

Recovery/Relapse Prevention in Educational Settings

**For Youth With Substance Use
& Co-occurring mental health
disorders**

2010 Consultative Sessions Report

Working Draft May 2011



Office of Safe and Drug-Free Schools

<http://www.ed.gov/osdfs>

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REPORT FROM FALL 2010 CONSULATIVE SESSIONS

Working Draft May 2011

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May 16, 2011

Dear Colleague,

President Obama's 2010 *National Drug Control Strategy*, developed by the White House Office of National Drug Control Policy, represented a comprehensive approach to reducing drug use and its consequences. The inclusion of the support for recovery and relapse prevention represented a paradigm shift in national strategy, and the first time the federal government focused on this as part of a comprehensive approach to reducing drug use and its consequences.

Adolescence is a critical period for the onset of substance use. Tragically, too many of our youth move from substance use to abuse and addiction. For those students who have completed their treatment and/or are attempting to remain sober, recovery programs and supports are critical to preventing relapse into addiction or alcohol and drug abuse, as well as supporting student success in education.

In order to gain a better understanding of the challenges and opportunities related to supporting youth in recovery in educational settings the U.S. Department of Education Office of Safe and Drug Free Schools and other federal partners held two consultative sessions in 2010. The goals of these meetings were to: (1) identify what the research reveals about youth in recovery; (2) share promising practices in educational settings for supporting youth in recovery; and (3) make recommendations at the research, policy, and practice level on improving support the recovery of youth in educational settings.

While this draft report is still in official clearance, I am pleased to share the working draft report from those two meetings with you. In short, we listened, we learned, but more importantly we acted. This draft publication provides information on: 1) youth substance use and treatment; 2) the role of recovery in educational settings; 3) the federal agenda related to recovery; and 4) actions taken by the U.S. Department of Education in response to recommendations made at two consultative sessions.

Sincerely,

/KJ/

Kevin Jennings

**RECOVERY/RELAPSE PREVENTION
IN EDUCATIONAL SETTINGS**

**FOR YOUTH WITH SUBSTANCE USE AND CO-OCCURRING
MENTAL HEALTH DISORDERS**

FEDERAL 2010 CONSULTATIVE SESSIONS REPORT

Introduction

President Obama set an ambitious goal that by 2020 America will once again have the highest proportion of college graduates in the world. We know that high-risk drinking and drug use among students contribute to numerous academic, social, and health-related problems – and this must be addressed if we are to achieve the President’s goal.

Adolescence is a critical period for the onset of substance use. Tragically, too many of our youth move from substance use to abuse and addiction. Treatment can be a critical or even lifesaving resource in such situations, but only if it is readily available and of high quality. Approximately 144,000 adolescents receive treatment for substance abuse problems every year; however, this represents only about ten percent of youth who meet accepted diagnostic criteria for at least one substance abuse disorder. Relapse following treatment is all too common. Studies of teens who completed inpatient treatment suggest that as many as 85 percent report some substance use only a year after their programs.

For those students attempting to remain sober, recovery programs and supports are critical to preventing relapse into addiction or alcohol and drug abuse, as well as supporting student success in education.

The recovering alcoholic or other drug-addicted youth, often faces the challenge of continuing recovery while immersed in a culture of drinking and other drug use that is often found on college campuses and among secondary school peer groups. One study found that

virtually all adolescents returning to their former school after treatment reported being offered drugs on their first day back.

Some schools and programs both at the high school and college levels have, however, supported youth in recovery as they continue their education.

This publication provides information on: 1) youth substance use and treatment; 2) the role of recovery in educational settings; 3) the federal agenda related to recovery; and 4) actions taken by the U.S. Department of Education (ED), Office of Safe and Drug Free Schools (OSDFS) in response to recommendations made at two consultative sessions.

The appendix provides detailed background information on the two federal government supported consultative sessions focused on recovery in secondary and postsecondary educational settings, respectively. The appendix includes summary meeting notes, including recommendations, agendas, and participant lists.

Background

Substance use and substance abuse disorders affect the health, educational, and social development of adolescents and young adults. This section provides background information on youth substance use disorders, the relationship between substance use disorders and academic achievement, and the role of recovery in preventing relapse into addiction.

The Extent of the Youth Substance Use, Abuse, and Dependency

A socially and clinically significant American drug trend over the past hundred years is the lowered age of onset of alcohol and other drug use (White et al. 2009, p.16). The lowered age of initial alcohol or drug use is linked to greater risk of developing a substance use disorder, the speed of problem progression and severity of consequences, and greater levels of post-treatment relapse.

A 2004 study - the largest randomized trial of adolescent treatment ever conducted - revealed 85 percent of adolescents entering addiction treatment in the United States begin regular use of alcohol and other drugs before the age of 15 (Dennis et al. 2004). Substance use disorders sharply rise after age 12 and peak between ages 18-23 (White 2009, p. 17). Youth who use alcohol for the first time at an early age are much more likely to be alcohol dependent or suffer from alcohol abuse later. In addition, alcohol use increases as a youth ages. The 2010 Monitoring the Future (MTF)¹ study found that 29 percent of 8th graders, 52 percent of 10th graders, and 65 percent of 12th graders used alcohol in the year prior to the study.

Illicit drug use is prevalent among adolescents and young adults. In 2009, among adolescents aged 12 to 17, ten percent had used illicit drugs within the past month and seven percent had used marijuana. In 2009, 21 percent of young adults (aged 18 to 25) had used illicit drugs and 18 percent has used marijuana in the last month (NSDUH 2009).

