COLLEGIATE RECOVERY PROGRAMS: A COMPARISON OF HISTORICALLY BLACK COLLEGES AND PREDOMINANTLY WHITE INSTITUTIONS

by

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ABSTRACT

JOSEPHINE A. APPIAH. Collegiate Recovery Programs: A Comparison of Historically Black Colleges and Predominantly White Institutions

Culturally diverse college students often have high rates of addictive disorders, yet tend to have lower rates of treatment participation and completion. Much of this is due to the lack of culturally relevant practices and treatment. Collegiate Recovery Programs have been established over time to serve college students in a capacity that reinforces a lifestyle of recovery from substance use and addictive behaviors. This study examines nationwide enrollment and demographic data collected from the 133 Collegiate Recovery Programs operating in the United States. While the 133 Collegiate Recovery Programs are spread across the United States, North Carolina has a number of unique characteristics which separates it from the remaining states. The state of North Carolina was the first state to use public funds to support collegiate recovery. There are currently nine CRPs established at universities within the system, including the sole Collegiate Recovery program operating in a Historically Black College. This study provides a descriptive analysis of how collegiate recovery program operate in in North Carolina, with a focus on the differences between the collegiate recovery program at a Historically Black College and University (HBCU) and Predominantly White Institution (PWI). Overall results indicated that most recovery programs are housed primarily within campus Student Health and Wellness Services. This study's findings demonstrate that HBCU environment may differ by more often coordinating campus wide participation for recovery events. The implications of integrating the larger community to recovery services allows for greater participation from allies and advocates. This study advances the research in collegiate recovery and provides insight to practice for coordinators, counselors, administrators, and researchers.

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DEDICATION

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CHAPTER 1: INTRODUCTION

Rates of substance use vary by race/ ethnicity. According to the National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration; SAMHSA, 2017), over 20 million individuals, or approximately 8 percent of the United States (U.S.) population aged 12 or older met the criteria for a substance use disorder in 2016. When observing levels of Substance Use Disorders (SUDs), Whites, African Americans, and Hispanics or Latinos report similar levels of SUDs. Approximately 7.8 percent of Whites, 7.6 percent of African Americans, and 7 percent Hispanic or Latino reported having a SUD in 2016. This is twice as high as the 3.7 percent of Asians who reported having a SUD (SAMHSA, 2017). American Indians/ Alaska Natives surpass each of these numbers with 11.7 percent of those age 12 and older reporting a substance use disorder (SAMHSA, 2017).

Cultural variables play an important role in mental and behavioral health care. Ethnic minority cultural variables refer to specific aspects of interpersonal and intrapersonal associations (Castro & Alarcon, 2002). Variables such as familial and individualism-collectivism affect relationships concerning a person's way of living. The concept of individualism focuses on the notion that an individual is acting on his or her own accord and is responsible for their behavior. Behavior which can include substance use and abuse. Group interactions are constructed through the combination of an individual's decisions plus the extent of prior interaction within a particular group. Group interactions are also persuaded by a focus on overall peer influences. Collectivism incorporates a set of values adopted by those within the same group. Those within the group are seen as a whole and judged as a whole. Specifically,

cultural variables that examine these factors include level of acculturation, ethnic identity, Afrocentricity, spirituality, and traditionalism (Castro & Alarcon, 2002).

Acculturation involves the process of an individual assimilating to a different culture, often times the culture being assimilated into is the "leading" or dominant culture (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Groups most widely studied through the process of acculturation are immigrants, refugees, and asylum seekers, but each process may be different for each group. This process can be multidimensional as individuals may adopt cultural practices, values, and even beliefs of the new land they have chosen to reside (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). This level of identify may also result in over-identification and as an additional result, detachment from one's original culture.

The role of ethnic identity has been studied to explore the potential role in the development of substance use and addiction. Oetting and Beauvais's Orthogonal Cultural Identification Theory showed the relationship of a youth's level of identification with their cultural background in comparison with the mainstream culture (Castro & Alarcon, 2002). This theory determined that a strong and balanced identification with both cultures can provide a type of bicultural identity that proves to build resilience particularly through adolescent development stage (Castro & Alarcon, 2002). This creates a sense of awareness in belonging to an individual's native culture yet at the same time creating new bonds to the dominant culture. That sense of positive self-awareness, identity, ethnic pride can contribute to the process of protection against substance use and abuse (Castro & Alarcon, 2002). Specifically, Afrocentricity is described just as that. With the growth in the movement of African American / Black Psychology, Afrocentricity has been coined as the cultural orientation and pride towards being African American (Baldwin & Bell, 1985). Full expression of Afrocentricity comprises a conscious level

of expression in oneself and when nurtured throughout time by social-environmental influences and institutional support systems patterns in personality evolve. The individual has an awareness and sees value in their African cultural heritage. The person recognizes that there is racial oppression and actively contests this notion. There is a sense of Black survival which becomes necessary to survive within different institutions (school, work, neighborhood, etc.). And finally, the person actively participates in the liberation and development of Black people and continues to work to defend their integrity (Baldwin & Bell, 1985).

Spirituality and traditionalism play a role in cultural variability. Spirituality may be defined as the belief in a higher source of strength and well-being as it relates to appreciation for natural and favorable aspects of the world (Garrett & Wilbur, 1999). Traditionalism places an emphasis on cultural beliefs, behaviors, customs, and traditions as a preferred way to live life (Castro & Alarcon, 2002). This way of living can play separate roles as one being open to be seen as whole within a group and judged. This also leaves the door open for judgment to those who differ in beliefs and behaviors of spirituality and tradition. In terms of substance use, this feeling of judgment could deter individuals from seeking necessary help for substance use at all. College is a melting pot of individuals from different cities, states, and even countries. The pressure to fit in may lead students away from familial and cultural traditions. Providing opportunities to protect culture through awareness and competence in activities is a vital and beneficial as students continue through this phase in their collegiate career.

In addition to these cultural variables, environmental substances have been attributed to variations in race/ ethnic factors. Certain segments (regional, socioeconomic status, race/ ethnicity) of the population are more likely to use particular substances. 2013 statistics available for the U.S., rates of past-month illicit drug use by those aged 12 years and older were highest

among African Americans, followed by Whites, Hispanics, and Asians (Mennis, Stahler & Mason, 2016). Substance use is also more likely among those with lower educational attainment, among those who are unemployed, and those residing in urbanized areas. When it pertains to alcohol use, rates are higher for whites, those with full-time employment, those with higher educational attainment, and those living in urbanized regions, as compared to other groups (Mennis, Stahler & Mason, 2016). Rates of tobacco use are slightly higher for whites as compared to African Americans, and lower for Hispanics and Asians. Tobacco use was also higher for those with lower educational attainment and those who were unemployed, as well as those living in rural areas (Mennis, Stahler & Mason, 2016). Rates of substance use disorder treatment completion also show substantial disparities by race and socioeconomic status in the U.S., with whites, the employed, and those with higher educational attainment generally having a higher likelihood of treatment completion as compared to other groups (Mennis, Stahler & Mason, 2016). There are a number of opportunities to gain treatment for substance use. Treatment can be costly and for those who are living in lower socioeconomic brackets completion may be more difficult to continue.

The rates for substance use disorders dramatically increase during the period between adolescence and early adulthood which includes many individuals who are progressing from high school to college (Jordan & Andersen, 2017). The transition into college and adulthood brings challenges, especially for college students affected by substance use disorders. The college environment provides students with a presumably larger network of persons and activities. While activities may consist of sober functions, a larger network creates greater opportunities for students to relapse and abandon abstinence.

In the past, college drinking has been perceived as a normative aspect of the college environment (Lee et al, 2016). The binge drinking that takes place by nearly forty percent of students can be seen as normative and as an expected element of the college experience. More recently, college drinking has been framed as a culture (Dowdall, 2013). Dowdall (2013: 133) claims, "The tradition of drinking has developed into a kind of culture – beliefs and customs – entrenched in every level of college students' environment." The notation of college drinking as a culture is based from the experience that there are a number of customs and traditions that are passed down through multiple generations of college students. This may take place through parents who have attended the same university, more senior students grooming incoming college students, and norms within peer groups.

There is added pressure to use alcohol and drugs frequently and heavily the culture creates an underlying expectation that one needs to drink and use drugs in order to wholly engage in college life. The threat of high rates of substance use on campuses has deemed the college culture as an "abstinence-hostile" environment (Cleveland, Harris, & Wiebe, 2010, p.3). Dowdall provides a table of some of the most significant factors that shape college drinking. Before college factors that may shape college drinking include family background such as genetics, parental drinking behavior, race or ethnicity, socioeconomic status, and religion. Public policies like state and national laws pertaining to drinking age and local ordinances will shape availability of alcohol to minors (Dowdall, 2013).

During college there are individual factors that may affect the student's drinking behavior. Depending on the age the student began drinking they may be more or less likely to binge drink. Gender and race and the environment will shape college drinking. Though males may be consuming a higher number of beverages, females in college are more likely than their

male counterparts to binge and drink more than is recommended as a guideline. White students were 2.37 times as likely to binge drink compared to their non-white counterparts (Dowdall, 2013). Extracurricular activities like fraternity/ sorority life, athletic programs, or community service is a factor that shapes college drinking as well. Residing within a fraternity raises the risk of binge drinking by odds of 4.08 (Dowdall, 2013). The perception of parties as very important/ important increases the odds of binge drinking more than three times. College students who binged in high school were 2.84 times as likely to binge compared to those who did not binge drink in high school. A number of factors that apply outside of college life will also similarly play a role during college. Retail pricing for alcohol, advertising and marketing of products may encourage individuals to purchase certain products and may target individuals of the college age range. Tobacco and drug use is an individual factor that has a role in the likelihood of binge drinking. Students who used marijuana in last month had increased binge drinking odds by 2.96. The use of cigarettes on a typical day increased odds by 2.58 (Dowell, 2013, Table 3-2). Since the time of Dowdall's research, more attention has been focused on the use and misuse of prescription drugs, such as opioids and stimulants on college campuses (McCabe et al, 2018).

Collegiate Recovery Programs are available for support for a variety of addictive behaviors. Primarily, many Collegiate Recovery Programs reinforce abstinence from alcohol and drug use/ addiction; however, programs also include support for other addictive behaviors. Individuals diagnosed with substance use disorders display patterns of behavior that include: impaired control, social impairment, risky use, and pharmacological effects over a 12-month period (SAMHSA, 2016). Similar to a substance use disorder those who struggle from other addictions may also encompass these same patterns of behavior. This may be seen in those who

have an addiction to gambling, gaming, shopping, or food. Addiction does not discriminate so it can be seen across various races, genders, and sexual orientations.

While the goal of recovery is abstinence, more recently, recovery has been perceived as a continual process of harm reduction where it is expected that one will relapse or experience a setback at some point in their sobriety. The Substance Abuse and Mental Health Administration (2017) defines recovery as a process of change that allows individuals to live under their own control and reach their full potential to achieve better health and wellness. This shows the transition of society to accept recovery as an ongoing process which is important as relapse is extremely common, with numbers ranging from 40 to 60 percent of patients relapsing (NIDA, 2014). Most collegiate recovery programs are focused on principles derived from 12-Step programs. While college students can gain access to formal 12-Step programs, the convenience of having on-campus specific support and peers with similar surroundings may be more appealing to students. Collegiate Recovery Programs offer a more comprehensive form of support compared to 12-Step Programs. 12-Step Programs tend to incorporate a Christian belief system with a sense of God as a creator. Stemming from the prior cultural assimilation and definition of Afrocentricity, the spiritual values of one person in recovery may not align with the program or the others participating in the program. The 12 Steps of Alcoholics Anonymous book notes a nonprofessional, multiracial, apolitical environment yet incorporates multiple steps of forgiveness through a higher being which may not align with the cultural underpinnings of each 12 Step Member (Smith, Bill & Alcoholics Anonymous, 2013).

