

UTSA[®]

The University of Texas at San Antonio[™]

**Lessons Learned: Moving Beyond a
Vision**

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Objectives

- Identify essential relationships for creating an effective Collegiate Recovery Community or Collegiate Recovery Program
- Review national data on Substance Use Disorders amongst college campuses to examine effective and comprehensive programming
- Identify methods for Collegiate Recovery Communities to receive immediate financial support while building the case for the long-term
- Develop an understanding of how Collegiate Recovery Communities work

Background

- November 1st 2003
- Graduated from UTSA in 2008 – it's personal
- 2008-13 Collegiate Case Manager at La Hacienda Treatment Center
- Proposal sent to UTSA to start a CRC in 2011
- August 2012 UT Board of Regents vote to expand collegiate recovery efforts across UT System schools
- June 2014 Hired at UTSA and allocation of space was designated for our Center for Collegiate Recovery

What does it take?

- Patience and commitment
- A heart for people suffering from addiction
- No expectations
- Adaptability
- Students willing to lay the foundation
- Personal relationships with others in recovery schools

It takes a village

CCR Advisory Board

Michelli Ramon *Alamo Heights Independent School District*

Trish Frye *Rise Recovery - PDAP*

Richard Hamner *Haven for Hope*

Wylie Walker *Center for Students in Recovery at UT Austin Alumni*

Charlie Biedenharn Jr. *University of Texas Alumni*

Frost Readel *La Hacienda Treatment Center*

Dr. Jennifer Potter *The University of Texas Health Science Center*

Christa Winkler *UTSA Student Conduct*

Jeff Gatlin *UTSA Counseling*

Em de la Rosa *UTSA Housing*

Maria Zayas *UTSA Financial Affairs*

Martha Smith *UTSA Faculty*

Amanda Perez *UTSA Fraternity and Sorority Life*

Shannon Kratky *UTSA Students for Recovery*

Why Collegiate Recovery?

77 out of 113 (77%) police cases from 8/1-10/1 of 2015 were directly related to alcohol and drugs. [UTSA Police Blotter](#)

Why Collegiate Recovery?

BECAUSE THERE IS A HUGE PROBLEM ON COLLEGE CAMPUSES

- Almost half (42%) of all full time college students aged 18-22 either binge drink, abuse prescription or illegal drugs, or both, and about (22.9%) of those students meet diagnostic criteria for substance abuse or dependence. This is almost triple the rate of the general population at (8.5%) **Harris, Kitty, Laitman, Lisa, and Salmeri, Patrice. (2011)**
- Almost half (48%) of all treatment admissions today are 18-24 year olds. **www.samhsa**

Let's look at the numbers

Total number of students= 30,000

Number meeting criteria for substance abuse (31.6%)=9480
(30,000x.316)

Number of students meeting criteria for substance dependency
(6%)=1,800
(30,000x.06)

Estimated number of students who are seeking help (4%)=451
(9,480+1,800)x(.04)

By using numbers from over 17 years ago, it was estimated that 451 students were at UTSA who could be seeking help for a Substance Use Disorder.

(Clements, R. (1999) Journal of American College Health)

Addiction

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is ***reflected*** in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

