

No, really... policies aren't boring...



Statewide Collegiate Recovery Initiative: Life Experience Meets Policy

Lessons Learned from the State of Washington

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As part of the 2020-2021 State of Washington Collegiate Recovery Support Initiative, Washington State University (WSU) partnered with C4 Innovations (C4) to conduct an environmental scan from February to June 2021. The scan included policy and literature reviews, a survey, and qualitative semi structured key informant interviews with various stakeholders to gain a better understanding of collegiate recovery¹ efforts in the State of Washington. This brief will provide a summary of our policy review, which was conducted to understand which policies at the federal, state, local, and institution-levels may impact collegiate recovery efforts. [Note: For a detailed description of the methodology used for the policy review, please see the [full report](#). C4 identified several policy areas that impact the development and sustainability of collegiate recovery efforts across the State of Washington: Prevention, mental health and behavioral health treatment, supports for students on campus, Institution of Higher Education (IHE) response to use, and collegiate recovery funding mechanisms.

Why Does Reviewing Policy Matter?

It can be tempting to rush to implementation when developing an important new program. However, strong policies provide a foundational framework and roadmap for advancing an initiative as well as accountability during implementation and a better probability of sustainability. During the environmental scan, our review of policies and interview data highlighted several important policy-specific points:

+ Strong policies supporting collegiate recovery are crucial.

Policies improve the likelihood of systemwide/organizational change and sustainability. Policies must be evidence based, focused on harm reduction, and include evaluation as part of the implementation process. Early policies encouraged development of collegiate recovery programs, and the Association for Recovery in Higher Education's (ARHE) development of official definitions and abstinence-based standards for programming were crucial to increasing accountability. Importantly, IHE's should be required to implement harm reduction and recovery support policies. Currently there are few consequences when state policies and federal regulations are disregarded.

+ Current federal and state policies need updating. Review of policies revealed that there is a lack of federal and state policies that support a continuum of services for IHE students in recovery from substance use disorders. Policies and funding sources are largely prevention-focused and only minimally support IHEs in the development of evidence-based recovery supports on campuses.

1 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 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.*



- + **IHEs need to revisit policies and processes.** Frequently, IHE policies and processes related to student discipline for substance use are incongruous with a harm reduction philosophy and the successful continuation of their academic pursuits. Further, current IHE policies are punitive in nature and are not inclusive of recovery and reentry but are solely prevention-based or use an abstinence-based framework. Codifying processes for development of collegiate recovery supports as well as referral protocols to treatment services is needed to avoid reliance upon individual “champions” to implement on campus. Reviewing policies and codifying processes builds sustainability.
- + **Confusion regarding terminology complicates policy development and implementation.** There are many differing opinions on the meanings of recovery, collegiate recovery, collegiate recovery community, and collegiate recovery programs as well as the types of services and supports these different terms encompass. The creation of shared definitions for terms used in the field of collegiate recovery can offer clarity in legislation and funding and informs IHEs developing collegiate recovery supports. Further, the simple use of the term collegiate recovery “program” suggests implementation of a set of individual services that are not reflective of a Recovery Oriented System of Care.

What Do Services and Supports Look like for a Student in Recovery?

Below is an example of a student in need of recovery services who is moving through various supports and campus departments in a robust continuum of services in an IHE. It is important to consider that student transitions and pathways of experience often are not linear and can be quite complex, moving forward for a while then needing to circle back to other more intensive services and supports. Thus, it is important to consider the student pathways in this graphic as ever changing and use of the services and supports as being contingent upon the individual needs of each student.

Life experience meets planning: Students in recovery and policy review findings

In the state of Washington, the Involuntary Treatment Act for Substance Use Disorders (Ricky’s Law, 2016) and the response to the Blake Decision (SB 5476, May 2021) significantly advanced Substance Use Disorder (SUD) supports.

