are unequipped to fill. We must remind ourselves daily that we cannot do everything, but we can be a bridge to whatever our students need.

15. Is one of the problems that there needs to be more sober housing on campuses? Would sober living be beneficial for the students?

Eric Klein: YES, YES, YES, YES, and YES again. Just the agency of being allowed to choose sober living is valuable.

Karen Moses: One challenge that many campuses face is that campus housing is “dry.” At ASU we do not allow alcohol, tobacco, marijuana or illegal drugs in the residence halls. We

have set up systems to help keep these substances out of the residence halls. Technically, all our housing facilities (except family housing at our Polytechnic campus) are sober housing. Yet students may return to their room intoxicated, there may be alcohol at parties they attend, etc. It may benefit some students in recovery to live in an environment where all the students living there are in recovery, sober, and supported in their recovery efforts, academic efforts, and their life skills learning efforts. At ASU we have such an opportunity for ASU students through TreeHouse Learning Community, a community recovery program that is available for college students throughout the Phoenix area. They also have a facility in Prescott, AZ. This is ideal for some students.

Ahmed Hosni: I have mixed opinions on sober housing on campus. If a person is in need of that level of accountability, structure, and oversight, I believe you'd better know you can provide it because we don't want to risk people's lives senselessly. Sometimes the best answer to a student wanting to come to campus before they are ready is to focus on themselves and come back when they are healthy.

Federal Partners: Some CRP models (e.g., [Augsburg University's Step-Up Program](#) and the [collegiate recovery program at Rutgers University](#)) incorporate dedicated recovery housing as core program components. In these programs, students in recovery may live in campus housing dedicated as recovery housing or a residence hall or floor dedicated to CRP students. These settings help to build resiliency and a sense of community and reduce the likelihood of return to use. However, not all campuses have the resources to replicate this approach. Additionally, on campuses where a high percentage of students are commuters, housing does not play the same role, although it is likely some commuter students could benefit from recovery housing. A "safe space" for students in recovery to meet, socialize, and conduct recovery meetings is a core component of CRPs, although some early-stage programs, sometimes referred to as "collegiate recovery efforts," do not yet have such a component.

16. Can you all provide an outline for the setup of your meeting(s)? What do the topics look like each week?

Eric Klein: We always prepare a topic or two but we have found no need. It is a dynamic functional group.

Ahmed Hosni: We have our students sign up at the beginning of the semester to be responsible for topics each week.

17. Hi Ahmed, how can we get ahold of you RE: Recovery Ally Training materials?

Ahmed Hosni: Contact us at <https://hecaod.osu.edu/>. We are excited to share!

18. What reports will be published by this group in the near future surrounding collegiate programs at community colleges?

Eric Klein: Follow Recovery Science (a journal) for tons of resources and go to the ARHE website after our July conference for an update of the most current research being presented nationally.

19. Are there any major studies about the needs of community college students from a lived experience, empathy-based perspective?

Eric Klein: No. I am working on studies regarding race and religious freedom but I am not sure anyone else is approaching this yet. GREAT idea. Would you like to write a paper with me? PLEASE call me or email ASAP. esklein@northampton.edu 484-891-1114.

Ahmed Hosni: Erin Jones at [TYR](#) is who I would go to for community college studies.

20. Is there a format for how a Collegiate Recovery meeting is run?

Eric Klein: We do not have one.

Ahmed Hosni: See document "All Recovery Meeting Format" in the Related Resources section of this event's archived materials for details of how we approach this at the Ohio State University.

21. Please clarify--Did the last speaker state that there is "forgiveness for student loans for those who are going to substance abuse professionals?" Not sure I got that right.

Federal Partners: Yes. The HHS, Health Resources Administration's National Health Services Corps Substance Use Disorder Workforce Loan Repayment Program will reimburse tuition costs for individuals studying to be allopathic/osteopathic physicians, physician assistants, psychiatrists, nurse practitioners, certified nurse-midwives, psychiatric nurse specialists, health service psychologists, licensed clinical social workers, marriage and family therapists, licensed professional counselors, substance use disorder counselors, clinical pharmacists, and registered nurses who complete service commitments by providing SUD treatment or associated health care services at SUD treatment sites located in health professional shortage areas. For more information, see <https://nhsc.hrsa.gov/loan-repayment/nhsc-sud-workforce-loan-repayment-program.html> and <https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/sud-lrp-application-guidance.pdf>.

22. I heard the speaker from the DEA mention recovery is within their operational mandate. I am curious, with interdiction and criminal prosecution as a primary role of the DEA, how can they, or how is the DEA planning to balance that role with harm reduction and other successful modalities? I wonder how the DEA would be able to effectively counter the inherent role-conflict? I would think that among all American's struggling with substances, college students would be the one area where drug use is both common place and where the results of drug conviction would cause the most harm to the student. Thoughts?

Federal Partners: The Drug Enforcement Administration's (DEA) Community Outreach and Prevention Support Section provides the public with current information about illicit drug use, the misuse of prescription drugs, drug use trends, and the health consequences of drug use. Although treatment and recovery efforts are not specifically identified as being within DEA's purview, DEA recognizes the importance of the full continuum of care in addressing drug use and SUD. In this session, the DEA representative served as a moderator and provided information on activities of DEA's Community Outreach and Prevention Support Section.

23. Do any of these resources include a comprehensive list of support services for collegiate recovery programs?

Eric Klein: Check [Association of Recovery in Higher Education](#) (ARHE) and ask around.

Karen Moses: The Association of Recovery in Higher Education has a page on starting a collegiate recovery program. These will include a list of the minimum in support services and provisions that this organization recommends. <https://collegiaterecovery.org/starting-a-collegiate-recovery-program/>

Ahmed Hosni: The [Association of Recovery in Higher Education](#) (ARHE), [Transforming Youth Recovery](#) (TYR), [Higher Education Center for Alcohol and Drug Misuse Prevention](#) (HECAOD), [SAMHSA BRSS-TACS](#), and [Ammon Foundation](#) is your comprehensive list.

24. Is there a guide specifically targeted toward creating a collegiate recovery program to have impact both internally on campus as well as externally in the community?

Eric Klein: I would say call me and Ahmed. Also ask Karen, contact Augsburg, Texas Tech, Virginia Commonwealth University (Thomas Bannard), and keep asking others.

Karen Moses: I'm not familiar with such a guide. However, we typically ensure that our events are open to the external community, as well as to students. We also make sure we are involved with the local YPR, the local coalitions, etc., to ensure we are representing students in recovery as a visible need in the community, and helping to promote and plan for expanded resources at the community level.

Ahmed Hosni: I think the Texas Tech curriculum is the closest thing. Each campus is unique and so the best idea would be to talk with other CRP employees across your state, region, and the country to find ideas and support.