

**Collegiate Recovery Dialogue on Mental Health and Substance Use**  
Executive Summary & Report

**SAMHSA**  
**Headquarters**  
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**Realizing Recovery**

*Policy & Practice Improvement Series*

Office of Recovery

Substance Abuse and Mental Health Services Administration

U.S Department of Health and Human Services

*This report was developed by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Recovery, with contributions from Onawa LaBelle, Ph.D. (University of Windsor) and Kristina Canfield, M.Ed. (Association of Recovery in Higher Education). The content of this report was reviewed, and all themes within were identified or expressed by technical experts and those with lived experience (see "Appendix A" for a full list of participants) during the Collegiate Recovery Dialogue on Mental Health and Substance Use.*

*Please note that the views, opinions, and content expressed within do not necessarily reflect the views, opinions, or policies of the Office of Recovery (OR), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*

**A special thanks to each participant for their time and dedication to advancing the field of recovery.**

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## EXECUTIVE SUMMARY

From July 31 – August 1, 2023, the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Office of Recovery (OR) convened an in-person dialogue with 21 students, staff, and administrators from Institutions of Higher Education (IHE) across the United States and two representatives from Canada. Selected in partnership with a collegiate recovery partner planning committee, the diverse group of participants included both students with lived experience and IHE professionals who provide services to students who are in (or may be seeking) recovery from a substance use, mental health, or co-occurring condition. Leading and facilitating this discussion for SAMHSA were David Awadalla, MSW, BSHP, and Kristen Harper, M.Ed., with the OR.

*The purpose of this meeting was to bring national awareness to the role that recovery support and lived experience plays in supporting students who may be experiencing challenges related to mental health and/or substance use conditions; and to use these insights to drive the Office of Recovery’s action plan surrounding recovery support across higher education.*

Across the two days, technical experts—including students with lived experience associated with a mental health and/or substance use condition and IHE administration and staff—engaged in dialogue that covered a range of topics. These included, but were not limited to, successes, challenges, and current state of collegiate recovery, needs surrounding training and education, and micro/macro solutions for expanding collegiate recovery program (CRP) services across every institution of higher education.

### Common Themes & Highlights

Outlined below are common themes and highlights identified during meeting discussions.

- **Collegiate recovery programs contribute to the academic success and overall wellbeing of students.** Over the past decade, the number of collegiate recovery programs have drastically expanded—with 152 known programs existing across colleges and universities. [Data also indicates](#) that students engaged in CRPs achieve a higher level of academic achievement (GPA and graduation) when compared to the host institution’s overall outcomes. With almost 4,000 institutions of higher learning across the U.S., national attention on the value and adoption of collegiate recovery for both mental health and substance use conditions is needed.
- **Research drives policy.** Budgets across colleges and universities are often driven by research. The more evidence that is presented to support the need and efficacy of CRPs, the greater chance they will receive funding and policy support. Additional research and researchers are needed to impact policy and augment funding for collegiate recovery programs and services—both at the institution-level and nationally.
- **Multiple pathways of recovery are integral.** Collegiate recovery and other peer-driven recovery supports have historically been focused primarily on 12-step approaches. Additional emphasis and training on multiple pathways of recovery would increase inclusivity of services and potentially result in more efficacious programming.
- **Collaboration with local, state, and federal partners is critical.** At the local level, identifying off-campus resources that provide meaningful recovery support can be impactful. Participation from government partners can be a key to success, especially when utilizing Block Grant money to fund CRPs or exploring non-traditional, mental health-focused grants like Garrett Lee Smith (GLS) Campus Suicide to develop or expand the scope of CRPs. Federal partners could serve as a resource for CRPs by providing funding for research or technical assistance to those looking to implement programs.
- **More diversity is needed in CRPs.** Greater communications and outreach are needed to expand diversity of students served. For example, many CRPs primarily serve white, cisgender, upper-middle

class students, while non-traditional students (e.g., parents, older adults, veterans), people of color, and individuals from different backgrounds are under-represented. By diversifying outreach and including broader communication and recruitment strategies, CRPs can better represent and serve a wider range of students.