Seven percent of individuals between the ages of 12 and 17, and 20 percent of individuals between the ages of 18 and 25, were classified² as substance abusive or dependent in 2009. Alcohol is the substance with the highest rate of abuse or dependence among both adolescents and young adults. In 2009, five percent of adolescents between the ages of 12 and 17, and 16 percent of young adults between the ages of 18 and 25, were abusive of or dependent on alcohol (NSDUH 2009).

Marijuana/hashish was the illicit drug category with the highest rate of abuse or dependence among adolescents aged 12 to 17, with an estimated 830,000 adolescents (3 percent) abusing the substance or dependent in 2009 (NSDUH 2009). Among young adults aged 18 to 25, marijuana/hashish was also the illicit drug with the highest rate of abuse or dependence in 2009, with an estimated 1,852,000 young adults (six percent) abusing the substance or dependent (NSDUH 2009).

¹ The Monitoring the Future (MTF) study, is a long-term annual survey of American adolescents, college students, and adults through age 50. In 2010, MTF surveyed 46,500 eighth-, 10th-, and 12th-grade students in almost 400 secondary schools nationwide.

² Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

Co-occurring mental health disorders are common among youth with substance abuse or dependence. Conversely, a study of mental health service use among youth revealed that nearly 43 percent of youth receiving mental health services in the United States have been diagnosed with a co-occurring substance use disorder (Center for Mental Health Services 2001).

Substance Use and Academic Achievement

Youth substance use and abuse affects education-related outcomes including grades, test scores, attendance, and school completion. Several studies link substance use and lower school performance (King et al. 2006a, Engberg & Morral 2006, McManis & Sorenson 2000, Friedman et al. 1985, National Center for Mental Health Promotion and Youth Violence Prevention, n.d., Brandon & Hill, 2002, Centers for Disease Control and Prevention, NSDUH 2009).

The negative effects of youth substance use can be seen well before the development or diagnosis of a substance use disorder. For example, middle and high school students with even *moderate* involvement with substance use and violence/delinquency have dramatically lower academic achievement than groups of students with little or no involvement in these behaviors (Brandon & Hill 2002, p. 1). In addition, a significantly higher percentage of high school students who had previous reported drug use dropped out of school compared with non-drug users (McManis & Sorenson 2000, p.3).

According to the National Survey of Drug Use and Health Report, there is a strong correlation between substance use and grades. An estimated 72 percent of students who did not use marijuana in the past month reported an A or B average in their last semester or grading period compared and 50 percent of those who used marijuana on 5 or more days during the past month (OAS 2006, p. 1).

High-risk youth populations are not the only students to evidence the relationship between

substance use and academic outcomes. Use of marijuana has been associated with impaired school performance, both for students who excelled at school and those who had prior behavioral problems before they began to use the drug (McManis & Sorenson 2000, p.2).

Research supports the claim that the direct physical impact of substance use on brain functioning and development may be one of the contributing causes to lower academic performance among substance users (King et al. 2006a, McManis & Sorenson 2000, National Center for Mental Health Promotion and Youth Violence Prevention, n.d.).

Youth Recovery/Relapse Prevention

Research has demonstrated that for youth with substance use disorders and/or co-occurring mental health disorders, an acute care model of clinical intervention alone is insufficient to enable youth to sustain treatment gains and achieve long-term recovery (SAMHSA 2009, p. 7). In fact, relapse is all too common. First-year post-treatment relapse rates (at least one episode of substance use) for adolescents range from 60 to 70 percent (Brown et al. 1989; Godley et al. 2002; White 2008). Since the likelihood of relapse varies by period following treatment, youth require correspondingly dynamic degrees of support and monitoring during different post-treatment periods.

Relapse rates are particularly high for youth who have completed residential treatment. Studies of relapse involving adolescent inpatients suggest that the period of highest risk for return to any substance use occurs in the first month following treatment, with over half of teen inpatients returning to any substance use within the first 3 months after discharge. (Chung & Maisto 2006).

Thus, recovery from addiction is a complex and dynamic process, which varies considerably by individual. Principles of recovery-oriented care have been gaining acceptance for adults with substance use and/or mental health disorders. Less attention has been paid to understanding the need for a developmentally appropriate recovery system for adolescents

and transition age youth with substance use disorders than to their adult counterparts (Hser & Anglin 2011, p. 10).

We do know that, for youth, an environment supportive of recovery is essential. Personal change does not happen in a vacuum, least of all the transformation required to overcome an addiction, but it is influenced by a social context that can facilitate or impede recovery from addiction (Hser & Anglin 2011, p. 11). Studies of adolescent substance use relapse indicate that social factors, including social pressure to use, as well as exposure to substance-using peers, are the strongest predictors of adolescent relapse (McCarthy et al. 2005, p. 28). Successful recovery is less likely for youth who enter or return to an environment or peer culture in which substance use is the norm (White et al. 2009, p. 26).

However, peers can also play a supportive role for youth in recovery. Examples of such supports include peer-based adolescent outreach and engagement efforts that are based in natural support settings such as schools, adolescent and family peer-facilitated support and education groups, and peer support or recovery coaching offered through the use of social networking websites and text messaging (White et al. 2009). In addition, involving adolescents in the design of their recovery services and supports can enhance the effectiveness of the youth recovery system (White et al. 2009, p. 56).