ASAM short definition 2011

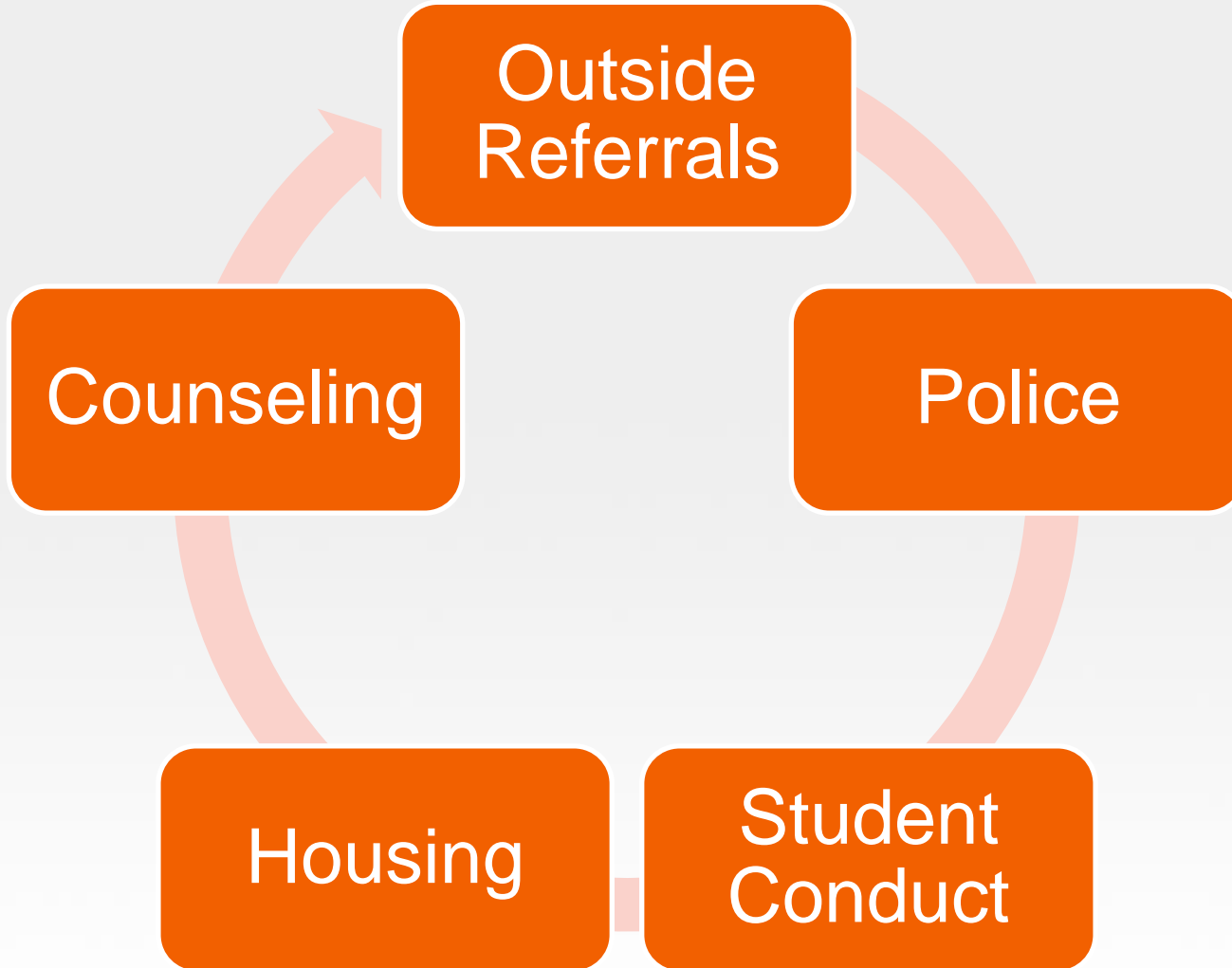
Why education

- Problem: People who don't achieve an education have a higher rate of addiction than those who do. [National Survey on Drug Use and Health \(SAMHSA, 2013\)](#)
- Solution: Help young people struggling with addiction reach their educational goals.
- Education improves employment opportunities, which in turn can lead to improvements in income and living standards. Economic stability allows young people to reproduce their recovery on a day-to-day basis.

Education cont.

- Pursuing an education enables young people in recovery to tap into their potential, rise above adversity, challenge themselves, develop resilience and perseverance, and gain confidence.
- Additionally, they will learn to replace negative beliefs about themselves with emerging ideas and renewed ambitions that provide meaning and purpose to their lives.

What was in place



Where is the solution?

- Social support is crucial for students considering a recovery lifestyle
- Any wellness model that does not work to incorporate social support is incomplete
- We must move beyond the concept that college students benefit from traditional prevention methods and consider building appropriate continuums of care
- Access to peer supports and recovery support services are a must – not novel concepts to receive grant funding

This initiative is an investment in student success, student health, and student safety. We want to prevent students from getting into trouble in the first place, but if they do get into trouble, we want to make sure they have a place to go that will provide the resources to get them back on track.