- **Lived experience.** Many participants discussed their journeys into CRPs and the importance of these programs on their campuses, while others conveyed the challenges of recruiting students into CRPs combined with abstinence program requirements. Student narratives and stories of success can be effective approaches to expand these approaches.
- **Training.** Lack of training for staff in CRPs were recurring themes as barriers to service delivery.
- **Collaboration and partnerships.** Participants conveyed the importance of program funding and building collaborative relationships with organizations on and off their campuses. Partnerships remain important to the success of CRPs, whether with on- or off-campus groups, community-based organizations, or other institutions.
- **Retention.** Staff turnover and burnout were recurring themes as a major challenge with the implementation of CRPs and across IHEs in general. Program leads were expected to develop programs, deliver services, build partnerships, advocate for students, and explore funding opportunities, among many other responsibilities.
- **Innovation.** Some universities allowed students in recovery to restart school after a behavioral health crisis with a clean slate while others allowed student peer support specialists to get certified. These types of innovative practices were developed through strong on-campus collaborations and partnerships with student services and are important for successful CRPs.
- **Emphasize assessment.** Increasing emphasis on the assessment of student needs, building programs that respond to those needs, and aligning these programs with institutional culture is critical. For example, an assessment may suggest the need for a safe space for students in abstinence-based recovery while also providing support to students who are practicing harm reduction.
- **Technology.** Technology can play a major role in connecting students with services. Simple meeting technology such as videoconferencing allows students to convene regularly despite geographic location while social media and peer-to-peer technology helps students communicate with others around the nation.
- **Professional development.** The professional development of students engaged in CRPs is essential. Certifications can be effective, especially for those interested in working in the behavioral health field after graduation.
- **Physical space.** Utilizing a dedicated physical space was an important factor among CRPs who had one, citing the benefits of a central location for meetings, social events, and drop-in hours. CRPs in the developing stage noted numerous challenges associated with acquiring physical space on campus.

**Community Resources.** Identifying off-campus resources that provide meaningful recovery support (for example, recovery community organizations, recovery housing, etc.) can be challenging, but impactful when in place.

## Solutions and Considerations

Outlined below are insights and solutions from the meeting aimed at guiding collegiate recovery programs, colleges and universities, SAMHSA/ Office of Recovery, and other partners.

- **Increase support for collegiate recovery.** Additional (financial and technical) support is needed from state and federal agencies (including SAMHSA) to help implement CRPs, such as providing seed money to launch programs and pay for the labor that is involved.
- **Expand collegiate recovery across community college settings.** Community colleges are more accessible and often serve a diverse student population, making them pivotal in addressing recovery needs. There is a notable absence of recovery services in this space, although many individuals with lived experience start out in community colleges. For this reason, community colleges are seen by many as the next frontier for CRP expansion.
- **Include other federal partners.** The recovery community would benefit from more participation of the U.S. Department of Education, other HHS operative divisions (e.g., SAMHSA, HRSA, NIDA, etc.), and other federal entities as active partners in establishing CRPs on college and university campuses.
- **Expand training/education surrounding mental health.** Serving students who primarily have mental health issues can be unique from serving those with substance use problems. The collegiate recovery field and campus peer support groups—including CRPs with dedicated staff/funding, collegiate recovery communities (CRCs) that are solely peer-run/led, and student peer support groups established in partnership with national nonprofits—needs education, training, and technical assistance that responds to the whole health needs of students.
- **Continue the development/expansion of a collegiate recovery resource center or repository.** The Association of Recovery in Higher Education (ARHE) recently released the [ARHE Resource Hub](#) as a centralized repository for resources that may be helpful to the field. Continued support and development is needed to ensure that live and archived webinars and other workforce development resources on topics of interest to CRPs that students, staff, and administrators can be readily accessed.
- **Develop a primer on collegiate recovery.** A primer should be developed that lists all CRPs by state and service location to help raise awareness of the existence of these programs.
- **Expand and promote research on collegiate recovery.** Research, evaluation, and data are needed on recovery as part of the continuum of care to advance the collegiate recovery field and support the existence of CRPs through sustainable funding. Partnering with agencies such as National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAA), National Institute of Mental Health (NIMH), and others on this was identified as a crucial next step.

## MEETING REPORT

### Attributes of a Successful Collegiate Recovery Program

After opening remarks were provided by SAMHSA’s David Awadalla (Public Health Advisor, Office of Recovery), Paolo del Vecchio (Director, Office of Recovery), and Tom Coderre (Principle Deputy Assistant Secretary for Mental Health and Substance Use), participants engaged in a presentation and discussion on the attributes of a successful CRP.