In November 2008, the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment convened the first national consultative session focused wholly on designing a recovery-oriented care model for youth with substance use or co-occurring mental health disorders. Participants identified a number of features for youth recovery services such as: assuring that they are age and developmentally appropriate; family focused; acknowledge the non-linear nature of recovery; address multiple domains in a young person's life; foster social connectedness; and are available in a variety of community settings across all youth-serving systems, including education (SAMHSA 2009).

The meeting participants recommended developing a system to meet the needs of the individual and family in a flexible, integrated, collaborative, and outcome-focused model. (SAMHSA 2009, p. 40-41). While school systems have been at the forefront of preventing substance use, the education system's role as part of the recovery and relapse prevention support system is still emerging.

Recovery/Relapse Prevention in Educational Settings

Because the risk of relapse is highest for youth in the period of time directly following treatment, the transition to the school setting is an important time when appropriate relapse prevention services could increase the likelihood of long-term recovery.

Some recovery services already exist within the education community, including recovery schools and recovery programs on college campuses. The National Institute on Drug Abuse funded the first systematic descriptive study of 17 high school programs and students (Moberg & Finch 2008).

Among the findings:

- High schools specifically designed for students recovering from a substance use disorder have been emerging as a care resource since 1987.
- The most common school model is a program or affiliated school, embedded organizationally and physically within another school or alternative school programs.
- While embedded, there are efforts to maintain physical separation of recovery school students from other students, using scheduling and physical barriers.
- Most recovery schools are affiliated with public school systems, a major factor in assuring fiscal and organizational feasibility.
- Students in the recovery high schools studied were predominantly White (78%), with about one-half from two parent homes. Parent educational levels suggest a higher mean socio-economic status (SES) than in the general population.

- Students came with a broad and complex range of mental health issues, traumatic experiences, drug use patterns, criminal justice involvement, and educational backgrounds. The complexity of these problems clearly limits the enrollment capacity of the schools.

There is some evidence supporting the effectiveness of these programs. One study compared student behavior before (while in the community) to their behavior during their recovery school enrollment. Between the first period and the second period, reports of at least weekly use of alcohol, cannabis or other illicit drugs were reduced from 90 percent to 7 percent (Moberg & Finch 2008, p. 25-26).

Some college campuses have also developed recovery programs. One example is the Center for the Study of Addiction and Recovery at Texas Tech University program, which “allows recovering students to extend their participation in a continuing care program, without having to postpone or eliminate the possibility of achieving their educational goals.” Recovering students at the Center are enrolled in recovery programming on an average of one to five years. The Center has received federal funding to provide technical assistance to other campuses seeking to develop similar programs.

Federal Policy Response

President Obama’s 2010 *National Drug Control Strategy*, developed by the White House Office of National Drug Control Policy (ONDCP), represented a comprehensive approach to reducing drug use and its consequences. Endorsing a balance of prevention, treatment, and law enforcement, the *Strategy* called for a 15-percent reduction in the rate of youth drug use over five years and similar reductions in chronic drug use and drug-related consequences such as drug deaths and drugged driving. The strategy included the following components:

- Strengthen Efforts to Prevent Drug Use in Communities;
- Seek Early Intervention Opportunities in Health Care;

- Integrate Treatment for Substance Use Disorders into Health Care, and Expand Support for Recovery;
- Break the Cycle of Drug Use, Crime, Delinquency, and Incarceration;
- Disrupt Domestic Drug Trafficking and Production; and
- Strengthen International Partnerships.

The inclusion of the support for recovery and relapse prevention represented a paradigm shift in national strategy, and the first time the federal government focused on this as part of a comprehensive approach to reducing drug use and its consequences.

In an effort to bring recovery into the center of discussions about drug control policy, ONDCP established a recovery team that actively engages the recovering community on a range of policy issues and presses for consideration of recovery across the government.

The 2010 National Drug Control Strategy, therefore, included the following action items related to recovery:

- A. Expand Access to Recovery Programs
- B. Review Laws and Regulations that Impede Recovery from Addiction
- C. Foster the Expansion of Community-Based Recovery Support Programs, Including Recovery Schools, Peer-Led Programs, Mutual Help Groups, and Recovery Support Centers

In order to gain a better understanding of the challenges and opportunities related to supporting youth in recovery in educational settings the federal government held two consultative sessions in 2010.

On September 15, 2010, ED/OSDFS, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (HHS/SAMHSA, and ONDCP convened a consultative session to discuss ways in which the K-12 educational system could better support youth in recovery from substance use disorders.

In addition, the ED/OSDFS Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention (HEC) convened a Higher Education Recovery Summit on October 20, 2010. The purpose of the gathering was to discuss recovery and relapse prevention at college and universities, and how the higher education system could better support youth in recovery from substance use disorders.

Participants at both of these meetings included youth in recovery from substance use/co-occurring mental health disorders, parents, teachers, school administrators, treatment and recovery services providers, researchers, policymakers and representatives from ONDCP, ED/OSDFS, and HHS/SAMHSA.

The goals of the sessions were to: (1) identify what the research reveals about youth in recovery; (2) share promising practices in educational settings for supporting youth in recovery; and (3) make recommendations at the research, policy, and practice level on improving support the recovery of youth in educational settings.

Consultative Sessions: Recommendations and Federal Action

The consultative session participants represented a range of perspectives, including youth in recovery from substance use/co-occurring mental health disorders, parents, teachers, school administrators, providers, researchers, policymakers. Even with the diversity of the participants, the groups in the sessions reached consensus regarding necessary steps for improving youth recovery services and supports in educational settings.