The comprehensive model of recovery focuses on three types of support: peer support, family support and administrative support (DePue & Hagedorn, 2015). Peer support gives recovery a sense of normalcy rather than feeling outcast. Stigma is a barrier to individuals

receiving proper treatment for substance use disorders. Rather than challenging an abstinent lifestyle peer support allows for support that is different from those who are not in recovery (DePue & Hagedorn, 2015). Some collegiate recovery programs provide comprehensive models. Family members may be involved in particular meetings and are able to gain a better perspective of what the student is going through. The likelihood of having a mental health or substance use disorder is increased when there are family members who also struggle with a mental health or substance use disorder. This also can allow others to improve the state of their mental health by working with the student in recovery (DePue & Hagedorn, 2015). Administrative support is essential to the model of recovery as it allows for additional services to be established on the college campus. If a need exists for additional services it is important that the administration recognize it and implement the necessary services. Most colleges lack recovery resources, but with additional data to support the importance of recovery, recovery resources may be expanded (DePue & Hagedorn, 2015). Treatment and recovery can be successful when tailored to an individual's culture and background. Of particular interest is the role of recovery in colleges serving primarily minority students. Culturally diverse college students often have high rates of addictive disorders, yet tend to have lower rates of treatment participation and completion. Much of this due to the lack of relevant practices and treatment (Gainsbury, 2017). It is important for Collegiate Recovery Programs to serve diverse groups of students.

Researchers have addressed behavioral and academic outcomes in collegiate recovery, characteristics of students participating in Collegiate Recovery Programs (CRPs), aspects of social support, and general recovery maintenance (Laudet, Harris, Kimball, Winters & Moberg, 2015). To date, there is a gap in published research which addresses differences in recovery by race as well as a gap incorporating cultural competence in collegiate recovery. The primary

objective of this study is to examine the prevalence of CRPs in the United States and to determine whether they are positioned to meet the needs of an increasingly diverse student body. In addition to descriptive data obtained on all of the CRPs in the US, this study provides more in-depth information on the organizational structures of CRPs operating one state (North Carolina). North Carolina houses the only CRP in a Historically Black College and University (HBCU). I Exploratory, in-depth interviews were conducted with the directors of that program and the director a CRP in a Predominantly White Institutions (PWI) with a focus on the use of culturally competent services. In the following chapter I provide background on collegiate recovery program and the need for culturally competent services and introduce the reader to the conceptual framework which guides this research.

CHAPTER 2: BACKGROUND AND SIGNIFICANCE

Recovery is a process of change taken by an individual to direct their life in a way which improves his/her health and wellness (SAMHSA, 2016). While an individual initiates recovery, it is not necessarily an individual journey. The social environment and the influence of one's surroundings can have a positive or negative effect on health and maintaining recovery (Wilkinson & Marmot, 2003). Recovery resources provide opportunities for social support and social capital. An important aspect of the social environment is social capital, that is, the social relationships which exist within one another and share mutual norms (Szreter & Woolcock, 2004). There are norms of reciprocity within social capital, implying that individuals within a community will return helpful acts to one another. The concept of social capital has been used to explain how communities collaborate with each other in order to overcome a shared dilemma (Lochner, Kawachi & Kennedy, 1999). Groups of individuals are working to solve one common problem amongst each other and each is facing a similar problem. The concept can be broken into three central components: bonding, bridging, and breaking (Putnam, 1993). Individuals in recovery, though different, all have at least one commonality among themselves which is to continue their journey of recovery. Incorporating social capital into a recovery setting concentrates the dilemma of substance abuse into a specified population. Individuals can bond over the shared experiences with addiction and substance use. The notion of recovery capital provides individuals with resources deemed necessary for individuals to maintain daily responsibilities and maintain sobriety (Cloud & Granfield, 2008). Resources within a recovery setting may be connections within the environment (options to ask a peer for help), participation in AA (or equivalent) meetings, access to social events, or trustworthiness and dependability from providers in the environment.

Collegiate Recovery efforts emerged with recovery support services at Brown University in 1977 followed by the first fully developed recovery community established at Texas Tech University in 1986 (White & Finch, 2006). In 2014, there were 54 established Collegiate Recovery Programs (CRPs) and Collegiate Recovery Communities (CRCs) (Jones et al, 2016). In 2016, there were approximately 125 CRP and CRC programs and efforts in colleges and universities across the United States (ARHE, 2016). In 2020, there are active efforts to expand this number to 138 CRP and CRCs across colleges and universities. While the number of Collegiate Recovery Programs has grown substantially over the years, few systematic research studies have closely examined Collegiate Recovery Programs. Studies to date have examined generally college students in recovery, models for collegiate recovery, and characteristics of collegiate recovery programs (Cleveland, Harris & Wiebe, 2010; Laudet, Harris, Kimball, Winters & Moberg, 2015). While individual colleges and universities do collect site-level records, there is currently no uniform data collection among the institutions. Overall, a study by Laudet and colleagues (2014) suggests encouraging outcomes: low relapse rates and above average academic achievement for students in collegiate recovery programs.

Critical to recovery is social support. Social support can include individual and societal levels of support. Social support can be defined as the emotional and practical foundation that one is given (Wilkinson & Marmot, 2003). Social support serves to buffer the effects of stress, or can reduce even the occurrence of a stressful event. Perceived social support (i.e. emotional support) has been linked to a reduction in the likelihood of a stressor (Stokedale et al, 2007). Stress is a common factor that can lead to substance use (Stokedale et al, 2007). The breadth of support from social peers, family, and self-perceived personal strengths has been found to moderate the association between relapse and stress (Laudet et al., 2004). Social

support that is relevant to CRP includes five types of behaviors which include: information support, esteem support, network support, emotional support, and tangible assistance. Informational support is welcome in a recovery environment as it can offer suggestions and advice from a program coordinator or peer. Esteem support, Tangible assistance may be offered in the form of a reward during recovery for individuals who are sustaining abstinence. This could be anything from a scholarship awarded for continued abstinence and CRP participation to a gesture of assisting with chores to take stress off the individual in recovery. Esteem support is crucial from multiple peers and individuals who surround the individual in recovery. Incorporating things such as compliments, validating the individual's concerns and being there as support to reduce any blame or guilt that individual may be experiencing are all helpful aspects of esteem support. Collegiate recovery programs are a form of network support in itself. They offer the participants access to companion, there are scheduled times where everyone can be present and offer to spend recreational time with one another. There are opportunities within this expanded network to find others who have similar interests and the benefits received cannot be quantified (Cutrona and Surh, 1992).

Social capital can be seen as another key component to recovery. The idea of social capital suggests that the ability to bridge networks and expand an individual's current environment thus enables individuals to achieve a common objective (Putnam, 1993). Different from the conventional form of capital, social capital is typically a byproduct of communal activities. These activities can be categorized into areas of bonding social capital, bridging social capital, and breaking social capital (Putnam, 1993). Bonding can be described as the similarities within a group which connects individuals and typically have strong relationships. Individuals with strong bonding social capital may have similarities in demographics, attitudes, and interests

(Szreter & Woolcock, 2004). Bridging type of social capital tends to have more between group characteristics. Bridging social capital often connects individuals who have similar interests yet their personal characteristics typically divide society. Characteristics include connections across different religions, races, socioeconomic statuses, or age (Szreter & Woolcock, 2004). Breaking social capital includes ties amidst an exclusive group who aim to separate themselves from other groups that they see as a threat (Putnam, 1993). Examples of breaking social capital may be seen in which create exclusion, such as racism, sexism, ageism, and elitism (Putnam, 1993). Though generally positive, each category of social capital may have both positive and negative aspects.

An important barrier to individuals obtaining treatment for their substance use is the lack of cultural relevance within the treatment plan (Gainsbury, 2017). Cultural competence can also be described as the ability to recognize and respond to diverse populations through a number of resources (Butler et al., 2016). Resources may include referring clients to a particular provider based on his/her disorder. Resources may resemble offering opportunities for spiritual practice and a place for the individual to carry out these practices (Butler et al., 2016). For example, students who are in recovery for eating disorders may resemble providing nutritional guidance and regular access to a dietician. Each individual in recovery is different, as well as programs may differ. There is not a single solution for a culturally competent recovery model which can make establishing a collegiate recovery program difficult. At that same time, a culturally competent model of care can be integrated into treatment practice to address the diverse clientele that are in need of treatment. Many cultures have collectivistic structure. Latino families strongly value a family unit. Not only does the family unit include relatives but also close friends and godparents. Native American/American Indian families often include the extended family as the basic family unit. Children may be raised with grandparents, aunts, and uncles across separate

households (Sue & Sue, 2012). Asian American familial structure often embodies a patriarchal structure and a higher reliance on hierarchy within the family. Many African American families having strong religious orientation and strong familial bonds with extended family (Sue & Sue, 2012). An important form of both social support and social capital is the college environment, and there has been limited research on the role played by Historically Black Colleges and Universities.

Historically Black Colleges and Universities (HBCUs) were created after the United States Civil War to provide education to black students when legal admission to established universities were not allowed. As a result, between the years of 1861 and 1900 more than 90 institutions of higher learning were established (Cantey, Bland, Mack, & Davis, 2012). While higher education has grown over the years to be more inclusive, HBCUs continue to thrive as an option for many African American students. Some of the benefits for African American students to attend an HBCU include a wealth of classes and extracurricular activities that are tailored to the population. Though HBCUs were created to provide education to black students, diversity at HBCUs has expanded over time. By 2016, there were 102 HBCUs in the United States, including the District of Columbia and the U.S. Virgin Islands (U.S. Dept of Education, 2017). Non-black student enrollment increased to 23 percent in 2016 from 15 percent in 1976 (U.S. Dept of Education, 2017). Not only are different races seen within the institutions but diversity also includes the number of international students who have travelled abroad to obtain an education at a Historical Black College or University. However, little literature has compared differences in recovery between students at Historically Black Colleges and Universities and Predominantly White Institutions. Based on students' backgrounds the recovery process may be

perceived completely differently as shaped by the demographics and perceived experiences within their institution.

Multiple bodies of research have suggested that minority students may experience higher stress levels because of their minority status (Smedley, Myers & Harrell, 1993; Greer & Brown, 2011). However, it has not been determined if stressors in recovery are reduced when a generally minority population is the majority within an institution. Stress has a number of health implications ranging from a weakened immune system to vulnerability to depressive and anxiety disorders (Stokedale et al, 2007). Social support serves as a buffer of stress which has shown to be an important factor in the recovery process (Coates, 1985; Stokedale et al, 2007). Collegiate Recovery Programs that help build a supportive network of peers and access to pertinent resources are a necessary condition in the continued road of abstinence. There is limited research contrasting the role of social connections, assets, and collegiate environmental resources between students with a substance use disorder or addiction in Historically Black Colleges and Universities (HBCUs) and Predominantly White Institutions (PWIs).

This study attempts to address this gap in the literature and also assess the use of culturally competent approaches embedded in programs for those attending HBCUs and PWIs. Dowdall (2013) identifies those factors that shape college drinking across family and individual factors before and during college. These factors may be different for black and white students, due to cultural differences, social class, age of drinking onset, the role of the family and religion. Dowdall does not take into consideration differences among PWI and HBCU systems.