**Kristina Canfield** is the Executive Director of the Association of Recovery in Higher Education (ARHE)—the only organization exclusively representing collegiate recovery programs and communities, the faculty who support them, and the students who represent them. ARHE consists of a network of professionals, administrators, faculty, staff, students, parents, and policymakers.

In April 2023, the ARHE released revised and updated standards which are intended to help guide the

profession and should not be construed as a blueprint for replication. These standards convey basic recommendations of practice as an association and profession, which can be found on the ARHE website at [www.collegiaterecovery.org](http://www.collegiaterecovery.org). During this presentation and in discussions that followed, the presenter and participants recommended that CRPs:

- Embrace that recovery is an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness.
- Have dedicated physical space for students in recovery to gather and support one another.
- Have within them a community of students who offer each other peer support.
- Provide a variety of recoveries and supportive programmatic elements to assist students in maintaining and protecting their recovery.
- Have paid, qualified, trained, ethical, and dedicated professionals who support students in recovery.
- Are non-profit entities.
- Are housed within institutions of higher education that confer degrees.
- Identify and collaborate with on and off-campus partners and stakeholders.
- Actively cultivate an environment of belonging which honors the whole student.

## Student Panel—Current State of Collegiate Recovery

Students engaged in collegiate recovery services participated in a panel discussion on the state of collegiate recovery. From this discussion, the following themes were identified as being of significance to the state of collegiate recovery across the nation:

### Q. Why are recovery support services at your institution so important to you?

- **Positive Psychological Impacts** – a student who struggled academically during their substance use shared their story, which included being told by a university registrar that achieving a higher education may not be suitable for them due to their struggles. Despite this barrier, they were able to return and successfully finish their degree only after connecting with their school's CRP.
- **Homogeneity Across College Campuses** – many student populations across major colleges/universities were described as homogenous in nature and often not welcoming to diverse students who may need assistance with mental health or substance use. Having a CRP that is accessible to and inclusive of students of all backgrounds, not just a particular demographic, is important.
- **Healing Through Peer Support** – a student shared that recovery and peer support services on campus enabled them to understand and process their experiences with mental health challenges. These services were described as a tool for igniting recovery.
- **Connecting in Early Recovery** – a student shared that upon returning to school after treatment for a substance use disorder, they immediately established a connection with other young people in recovery. This, along with other characteristics of that CRP enabled them to maintain their recovery and achieve academic success.

### Q. What has helped and hindered the advancement of recovery in colleges and universities?

- **Acknowledging Multiple Pathways** – a student shared that their CRP transitioned from a 12-step, abstinence-only structure to one that acknowledges multiple pathways. This transition has helped their CRP's success—including student retention and academic success.
- **Staff and Faculty (Support)**—students want to feel that staff/faculty are there for them, especially since they typically do not have family nearby. If students need help, they want staff/faculty to be

available for support.

- **Staff and Faculty (Training)**—ensuring that staff and faculty have ample training in recognizing and working with students who may be experiencing challenges related to mental health or substance use is critical. Additionally, faculty and staff should be trained in naloxone usage.

**“Professors never reach out (when students) are doing well on examinations but do when they constantly miss class and fail courses.”**

- Dialogue Participant

- **Research Drives Policy**—IHEs are driven by research which can have direct impact on their budgets. More researchers are needed to drive policy changes and increase funding and support.
- **Clinical vs. Peer Support**—CRPs are not intended to provide clinical support. What’s hindering collegiate recovery is a larger systemic issue and question: How do we offer a more robust and holistic continuum of care in higher education settings by integrating both clinical services and recovery supports into the fabric of the campus community? One way is to merge these resources with mental health resources to create a system of comprehensive counseling and psychological support services.
- **Lack of Diversity**—greater advertising and outreach to potential diverse students. For example, many CRPs primarily serve white, cisgender, male, upper-middle class. CRPs need (to recruit and retain) non-traditional students, people of color, and individuals from different backgrounds. A lack of diversity hinders many CRPs.

#### **Q. In terms of the peer community, why is the feeling of connection, belonging, and family so important?**

- **Fosters Mutual Understanding**—shared experiences and problems foster and provide space to recover and feel connected without being alone. Peer support on campus makes students who are experiencing mental health and/or substance use challenges feel like they belong.
- **Strengthens Recovery**—CRPs were also described as resulting in stronger recovery engagement off-campus.
- **Reduces Imposter Syndrome**—the relational aspect of CRPs provides a space for students to be vulnerable and open, which often increases confidence and reduces instances of imposter syndrome.