- Steve Hicks,

Vice Chairman, UT System Board of Regents

Our programs and services

- Early Intervention – Brief Alcohol Screening Instrument for College Students
- Early Recovery Program – Short term counseling with recovery plan
- Bridge Program – Structured support for students with less than 90 days of healthy recovery
- Collegiate Recovery Community – Students in recovery who can commit to participation and engagement requirements
- Recovery Support Services – Individual and peer support open to ALL
- Recovery Housing – Accessible and accountable community living

Key elements of a CRC

- **Emotional:** Community acceptance, love, feeling of inclusion
- **Instrumental:** Material assistance from friends, family, community, government
- **Affiliation:** Favorable position in a community, helpful feedback, and public expression of approval
- **Informational:** Advice, suggestion, easy access to support in times of need
- Collegiate Recovery Programs utilize the strengths of peer supports and experiences versus the clinical approach. Our Center is an all inclusive, barrier free community on campus to engage in the recovery process with others.

What does this look like?

- **Emotional:** We facilitate connections with other peers in recovery who uniquely understand needs and concerns of being in recovery at UTSA and ultimately offer a space for community
- **Instrumental:** A community of resources, scholarships, mentorship, family support
- **Affiliation:** Students are part of a Collegiate Recovery Community, Supported in their recovery AND affiliated with their school
- **Informational:** We work to walk alongside of our students as they traverse the college experience. Financial Aid, Advising, Student Conduct, Housing