Factors Shaping College Drinking: (Dowdall, 2013, Table 3.1)

Before College	**During College**
Family Factors: ● Genetics ● Parental drinking behavior ● Social class ● Race or ethnicity ● Religion *Public Policy*: ● National Laws ● State Laws ● Enforcement of minimum drinking age ● Local community ordinances *Alcohol Environment*: ● Price of alcohol ● Advertising ● Marketing practices ● Outlet density ● Hours of sale *Social/Institutional Structures:* ● Neighborhood ● Middle and high school ● Church, synagogue, mosque ● Subcultures	*Individual Factors*: ● Age of drinking onset ● High school drinking ● Drug or tobacco use ● Gender ● Race *College Environment*: ● Peer norms ● Residential system ● Fraternity/ sorority life ● Athletics ● Academics ● Community service ● Religious involvement *Alcohol Environment On Campus:* ● Dry or wet campus ● Availability ● Price ● Alcohol policy *Alcohol Environment Off Campus:* ● Retail price ● Outlet density and proximity ● Advertising ● Marketing

Blacks who attend PWIs may have greater stress due to discrimination. State laws and national laws can be enforced more strictly upon minorities as opposed to white students. College environment focuses on peer norms, residential systems, fraternity and sorority life, athletics, academics, community service, and religious involvement. Black fraternities and sororities were created in response to the exclusion of Blacks from university Greek Life during

the Civil Rights movement. Just within the recruitment process the processes for Greek Life will vary from organization to organization and institution to institution and hold different meanings of connection for the members. There may be less stress for Black students at HBCUs simply because there is opportunity for connection based on ancestral similarities and lineage.

The objective of this study is to explore and compare the use of Collegiate Recovery Programs in Predominantly White and Historically Black colleges. This research is guided by the Donabedian Model (Donabedian, 1986). This framework describes the relationship between organization structure, process, and health outcomes. According to the framework, *structure* relates to the context in which care is given, such as, human resources, infrastructure, equipment, and material resources. Elements of structure can include organizational data such as university and program demographics, funding resources, meeting locations, and program department location. The staffing and meeting spaces are important elements in the structure of an organization. In terms of structure, this can be difficult to change. Often programs, particularly those focused on collegiate recovery, are limited in funds and space. CRPs are limited *by* the universities and their policies which can make it difficult to make decisions about developing and supporting CRPs. *Process* relates to comprehensiveness, continuity of care, diagnosis, treatment, and patient education. It is always hoped that participants will remain active throughout their recovery process. The terms of collegiate recovery process may vary by university. Some programs may have treatment requirements mandating that students have received a minimum time period of treatment while others may only need to express interest in a treatment program. Some programs have strict versus flexible abstinence regulations, or participation requirements. Process is more susceptible to change as universities may aim to implement changes in quality improvement. *Outcomes* may be based on utilization of resources,

well-being and satisfaction of the program, and in the context of recovery: sustained abstinence. Some students may want to gain a more relatable social circle and are comfortable with their abstinence while others are looking for strong relationships to assist in their recovery journey.

Structure → Process → Outcome

Organizational Data	***Program Design***	***Student Level***
● *University Demographics* ● *CRP Demographics* ● *Meeting Location* ● *Staff Demographics* ● *Program Department (within Student Health Center, Counseling Center, Dean of Students)* ● *Funding Resources*	● *Participation Requi*rements • *Support Meetings* • *Educational Events* • *Social Events*	● *Continued Abstinence* ● *Continued participation in CRP and/or 12 Step Groups* ● *Continued Improvement in personal health* ● *Continued improvement in social functioning*

Colleges and universities have been emerging as a continuum of care for adolescents and young adults in recovery from substance use and other behaviors. The significance of this study is that the research may serve as a basis to expand knowledge about the relationship between cultural competence, social support and social capital for students in recovery. This study will advance the research in collegiate recovery as well as provide insight for what can be further incorporated into a Collegiate Recovery Program. The following chapter describes the research methods.

CHAPTER 3: RESEARCH DESIGN

The primary objective of this study is to examine the prevalence of CRPs in the United States and to determine whether they are positioned to meet the needs of an increasingly diverse student body. I conducted an exploratory, mixed methods study. Mixed methods may be defined as collecting, analyzing, and integrating both qualitative and quantitative approaches within a single study (Creswell & Clark, 2017). Mixed methods also include philosophical assumptions which guide the analysis of the collected data to provide a better understanding of the research study (Creswell & Clark, 2017). This study is primarily descriptive and is important as the element of both quantitative data and qualitative descriptive data provides an opportunity to narrate the story of the College Recovery Programs (Sandelowski, 2000).

In terms of quantitative data, nationwide enrollment and demographic data was collected from the 133 U.S. Collegiate Recovery Programs. This data provides a description of colleges and universities in the United States who provide recovery programs with an overview of each campus profile. In addition to descriptive data obtained on all of the CRPs in the US, this study provides more in-depth information on the organizational structures of CRPs operating one state (North Carolina). North Carolina houses the only CRP in a Historically Black College and University (HBCU), in-depth interviews were conducted with the directors of that program and the director a CRP in a Predominantly White Institutions (PWI) with a focus on the use of culturally competent services. From a broad standpoint, the majority of schools which offer collegiate recovery programs for their students are within a public or state university system. Location of collegiate recovery programs may be housed in a variety of university departments, centers, and some even having their own separate facilities and functions. As collegiate recovery continues to create more awareness, exploratory research such as this can play a role in

replicating additional programs. This research will provide a basis for identifying commonalities among small, medium, and large scale collegiate recovery programs and the university demographics that accompany each program. Recognizing the magnitude of different university resources in relation to program characteristics may provide a promising expansion in mental health services. Specifically, this research will describe characteristics of current universities with collegiate recovery programs, their students by addressing the following questions:

- What colleges and universities provide collegiate recovery programs?
- Of the colleges and universities how many include Historically Black Colleges & University versus Predominantly White Institutions?
- What is the population size of the institution?
- What is the demographic makeup of the university?
- What year did the Collegiate Recovery Program begin?
- What university department or facility houses the CRP?

While the 133 Collegiate Recovery Programs are spread across the United States, North Carolina has a number of unique characteristics which separates it from the remaining states. The University of North Carolina is a public, multi-campus university system. While the system includes 17 diverse campuses, each with their own unique characteristics, all campuses share one common mission. This mission is to "discover, create, transmit, and apply knowledge to address the needs of individuals and society" (UNC System, 2017, p.3). The state of North Carolina was the first state to use public funds to support collegiate recovery. Most importantly, of the 133 CRPs there is only one Collegiate Recovery Program housed at a Historically Black

College or University, which is located within the UNC system. There are currently nine CRPs established at universities within the UNC system. This recovery financial support provides a unique and somewhat balanced position to evaluate multiple recovery programs. In-depth interviews were conducted with the coordinators of CRP programs in the HBCU university and one PWI university in North Carolina. Institutional Review Board approval for the research protocol was approved by the University of North Carolina at Charlotte Institutional Review Board. Informed consent was obtained for interviews from CRP program coordinators. Interviews were approximately 60 minutes and audio-recorded for review purposes. The records of the study were kept private and records kept in a locked file with only myself, the primary researcher having access to the records. The strength of this qualitative research is based in its ability to be trustworthy, authentic, and credible (Creswell & Clark, 2017).

The quantitative and qualitative data was integrated to interpret emergent themes and concepts related to the Donabedian Model. The specific research questions which are addressed in this study are as follows:

R_1: To what extent does CRP organizational structure of staff members, program location and funding relate to institutional characteristics?

Descriptive data was obtained from 133 CRP schools. Data was collected on institutional characteristics such as university student demographics, CRP population, and recovery meeting locations.

R_2. In what ways are structural components different among Collegiate Recovery Programs in the state of North Carolina?

Descriptive data of program members, meeting location and frequency, and breakdown by race were collected for the North Carolina institutions who have Collegiate Recovery Programs.

R_3: What cultural differences are present within collegiate recovery processes among HBCU and PWI in North Carolina?

In order to gain insight about student recovery needs, semi-structured interviews were conducted with a university CRC coordinator from a North Carolina PWI and HBCU. This allows for an open framework with questions developed in advance. An interview consisting of approximately fifteen questions were developed loosely based on SAMHSA's Center for Substance Abuse Prevention's principles of cultural competence. During semi-structured interviews CRP coordinators provided their interpretation of cultural competence and its relation to collegiate recovery. Interviews were audio recorded and used to describe the elements of program structure and process.

Data collection involved three steps. Step one involved the collection of aggregate data of U.S. Collegiate Recovery Programs. A total of 133 colleges and universities (sample size n=133) were sampled to explore the dynamics within *structure* of U.S. collegiate recovery programs. The concept of structure provided by the Donabedian Model focuses on what organizational structure or human resources are provided by collegiate recovery programs. Specifically, what essential elements are consistent throughout established collegiate recovery programs? Step two of the research process takes a more in focused perspective to understand collegiate recovery in North Carolina. Purposive sampling was used to recruit schools in the state of North Carolina who have established collegiate recovery programs. Inclusion criteria included: active collegiate recovery programs receiving university receiving SAMHSA funding for collegiate recovery. Of

the nine North Carolina CRPs, four schools (University of North Carolina at Charlotte, University of North Carolina at Greensboro, North Carolina A&T University, and Eastern Carolina University) were selected based on similar characteristics in terms of program size, geographic proximity, and basic state reporting requirements. Five North Carolina programs were excluded as there was insufficient data or programs or the CRPs were still in developmental stages. The central questions addressed is in what ways are structural components different (or similar) among Collegiate Recovery Programs in the state of North Carolina?

Step three focuses on the what cultural differences are present within collegiate recovery processes among HBCU and PWI in North Carolina? This will provide insight into differences related to CRP organizational structure of staff members, program location and funding related to institutional characteristics. The concept of process in the Donabedian Model conveys the activities that the program or staff provides so the students can send and receive care. Data was collected from the semi-structured interviews with CRP Coordinators at one PWI (UNCC) and one HBCU (NC A&T) which details program requirements and individual interpretation of program characteristics such as activities, meetings, advertising/ advertisements. Interviews with CRP Coordinators were audio recorded and transcribed verbatim into Microsoft Word by the principal investigator. Quotes were encoded and analyzed using NVivo11, a qualitative data analysis computer software package, to conduct a content analysis of the data. Open coding was used to establish general themes within the data. Similar codes will be grouped into subcategories that will later be categorized into primary categories. These interviews allowed for an assessment of the types of social support provided by CRPs, and focused on five types of behaviors which include: information support, esteem support, network support, emotional support, and tangible assistance (Cutrona and Surh (1992).

CHAPTER 4: FINDINGS

In this chapter, I turn to an examination of the data to understand the organizational components of nationwide CRPs. I begin with research question one which will look at the structure and layout of CRPs across the country.

RQ1. Collegiate Recovery across the United States

I collected data from the webpages of the 133 colleges and universities that offer Collegiate Recovery Programs in the United States. Of the 133 institutions, nearly 20 percent of the active CRPs are located within the Northeast region of the United States. Figure 1 shows a distinct cluster of recovery programs along the Eastern border of the United States mainly concentrated just east of the upper Appalachian Mountain region. The opposing mountain region of the Rocky Mountain region has the fewest numbers of CRPs (n=3) of all the regions. This may be relative to the quantity of overall adults diagnosed with SUD within that region. The central Appalachia region has had patterns of high drug use and a history of efforts to reduce substance use (Moody, Sattererwhite & Bickel, 2017) The rural region tends to have minority groups who are "self-contained" within their culture, i.e. Native American and Amish communities (Hansen & Resick, 1990). This makes it more difficult to insert resources to a vulnerable population in need of services. Efforts that have been made to address the Appalachian region as a whole is the introduction of the SUPPORT Act which was passed by Congress in 2018. The SUPPORT Act promotes opioid recovery and treatment for patience and communities (Congress, 2018). The Act provides a number of Medicaid and Medicare provisions for individuals to access additional care. The Act also requires more strict policies regarding medication disposal and investment in drug diversion programs. In 2020, the Appalachian

Regional Commission was awarded 10 million dollars to invest into pilot program initiatives to get individuals from recovery and back into the economy.

Table 1 provides more detailed information about the characteristics of the universities with CRPs. The majority of CRPs are at larger state institutions. Twenty percent of the colleges and universities with collegiate recovery programs are at institutions with a student population of under 10,000 students. These include community colleges such as Northwest Arkansas Community College and Northeast State Community College located in Tennessee. The populations with the largest enrollment attribute to approximately half of schools with recovery program populations that would be considered “small size”, fewer than 20 active participants at any given time during the academic year. The Association of Recovery in Higher Education considers programs with 20-30 students as mid-size. Programs above 30 participants are considered large size programs and fewer than 20 students indicate a small size program. Unfortunately, not all of the 133 institutions with CRPs provided information about the number of students actively participating within each recovery program so it is difficult to determine what proportion of the student body are being served by a CRP.