These ideas, in addition to the many others described in the appendix sections of this report, represent important activities for improving the treatment and recovery/relapse prevention system for youth with substance use disorders and their families.

In addition, participants in the consultative sessions issued the following recommendations which the U.S. Department of Education (ED) has acted upon.

1. Recommendations for Practice

- Ensure a continuity of recovery services between secondary and postsecondary education
- Improve the youth substance use disorders treatment and recovery service delivery infrastructure at Federal, State and local levels.

U.S. Department of Education Action

ED/OSDFS took two major actions to allow ED to expand access to recovery programs in secondary and higher education.

In 2011 the Assistant Deputy Secretary for the Office of Safe and Drug Free Schools crafted and intends to propose in the *Federal Register* priorities, requirements, and selection criteria for a new Healthy College Campuses (HCC) Program that was included in the President's FY 12 budget request. The purpose of the program is to promote Alcohol and Other Drug Abuse and Violence Prevention (AODV) in Higher Education. Based on recommendations made at the consultative sessions, ED intends to express in the notice the Secretary's interest in: developing, implementing, and further evaluating campus-based recovery (relapse prevention) programs for college students and, in particular, funding projects in which there is no such program at a college in a given state.

ED also intends to issue in the *Federal Register* a notice for its Grants to Reduce Alcohol Abuse in Secondary School Program, expressing the Secretary's interest in projects that aim to provide relapse prevention services and programs for secondary students recovering from alcohol abuse. Due to statutory limitations, project funding would be limited to the alcohol prevention component of a relapse prevention program, even if the overall relapse prevention program has a wider focus than alcohol prevention.

2. Recommendations for Programs

- Engage college presidents and state and local education officials on the need for supporting recovering students.

- Strengthen the ED/OSDFS Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention (HEC) capacity to provide training and technical assistance to support the creation of effective recovery programs on college campuses.

U.S. Department of Education Action

In FY 2011, the HEC, at the direction of ED/OSDFS added a center fellow with special expertise in the recovery on college campuses.

ED/OSDFS also drafted a dear colleague letter to send to every college president in the country with the following goals: 1) make the case that addressing alcohol and other drug abuse on IHE campuses is critical to meeting IHE academic goals, as well as meeting the President's College Graduation Goal; 2) provide clarification on key federal alcohol and other drug related laws and regulations affecting IHEs, especially as they relate to treatment and recovery; 3) identify related federal resources available to schools and students, especially those related to treatment and recovery; and 4) highlight related new federal action and initiatives.

3. Recommendations for Research

- Conduct additional research on the effectiveness of recovery secondary schools and programs
- Conduct research on secondary school disciplinary policy and support services.

U.S. Department of Education Action

In FY 2011 ED/OSDFS moved to establish a joint funding agreement with U.S. Department of Health and Human Services, National Institute of Health (NIH), National Institute on Drug Abuse (NIDA) for an evaluation of recovery high schools. The combined inter-agency funds will be used to partially support the five-year evaluation project "Effectiveness of Recovery High Schools as Continuing Care." Building on a prior NIDA-funded descriptive study of high school recovery programs, the new evaluation will assess the effectiveness and cost benefit of providing relapse

prevention services in high schools to support the gains young people achieve in addiction treatment, prevent relapse into substance use or addiction, and reduce the societal burden of substance use disorders (SUD) among adolescents.

OSDFS/ED also commissioned a study to answer the following research questions:

- What are districts' policies regarding students found to be in possession of/under the influence of/using/distributing alcohol and other drugs, including referral to treatment or support services?
- How are these policies implemented at the district- and school-levels?

To answer these questions, the research team created an inventory of districts' policies for treating students found to be in possession of/under the influence of/using/distributing alcohol and other drugs. This included policies on expulsion, school re-entry stipulations, and recovery schools. Where available, the inventory included information about the procedural experience of students found in violation of district policies (i.e. what happens to the students from incident through sanctions, including re-entry requirements following suspension or expulsion), other agencies involved, resources and programs provided by the district (including the duration).

The inventory covered the 100 largest U.S. school districts. It focused on policies at the high school level and differences in policies regarding alcohol-related and other drug-related offenses. A goal of the inventory was to classify districts' policies in terms of the extent to which they include "guidance responses" (e.g. parent conferences, counseling) and "disciplinary responses" (e.g. exclusion from extra-curricular activities, suspension, police referral) and to identify districts that have "zero tolerance" policies versus those with more graduated sanctions.

The researcher is also conducting case studies of nine of the 100 largest districts, with the primary purpose of collecting detailed information about districts' policy implementation. The study will also serve to identify specific district programs either for treating students found in violation of the drug policies (or preventing student drug use. The nine districts will include a sample of districts that are among the top 100 largest in

student populations in the nation and have participated in the last five administrations of the Youth Risk Behavior Surveillance System (YRBS), covering 2001-2009.

4. Recommendations for Communications

- Address the stigma youth feel about being in a recovery treatment or program

U.S. Department of Education Action

ED/OSDFS collaborated with HHS/SAMHSA on a public education campaign using posters to highlight that youth in recovery are to be celebrated for courageously facing their addiction. ED and HHS developed a dissemination plan to mail the posters to high school and colleges across the country in September 2011, as part of *Recovery Month* activities (www.recoverymonth.gov). *Recovery Month*, supported by HHS/SAMHSA, promotes public awareness of the broad societal benefits of treatment for substance use disorders and mental health problems, celebrates people in recovery, lauds the contributions of treatment providers, and promotes the message that recovery in all its forms is possible. *Recovery Month* spreads the message that behavioral health is essential to overall health, that prevention works, treatment is effective and people can and do recover.