#### **Staff & Administration Panel—Current State of Collegiate Recovery**

IHE staff and faculty participated in a panel discussion on the state of collegiate recovery. From this discussion, the following themes were identified as being of significance to the state of collegiate recovery across the nation:

#### **Q: Please tell us more about your story and why recovery in education is important to you.**

- **Wellness, Recovery, and Academic Success**—collegiate recovery services provide an environment where students who are experiencing mental health and/or substance use challenges can recognize their potential, achieve wellness and recovery, and find academic success where they otherwise wouldn’t.
- **A Rapidly Growing Movement**—in one state, CRPs have grown from one (1) program to almost



thirty (30). High-profile leadership across IHE is recognizing the value these services bring to both students and their communities.

- **Buy-In at the Institutional and Academic Levels**—a professor that helped establish a CRP at their university described the lack of institutional buy-in as a barrier. Currently, many faculty in similar positions can receive tenure and promotion through their work on similar causes. Ensuring that recovery-related work—such as starting a University’s CRP—should also count towards tenure and promotion.
- **Opportunities for Non-Traditional Students**—despite many issues with homogeneity across IHE and their CRPs, some programs have tailored their services to people from underserved or marginalized communities. A current CRP director and former non-traditional student described the expansion and tailoring of programs to meet the needs of underserved or marginalized communities as critical.
- **Data-Driven Necessity**—a university administrator described that one-half (1/2) of the students who responded to a research study attributed their experience of dropping out (of IHEs) to challenges related to mental health and/or substance use.
- **Shifting Expectations, Lack of Resources**—as we have seen a reduction in stigma associated with mental health, substance use, and help-seeking behavior, expectations across campuses have also shifted from “identify and refer” to “provide easy access and a continuum of care”. While this shift is important, expanding resources both within colleges/universities and across their communities is vital to ensure each student’s unique needs are met.

#### **Q: What has helped and hindered the advancement of collegiate recovery?**

- **The Need for Fundraising** —a number of CRPs receive the needed financial support from their institution, while others struggle with finding resources for their students due to strict fundraising requirements set by their institution. More consistency and support at the national-level is needed to ensure that institutions—big and small—buy-in and fully support CRPs with their financial needs. Additionally, policy change across every institution to not just expand financial support—but also allow smaller programs to apply for grants and accept donations is important.
- **Recovery and the Community**—recovery may be viewed differently depending on the makeup of the community being served by an IHE. The CRP director at a university that primarily serves Hispanic students described the needs within their CRP as different from others due to community perceptions regarding substance use, mental health, and recovery. CRPs should be culturally responsive, tailored to their community, and ensure staff are trained to meet the unique needs of each student.
- **Lack of Compensation in Student Affairs**—this job field within higher education is significantly underpaid compared to its clinical and academic counterparts. Professionals or grad students who enter (or are looking to enter) the field initially exhibit enthusiasm when working in the CRP—but often become disheartened upon realizing that alternative job opportunities offer considerably higher monetary compensation.
- **Building Relationships**—quality connections across the community are important to advance CRP success. CRP directors should initiate conversations and seek common ground to build the program. One faculty member described meeting with numerous organizations and gradually assembling a coalition of supporters and allies to champion their cause when getting their CRP off the ground.
- **Respecting Diversity Through Humility**— a missing piece across DEIA efforts includes humility regarding students’ different cultures and identities. Effective training for CRP faculty and staff is vital,

and presuming what is good for students based racial, ethnic, accessibility, or socioeconomic background should be avoided at all costs.

- **Expanding CRPs Across Community Colleges**— a lack of CRPs across community colleges is a notable absence that should be explored by federal and state agencies. Community college was described as a common entry point for students who are returning to school after entering recovery or starting their educational journey altogether. Ensuring that every community college has these services is essential and critical.
- **Partnering Across with Local, State, and Federal Organizations**—changes to federal and state legislation, policy, and strategy alone will not advance collegiate recovery efforts. It will take collaboration across universities and local, state, and federal partners to create sustainable and lasting change.
- **Research and Sustainability**—financial sustainability is closely linked to evidence that CRPs work. Data-driven insights help secure funding from institutions and donors who invest more when the benefits are evident. Additional research support would help CRPs achieve sustainability in funding.
- **Dedicated Physical Space**— having a dedicated physical space facilitates identity building and belonging. Colleges and universities should work towards not only creating and sustaining CRPs, but also providing them with space on campus for easy access and continuous availability.
- **Dedicated Staff**—while students can spread the word and engage other students, core staff are needed to run the program. Ensuring the CRPs have a sufficient number of dedicated, professional staff should be a priority.