The institution with the largest CRP is also the institution that was the first officially established Collegiate Recovery Community. Texas Tech University CRP began in 1986 with their collegiate recovery efforts and currently have over 100 students active within their recovery program. Their student enrollment is 40,322 students which indicates about 0.25 percent of students in the university are actively involved in the CRP. As the first CRP Texas Tech provides a model for CRP programs and a comparison for what CRPs require. At Texas Tech, students must complete a Center for Collegiate Recovery Communities application and have at least one continuous year of abstinence from alcohol and other substance or one year of actively seeking

recovery in behavioral addictions during the first semester of enrollment. Students must also complete at least 12 credit hours per semester for undergraduates and 9 hours per semester for graduate students while maintaining a minimum 3.0 grade point average. Once accepted students must enroll in a Community Seminar and maintain the equivalent of an A each semester. The seminar is a one-hour credit course that students will attend weekly each semester. There is an assigned CRP staff member as instructor that leads students through topics of balance in terms of recovery, home, school, employment, and other activities. The institution's abstinence-based program is based on a psychosocial model to focus on resilience and strength-based qualities of recovery provides recovery support, academic support, and a building space for students to socialize.

I turn next to an examination of demographic differences in the institutions providing CRP. Most of the colleges with CRPs had more female than male students, which is typical of student populations in the US. None of the schools with Collegiate Recovery Programs were established in a single-sex institution. There were no all-female nor all male institutions with CRPs. The majority of CRP were in Predominantly White Institutions (99.25%), with only one CRP in a Historically Black College/ University. The sole HBCU with a CRP, North Carolina A&T University, has a population consisting of approximately 79 percent Black students. There are approximately six percent White students enrolled, one percent Asian, four percent Hispanic/ Latino, and almost three percent being nonresidents/ International students enrolled. This is the sole HBCU actively established and running in the United States.

I then examined the demographic information collected from the PWI universities to determine how many Black students had access to CRPs. Table 1 shows schools with largest number of Black students (over 20 percent) at a PWI include Georgia Southern University

(30%), Minneapolis Community and Technical College (29%), Kennesaw State University (24%), University of Southern Mississippi (22%), and University of Alabama at Birmingham (22%). Community College of Philadelphia, while not listed formally as an HBCU, has a number of students from various backgrounds enrolled. This particular institution has 23 percent White students, 41 percent Black students, 11 percent Asian students, and 16 percent Hispanic/ Latino students. This may be representative of the regional demographic; the U.S. Census Bureau lists the racial breakdown of Philadelphia County where the college resides as 44.8 percent White, 43.6 percent Black/ African American, 7.8 percent Asian, and 15.2 percent Hispanic or Latino (U.S. Census Bureau, 2021).

The institutions with a higher proportion of Black students also tended to have very direct and strict policies for those participating in their CRPs when compared to the model provided by Texas Tech. Georgia Southern students in recovery are able to apply only when they have been sober for a minimum of six months. Students must then fill out an application and schedule an interview with the CRP coordinator. The students are not required to have attended formal treatment but in lieu of documentation from treatment students must submit three letters of recommendation that highlight their commitment to sobriety. The letters may come from individuals such as a counselor, sponsor, probation officer, confidante, or another accepted referee. Regardless of treatment status students will all submit their recommendation letters. Georgia Southern University CRP has an average of 40 students in their program who are on average approximately 24 years of age and have had 2.4 years of sobriety. Other school have even stricter policies. The University of Alabama at Birmingham requires that students must be in good standing in their CRP if they can demonstrate that they have been sober for at least six months, continue to be involved in the CRP by attending one recovery support meeting per

month, one CRP business meeting, provide two hours a month to community service, and a check-in with the CRP staff every semester. The Community College of Philadelphia does not specifically list their student requirements on their site but does mention that their Office of Collegiate Recovery is a resource that provides on-campus collegiate experience that is then integrated with off-campus therapeutic support that will support an individual's recovery plan. This more open approach may be in response to the greater diversity of their student body and need for more flexible services, especially since more community college students live off campus.

RQ2. Collegiate Recovery in North Carolina

I turn next to more focused discussion of CRP in one state, North Carolina, which has the sole HBCU CPR. In addition, North Carolina was the first state to use public funds to support collegiate recovery. Following North Carolina, New Jersey and Arizona were able to procure funds for collegiate recovery. Since I collected this data, several institutions have received funding within the state of North Carolina including North Carolina State University, North Carolina Central University, and Appalachian State. In this analysis I will follow the framework provided by the Donabedian Model (see Figure above). In this section I focus on my analysis of structure and incorporate organizational data related to university and program demographics, funding resources, staffing and program department location. In terms of funding, the majority of North Carolina CRPs have been given a grant by the state to advance their recovery programs. Each of the North Carolina institutions recovery programs are housed within Student Health or Counseling Services

The University of North Carolina at Charlotte university profile continues to grow to be more diverse each year with Fall 2018 making the most significant increase to diverse

enrollment. Approximately 37 percent of the student population identified as members of racial/ ethnic minority groups at this time. Though the numbers continue to grow this year was a significant increase from previous years. North Carolina A & T is the only HBCU with a CRP and has a student body of around 12,000 students, the vast majority are Black (78%) and there are slightly more women than men. NC AT&T has a large CRP that includes over 20 individuals who may be actively in recovery or allies who provide diverse supports. Of the students participating in collegiate recovery approximately 91 percent are Black followed by four percent Hispanic or Latino with no students identifying as White being active within the program at the time of data collection. The institution has had time to develop their recovery program since its origin in 2013. More detailed information on both UNC-C and NC AT&T will be provided below as they were the focus of more in-depth exploration and comparison.

The neighboring university, The University of North Carolina at Greensboro has an active recovery program with over 40 students as shown in Table 3. Approximately 73 percent of the students in the UNCG program are white while approximately three percent are Black. This is not as relative to the public university profile of 49 percent White students, 27 percent Black students, five percent Asian, and five percent Multiracial enrolled in the university. The number of Asian students actively enrolled in the CRP equals approximately ten percent which exceeds the number of Black students. There are a number of students who did not wish to identify their CRP participation for UNCG resulting in almost seven percent of students marking another racial category or wishing not to disclose the information. At the time of this demographic data collection for the CRP, UNCG had 30 active participants rather than the 40 plus students. The mission for what UNCG calls their Spartan Recovery Program (SRP) involves creating a recovery-minded community where students are able to empower themselves so that they can

enhance their personal wellness and contribute to the overall community. They strive for a recovery friendly space which is still supportive of the recovery process and growth. Students may not want to disclose their racial status due to the fact that there are fewer minorities and the responses to satisfaction surveys may be able to be traced back to the individual. There is the possibility for less anonymity. The Donabedian Model for processes for this institution involve completing an SRP application, interviewing with the SRP staff, and then completing a Wellness Recovery Action Plan (WRAP) which students will refer back to throughout the academic year. Students have access to regularly scheduled peer support, recovery coaching, recreational activities, events for personal, professional, and academic development. Since students may join the program at any point in their recovery journey there are monthly celebrations for recovery events that take place on campus.

Table 3 shows East Carolina University is another public institution that has a CRP that was established in 2015. The largest demographic representation within the university campus includes approximately 67 percent White students, 16 percent Black and six percent Hispanic population. There is an average of 30 students who are active within the collegiate recovery program. Compared to the breakdown of the university, the recovery program hosts approximately 37.5 percent White students, 37.5 percent Black or African American students, 12.5 percent Asian or Pacific Islander, and 12.5 percent biracial or multiracial. Of the North Carolina institutions East Carolina University collegiate recovery community represents the most diverse composition. With such diversity, it is integral to have its services of weekly check-ins and goal setting. The program provides on-campus counseling and support groups as well as referrals for off campus services. The CRP bases its services off The Eight Dimensions of Wellness. The eight dimensions incorporate different aspects of wellness such as, emotional/

mental, financial, environmental, intellectual, social, occupational, physical, and spiritual wellness.

There is a UNC school without a CRP who could benefit from the presence of a CRP. UNC-Pembroke has a higher enrollment of minorities compared to the other state institutions with 31 percent of its 7,698 students identifying as Black, 13.2% American Indian, 7.4% Hispanic/ Latino, 1.5 percent as Asian, and 38.8% White. With the other schools, the majority of students (63%) are female. UNC-Pembroke has very clear values related to Native American Indian culture and tradition. Their mascot is the red-tailed hawk which is indigenous to North America and seen as it flies throughout campus. The American Indian heritage is observed throughout campus and the campus is also home to the Museum of the Southeast American Indian. However, UNC-Pembroke does not have a CRP – which is a notable gap given higher rates of unmet Substance Use Disorders within the American Indian population as well as high levels of suicide and depression among younger Native American Indians. Integrating a form of collegiate recovery into the campus would serve as a beneficial addition which could also be an advantage to the larger Pembroke community.

Staffing is an important aspect of collegiate recovery. Nationwide, LCAS licensure has been promoted for collegiate recovery staff. Licensure to be a Licensed Clinical Addiction Specialist (LCAS) is only available to individuals who have completed a Master's Degree in addition to a clinical internship from a regionally accredited college or university. This certification allows for the clinician to screen individuals for an addictive disorder, take assessments for one's treatment planning, administer counseling and crisis intervention services in order to minimize the conditions associated with a Substance Use Disorder (SUD). Institutions who have recovery programs housed in Counseling Services are likely to have coordinators who

have attained at minimum a master's degree in counseling with an accompanying specialization in substance abuse. I will focus for a moment on UNC Charlotte and North Carolina A & T as they will be discussed further for research question three. UNC Charlotte's CRP staff is comprised on a primary coordinator who has a dual position as a substance use counseling. The coordinator is accompanied by a recovery support special and two graduate assistants who work 20 hours a week for the CRP. North Carolina A & T has one full time coordinator on staff who also dually serves within Counseling Services. The coordinator is accompanied by a team of student workers who are on a grant and clinicians who work within the Counseling Center who will give their time for outreach events and meetings. Both coordinators have indicated time and funding constraints for keeping consistent staff. Staff is currently working dual roles with little time for self-care which can lead to burnout. Trust is a component of building networks and connections so having a dedicated full-time staff for recovery was noted as a hope moving forward.

All of the North Carolina institutions incorporate peers in some aspect into their recovery program staff. UNC Charlotte hires graduate assistants specific to the recovery program who are available for meetings and outreach. UNC Chapel Hill has program assistants who serve as peer support for the students active in recovery. North Carolina A & T has a number of student workers who are involved in student health and counseling. These students have the duty of continuing outreach, participating and gaining support for campus wide programs, and bringing to the attention any potential areas for growth to coordinators. The University of Greensboro has a part-time graduate assistant that is available to offer peer and academic support, recovery coaching, and support the LCAS therapist as needed. The University of North Carolina at Wilmington (UNCW) has developed what they call Crossroads. It is an Alcohol and Other Drug

Prevention and Education Program. Collegiate Recovery at UNCW falls within the umbrella of the Crossroads Program. The staff dedicated to Crossroads includes staff from Health Promotion: Direct Services Coordinator, Campus Dietitian, Coordinator for Peer Education, Administrative Assistant, and eight Peer Educators.

There has been one other body of research that has begun to collect nationwide data on staffing for CRPs. A study from Georgia tech in 2015 revealed that the median age for CRP directors was 36 years of age (Jones et al, 2016). There were 54 percent of directors who were female and 46 percent of directors who were male. Staffing for CRPs is overwhelming White with 96 percent of directors that were white. The remaining demographics are two percent of directors who were Black and two percent Asian. There were about 9.8 percent of these directors are of Hispanic ethnicity. The study also found that the average salary for directors was $55, 652 (Jones et al, 2016). With the number of CRPs that have opened since this time (nearly doubled) there is a need for additional staffing and potential increase in salary for this field.