5. Recommendation for Policy

- Ensure colleges support students in recovery in accordance with the 1989 Drug-Free Schools and Community Act (the Drug and Alcohol Abuse Prevention Regulations, Part 86 of the Education Department General Administrative Regulations).

U.S. Department of Education Action

Part 86 requires that, as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE) must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

Failure to comply with the Drug and Alcohol Abuse Prevention Regulations may render an institution ineligible for federal funding.

A program that complies with the Part 86 regulations requires an IHE to: 1.) Annually notify each employee and student, in writing, of standards of conduct, providing a description of appropriate sanctions for violation of federal, state, and local law and campus policy; a description of health risks associated with AOD use; and a description of available treatment programs. 2.) Develop a sound method for distributing annual notification information to every student and staff member each year. 3.) Conduct a biennial review on AOD program effectiveness and the consistency of sanction enforcement. 4.) Maintain its biennial review material on file, so that, if requested by ED, the campus can submit it.

There is no statutory requirement that IHEs provide recovery support programs under Part 86. However, as part of annual notification requirements, IHEs must provide “a description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students.” Moreover, as part of the proposed dear colleague letter to IHE presidents noted above, ED/OSDFS will clarify that recovery support programs could and should be an integral part of an overall alcohol and other drug prevention program, and highlight resources for creating them. In addition, ED/OSDFS will clarify that as part of the student notification process the IHE should provide information on recovery, as well as treatment, resources available.

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APPENDIX A

RECOVERY FOR YOUTH WITH SUBSTANCE USE AND CO-OCCURRING MENTAL HEALTH DISORDERS IN K-12 EDUCATIONAL SETTINGS

CONSULTATIVE SESSION

September 15, 2010

White House Office of National Drug Control Policy, Washington, DC

INTRODUCTION

On September 15, 2010, the White House Office of National Drug Control Policy (ONDCP), the U.S. Department of Education Office of Safe and Drug Free Schools (ED/OSDFS), and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (HHS/SAMHSA) convened a consultative session to discuss ways in which the K-12 educational system could better support youth in recovery from substance use disorders.

The goals of the session were: (1) to identify what the research reveals about youth in recovery; (2) to identify and share promising practices in educational settings for supporting youth in recovery; and (3) to identify action steps needed to support the recovery of youth in educational settings.

Participants included youth in recovery from substance use/co-occurring mental health disorders, parents, teachers, school administrators, treatment and recovery service providers, and researchers. It also included policymakers and federal staff from the offices organizing the event.

This report provides highlights from the discussion sessions and identifies action steps and ideas for moving forward to support youth in recovery.

WELCOME, BACKGROUND, AND GOALS OF THE MEETING

Mr. Gil Kerlikowske, Director of the ONDCP, welcomed participants, expressed ONDCP's strong support for advancing efforts to address the needs of youth in recovery in educational settings and commended the leadership of Kevin Jennings and the U.S. Department of Education in this initiative.

Mr. Jennings, Assistant Deputy Secretary of ED/OSDFS, set the tone for the day, stating that the time had come for education to be a full partner in efforts to improve outcomes for youth challenged by a substance use disorders.

Ms. Pam Hyde, Administrator of HHS/SAMHSA spoke about opportunities for increasing youth recovery options through cross-agency collaboration.

Dr. A. Thomas McLellan, Deputy Director of ONDCP, emphasized the importance and timeliness of the meeting and expressed his appreciation to all of the participants.

Ethan Daniel Coulon, a youth speaker from Massachusetts, shared his personal story to underscore the need for recovery services and supports for youth.

RESEARCH PANEL: WHAT DOES THE RESEARCH TELL US ABOUT YOUTH RECOVERY?

Dr. Redonna Chandler from the National Institute on Drug Abuse introduced the presenters and moderated the panel. Speakers included:

- *Mark Godley, Ph.D.*, Director, Lighthouse Institute, Chestnut Health Systems
- *Bridget Ruiz, M.Ed.*, Associate Research Professor, Southwest Institute for Research on Women, University of Arizona
- *Paul Moberg, Ph.D.*, Research Professor and Acting Director, Population Health Institute, University of Wisconsin
- *Ken C. Winters, Ph.D.*, Professor, Department of Psychiatry, University of Minnesota

Recovery for Youth with Substance Use and Co-Occurring Mental Health Disorders in Educational Settings

Mark Godley, Ph.D.

Chestnut Health Systems

Dr. Godley stated that over 90 percent of substance use disorders begin when youth are between 12 and 20 years of age. He said that the onset of substance use disorders before age 15 is associated with more years of substance use but that treatment in adolescence and young adulthood is associated with quicker recovery. Dr. Godley discussed the limitations of the existing youth substance use disorder treatment system. Currently only one in nineteen youth with an abuse or dependence diagnosis receives any treatment for substance use disorder. Only 41 percent of youth stay in treatment the recommended 90 days and about 60 percent of youth relapse within 90 days of treatment.

Dr. Godley discussed the complex nature of recovery and spoke about risk and protective factors for achieving and sustaining recovery. He stated that treatment is the most likely path to successful recovery for youth and said that providing treatment through the education system could remove barriers to care and reduce disparities in access to treatment. He emphasized that schools are the ideal place to reach youth in need of treatment.