## Panel Debrief

Participants engaged in a debrief where they summarized key takeaways and overarching themes from the student and staff/administration panel. These takeaways and themes are outlined below.

Key Takeaways and Themes	
<i>Describe a consideration that is significant to expanding/supporting collegiate recovery?</i>	
Participant	<ul style="list-style-type: none"> <li>• Institutions of higher learning are businesses.</li> <li>• Students make CRPs successful.</li> <li>• CRPs need additional focus on DEIA, especially in outreach.</li> <li>• Multiple pathways of recovery are important, especially in harm reduction.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>• Balancing the differences between the health of a recovery community vs. the health and wellness of an individual.</li> <li>• Policy is important—the Drug-Free Schools and Communities Act (DFSCA) is an example of this.</li> <li>• Although universities are good when it comes to compliance, compliance regarding alcohol and other drug education is not held to the same standard.</li> <li>• Interactions between administrators and CRP professionals and students with lived experience is vital for expansion and advocacy.</li> </ul>

Participant	<ul style="list-style-type: none"> <li>● People often must navigate the crisis, stabilization, and treatment parts of the system before they arrive in a CRP.</li> <li>● Collegiate recovery is still in an early stage, largely due to inadequate funding and research.</li> <li>● More data on CRP outcomes through longitudinal studies is needed due to apprehension about expanding a service with limited assessment and evaluation.</li> <li>● College campuses do not frown on moderating substance use, and that is what we are trying to encourage most students to do. But when you begin to talk about illicit substances, the conversation changes due to stigma, religious values, and personal beliefs.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Considering the historical value of harm reduction (i.e., the AIDS crisis) and how it may be defined differently on various college campuses.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Students should be part of the process of creating what services should look like.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Recruitment is seemingly more important than retention to many IHEs—developing messaging and mining data that counteracts this is vital.</li> <li>● We need more policies and should think about tangible next steps, such as meeting with the board of regents.</li> <li>● Looking internationally, we are each working in tandem, but how can we bridge together? We (Canada) don't have the DFSCA policies, and how does that impact collegiate recovery?</li> <li>● There is no data collection or prevention requirements on Canadian campuses. How does this impact collegiate recovery at Canadian institutions and how we operate?</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● (We) should consider the chain-of-order and actions to be taken to create change.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● We can learn much about the intersection of substance use and mental health recovery from people in Canada and the U.K.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Continue discussions about abstinence, harm reduction, and multiple pathways.</li> <li>● Emphasis on the whole student is important.</li> <li>● Academic or criminal records do not define a student nor predict their future success.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Need for more investment in the evaluation capacity of collegiate recovery programs.</li> <li>● Need for more responsive outreach to achieve equity.</li> <li>● Combatting self-stigma and misinformation surrounding help-seeking for mental health and/or substance use.</li> <li>● Ensuring that CRPs offer a welcoming space for individuals who are worried about what is happening to them but are not certain if they should seek help.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Keeping justice, equity, and inclusion at the forefront of collegiate recovery work, and addressing policies and procedures that might be working against DEIA. <ul style="list-style-type: none"> <li>○ NOTE: some jurisdictions have passed policies that prohibit DEIA-related advocacy or inclusion under the threat of withholding funding for educational programs and institutions. Colleges/universities within these jurisdictions should consult their legal counsel to determine how to address and navigate these discriminatory practices as they relate to collegiate recovery.</li> </ul> </li> </ul>
<b>What are some interpersonal, policy, and systems barriers you've experienced on your campus?</b>	
Participant	<ul style="list-style-type: none"> <li>● Administrators and decision makers do not understand the different roles between collegiate recovery services, counseling, wellness, and prevention. <ul style="list-style-type: none"> <li>○ <i>"We do not need collegiate recovery because we already have counselors"</i></li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Resistance stems more from a lack of knowledge than opposition to a particular idea. <ul style="list-style-type: none"> <li>○ <i>"Education and awareness are important. The broader community needs to receive education on the value of collegiate recovery."</i></li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Research is needed to address many of the empirical questions posed in this dialogue.</li> <li>● Research has led to federal funding for prevention and treatment. Relationships with federal agencies (NIH, NSF, etc.) must be leveraged to conduct research on collegiate recovery and recognizing the importance of recovery as part of the continuum of care. <ul style="list-style-type: none"> <li>○ <i>"If we lose the research battle, we lose the policy and advocacy battles."</i></li> </ul> </li> <li>● Criminal history boxes on college applications need to be removed. This information is neither necessary nor evidence based.</li> </ul>