RQ3: An Analysis of Cultural Differences and Organizational Processes at one PWI and the HBCU in North Carolina.

I turn next to an examination of cultural differences within collegiate recovery processes operating at one PWI (UNC-Charlotte) and the HBCU (NC AT&T). Culture can be framed by the college environment by university policies and standards impact the overarching culture within collegiate recovery. Aspects of the process for collegiate recovery based on the Donabedian Model include the aspects related to both processes and desired outcomes. In terms of process each university will have specific requirements for students to participate. They may have support meetings regularly, hold social events, and hold educational events. In this section I

utilize the in-depth interviews with the two CRP coordinators to examine issues related to processes and desired outcomes. describe both CRP coordinators also have personal goals as well as goals set by the university in order to maintain standards. Coordinators for both the PWI and the HBCU had been trained to work within counseling and psychological services. In terms of support staff, the HBCU coordinator utilized CRP grants to hire student workers who could then reach out to peers on campus and gain rapport with the students throughout the campus. Each program relies on students to support their recovery program as peer educators or allies. This provides a sense of inclusion that cannot be gained from administrative professionals sending out flyers to promote the recovery community, especially when such stigma surrounds substance use and abuse. The PWI has two full time staff members dedicated to the recovery program as well as two graduate assistants. The graduate assistants are available for outreach and seminars which is similar to the goals of the HBCU outreach team.

In analyzing each interview, two emerging themes. One theme emerging as *stability*, through either funding or staffing. The second theme of *engagement* (from the student perspective) emerged multiple times throughout the interviews. These themes will be described in greater detail, with a focus on contrasting differences between the PWI and the HBCU.

The CRP at the PWI adhered to a strict abstinence-based policy for students participating in the recovery program. Students are mandated by the university to be sober for a minimum of two weeks to begin to participate in the program. Should a student relapse or return-to-use of their desired substance, they will be suspended from certain activities. One example being that should a student return-to-use they will be unable to travel with the collegiate recovery community. The CRP also has what they call “expectations policies” which the coordinator along with the student members of the group have established which includes that unless the

student has had 90 days of sobriety they will be unable to travel with the rest of the group. The coordinator at the North Carolina PWI has been involved within the CRP for a number of years and has worked with some of the same students throughout their entire duration on the college campus. The Coordinator mentions, “Something I am coming up a lot against is that different individuals of different backgrounds might get outcast from their family if they receive services, um and so how do we help them while on a college campus service without it feeling treatment-y”. An aspect of engagement, is bringing social support for individuals who may otherwise not have a system in place for active and continued support. When considering the theme of engagement though return to use may be small for students in recovery, if relapse does occur there are methods for re-motivating students that coordinators can and have initiated in the past. The PWI Coordinator describes the process as both something that is motivating for the students but also keeps the students accountable for their actions. Accountability was described as “students who come in do a safety plan, build their connects, make more of a supportive structure for them for a month or two. They continue within the CRC and are successful.”

Even when relapse has occurred re-engagement allows for students to have continued abstinence following that time or longer abstinence than the previous time frame. Further motivation also comes as what was mentioned as a tier of membership. Students received what is described as more privileges, awards, and scholarships for their abstinence. A direct initiative from the university level requires for students in recovery to have 90 days of sobriety for them to be allowed to travel with the CRP. A different example of continuing student engagement from the HBCU Coordinator is the flexibility of not having a completely “traditional” model for recovery. The coordinator explains this from the student perspective of exploring moderation, rather than abstinence based. Students have appreciated it in a way of “okay, I feel like I have

more breathing room to talk about all these things as opposed to-oh shouldn't be having these thoughts! So gotta work my step". Students feel less pressure and are more likely to be more open for discussion in CRP meetings.

The major difference at the HBCU is that students will be able to have a more conscious stream of thought when it comes to decision making. The HBCU still adheres to the code of conduct that is set by the university, but aims to avoid promoting "consequences" for students who partake in substance use or have relapsed. The idea of harm reduction is the focus and overall coordinators aim for students to be safe in whatever decisions they choose for themselves. Addiction may look different in HBCU culture and the communities that the students have been raised. While students may be using substances, it has not been as noticeable to them what addiction may look like to them. Often addiction is painted as a noticeable act of an individual overtly using their desired substances at any given point in the day. In reality, several people function "normally" despite their addiction and are able to hide the compulsive behaviors related to their addiction. The CRP offers monthly and annual recovery celebrations, Alcoholics Anonymous support groups, Narcotics Anonymous support groups, Gambling Support Group, Sober Watch Parties, Game Nights, weekly recovery chats, sober tailgating, and more. Offering these monthly celebration allows for recovery to be a more common and open subject. With this the stigma associated with being in recovery has the opportunity to dissipate.

The CRP HBCU incorporates a harm reduction approach to their recovery program so that she students and staff can strategize ways to reduce the negative consequences associated with substance use or harmful behaviors. The CRP aims to enlighten students to be more conscious of their decision making for both short-term and long-term consequences. Through this consciousness students can set up rules for themselves of how they would like their personal

journey of recovery will look. Students must still adhere to the university Code of Conduct when they are on the university campus, but the program realizes that once students are free to explore and experiment they may not adhere to the guidelines of conduct. This is especially important as the HBCU Coordinator has noted that, “We have a lot of people that are using substances, don’t realize what addiction looks like in HBCU culture or that it is meshed in some of the communities they come from. Being more intentional about looking at those factors and making more conscious decisions about choosing to partake, how setting up rules for themselves or just what their recovery looks like”. The overarching hope is that students will be safe in whatever they choose to do. The university mission statement shows that the CRP “offers a positive affirming environment where recovering students can successfully pursue academic, personal, and professional goals to enrich their quality of life and become vibrant leaders of their communities.” A more specific goal from the CRP is to “ensure that students in recovery feel integrated in the fabric” that is the university. There is no specific amount of time required in order to be eligible to participate. Expectations of the students, should they want to be active in the program are to attend one campus recovery meeting every week and commit to the CRP program and commitment to service.

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The sense of collectivism presents itself throughout the HBCU environment. There are a number of events regularly where students can come together to celebrate themselves, their heritages and ancestry which is not necessarily available for minorities at Predominantly White institutions. From events utilizing social media on a large scale, the HBCU has been utilizing Facebook, Twitter, and Instagram Live for a number of years. Recovery meetings also have the option to be recorded on Instagram Live so people can participate in real time with questions, comments, and concerns added to the discussion chat. Multiple individuals can be hosting the live stream. Students also have the option to come back and watch the stream later to accommodate different schedules.

The CRP at the PWI also allows for a number of drop in conversations and meetings. Engagement is usually provided on a scheduled basis with little time for spur of the moment dialogue, but there is always an individual available for crisis management. Both CRP programs had similar activities that were popular amongst the students in recovery. Alternative Spring Break is a popular option that gives the students an opportunity to go off-campus and enjoy a

retreat style vacation where there are a number of activities planned for the group. There is also downtime for students to have one on one mentoring, time for individual reflection and exploration, and workshops to keep students motivated to maintain abstinence in new environments.

These diverse processes, or activities, or developed to meet specific goals or outcomes. Outcomes of the recovery program may be evaluated by the students' continued abstinence, continued participation in the recovery program, continued improvement in personal health, and continued improvement in social functioning. These objectives may be obtained by identifying the strengths of the program. Based on the university structure and its corresponding activities the strength of the program can either be increased or decreased throughout the academic year. The interviewed PWI attributes the structure of the program to be one of its biggest strengths. The coordinator indicated that students are aware of their expectations and what they can achieve through active participation in the recovery program. Rather than having solely drop-in options, students can find more accountability in themselves by having mandated activities/ events. Students are required to come to at least one of the program events each month. There are typically four to six events which include topics focused on education, social life, philanthropy, and an array of other community building options. Events where students are encouraged to volunteer and give back to the community have shown to be the more attend events, even over social events. The students enjoy having the option to support individuals who are still in treatment. The coordinator also noticed that students will bring information from one meeting to another which shows that the students are acquiring practical information that they will use to support their recovery journey.

There are areas that may be improved in any program. The PWI Coordinator expressed that incorporating sober housing onto campus would welcome those that may be deterred by the lack of recovery support in the wider community. Sober housing would require funds to be allocated by either the university or another grant in order to creature the infrastructure. The theme of stability in structure is relative to sober housing. Just as CRP location/ meeting space is an important to have a consistent space for students to return to for support and leisure this is the same with sober housing. The only other CRP full time position, that if recovery support specialist, is grant funded and the coordinator hopes for sustainable funding so that the work that has been done thus far can continue to grow. The coordinator would also like to add a fundraising expert to the team. As the coordinator and therapist filling a dual role, the coordinator has been running all major fundraisers which take significant time and resources to complete.

Several weeks prior to the interview the program had issued an impact survey. The anecdotal feedback demonstrated the importance of social supports, and showed that that the students feel connected to the staff, program, and peers. The HBCU coordinator identified the strengths of their Collegiate Recovery Program as the flexibility of their staff and the location of their recovery program. The coordinator described their rapport with students as “phenomenal.”. The location of the program has provided a direct relationship to program participation. Previously the program was on what was considered an isolated side of campus that individuals did not want to travel. Now in the centralized location students are made to be more comfortable, provide an environment similar to “home” and the center for Counseling services in on the floor below. Similarly, to the CRP coordinator at the PWI, to these areas for growth the HBCU CRP coordinator described included a dedicated staff which would allow for program to be run more

smoothly. The coordinator currently puts in overtime, including long hours on the weekdays as well as the weekend but with more individuals fully dedicated solely to the CRP the program could essentially “run itself”.

Increased funding is clearly needed to increase the staffing at both the PWI and the HBCU. Funding is especially needed for additional full time equivalent staff to meet growing Black student populations at the PWI. Funds are also need to provide for peer supports, incentives for students, housing and spaces on and off campus for meeting locations. Peer supports are especially critical, and they can be an important source of cultural competence, not only for their fellow students, but for counselors and staff. However, it is difficult to maintain several students without compensation as they have to still fulfill their primary role as a student and academic at their university in addition to their own stress and need for support. Funding is linked to *stability* for Collegiate Recovery Programs. The traditionalism that is embraced in culture brings together those in collegiate recovery to have a familial type of bond. Though ethnic identity may vary, there is a connection that is shared amongst those in recovery that those outside of that environment cannot truly understand. HBCUs offer the opportunity to connect even further allies with those in recovery to make an even bigger family. A family that can push for more sacred space for those in recovery to use as necessary without pressure to relapse.

CHAPTER 5: SUMMARY AND DISCUSSION

The primary objective of this mixed method study is to examine the prevalence of CRPs in the United States and to determine whether they are positioned to meet the needs of an increasingly diverse student body. In addition to descriptive data obtained on all of the CRPs in the US, this study provides more in-depth information on the organizational structures of CRPs operating one state (North Carolina). North Carolina houses the only CRP in a Historically Black College and University (HBCU), and in-depth interviews were conducted with the directors of that program and the director a CRP in a Predominantly White Institutions (PWI) with a focus on the use of culturally competent services.

Collegiate Recovery Programs aim to provide a bridge in connecting students to services that will help them to prevent relapse and support the students both academically and socially. Structure through program resources were observed for comparison of active CRPs throughout the United States. Descriptive statistics revealed that most universities with a CRP were likely to be public institutions, but they were smaller. Most universities also tended to provide their CRP services within Student Health Centers or Counseling Centers on campus. The process for CRP functioning were across institutions in North Carolina, which are continuously working to become more ethnically diverse. Each CRP requires an application process for students to participate in their university CRP. A variety of social events are available for students to participate in that range from recovery meetings, volunteer events, or workshops aimed to maintain sobriety. The qualitative data documented cultural differences in the processes for CRPs among one HBCU and one PWI. The HBCU incorporated a number of traditional settings for students in recovery to join and act as a large unit or family. The PWI incorporated a number

of individualistic opportunities for students to still network but also have a specific expectation of their individual goals for recovery.