Dr. Godley presented his ongoing work evaluating recovery services and supports for youth and suggested that other emerging promising practices such as family recovery support groups, recovery schools, adolescent-focused self help groups, and technology-based recovery supports should be studied for efficacy and effectiveness.

Treatment and Recovery 2.0: Utilizing Technology to Enhance Services and Recovery Supports for Youth

Bridget Ruiz, M.Ed.

Southwest Institute for Research on Women, University of Arizona

Ms. Ruiz spoke about utilizing technology to enhance services and recovery supports for youth. She described a recovery services and support model under evaluation in Tucson, Arizona. Its comprehensive recovery continuum includes a range of services and supports including but not limited to case management, continuing substance use disorder treatment, physical and psychiatric health care, trauma services, family focused services and supports, youth empowerment opportunities, pro-social activities, peer to peer support, education, and job training.

Ms. Ruiz discussed how this array of services is complemented by technologically based supports including communicating with youth through texting, as well as developing and disseminating downloadable podcasts and smart phone applications. Ms. Ruiz stated that these technological tools are popular among youth and may provide an opportunity to enhance recovery services for this age group.

Recovery High Schools

Paul Moberg, Ph.D.

University of Wisconsin

Dr. Moberg discussed a rationale for recovery schools, stating that there is a high relapse rate for students who return to the same school environment post residential treatment for substance use disorders. He stated that students who are treated in outpatient settings are not removed from their school environments with substance-using peers and have easy access to drugs and alcohol. He suggested that recovery schools might facilitate successful recovery by providing the youth a needed change in the educational environment.

Dr. Moberg said that recovery schools are intended for continuing care, not primary treatment and that admission to recovery schools is typically not mandatory. He explained that recovery school programs could be freestanding or be imbedded within larger school settings, if peer groups are kept separate through scheduling or physical barriers. He said that recovery school staff should be trained to recognize and respond quickly to behaviors

associated with substance use or co-occurring disorders and that evidence-based programs are often incorporated to aid youth in recovery in these schools.

At the conclusion of the presentations, Dr. Ken Winters responded to the panelists' key points and facilitated a discussion with panel members and meeting participants.

HOW CAN THE EDUCATIONAL SYSTEM SUPPORT YOUTH IN RECOVERY: THE YOUTH PERSPECTIVE

Tamisha Macklin

Youth Speaker

Ms. Macklin spoke about her personal challenges with substance use at a young age, her journey through treatment, and her life in recovery. Ms. Macklin stated that she was enrolled in a recovery school, which she described as a smaller and more supportive environment than the typical public school. As a student at a recovery school she had a counselor to monitor her progress, her own space, and a safe environment in which to express her feelings. She learned life lessons about accountability, boundaries, and a healthy lifestyle. Ms. Macklin spoke eloquently of her hope that other youth would have the same opportunities and outcomes that she enjoys.

DISCUSSION SESSIONS

Meeting participants engaged in three separate discussion sessions during the course of the day. During these sessions, attendees broke into three smaller groups to identify youth and family needs, gaps in the youth serving system, opportunities for the educational system to support youth in recovery, potential areas of additional research, and policy needs.

Each discussion group prioritized action steps and presented selected ideas to the full group, which are highlighted in the action steps and recommendations and discussions session sections that follow.

ACTION STEPS/RECOMMENDATIONS

The consultative session participants represented a range of perspectives. Even with the diversity of the participants, the group reached a strong consensus regarding necessary steps for improving youth recovery services and supports in educational settings.

These ideas, in addition to the many others described in this report, represent important steps toward improving the treatment and recovery system for youth with substance use disorders and their families.

Participants, both in the concluding session and full sessions following the breakouts, prioritized the following action steps to improve and increase support for youth in recovery from substance use/co-occurring mental health disorders in educational settings.

Youth and Family Member Needs

- Improve the youth substance use disorders treatment and recovery service delivery infrastructure at Federal, State and local levels.
- Develop inter-agency comprehensive and coordinated treatment/recovery systems to address the needs of youth with substance use disorders.
- Assure that youth who screen positive for substance use receive a trauma-focused comprehensive assessment for substance use/co-occurring mental health disorders.
- Provide education and information on recovery issues, outcomes and performance measurement to providers, educators, school personnel, family members and youth.

Gaps in the Youth Serving System

- Develop and employ a common taxonomy of services and supports across the youth serving treatment and recovery system.
- Complete financial resource maps at Federal, State and local levels to identify sources of funding available to provide treatment and recovery services and supports.
- Develop and implement a comprehensive plan to increase and coordinate funding for substance use/co-occurring mental health disorders treatment and recovery across public and private insurance and monies available through other youth serving systems.

- Eliminate the gaps in serving the unique needs of American Indian youth with substance use/co-occurring mental health disorders.

Opportunities for the Educational System to Support Youth in Recovery

- Mainstream youth in recovery in educational settings.
- Remove the disincentives to identification and treatment of youth with substance use disorders that currently exist within the education system.
- Assure that schools provide a single point of access for youth and families seeking treatment and recovery services/supports.
- Provide the education system with information on effective services and supports for youth in recovery and emphasize the use of evidence-based practices.
- Expand the treatment continuum to include services such as continuing care and student assistance programs.
- Identify the appropriate role for recovery schools in the education system's service continuum.
- Require recipients of Federal grants addressing substance use disorders to include treatment and recovery services and supports.