Participant	<ul style="list-style-type: none"> <li>● The lack of assessments and research on recovery and CRPs is a barrier—without adequate resource allocations and investments, expanding CRPs will be difficult. <ul style="list-style-type: none"> <li>○ Sustainable programs will be built around sustainable funding. Permanent professional staff are needed who are dedicated to securing funding.</li> <li>○ Communicating with administrators about the importance of this work to create a commitment from the institution to care for our communities.</li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Keys to Sustaining a Successful CRP <ul style="list-style-type: none"> <li>○ Financial support, academic support, administrative support, and grassroots student support.</li> </ul> </li> <li>● If any of these components are missing or out of balance, the program will run into problems.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● <i>"Denying admission to students in recovery who want to attend certain schools because of an existing CRP but do not meet the academic qualifications or have a criminal record."</i> <ul style="list-style-type: none"> <li>○ Explore barriers in admissions policies, financial aid policies, and other areas that may prevent individuals—not just people in recovery—from entering an institution of higher learning, including individuals with diverse identities.</li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● The types of barriers will depend on the type of institution. <ul style="list-style-type: none"> <li>○ Assessing policies and other barriers at community colleges, 4-year institutions, private and public institutions, and religious institutions.</li> </ul> </li> </ul>
<b>What are some innovative practices you have experienced that could be replicated nationally?</b>	
Participant	<ul style="list-style-type: none"> <li>● Prioritizing the needs of collegiate recovery students: <i>"...if football players receive priorities, then the CRP students deserve them too."</i> <ul style="list-style-type: none"> <li>○ If football players need priority (early) registration to get to practice, then CRP students need the same courtesy so they can attend support meetings or keep therapy appointments.</li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● At one university, if you apply through the CRP, you are guaranteed admission, and they wipe your transcript clean from the previous institution for a fresh start. <ul style="list-style-type: none"> <li>○ Regarding transfer credits, your grades from your previous institution would not negatively impact your GPA</li> <li>○ These practices allow more individuals with lived experience to graduate with an academic record that does not reflect their past struggles with substance use disorder, which makes graduate school admissions much more accessible.</li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● A reasonable process that allows for expungement of an individual's criminal record.</li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Asset mapping provides a good understanding of the community both inside and outside of the institution and where support can be found. <ul style="list-style-type: none"> <li>○ Building relationships and making connections in the field can lead to innovative ideas and practices.</li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● <i>"Schools can be ranked as party schools, so what about ranking institutions as recovery schools for recruitment purposes?"</i> <ul style="list-style-type: none"> <li>○ One school held a sober tailgate for the first football game of the season. Some schools have sections for sober seating and giveaway free swag.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>● Expand recovery housing when identified as a need for students on campus. <ul style="list-style-type: none"> <li>○ The wellness and substance-free housing model has been successful.</li> <li>○ Students apply and are approved to live in the house.</li> <li>○ Every year they receive at least 150 applicants for only 51 spaces.</li> <li>○ The students have created a recovery-friendly community.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>● <i>"Change does not have to be huge to make an impact."</i> <ul style="list-style-type: none"> <li>○ At one university, the physical space is a two-story house in the surrounding neighborhood. There are places to hang out and lounge, space for meetings, fellowship, research, homework study groups, and yoga.</li> </ul> </li> </ul>
<b>What are the ways that technology has played a role in collegiate recovery?</b>	
Participant	<ul style="list-style-type: none"> <li>● Weekly workshops/meetings that are accessible via videoconferencing. <ul style="list-style-type: none"> <li>○ The sessions are archived in the Cloud for those who wish to view them again at their convenience.</li> <li>○ Technology allowed us to continue offering services during the (COVID-19) Pandemic, and it allowed students from different parts of campus, and even different schools, to connect with each other.</li> </ul> </li> </ul>