The results of this study provide support for the Conceptual Framework based on the Donabedian Model. University demographics did not reflect the demographic breakdown of students participating in collegiate recovery. Table 1shows that universities that had a larger percentage of minorities still had very few minorities participating in collegiate recovery programs. By modifying the process/ program design of educational and social events could improve outcomes for continued abstinence and participation in the recovery program. CRPs who have the largest participation have been established the longest. They also have at least two full-time staff members. These group characteristics are important as it impacts how people get along, which influences the frequency of participation and the consistency of group meetings and events. There is also a level of trust which is critical to meeting the goals of recovery, and trust is enhanced when services are culturally appropriate or sensitive.

In terms of the North Carolina data, The University of North Carolina at Chapel Hill specifically offers sober housing. The remaining universities do have off-campus housing for students to reside with options for finding sober roommates but it does not guarantee a sober environment. Each program also had their similarities. Each CRP no matter location offered weekly check-ins and group meetings. Each group had a dedicated meeting space and opportunities for volunteer opportunities and recreational activities. Variations in the associations between meeting location and racial demographics were notable. Outside of the HBCU, Eastern Carolina University had the largest portion of Black students active within the recovery program. The program is housed within the Center for Counseling and Student Development. While North Carolina A&T's CRP is housed within student health, the Counseling

Center is in the same building. This close proximity to counseling services allows for more staff available to support individual counseling as well as their support group meetings.

Cultural differences within collegiate recovery processes were observed between then HBCU and PWI in North Carolina. Cultural competence is related to the ability for healthcare systems to provide patients with both diverse values and beliefs in addition to diverse behaviors and taking each of these into account for cultural and linguistic needs. The concept of a collegiate recovery community indicates, just that, a community or network that its purpose is to bring a level of access to a group of individuals who have a shared experience. The past experiences which have led to this shared bond may differ but there is a bond regardless. The theme of engagement seen through social capital and the ability for groups of individuals to meet at events and have the opportunity to bond and collaborate is essential to sustaining recovery. Diversity present in events allows for a larger audience to participate. The opportunity for connect via social media or at a university athletic event incorporates a larger audience. That access to social norms and events establishes trust within the community which will further allow students to establish trust in their peers and CRP staff which will allow for continued recovery as well.

Implications for Collegiate Recovery Programs

Researchers have long recognized the importance of social capital to health and well-being (Putnam, 1993; Szreter & Woolcock, 2004). Collegiate Recovery Programs are an important source of social capital. The physical placement of recovery services can potentially make a difference in student success. Table 1 shows the majority of Collegiate Recovery Programs are placed within Student Health and Wellness Services with many of the rest residing within the department of Student Affairs. The benefits of having Student Affairs as a placement

for recovery services allows for staff to support students with a variety of strategies. Student Affairs professionals can utilize resources to support students who may be coping with their addiction as well as possible legal, family, and employment issues. Each of these could be a trigger for students and further complicate the recovery process. Students Affairs serves as the infrastructure to support needs of students for those who dealing actively with a substance use problem as well as those in recovery. The downside to Student Affairs serving as the placement for recovery is that often Student Affairs includes the Dean of Students which are also often associated with negative situations. While the environment is there for advocacy, education, and engagement within the University, the environment may also be one where students are penalized for their conduct and academic integrity.

Student Health can also offer integrated recovery services through the support groups offered within the department. Another widely used department for recovery services is within Student Counseling. A number of institutions house Counseling Services within a Student Health Center. Allowing for CRPs to be placed in Counseling Services may offer addition opportunities for Cognitive Behavioral Therapy, relapse prevention counseling, and other forms of therapy which may not be as well utilized in other university departments.

Wherever they are located, CRPs programs must meet the needs of their increasingly diverse with student populations, with an increasing need for cultural competence to meet the complex sources of stress faced by minority students.. The model of recovery has traditionally adopted a medicinal approach to health and is starting to take on a public health centered approach which encompasses all aspects of health and wellness. The traditional approach has focused on solely abstinence from the specified behavior. The public health approach addresses physical, emotional, and spiritual areas of health in order to maintain abstinence. Framing

recovery from a public health lens has allowed for a focus on the entire population. However, there is not one method to recovery, as there are diverse students who would benefit from culturally competent collegiate recovery. Placing emphasis on preventing relapse for different groups within that college population could influence the activities coordinators create and make available to their groups. The Association of Recovery in Higher Education began facilitating a monthly series discussion titled: The ARHE Equity and Justice in Collegiate Recovery Discussion Series. The meetings are hosted by different leaders from diverse communities to promote themes of social justice, equity, and inclusion. The leaders then link the themes to how the concepts can intersect with programming, support, and services for BIPOC, LBGTQ+, and disabled students in recovery from addiction. Discussions are taking place from March 2021 to March 2022. This is a start to providing more culturally competent services and opportunities for the field and making it more inclusive. The Recovery Campus magazine is another resource. All of the 133 schools studied in this research have access to this magazine and the interviewed coordinators both subscribe and regularly refer to throughout their practice. The online presence of Recovery Campus features a number of news categories. It serves to announce for conferences, retreats, and other events. Recovery Campus also provides opportunities for studies relative to addiction and treatment to be highlighted. In my examination of this publication I found that ads included a variety of people of color and people of color were also featured in various articles as they conveyed their recovery stories. Articles that were supported by peer reviewed research featured gender differences in substance use and recovery but of the past two years since the boom in CRPs that addressed race based differences in substance use and recovery. There does not appear to be any other languages that the magazine is available. Regionally, different schools, states, and areas of the U.S. are also discussed throughout each

recovery publication. The findings of this research will be made available to Recovery Campus magazine in hopes of providing additional content to people of various backgrounds.

Implications for Future Research

This study is exploratory and primarily descriptive, more in-depth explanatory research is necessary. The quantitative data on CRP programs across the US and in North Carolina is limited to information that was publicly available. However, this descriptive data provides information on the demographic characteristics of those colleges and universities which provide CRPs. The North Carolina data provides more in-depth information on the structural characteristics of CRPs as well on how recovery programs function. The exploratory data on the one HBCU with a CRP and the PWI provides deeper understanding of how CRPs can meet the needs of Black students, but is limited by obtaining information from the coordinators of these programs. Information from students was not available to me due to university and CRP confidentiality rules. However, the qualitative does provide exploratory insight to an uncultivated topic for collegiate recovery. Studies have not yet been published which examine differences in collegiate recovery for culturally diverse students, or which explore culture competence in Historically Black Colleges. My study provides a foundation for future work to assess link aspects related to the structure and processes that link diverse approaches taken by CRPs to student outcomes. More research is needed on race-based differences in collegiate recovery as well as race-based difference in continued abstinence. Future studies may also link physical health outcomes to continued abstinence in collegiate recovery, and provide more specific information on the social supports and social capital provided by CRPs in diverse institutions.

Conclusion

This study contributes to the understanding of Collegiate Recovery Programs in the United States. The study described structural components and processes of Collegiate Recovery Programs. Relationships between staff, students, and offered services were identified. These findings may help inform the development of culturally appropriate and competent services for collegiate recovery and its practices. Since my data collection there have been a number of developing Collegiate Recovery Programs and there are now 143 developing, new, and established CRPs. Ten institutions have initiated the process to establish collegiate recovery programs in the past year of 2020. It is essential that both new and established CRPs provide resources to a growing and changing population. Currently there are efforts to establish a collegiate recovery program at HBCU, Fayetteville State University. Having the option to ensure that culturally competent services are created and available for students can improve the trajectory of Fayetteville State University students in recovery from the first day the CRP doors open. There are a number of other marginalized populations that can benefit from additional support within the university setting. American Indian/ Native American groups experience SUDs at a high rate with limited resources. Those who identify as LGBTQ+ have not been a priority in recovery discussion. Despite its limitations, this study advances the research in collegiate recovery and provides insight to practice for coordinators, counselors, administrators, and researchers.

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Table 1: U.S. Collegiate Recovery Programs

School	Population	Institution	Male	Female	White	Black	Asian	Pacific Islander	American India	Hispanic/ Latin	2 or More Race	Nonresident ali	Unknown	CRC	Year CRC	Department
DePaul University	22,769	Catholic University	47%	53%	61%	9.20%	9.40%	0.10%	0.10%	15.80%	4.10%	--	--	Small	2017	Student Affairs
Case Western Reserve University	11,824	Independent Research University	48.61%	51.39%	47%	6%	15%	--	--	5%	--	19%	--	Unknown	2004	University Health and Counseling Services
Augsburg College	3,486	Liberal Arts Institution (Lutheran background)	44%	56%	50.86%	13.71%	8.49%	<.01		7.54%		2.30%		85	1997	Student Affairs
Mitchell	677	Private	58%	42%	50.90%	12.30%	1.70%	0.42%	0.99%	14%	3.82%	--	--	N/A	N/A	N/A
Misericordia University	2,544	Private	31%	69%	85%	2.64%	1.52%	0.12%	0.16%	3.24%	3.28%	--	--	Small	Unofficial/ Counselling Referrals	Counseling and Psychological Services Center
Pratt Institute	4,158	Private	1201	2957	34%	4%	15%	0%	0%	10%	3%	33%	1%	---	---	---
Fairfield University	5,513	Private	40%	60%	72.88%	2.59%	2.65%	0.04%	0.09%	7.49%	1.58%	4.06%	5.64%	7-12	2012	Student Affairs and Counseling & Psychological
Monmouth University	5,953	Private	37.65%	62.35%	69.40%	5.85%	3.16%	0.02%	0.08%	12.60%	2.25%	--	--	14	2013	Division of Student Life
Washington and	6,178	Private														
University of Hartsford	6,794	Private	45%	55%	52.33%	12.49%	4.37%	0.00%	0.25%	11.29%	3.18%	7.00%	5.86%	Small	2015	Counseling and Psychological Services
Rice University	7,170	Private	57%	43%	44%	9%	25%	--	--	15%	--	25%	6%	Developing	Developing	Wellbeing and
Tulane Universit	7,920	Private	41.36%	58.64%	68.94%	9.04%	6.34%	0.10%	0.24%	8.24%	3.95%	--	3.15%	Small	2021	Campus Health
Saint Joseph's University	8,415	Private	49%	51%	70.20%	6%	3.60%	--	--	10.80%	2.30%	--	--	Unknown	2019	Center for Addiction Recovery and Education
Sacred Heart University	9,313	Private	34%	66%	69.70%	5.35%	2.33%	0.09%	0.16%	11.40%	2.18%			Small	2019	Main academic building
University of Tampa	9,605	Private			59.10%	5.28%	2%		0.14%	12.40%				Mid-size	2016	Live Well UT, Dickey Health and Wellness
Brown University	9971	Private	49.66%	50.34	41.09%	6.74%	14.97%	0.14%	0.27%	10.24%	2.72%	19.40%	5.59%	Small	1977	Dean of the College Office (Early Sobriety Group)
Texas Christian University	11,379	Private	4602	6422	67.20%	5.50%	3.10%		0.60%		2%	5%	2.30%	6-12	2012	TCU Collegiate Recovery Community, Student Affairs
Southern Methodist University	11,824	Private	51.25%	48.75	58%	6.10%	7.00%	0.10%	0.20%	12.30%	3.50%	12.00%	0.80%	Developing	Developing	Substance Abuse and Recovery Services, Counseling Services, Dr. Bob Smith Health Center
Tufts University	11,878	Private	44.17%	55.83	51.98%	4.67%	14.06%	0.00%	0.00%	7.44%	4.38%	13.02%	4.33%	Unknown	2017	Health Promotion
University of Denver	12,931	Private	42%	58%	67.10%	4.04%	3.67%	0.15%	0.53%	12.20%	4.33%	--	--	Unknown	2018	Health & Counseling Center
Vanderbilt University	13,537	Private	44%	56%	39.50%	11.50%	18.80%	--	0.40%	11.10%	5.70%	8.80%	4.10%	Mid-size	2007	Vanderbilt Recovery Support, Center for Student Wellbeing, Office of the Dean of Students
Northwestern University	17,156	Private	50.02%	49.98	53.20%	10.00%	25.50%	--	1.60%	15.40%	--	10.00%		N/A	N/A	Counseling Services
Baylor University	18,033	Private														Beauchamp Addiction Recovery
Syracuse University	22,850	Private	48.20%	51.80%	52.50%	7.00%	5.70%	0.10%	0.50%	8.60%	2.90%	19.60%	3.10%	Small	2019	Diversity and Inclusion