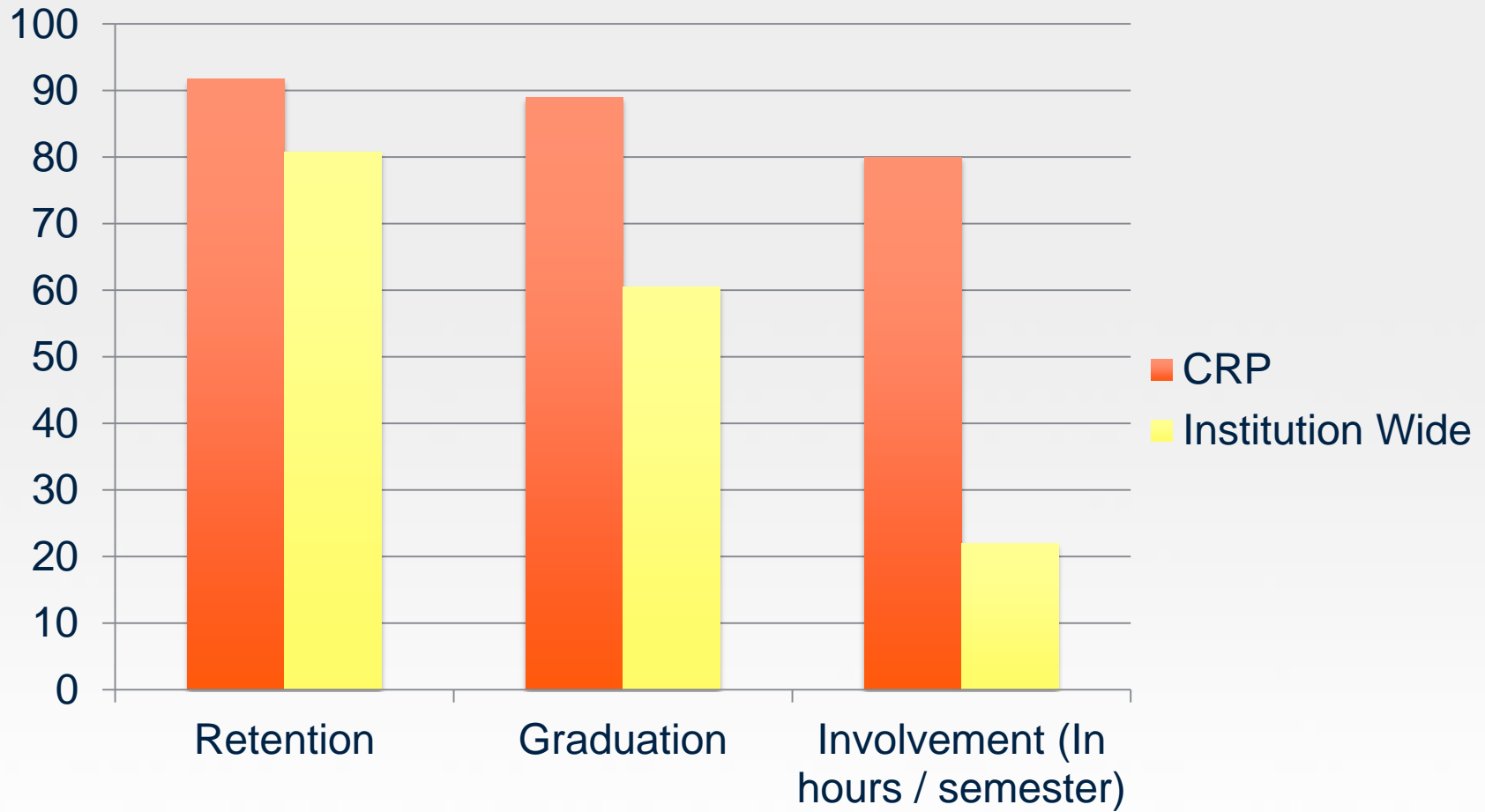
Change the conversation

Anytime we can position recovery in front of a group of college aged men and women – we plant seeds of hope that there IS another way

Change our language

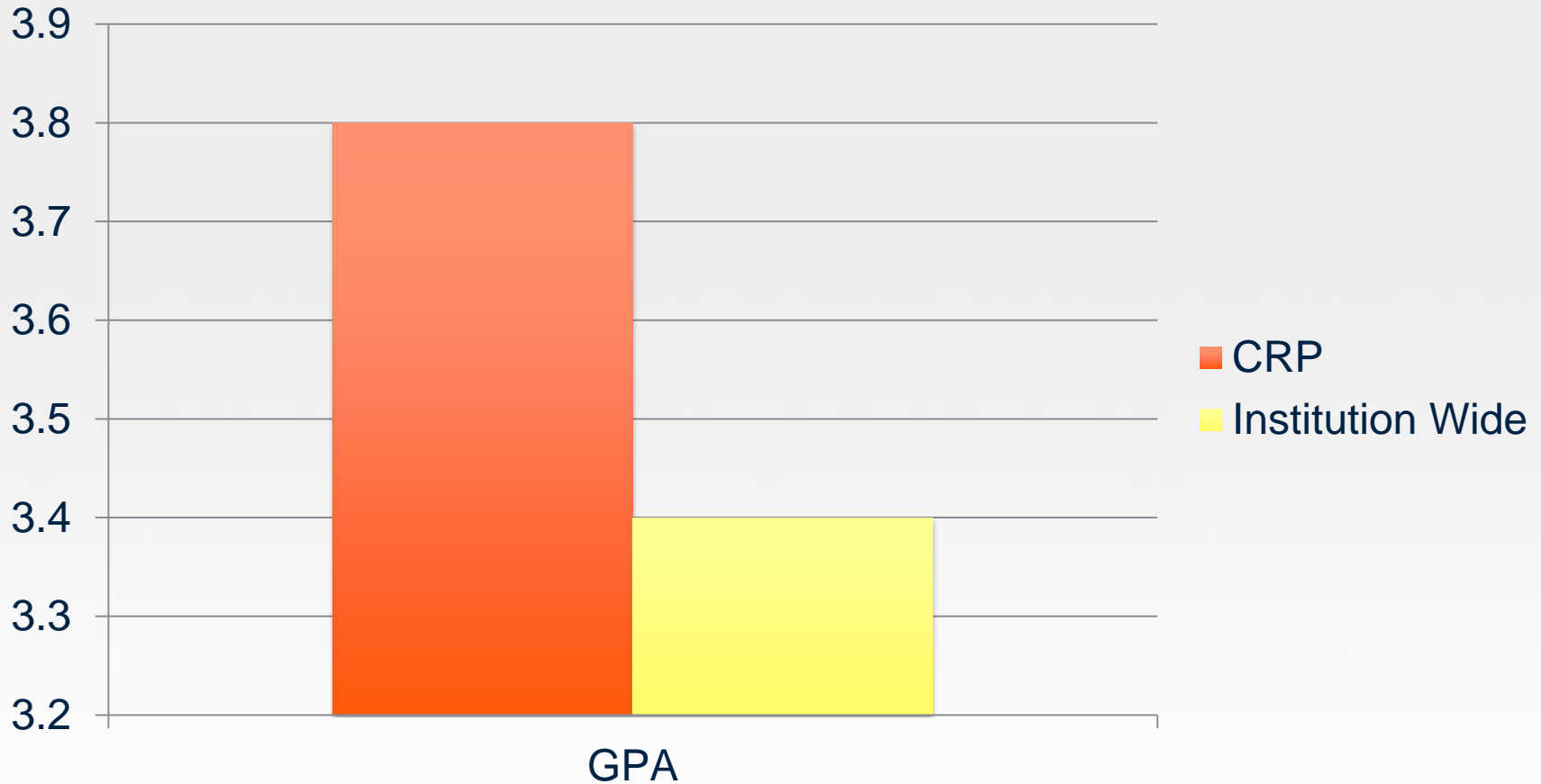
- Recovery Messaging Training
- For too long students with substance use disorders have been misunderstood, misguided and underserved.
- How we speak about this health issue is vital towards how one is going to treat it.
- **And, how we DON'T speak about it..**