Research Needs

- Research clinical issues on multiple pathways to recovery and co-occurring models embedded in the education system.
- Research models of supporting treatment and recovery for youth with co-occurring disorders in health care and in educational settings.
- Research the impact of discipline models in schools, particularly zero-tolerance policies that create barriers to treatment and recovery.
- Analyze the cost-benefit of treatment and recovery programs.
- Research the effectiveness of recovery schools.

Policy Needs

- Assure that substance abuse/substance dependence diagnoses are recognized as primary disabling conditions under the Individuals with Disabilities Education Act.

- Assure that youth with substance abuse/substance dependence diagnoses receive all services under the Individuals with Disabilities Education Act, including Individual Education Plans (IEPs).
- Include substance use disorder treatment and recovery system in the reauthorization of the Elementary and Secondary Education Act.
- Increase funding for treatment and recovery services and supports for youth with substance use disorders in health care and in the educational system.
- Replace zero-tolerance policies in schools with intervention and support models.
- Assure equality for mental health and substance use disorders under Medicaid/CHIP and private insurance.
- Broaden the Medicaid definition for qualified provider status to reduce the shortage of qualified Medicaid providers.
- Assure that Medicaid covers both treatment and bed/board for residential treatment.

DISCUSSION SESSIONS, RECOMMENDATIONS BY QUESTION

In breakout discussion sessions each group was asked to provide feedback and ideas related to each question and to report back to the full session group. Participant responses to the following set of questions for increasing and improving support for youth in recovery are listed below.

What do we know about the needs of school age youth who are addressing substance use/co-occurring disorders and the needs of their parents, caregivers and siblings?

- Accurate and comprehensive screening and assessment to identify and refer youth in need of treatment and/or recovery services.
- Integrated treatment and recovery systems that include complementary social services.
- Coordinated funding to provide a continuum of treatment and recovery resources at all system levels.
- Peer-to-peer mentors for youth.
- Information for parents, school staff, teachers, and the general public about treatment options and methods to access appropriate treatment and recovery services.

- Reduced stigma regarding substance use disorders.
- Increased awareness of Medicaid eligibility enrollment and treatment and recovery options for youth with substance use disorders.
- Affordable treatment services for youth.
- Improved Medicaid reimbursement for treatment of substance use disorders.
- Decreased barriers to approval for residential treatment coverage from public and private insurers.
- Increased extra-curricular and social opportunities for youth during and/or following treatment.
- Improved protocols for youth returning to community educational settings including but not limited to mandatory meetings for school officials, parents/caregivers, and youth.

What are the current gaps in youth serving systems' responses to these needs?

- Insufficient use of youth-appropriate treatment/recovery models.
- Failure to identify and treat substance abusing parents of youth users.
- Limited use of community resources that can provide a positive environment for youth.
- Insufficient school system participation in linking youth to treatment and recovery. Services.
- Too few points of access for youth seeking care.
- Shortage of school-based licensed mental health/substance use treatment services.
- Lack of a consistently integrated, holistic treatment.
- Insufficient funding for evidence-based treatment and research.
- Lack of clinician training addressing the social contexts needed to sustain recovery.
- The mandate that students be removed from sports teams if they use substances.
- System-wide failure to recognize recovery as a gradual and continuous process.
- Low accountability for personal substance use among school staff and teachers.
- Lack of an education liaison between schools and the substance use/co-occurring mental health disorders treatment system.
- Lack of treatment coordinators with knowledge of financing and other administrative systems.

- Lack of reliable community partners to work with Native American youth and families.

What are the opportunities in the educational system to support youth in recovery and their families? Which models work best, for whom, under what conditions?

What enhancements could be added to existing models to make them more effective? What models are sustainable? What are new, promising models?

- Create better school-based mechanisms to identify youth with substance use disorders and determine appropriate treatment levels and recovery services and supports for them.
- Provide interventions including motivational interviewing, outpatient treatment, and 12-step programs on school campuses.
- Create a process for schools to refer students in need of more intensive treatment to appropriate settings.
- Have a single point of access for services – one place where parents and youth can connect to all the services and resources available.
- Assure that school-based health centers provide treatment and recovery services for youth with substance use disorders.
- Create staff positions designated for supporting and monitoring the recovery process of youth with substance use disorders.
- Address the issue of parents providing substances to youth and encourage parents not to provide alcohol to youth.
- Improve state level involvement in developing infrastructure and promoting recovery in schools.
- Address factors that deter teachers from making referrals to substance abuse treatment.
- Regard interventions in school settings as a subset of a larger group of services and supports for recovery in the community.
- Expand the peer recovery network of former students operating in local schools and colleges.
- Explore use of the Screening, Brief Intervention, Referral and Treatment (SBIRT) Model in school-based settings.

How can we get the educational system more invested in supporting youth in recovery and their families? What are the barriers to scaling up effective programs? How can we address the barriers? How can we mix academics and recovery support services?

- Engage schools by linking recovery and school achievement.
- Incentivize schools to provide programs to support recovery.
- Train school personnel in neuroscience and recovery.
- Create community partnerships with schools to provide programs at the school building level.
- Use the school system as a means of support, especially in rural areas and isolated communities.
- Develop a better understanding of the limitations of school intervention.
- Embed alternative learning centers with recovery services and supports.
- Create alternatives to school suspension.

What does the educational system need to do this that it does not have?