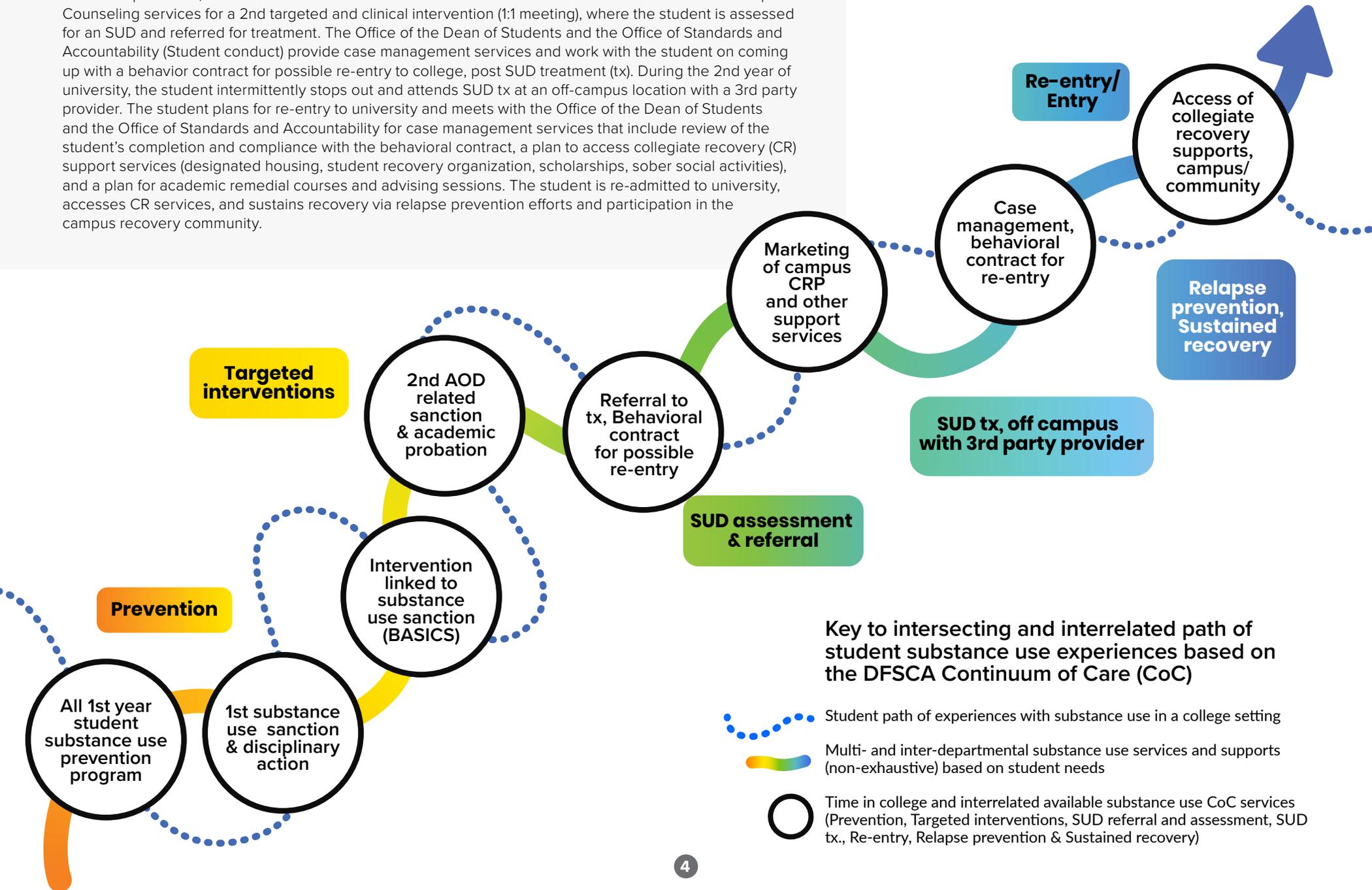
Policies and funding sources are largely prevention-focused and only minimally support universities in the development of evidence-based recovery supports on campuses.

A clearly delineated system of care, referral process, and strategies for communication across all campus/community stakeholders greatly benefits college students in recovery.

Expanded federal and state policies are critically needed to more robustly include a continuum of collegiate recovery supports and services.

Collaborative planning for consistent funding of collegiate recovery services and supports, with commitment and accountability at multiple levels (federal, state, IHE), is crucial. A combination of multiple sources of funding and accountability will be required.