Boston University	34,589	Private	14511	20078	37.84%	4%	12.98%	0.06%	0.06%	8.88%	3.15%	26.45%	6.58%	--	2017	Student Health Services
Elon University	7,008	Private	40%	60%	78.60%	6.66%	2.31%	0.014	0.19%	6.46%	3.06%	1.93%	0.86%	Developing	Developing	
ty of the Lake University		Private	24.90%	75.10%	19.40%	14.50%	0.90%		0.53%	58.70%	1.34%			Small	2017	Center for
Gonzaga University	7,501	Private (Roman Catholic)			70.28%	1.71%	4.29			9.21%	5.21%		5.05%	Unknown	2013	O.U.R. House (Our Unique Recovery) Center for Cura Personalis (CCP), which falls under the Division of Student Development
Santa Clara University	8,629	Private Jesuit	60%	40%	40.70%	2.54%	18.40%	0.27%	0.06%	6.58%	6.58%			--	Part time Sept. 2017, Full time Sept. 2018	Wellness Center
North Carolina A&T University	12,556	Public	42%	58%	6%	78.53%	1.15%	0.03%	0.30%	4.12%	4.32%	2.73%	2.72%	Small	2013	Counseling Services
University of Minnesota-Rochester	572	Public	22.89%	77.11%	62.40%	9.27%	14.30%	0	0	7.34%	4.02%	--		Developing	Developing	Department of Health and Wellness
Greenfield Community College	3409	Public	38%	62%	78%	3%	4%	0%	1%	7%	4%	0%	3%	N/A	N/A	Student Services: Community Resource Studio
Purchase College	3,695	Public	40.10%	59.90%	48.90%	13.40%	3.90%	--	0.20%	25.80%	5.30%	--	2.50%	Small	2019	Wellness Center
f North Carolina	3,762	Public														
ounty Communi	4920	Public	39%	61%	64%	6%	2%	0%	0%	16%	1%	0%	10%	60	2019	AllOne
Dalton State College	4,964	Public	40%	60%	59%	4%	--	--	--	31%	--	--	6%	N/A	N/A	Student Center
ortland Commu	5,046	Public	44.33%	55.67	72.20%	6.18%	2.02%	--	0.24%	7.71%	4.34%	1.66%	5.55%	5-10	2019	Health Services
sity of Texas Per	5,834	Public	41%	59%	38%	6%	3%			47%				Developing	Developing	Dean of Students
Southern Oregon University	6,098	Public	40%	60%	58.20%	1.80%	2.30%	0.82%	0.80%	9.20%				11-12	2010	Student Health and Wellness Center
Ramapo College of New Jersey	6,142	Public	41.80%	58.20%	61.00%	5.60%	9.40%	0	0.50%	18.30%	0.10%	--	5.10%	Unknown	2017	Alcohol & Other Drug Office
California University of Pennsylvania	6,842	Public	41.80%	58.2	76.62%	10.44%	1.24%	0.07%	0.10%	3.99%	3.27%	0.63%	3.64%	---	---	----

Minneapolis Community and Technical College	6951	Public	44%	56%	36%	29%	5%	--	--	12%	--	--		25 students	2005	Student Success Center: Outreach and Assistance Programs
University of Texas at Tyler	6,995	Public	44.5%%	56%	57.90%	9%	4.00%		0.40%	20.20%		2.70%	5.80%	Developing	Developing	Center for STudents in Recovery
The College of New Jersey	7,400	Public	43%	57%	66.00%	5.90%	11.70%	--	0.44%	13.20%				Less than 15 students	2015	Student Affairs: Health and Wellness
rkansas Commu	7,715	Public			68%	3%	3%	--	2%	16%	3%	3%	1%	N/A	N/A	N/A
Northeast State Community College	7,879	Public	36.71%	63.29%	47.63%	4.11%	2.17%	0.04%	17.43%	5.65%	20.17%	--	0.56%	Small	2020	Counseling Services
University of Southern Maine	8,429	Public	39.50%	60.50%	44.70%									---	---	University Health and Counseling
Jacksonville State University	8,479	Public	41%	59%	68.70%	19.80%	0.70%	0.04%	0.39%	0.50%	0	--	--	Small	2016	Counseling Services
Montgomery County Community College	10,451	Public	43%	57%	59.60%	14%	6.19%	0.24%	0.35%	7.06%	3.39%	--	--	25	2005	Student Success Center: Power Program
Lorain County Community College	10,644	Public	38.59%	61.41%	72%	9.23%	1.25%	0.08%	0.34%	11%	4.42%	--	--	Large	2015	Advocacy Resource Center
College of Charleston	10,783	Public	33.50%	66.50%	77.40%	7.65%	1.93%	0.13%	0.34%	5.97%	3.61%	--	--	Small	2016	Office of the Dean of Students
Greenville Technical College	11,123	Public	40%	60%	59.40%	19.50%	2.37%	0.12%	0.23%	11.30%	3.91%	--	--	10-15	2018	Counseling Services
Central Washington University	11,658	Public	48.00%	52.00%	50.90%	3.94%	4.39%	0.94%	--	16.97%	7.89%	2.90%	12%	---	Unofficial through Student Orgs	Wellness Center
of Tennessee at C	11,728	Public	42.52%	57.48%	75.20%	9.42%	2.66%	--	0.21%	5.60%	2.53%	1.42%	2.91%	Small	2015	Center of Well Being
Carolina State Un	12,556	Public														
Rutgers University at Newark	13,451	Public	47%	53%	20.60%	18.30%	17.20%	0.30%	0.10%	28.20%	2.90%	8.70%	3.80%	Small	2018	Counseling Center

University of Southern Mississippi	14,133	Public	36.33%	63.66%	46.90%	21.94%	0.36%	0.10%	21.94%	2.64%	2.81%	1.28%	4.98%			Collegiate Recovery Community, Student Health Services at Moffitt Health Center
ern Louisiana U	14,461	Public	35.90%	64.10%	64.10%	19.60%	6.80%	0.10%	0.30%	6.80%	--	1.20%	8.30%	7	2019	Counseling Services
University of Nebraska at Omaha	15,153	Public	47.80%	52.20%	67.62%	6.18%	4.13%	0.09%	0.27%	12.99%	4.26%	6.03%		10	2014	UNO Wellness Division and administrated by Student Health Services
North Carolina a	17,499	Public	39%	61%	77.60%	4.90%	1.99%	0.14%	--	7.02%	3.75%	1.91%	2.24%	Small	2015	Student Recreatio
West Chester University	17,527	Public	39%	61%	75.50%	11.60%	2.54%	0.08%	0.10%	5.40%	3.11%			---	---	---
University at Albany	17,746	Public	48%	52%	45.10%	16.40%	8.10%	-	--	15.10%	2.90%	5.70%	--	Mid-size	2012	Middle Earth Peer Assistance Program of Counseling and Psychological Services (CAPS), Division of Student Affairs.
California State University - Chico	17,789	Public	46%	54%	43%	2.50%	5.20%		0.50%	31.70%	5.40%	3.50%		~34 students	*currently offer a support group known as Students Seeking Recovery with a focus on peer support which is supervised by a licensed drug and alcohol counselor. Goal is to create a recognized CRP at university	Campus Alcohol and Drug Education Center
Rowan University	19,678	Public	52.57%	47.43%	64.80%	9.90%	7.39%	0.11%	0.11%	11%	3.32%			---	---	---

University of North Carolina at Greensboro	19,922	Public	33%	67%	49%	27%	5%	0.50%	1%	9%	5%	3%	2%	40+	2014	Student Health Services Counseling Center
Ohio University	20,073	Public	47.54%	52.46%	79.40%	5.09%	1.32%	0.04%	0.00134	3.09%	3.72%	5.47%	1.75%	Small	2011	Division of Student Affairs: Health Promotion
University of Mississippi	20,274	Public	44.59%	55.41	76.30%	12.46%	4.65%	0.13%	0.27%	3.73%	2.31%		0.13%	Unknown	2010	Collegiate Recovery Community, Campus Recreation
Illinois State University	20,878	Public	43.35%	56.65	71.20%	9.00%	2.28%	0.10%	0.11%	10.82%	3.19%	2.67%	0.61%	N/A	Unofficial	Dean of Students Office
University of Nevada- Reno	21,003	Public	45.80%	54.2	55.10%	3.28%	7.93%	0.50%	0.67%	20.40%	6.93%	--	--	12 leadership team level members and ~ 30 peer level members	2011	NRAP (Nevada's Recovery & Prevention) Center -Univ center on campus
Montclair State University	21,005	Public	UG- 39% G-27%	UG-61% G-73%	UG - 40% G-54%	UG - 13% G-11%	UG-6% G-5%	UG-0% G-0%	UG-0% G-0%	UG-29% G-16%	UG-3% G-1%	UG-2% G-6%	both -6%	20	2016	Division of Student Development and Campus Life
Sam Houston State University	21,558	Public	37.14%	62.86%	49.74%	17.17%	2.08%	0.11%	0.60%	24.23%	3.02%	1.46%	1.58%	Small	2015	Office of Health Promotion
California Polytechnic State University - San Luis	21,812	Public	51.59%	48.41%	53.98%	0.84%	13.56%		0.14%		7.72%	2.42%	3.96%			Campus Health and Wellbeing

University of Alabama at Birmingham	21923	Public	38.10%	61.90%	58.90%	21.90%	0.60%	0	0.30%	3.10%	3.80%	4.80%	1.30%	35+	2015	Collegiate Recovery Community, Wellness Program, Student Affairs
Mississippi State University	22,226	Public	50.09%	49.91%	72.65%	17.08%	3.43%	0.08%	0.55%	3.39%	1.99%	3.53%	0.83%	Small (less than 15)	2013	Department of Health Promotion and Wellness - in the Division of Student Affairs
Central Michigan University	23,335	Public	43%	57%	80.20%	7.24%	1.50%	--	--	2.53%	--	1%	--	5-10	2016	Student Services
University of Oregon	23,634	Public	47%	53%	57.44%	2.09%	5.54%	0.44%	0.65%	10.37%	6.24%	12.72%		"small"	2012	Counseling Center
University of California at Santa Barbara	24,346	Public	47%	53%	39%	5%	26%		1%	27%				15-45	2012	Alcohol & Drug Program which is under the auspices of UCSB Student Health Service
University of Texas at El	24,879	Public	46%	56%	7.46%	0.90%	0.75%		0.01%	80.20%	0.15%			Developing	Developing	Division of Student affairs
Georgia Southern University	26,054	Public	42%	58%	56%	30%	2%	--	0.50%	7%	--	--	0.50%	40	2008	Center for Addiction and Recovery
University of Nebraska-Lincoln	26,079	Public	52.10%	47.90%	72.90%	2.63%	2.78%	0.06%	0.25%	6.73%	2.99%			--	--	Student Affairs: Big Red Resilience & Well-Being
University of Arkansas	27,559	Public	46.59%	53.40%	73.70%	4.36%	2.47%	0.08%	0.94%	8.60%	3.95%	5.11%	0.79%	Small	2014	Razorback Recovery, Pat Walker Health Center, Division of Student Affairs