Improvements with a CRC



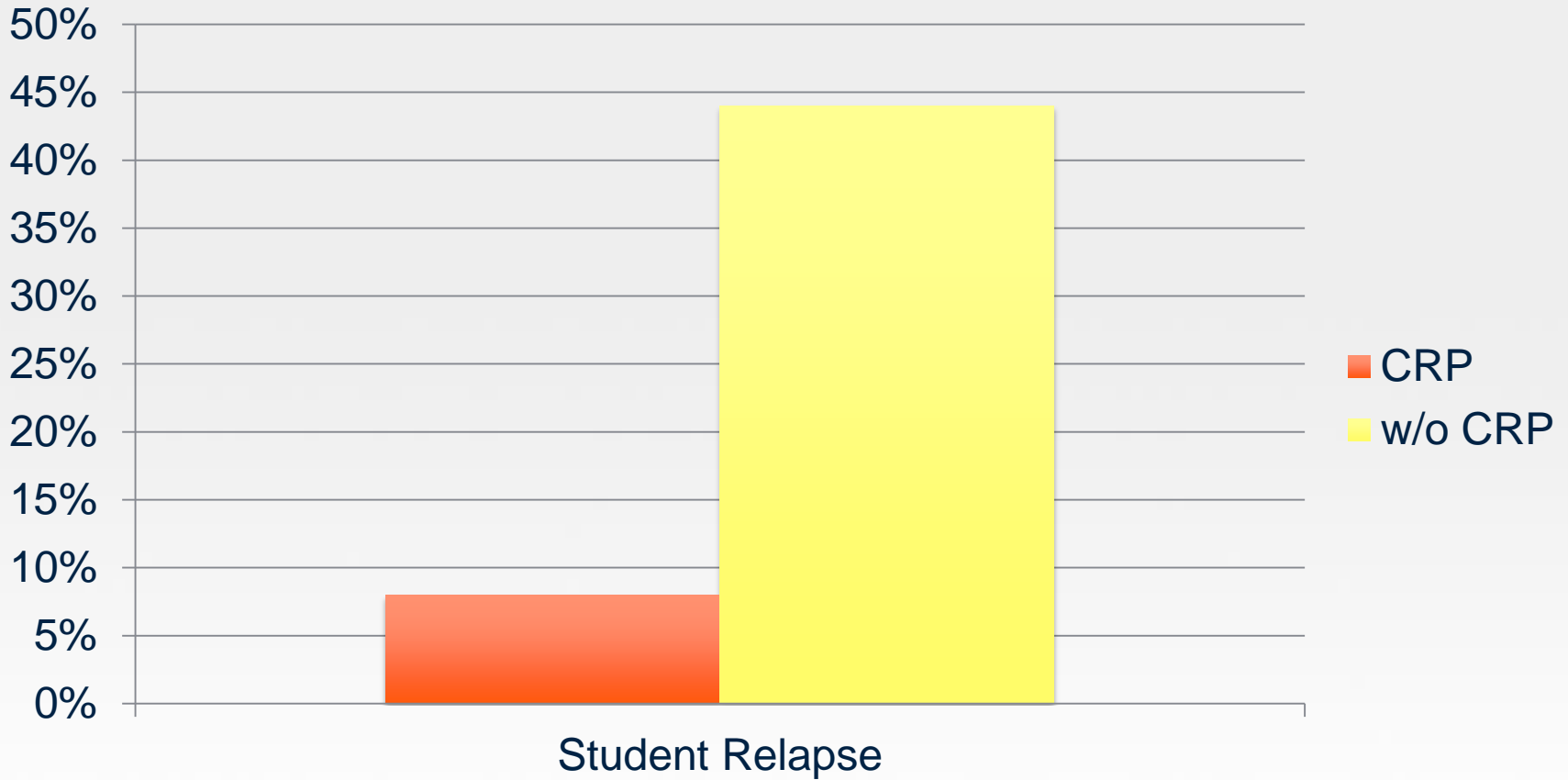
First Nat'l Survey – Collegiate Recovery Programs,
Alexandre B. Laudet, 2013, NRDI