Scenario 1: A student enters college and attends a mandatory prevention program for all first year students provided by Health Promotion department staff. Within 2 months, the student is cited for a Minor in Possession and referred for a targeted intervention (e.g., BASICS: Brief alcohol Screening and Intervention for College Students). Next, the student has 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 (1:1 meeting), where the student is assessed for an SUD and referred for treatment. The Office of the Dean of Students and the Office of Standards and Accountability (Student conduct) provide case management services and work with the student on coming up with a behavior contract for possible re-entry to college, post SUD treatment (tx). 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. The student plans for re-entry to university and meets with the Office of the Dean of Students and the Office of Standards and Accountability for case management services that include review of the student's completion and compliance with the behavioral contract, a plan to access collegiate recovery (CR) support services (designated housing, student recovery organization, scholarships, sober social activities), and a plan for academic remedial courses and advising sessions. The student is re-admitted to university, accesses CR services, and sustains recovery via relapse prevention efforts and participation in the campus recovery community.



We expect to see students transition through many of these services on their recovery journey, encountering different offices, departments, service providers and supporters. *Findings in the Understanding Academic Support Needs and Barriers for Youth in Recovery During the Transition to College in the State of Washington: Evaluation Part 1* (Cleveland et al., 2021) found that meeting the needs of students in recovery is a social justice and equity issue and that meeting these needs requires access to a full continuum of care through campus and community services. Further, this evaluation recommends exploring the use of already existing federal laws (e.g., Drug Free Schools and Campuses Act [DFSCA] and the Americans with Disabilities Act [ADA]) as well as enactment of new state legislation, policies, and access to funding that requires sustainable provision of essential services.

A Bit of History About the Development of Collegiate Recovery Supports

Federal policies

At the cornerstone of federal collegiate recovery prevention efforts is the Drug Free Schools and Communities Act (1989), later revised to the Drug Free Schools and Campuses Act (1990). The law mandates that IHEs receiving federal funding must distribute information about standards of student and employee conduct that prohibit the possession, use, or distribution of illicit drugs and alcohol on school campuses; disciplinary actions if this occurs; description of health risks associated with substance and alcohol use; and a description of available substance use programs that includes prevention, assessment/identification, targeted intervention, treatment, rehabilitation, and re-entry programs (DFSCA, 1990). It also recommends standards “reflecting a holistic continuum-of-care model common to the public health approach,” despite being framed within a “prevention” focus (DeRicco, 2006, p. 18). Although this law was critical to advancing collegiate recovery supports, it is considered ambiguous with little solid guidance on implementation within a college setting. Further, its focus on prevention programs does not go far enough to guide IHEs toward an effective continuum of care for students in recovery.

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 (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 or how to maintain a continuum of care for students. It should be noted that the exclusion of recovery supports in a matrix such as CollegeAIM highlights the dearth of research specific to the effectiveness of recovery support programming within the collegiate recovery field.



Rounding out our discussion of relevant federal legislation is The Sober Truth on Preventing Underage Drinking Act (STOP Act, 2006), a critical piece of federal prevention legislation that requires states to develop evidence-based programs for underage drinking. Schools may utilize resources like NIAAA's CollegeAIM (2019) matrix to select programs and are required to annually report on implementation of the program, compliance of underage drinking laws, interagency collaborations, and state spending to support prevention effort. The STOP Act is tied to a significant funding pool that was recently reauthorized by the 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 for students who are in recovery.

State policies

Prevention efforts have historically been 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 substance misuse prevention, advocacy, and awareness programming at IHEs across the state of Washington, 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.). Additionally, 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. It resulted in the development of Community Public Health and Safety Networks, which 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.

Below is an example of a student post-treatment or post-recovery high school who enters IHE recovery supports. Compared to the first example, this illustration shows how different students' experiences can be as they enter IHE.