Colorado State University	28,446	Public	47.56%	52.54%	68.80%	2.07%	2.69%	0.14%	0.42%	13.77%	4.54%	6.45%	1.14%	~20	2017	Student Orgs
The University of Texas Rio Grande Valley	29,113	Public	41.90%	58.10%	3.30%	0.80%	1.50%		0.0% (11)	89.40%		2.70%	--	Unknown	--	--
East Carolina University	29,131	Public	41%	59%	67%	16%	3%	0.50%	0.70%	6%	4%	1%	3%	Small	2015	Center for Counseling and Student Development
The University of Texas at Dallas	29,543	Public	56.69%	43.31	28.14%	4.74%	27.73%	1.29%	0.12%	14.38%	3.42%	18.69%	2.64%	Mid-size	2014	branch of the Student Counseling Center housed under the Division of Student Affairs
University of North Carolina at Charlotte	29,710	Public	51%	49%	55%	16%	7%	0.50%	--	9%	4%	--	--	Small	2012	Student Health
Purdue University Indianapolis	29790	Public	44%	56%	58.40%	2.82%	8.24%	0.06%	0.12%	5.26%	3.23%	20.40%	--	Unknown	2014	Student Affairs
University of North Carolina at Chapel Hill	29,877	Public	41.40%	58.60%	59.50%	7.80%	10%	0.10%	0.40%	7.80%	4.80%	6.20%	3.60%	Small	2011	Student Wellness
Auburn University	30,460	Public	51%	49%	75.60%	5.46%	2.50%	0.06%	0.27%	3.45%	2.32%	--	--	Small	2008	Health Promotion and Wellness
University of Kentucky	30,545	Public	44.30%	55.70%	73.10%	6.50%	3.60%	0.10%	0.20%	4.80%	3.40%	5.10%	3.40%	Small	2016	Collegiate Recovery Community - Campus Recreation and Wellness
Oregon State University	30,896	Public	53.30%	46.70%	59.80%	1.44%	7.36%	0.22%	0.54%	10.10%	6.61%			"Small" 1-14 students	2013	Division of Student Affairs, housed in Student Health
University of Nevada- Las Vegas	31,171	Public	42.70%	57.30%	31.60%	7.80%	15.40%	0.90%	0.30%	28.80%	10.10%	15.60%	1.80%	---	--	---
University of Connecticut	32,333	Public	45%	55%	59.50%	6.10%	11%	0.10%	0.10%	11.00%		9.80%	5.80%	Unknown	2013	Wellness and Prevention
University of Iowa	32,535	Public	47.10%	52.90%	69.70%	3.00%	4.50%	0.10%	0.20%	7.10%	3.10%	7.89%		--	--	--
The University of Texas at San Antonio	32,792	Public	49%	51%	23%	10%	6%		>1% (65)	56%	3%		1%	N/A	2014	Counseling Services (Center for Collegiate
University of Utah - College of Social Work	32,818	Public	53%	47%	64.90%	1.23%	5.70%	0.41%	0.38%	11.70%	4.96%	--	--	Large	2015	College of Social Work, Student Led
University of Pittsburgh	33,744	Public	47%	53%	65.50%	4.88%	8.71%	0.05%	0.07%	3.69%	3.44%			---	---	Student Affairs
University of California - Davis	35,415	Public	40%	60%	21%	4%	33%			21%				--	2015	Student Health and Counseling Services
University of Colorado at Boulder	35,528	Public	55%	45%	65.90%	2.50%	8.20%	0.60%	1.50%	12%	--	8.20%	1%	Unknown	2015	Student Affairs
Georgia Institute of	36,489	Public	61%	39%	42%	5%	18%	--	--	6%	3%	24%	2%	10	2014	Counseling Center
Virginia Tech	37,010	Public														
Kennesaw State University	37,807	Public	49.23%	50.77	53.59%	23.55%	5.14%	0.12%	0%	10.90%	4.43%	2.04%	--	80+	2007	Student Affairs
University of Alabama	38,103	Public	43.50%	56.40%	75.11%	10.50%	1.30%	0.11%	0.39	4.82%	3.32%	3.82%	0.63%	Unknown	2012	Collegiate Recovery and Prevention Services, Division of Student Life
The University of Georgia	38,920	Public	42.19%	57.81	66.90%	8.03%	10.36%	0.08%	0.10%	5.62%	3.81%		4.88%	Mid-size	August 2013	University Health Center, Student Affairs
University of North Texas	39,192	Public			43.65%	14.62%	7.71%		1.29%	24.91%		6.81%	0.71%	Small	2014	Division of Student affairs
Texas Tech University	40,322	Public	53.08%	46.92%	51.40%	5.95%	2.80%	0.06%	0.34%	25.74%	3.24%	5.80%	0.73%	100+	1986	The Center for Collegiate Recovery Communities,
University of Texas - Arlington	42,863	Public	37.36%	62.64	36.30%	14.20%	9.91%		0.27%	23.70%	3.21%			Small	2013	Division of Student affairs
Indiana University - Bloomington	43,710	Public	51%	49%	65.70%	4.40%	6.20%	0	0.10%	6.60%	4.10%	12.30%	0.50%	Small	1997	Student Affairs
University of Wisconsin-Madison	45,540	Public	48.71%	51.90%	65%	2.20%	7.03%	--	0.23%	6.01%	3.34%	12.96%	3.15%	Mid Size	2014 Student Org. 2020 Official.	University Health Services
University of California, Los Angeles	45,742	Public	45%	55%	28.80%	3.34%	25.50%	0.24%	0.21%	19.10%	4.78%			"midsize"	2016	Bruin Resource Center - Student Organization
University of Michigan	46,002	Public	51%	49%	54.58%	4.20%	11.99%	0.05%	0.18%	5.65%	1.89%	14.33%	1.57%	25-30	2012	Student Health
University of Houston	46,148	Public	23,683	23,465	23.70%	9.90%	21.10%		0.10%	32.40%	3.00%	7.50%	0.20%	N/A	2013	Counseling and Psychological Services (CAPS)
Rutgers University at New Brunswick	50,254	Public	49.50%	50.5	37.50%	7.27%	24.90%	0.17%	0.05%	12.30%	3.34%	--	--	Large	Unknown	Part of Alcohol and Other Drug Assistance Program
Michigan State University	50,578	Public	48.40%	51.60%	66.20%	6.97%	5.97%	0.08%	0.25%	5.07%	3.09%	7.70%	1.23%	13	2013	Student Health Services (Health

Table 2: Spring 2018 North Carolina CRP Demographics

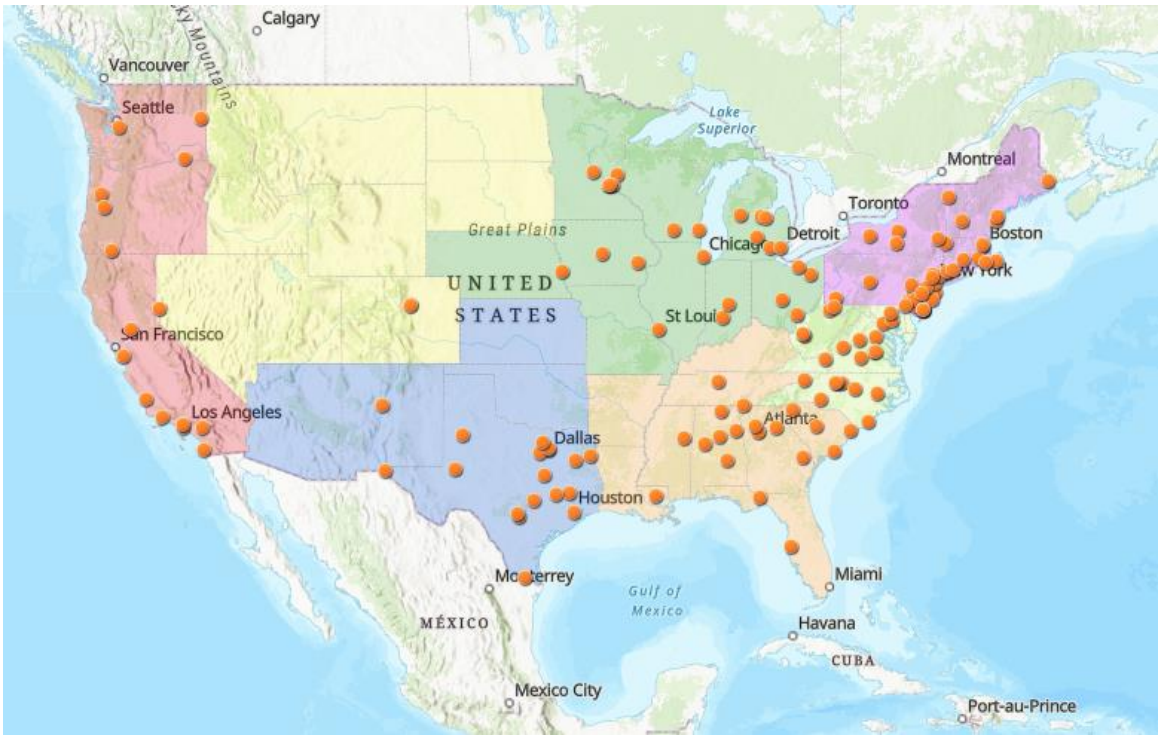
	NC A&T	**UNCG**	**UNCC**	**ECU**
White	0	22, 73.3%	91%	3, 37.5%
Black or African American	41, 91.1%	1, 3.3%	0	3, 37.5%
Hispanic or Latino/a	2, 4.4%	1, 3.3%	0	0, 0%
Asian or Pacific Islander	0	3, 10.0%	0	1, 12.5%
American Indian or Alaskan	0	0	0	0, 0%
Biracial or Multiracial	2, 4.4%	1, 3.3%	9%	1, 12.5%
Other	0	2, 6.7%		0, 0%

Table 3: Fall 2018 North Carolina Institution Detail

School	Population Size	Institution Type	Demographics	CRC Population	Year CRC Began	Department
NC A&T	11,877	Public	59% Female, 41%Male. 7% White, 4% Hispanic, <1% AI/AN, 1% Asian, 4% 2 or more races, 78% Black, 3% International, 3% Unknown	20 (more individuals participate as allies)	2013	Student Health Center
UNCG	19,922	Public	67% Female, 33% Male. 5% Asian, 27% Black, 9% Hispanic, 5% Multiracial, <1% Hawaiian/ PI, <1% NA/AN, 3% International, 49% White, 2% Unknown	40+	2014	Student Health Services Counseling Center
UNCC	29,710	Public	49% Female, 51% Male. 9% Hispanic, 16% Black, 55% White, 7% Asian, <1% PI, 4% two of more races	25+	2012	Student Health--

ECU	29,131	Public	59% Female, 41% Male. 0.7% AI/AN, 3% Asian, 16% Black, 6% Hispanic, <1% Hawaiian/PI, 1% International, 4% two or more races, 67% White, 3% Unknown	30	2015	Center for Counseling and Student Development

Figure 1: Map of CRP (ARHE, 2021)



Appendix 1: SUMMARIES OF CRP COORDINATOR INTERVIEWS

CRP Coordinator Semi-Structured Interview Questions

1. What year was your CRP established?
2. What led you to be involved in collegiate recovery?
3. What professional training have you obtained to prepare you to you work within the CRP?
4. As you work with the students, what are your personal goals for them while they are participating in the CRP?
5. Is this different from the university goals?
6. What is the university CRP mission?
7. How many full time staff members are employed? (what are their titles)
8. How many part time staff members are employed? (what are their titles/ roles)
9. Does the university allocate/ budget funds for the program?
10. What are other sources of funding for the CRP?
11. Which activities require the most funding?
12. What are the meeting requirements for students participating in the CRP?
13. What are the strengths of the program?
14. What are the weaknesses of the program?

{is turnover high in the program? Can we talk to those who used to work there? Anybody available for who started/ developed the program?}

Anything else you want to talk about/ include?

15. What is the “typical” student you have? (What would you consider an easy vs hard student?)

16. How has the program changed over time? (since you have been there?)

17. Ideally how would you make this program successful? What would this look like?