Academic improvements



First Nat'l Survey – Collegiate Recovery Programs,
Alexandre B. Laudet, 2013, NRDI

Relapse rates



First Nat'l Survey – Collegiate Recovery Programs,
Alexandre B. Laudet, 2013, NRDI

Students that benefit

- Substance Use Disorders and long term recovery is cross racial, gender, nationality and social class, therefore all kinds of students can benefit
- Those living in long term recovery or seeking recovery
- There are an estimated 451 students at our campus who could directly benefit today and thousands more from fringe benefits (supportive and sober environment, cultural shift)

Fringe benefits

- Creation of Leaders
- Engaged and productive members of the school
- Untapped source of university supporters
- Recruitment/Admissions from diverse populations
- Culture shift within college
- Community response to national health epidemic
- Having an on campus recovery-oriented program increases trust, safety and accountability on campus
- Ensuring recovery support services are a part of one's wellness model ensures one is responsibly addressing the need

Funding

- Create an accessible giving platform to include support for scholarships, activities and operational costs
- Establish relationships with treatment centers and families who directly benefit from Collegiate Recovery Communities
- Consider staggered partnerships that will provide support over a five year period
- Talk about it with everyone
- Do not rely on Development staff from university
- Work with committee or advisory board created to explore relationships and develop plan to present to university

What we are witnessing

- Students are accessing their first recovery supports at the school they attend....and staying sober
- They are becoming empowered to serve others in their community and on campus
- Relapse rates have been extremely low. When relapse has happened, students have returned to services within the week with family support
- Students are realizing what true community is AND they are connected to their school
- A community of advocates and supporters for the growth and success of CCR

Where do we go from here?

- Build community of peer supports for all students seeking help for a mental health or quality of life concern (no assistance needed)
- Strengthen community partner relationships, specifically area treatment centers, recovery communities and community colleges
- Develop peer recovery coaches to supplement our Bridge Program and Recovery Housing goals
- Increase opportunities for practicum and intern students
- Be available to area schools seeking to implement recovery supports
- Advocate for recovery support services to be appropriately funded by the university

Lessons Learned

- It's all about relationships
- Prime population for Early Intervention and Peer Support
- See where you can serve
- Consistency, Compassion and Care
- Be strategic in your partnerships and planning
- You don't really need institutional support