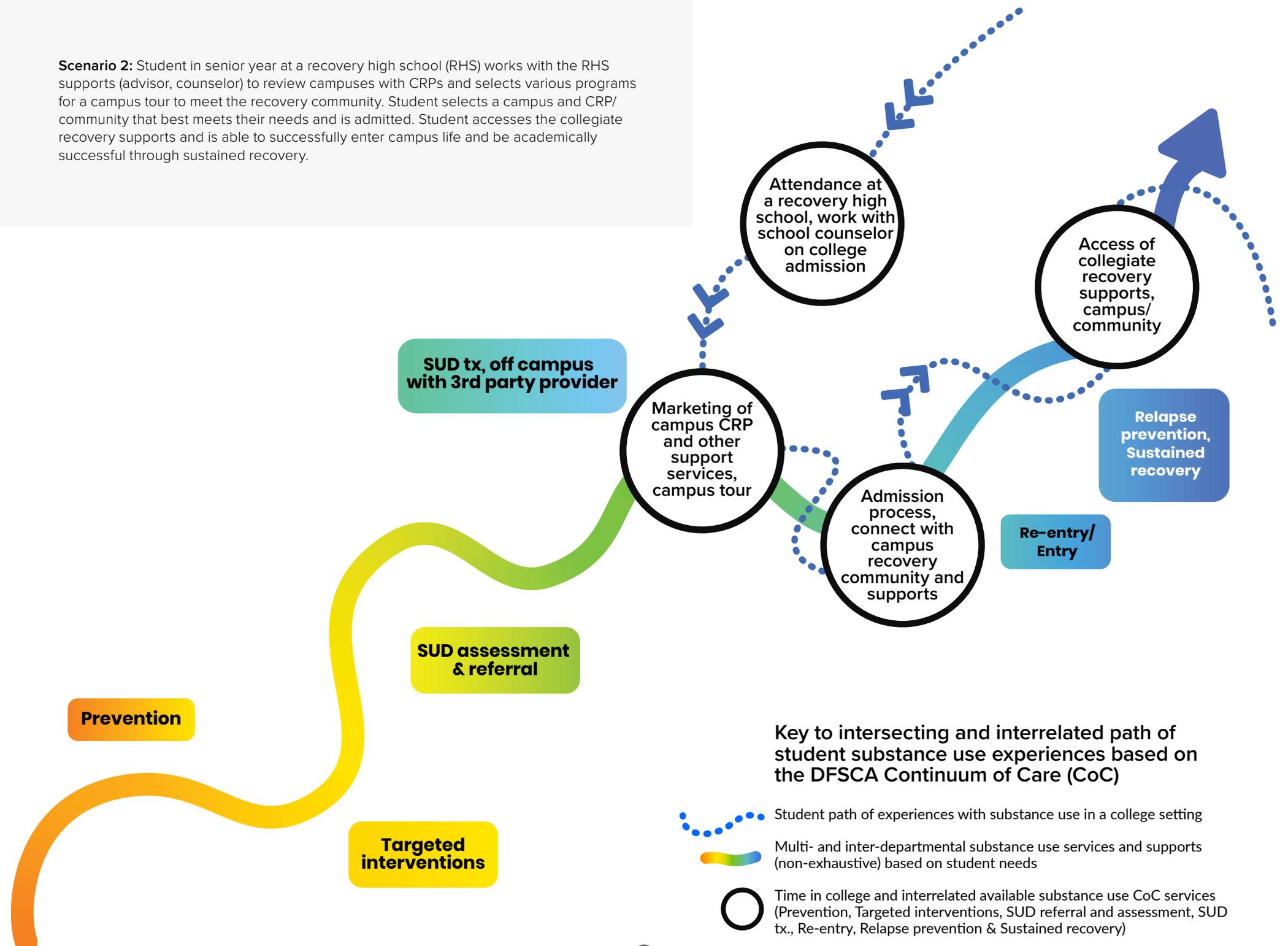
These students may be individuals in recovery transitioning from high school, treatment, another IHE, or even a criminal justice setting—all situations in which they should not have to choose between their sobriety **or** a college education.

Nevertheless, 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. Expanded federal and state policies² to more robustly include collegiate recovery supports are critically needed.



2 This January to June 2021 evaluation does not include information on the State of Washington Senate Bill 5476 (May 2021), which was in response to the Blake Decision (February 2021). The timeline parameters of this evaluation and environmental scan did not allow for analysis of the impactful funding and implementation of Senate Bill 5476 in the State of Washington, which include changes in justice system responses, expansion of community recovery and reentry supports, and increased behavioral health service availability.