Participant	<ul style="list-style-type: none"> <li>● Technology helps to get the word out about these services. <ul style="list-style-type: none"> <li>○ Once institution uses student-run social media sites on Instagram and Facebook to conduct outreach.</li> </ul> </li> </ul>
Participant	<ul style="list-style-type: none"> <li>● Technology has allowed leadership in CRPs to connect with each other affordably and across distances.</li> </ul>
<b>How have partnerships played a role in collegiate recovery efforts?</b>	
Participant	<ul style="list-style-type: none"> <li>● We rely upon partnerships to help develop our students. <ul style="list-style-type: none"> <li>○ One partner works with students to help navigate the interview process.</li> <li>○ If a student has a criminal record, they discuss how to address it in an interview.</li> <li>○ We partner with a recovery high school in our community—Rise Recovery—to give our student mentorship opportunities.</li> </ul> </li> <li>● <i>“We depend on partnerships to fill gaps because we do not have the money stream for some services.”</i></li> </ul>
Participant	<ul style="list-style-type: none"> <li>● The Louisiana Board of Regents partners with (and is funded by) the State Department of Health, Office of Behavioral Health through state block grant money and State Opioid Response (SOR) funding. <ul style="list-style-type: none"> <li>○ <i>“We just funded five CRPs, including one at an HBCU [Historically Black Colleges and Universities] law school. Two programs are at technical and community colleges. We have partnerships with the state and federal government and the state higher education systems.”</i></li> </ul> </li> </ul>

## Closing Roundtables (Micro & Macro)

David Awadalla and Kristen Harper from SAMHSA’s Office of Recovery led a closing roundtable discussion that focused on solutions and strategies for expanding collegiate recovery at the micro and macro-levels. The following solutions, strategies, and overarching themes were identified in this discussion.

### Supporting Students with Mental Health/Substance Use Challenges

#### *Micro-Level Solutions*

- Expanding on-campus access to suicide prevention and mental health trainings for students, faculty, and administration, and staff.
- Clearly defining the scope of practice for each CRP.
- Integrating or offering clinical services to complement peer-run recovery support.
- Expanding low-barrier substance-free housing or recovery housing across college campuses.
- Increasing focus on prevention skills (e.g., coping mechanisms) to reduce the incidence to crisis.
- Implementing a tiered approach to staffing across CRPs and student wellness centers to strengthen infrastructure and prevent staff burnout.
- Adapt data-driven programs being used by other nations such as [mental health recovery colleges](#).

### Mobilizing Local and Community Partners to Strengthen Support

#### *Mezzo-Level Solutions*

- Partner with Recovery Community Organizations (RCOs) to strengthen and expand services for students.
- Utilize the [Socio-Ecological Model for Collegiate Recovery Programs](#) to guide conversation with community partners.
- Expand opportunities for paid work (for students) with local recovery-ready workplaces to strengthen skill-building and prepare for graduation.
- Understand and utilize Memoranda of Understanding (MOUs) in developing campus partnerships.
- Build an online resource library or repository to house (collegiate recovery) trainings, resources, and best practices.

- Advocate for partnership between universities and community colleges to strengthen financial support for the latter.
- Establish fellowship programs for individuals with lived experience to strengthen programs and research.

### **Mobilizing Federal and State Partners to Strengthen Support**

#### *Macro-Level Solutions*

- Conduct an environmental scan or analysis of statewide (collegiate recovery) approaches and models.
- Encourage CRPs to partner with a local community organization.
- Work with state prevention coalitions to bolster services and partnerships.
- Partner with state government to implement or expand collegiate recovery on a larger scale.
- Develop a primer on collegiate recovery to educate others on CRPs.
- Partner with the Department of Education to increase adherence to the DFSCA.
- Leverage and strengthen partnerships between NIDA, NIAAA, NIMH, and SAMHSA to prioritize research and release a request for funding applications related to collegiate recovery.
- Increase awareness of the various federal resources and technical assistance centers that exist.

## About the Realizing Recovery Series

To advance recovery across the nation, the Office of Recovery (OR) forges partnerships to support all people, families, and communities impacted by mental health and/or substance use conditions to pursue recovery, build resilience, and achieve wellness. With this goal in mind, the OR initiated a series of (in-person, virtual, or hybrid) dialogue, technical expert panel, and summit-style convenings, beginning in February of 2023 with SAMHSA's Technical Expert Panel on Peer Support Certification.