Scenario 2: Student in senior year at a recovery high school (RHS) works with the RHS supports (advisor, counselor) to review campuses with CRPs and selects various programs for a campus tour to meet the recovery community. Student selects a campus and CRP/ community that best meets their needs and is admitted. Student accesses the collegiate recovery supports and is able to successfully enter campus life and be academically successful through sustained recovery.



Key to intersecting and interrelated path of student substance use experiences based on the DFSCA Continuum of Care (CoC)

-  Student path of experiences with substance use in a college setting
-  Multi- and inter-departmental substance use services and supports (non-exhaustive) based on student needs
-  Time in college and interrelated available substance use CoC services (Prevention, Targeted interventions, SUD referral and assessment, SUD tx., Re-entry, Relapse prevention & Sustained recovery)

Need More Proof?

The importance of policies at the federal, state, and IHE levels were supported by qualitative interviews conducted by the evaluation team. Not only are policies and processes that support individuals in recovery in IHEs limited, but interview participants noted that federal and state

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 (Evaluation Respondent, 2021).

policies offer some support for collegiate recovery but are “arbitrary” and “inconsistent” and often focus on alcohol prevention with little focus on substance use recovery. Qualitative findings highlighted that due to the ambiguous nature of laws such as the DFSCA, the type and quality of programs are up to the

individual IHEs and often differ significantly from institution to institution. Respondents also noted that enforcement of policies often does not occur, with schools 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.

Qualitative data also indicated that 4-year larger institutions appear to have more awareness of policies and the importance of compliance. Most respondents from IHEs stated that they were unaware of policies related to relapse or recurrence use, with most policies being related to police/safety issues, withdrawal and reentry policies, student codes of conduct, and alcohol policies. Further, IHEs had (often inconsistently used) procedures but few codified policies related to recovery. Interview participants highlighted the need for top-down policies, as IHEs will otherwise find excuses not to provide the needed supports.

Evolving Contexts in Collegiate Recovery Support Development

The State of Washington 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 broader continuum of care services provided on college campuses. Policies at the federal level have laid the foundation for collegiate recovery; however, the State of Washington policies, support by the legislature, and the work of the Health Care Authority demonstrate unparalleled commitment to a harm reduction model of support for students in recovery in IHEs. To ensure positive outcomes for students in recovery, state policies must continue to focus on the implementation of efficacious collegiate recovery supports, sustained funding, as well as continued research and evaluation. This evaluation project gives impetus and challenge to all policy makers, state agencies, IHEs, community partners, and others to build “welcoming places” (Snethen et al., 2021) for students in recovery through the creation of inclusive environments and relationships on campus and in the surrounding community that offer an accessible needs-based continuum of recovery supports and services for students.

What Can We Do? A Call to Action.

What is our role in further supporting students in recovery in IHE? We can:

Develop policies and processes that support collegiate recovery within a full continuum of care.

Update state and federal policies to move away from policies that are solely focused on prevention and are often punitive to students in recovery. Policies supporting recovery improve the likelihood of systemwide change, sustainability, and student academic success.

Require that IHEs codify processes for creation of collegiate recovery supports and referrals to those supports. Current processes are often not systematized and are dependent upon individuals who value collegiate recovery.

Create consequences for IHEs that do not follow requirements for collegiate recovery supports.

WSU Collegiate Recovery Support Initiative Staff

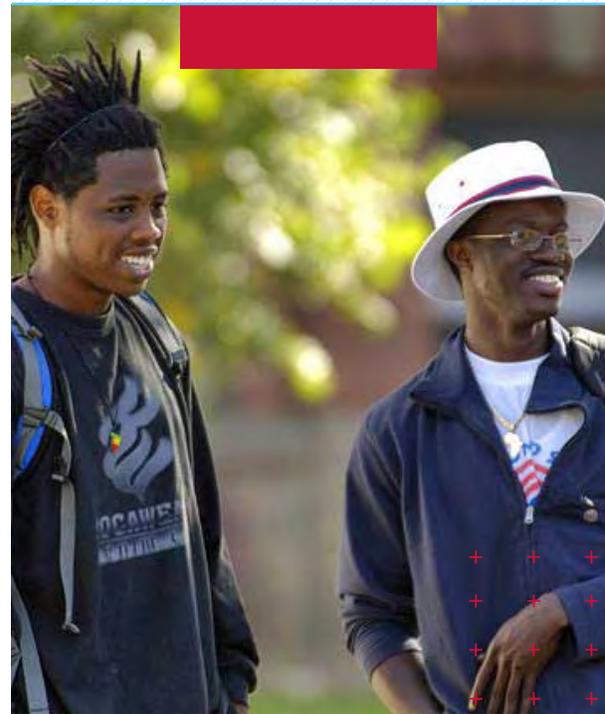
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References