The themes across these convenings, which range from strengthening the peer workforce to advancing recovery across tribal and justice-involved communities, each align with an objective, strategy, or priority within [SAMHSA's National Recovery Agenda](#). All convenings, both past and present, reinforce efforts to forge new partnerships while strengthening old. Further, each convening and associated report serves not only as a foundation and guiding light for the Office of Recovery moving into 2024, 2025, and beyond; but also provides SAMHSA, the OR, and our federal, state, local, tribal, and territorial partners with the information that is needed to advance recovery across the nation.

To access materials and publications related to recovery—including other reports within the Realizing Recovery Series, please visit <https://www.samhsa.gov/find-help/recovery>.

## Appendix A – Participant List

**Kelly Davis (Planning Committee)**  
Mental Health America

**Kristina Canfield (Planning Committee)**  
Association of Recovery in Higher Education

**Thomas Kimball (Planning Committee)**  
Texas Tech University

**Dominique Clemmons-James (Planning Committee)**  
East Carolina University

**Angela Stowe (Admin)**  
University of Alabama, Birmingham

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**Allison Smith (Admin)**  
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**Alexa Nieder (Student)**  
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**April Stewart (Student)**  
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**Ayesha Al-Akhdar (Staff)**  
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### Federal Staff

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## Appendix B – Acronym List

**ARHE** – Association of Recovery in Higher Education

**CAPSA** – Canadian Association for Peer Support Administration

**CRPs** – Collegiate Recovery Programs

**DEIA** – Diversity, Equity, Inclusion, and Accessibility

**DFSCA** – Drug-Free Schools and Communities Act

**HBCU** – Historically Black Colleges and Universities

**IHE** – Institutes of Higher Education

**NAMI** – National Alliance on Mental Illness

**NIAAA** – National Institute on Alcohol Abuse and Alcoholism

**NIDA** – National Institute on Drug Abuse

**NIMH** – National Institute of Mental Health

**OR** – Office of Recovery

**RCO** – Recovery Community Organization

**SAMHSA** – Substance Abuse and Mental Health Services Administration

## Appendix C – Resource and Partnership list

Please note the resources and potential partners listed in the on-campus and community lists may not be available on your campus or in your community, or they may be operating under a different name.

### Campus-Level

- Registrar's Office
- Student Life/Office of Student Experience
- Student Services/Affairs
- Academic Affairs
- Recruitment and Retention
- Counselling/Psychological Services
- Alcohol Education/Prevention Programs
- Wellness or Student Health / Mental Health Office/Programs/Departments
- Sexual Violence Education/Prevention Office
- Athletic Departments
- Student Accessibilities/Disability Services Office
- Center for Teaching/Learning
- Faculty Association/Union
- Undergraduate Student & Graduate Student Unions
- Student Organizations
- Alumni Office
- Admissions Office
- Resident Life/Campus Housing
- Career Center
- Advising Office
- Financial Aid Office
- Diversity, Equity, and Inclusion Office
- Research Office
- Office of Leadership/Development
- Legal Services
- Peer Support Office
- LGBTQ2S+/Pride Office/Groups
- Relevant Programs – (e.g., Clinical or Counseling Psychology/Social Work/Nursing/Medical/Law/Religion)
- Religious Services/Programs/Offices/Student Organizations
- National Student Advocacy and Support Groups/Chapters

### Community-Level

- Recovery Community Organizations (RCOs)
- Treatment centers/detoxification clinics
- Transitional living/halfway houses
- Community counseling centers
- Housing Authority
- Healthcare providers
- The Phoenix (gym for people in or seeking recovery)
- Local health department
- Re-entry programs for formerly incarcerated individuals
- Hospitals
- Self-help groups
- Recovery and other high schools
- Local Businesses and neighborhood organizations

- Crisis centers
- Suicide Prevention/Education centers
- Food Banks
- Alano Clubs (12-step meeting clubhouse)
- Local prevention/education coalitions
- Faith-based entities
- Policymakers/elected officials

### State or National-Level

- Association of Recovery in Higher Education
- AmeriCorps - Volunteers in Service to America (VISTA) program
- Board of Regents
- Department of Health
- Department of Education
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- Office of Public Health
- Office of National Drug Control Policy
- Office of Student Financial Aid (state level)
- Office of Higher Education
- Office of Recovery/ Substance Abuse and Mental Health Services Administration
- National Harm Reduction Technical Assistance Center
- National Alliance on Mental Illness
- Statewide Coalitions
- Nonprofits with shared values/aims/missions