- Americans With Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (1990).
- Aos, S. & Lieb, R. (1995). A Plan for Evaluating Washington State's Violence Prevention Act. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/ReportFile/1205/Wsipp_A-Plan-for-Evaluating-Washington-States-Violence-Prevention-Act_Full-Report.pdf.
- Blake Bill, SB 5476 - 2021-22. (2021). <https://app.leg.wa.gov/billssummary?BillNumber=5476&Year=2021>
- 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.
- DeRicco, B. (2006). Complying with the Drug-Free Schools and Campuses Regulations [EDGAR Part 86]: A guide for university and college administrators. Revised. Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. <https://safesupportivelearning.ed.gov/sites/default/files/hec/product/dfscr.pdf>
- Drug Free Schools and Campuses Act (DFSCA) (1990). Federal Register, Vol. 55, No. 159, Aug. 16, 1990, pp. 33580–33601. (34 C.F.R. pt. 86). <https://www.govinfo.gov/app/details/FR-1990-08-16>
- Drug Free Schools and Communities Act of 1989, 20 U.S.C. § 12101 et seq. (1989). <https://www.congress.gov/bill/101st-congress/house-bill/3614/text>
- Involuntary Treatment Act, HB 1713 - 2015-16. <http://lawfilesexxt.leg.wa.gov/biennium/2015-16/Pdf/Bills/Session%20Laws/House/1713-S3.SL.pdf?q=20210723154139>
- National Institute on Alcohol Abuse and Alcoholism. (2019). Planning Alcohol Interventions Using NIAAA's CollegeAIM Alcohol Intervention Matrix. https://www.collegedrinkingprevention.gov/CollegeAIM/Resources/NIAAA_College_Matrix_Booklet.pdf
- Silas, S., Matson, S., Lieb, R. (1998). Community public health and safety networks: Projects and performance measures. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/ReportFile/1205/Wsipp_A-Plan-for-Evaluating-Washington-States-Violence-Prevention-Act_Full-Report.pdf
- Snethen, G., Jeffries, V., Thomas, E., & Salzer, M. (2021). Welcoming places: Perspectives of individuals with mental illnesses. American Journal of Orthopsychiatry, 91(1), 76. <https://psycnet.apa.org/record/2020-75409-001?doi=1>
- Sober Truth on Preventing Underage Drinking Act of 2006, 42 U.S.C § 201 et seq. (2006). <https://www.congress.gov/109/plaws/publ422/PLAW-109publ422.pdf>
- 21st Century Cures Act, 42 U.S.C. § 201 et seq. (2016). <https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>
- Washington State Department of Social and Health Sciences. (n.d.). College Coalition for Substance Abuse Prevention. Washington State Department of Social and Health Services. <https://www.dshs.wa.gov/node/9045>.
- Washington State Health Care Authority (HCA). (2021). Substance use disorder prevention and mental health promotion. <https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/substance-use-disorder-prevention-and>.
- Washington State House Bill (HB) 1713. (2016). Integrating the treatment systems for mental health and chemical dependency.[Ricky's Law]. <https://app.leg.wa.gov/billssummary?BillNumber=1713&Year=2015>
- Washington State Senate Bill (SB) 5476. (2021). Responding to the State v. Blake decision by addressing justice system responses and behavioral health prevention, treatment, and related services. <https://app.leg.wa.gov/billssummary?BillNumber=5476&Year=2021>
- Washington State's Violence Prevention Act, HB2319 - 1993-94. (1994). <http://lawfilesexxt.leg.wa.gov/biennium/1993-94/Pdf/Bills/Session%20Laws/House/2319-S2.SL.pdf?q=20210723152703>