- Incentives (AYP should recognize and support children in need) and removal of disincentives (financial disincentives, fear that taking at-risk kids into schools will bring down test scores, etc.) for schools to identify and provide services.
- Independent recovery schools and embedded recovery schools within middle/high schools.
- A system that facilitates successful treatment and recovery services and supports for youth returning to school following treatment.
- Substance use disorder education for teachers and for juvenile court judges.
- Regulations permitting treatment and recovery service delivery in schools.
- Identification of an individual or group at the school level responsible for coordinating the recovery care of each youth.
- Incentives for teachers for making referrals of students for care.
- Adapted manuals from college-level recovery programs to create recovery programs for high schools.

- Youth-specific 12-step organizations.
- Developmentally appropriate early intervention services.

What research is needed to inform the educational system’s response to youth in recovery and their families?

- Efficacy research on recovery services and support models.
- Research on effective strategies for creating recovery services and supports in schools.
- Research on the effects of recovery services and supports on academic achievement.
- Comparative effectiveness research on usual condition/embedded recovery services and supports and recovery school models.
- Studies of culturally relevant recovery programs.
- Studies on the effectiveness of specific recovery services and supports such as peer and natural supports.
- Technical assistance for researchers who wish to study adolescent recovery.
- A mechanism to connect researchers with schools that have programs in need of evaluation.

What new policies are needed to improve the educational system’s response to youth in recovery and their families?

- Develop a federal focus across agencies to support recovery for youth with substance use disorders in health care and in educational settings specifically.
- Assure that licensing and certification of providers of mental health and substance use disorder treatment and recovery services have equivalent requirements including education, experience and other qualifications.
- Require financial mapping at state and school district levels to identify resources to support youth in recovery, identify how resources are currently used, and inform the redesign of an effective system.

What existing policies should be changed to improve the educational system’s response to youth in recovery and their families?

- Eliminating zero-tolerance policies in schools.

- Assure that a diagnosis of substance abuse or substance dependence qualifies as a primary disabling condition under the Individuals with Disabilities Education Act.
- Revise Section 504 and assure that youth with substance use disorders receive rehabilitation services.
- Review the effects of school discipline policies on the availability of substance use disorder treatment and recovery services in state and local school systems.
- Cover youth with substance use disorder diagnoses at a level equal to youth with mental health diagnoses under Medicaid. This includes, but is not limited to, service types, location and duration of treatment and recovery services.
- Broaden the definition of ‘qualified provider’ under Medicaid.
- Develop protocols for sharing information between health and education systems.
- Use SAMHSA infrastructure grants and Recovery Oriented System of Care grants to develop systems for youth in recovery.
- Incentivize all school districts to add recovery services and supports throughout the school system and in all alternative schools.
- Incentivize substance use disorder professional development for teachers that is linked to recertification.

**Recovery for Youth with Substance Use and Co-Occurring
Mental Health Disorders in Educational Settings**

Agenda

Time	Agenda Item
8:30 - 9:15 a.m.	<p>Welcome, Background, and Goals of Meeting</p> <p><i>R. Gil Kerlikowske</i> <i>Director</i> White House Office of National Drug Control Policy</p> <p><i>Kevin Jennings</i> Assistant Deputy Secretary Office of Safe and Drug-Free Schools U.S. Department of Education</p> <p><i>Ethan Daniel Coulon</i> Youth Speaker</p> <p><i>Pam Hyde, J.D.</i> Administrator Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services</p> <p><i>A. Thomas McLellan, Ph.D.</i> Deputy Director White House Office of National Drug Control Policy</p> <p>Participant Introductions</p>

Time	Agenda Item
9:15 - 10:15 a.m.	<p>Panel: <i>What Does the Research Tell Us About Youth Recovery?</i></p> <p>Moderator: <i>Redonna Chandler, Ph.D.</i> Chief, Services Research Branch National Institute on Drug Abuse</p> <p>Presenters: <i>Mark Godley, Ph.D.</i> Director Lighthouse Institute Chestnut Health Systems</p> <p><i>Bridget Ruiz, M.S.</i> Associate Research Professor Southwest Institute for Research on Women University of Arizona</p> <p><i>Paul Moberg, Ph.D.</i> Research Professor and Acting Director Population Health Institute University of Wisconsin</p> <p>Facilitated Discussion: <i>Ken Winters, Ph.D.</i> Professor of Psychiatry University of Minnesota</p>
10:15 - 10:25 a.m.	<p>Charge to Discussion Session 1 <i>Doreen Cavanaugh, Ph.D.</i> Research Associate Professor Georgetown University</p>
10:25 - 10:40 a.m.	<p>Break</p>
10:40 - 11:55 a.m.	<p>Discussion Session 1:</p> <p><i>What do we know about the needs of school age youth who are addressing substance use/co-occurring disorders and the needs of their parents/caregivers and siblings?</i></p> <p><i>What are the current gaps in youth serving systems' (ED, SU, MH, Medicaid, JJ, CW,) responses to these needs?</i></p>
11:55 - 12:25 p.m.	<p>Report Out from Discussion Session 1 <i>Doreen Cavanaugh, Ph.D.</i></p>

Time	Agenda Item
12:25 - 1:25 p.m.	<p>Lunch</p> <p><i>How Can the Educational System Support Youth in Recovery: The Youth Perspective</i></p> <p>Facilitator: Kevin Jennings Assistant Deputy Secretary Office of Safe and Drug-Free Schools U.S. Department of Education</p> <p>Tamisha Macklin Youth Speaker</p>
1:25 - 1:45 p.m.	<p>Charge to Discussion Session 2 David Mineta, M.S.W. Deputy Director for Demand Reduction White House Office of National Drug Control Policy</p>
1:45 - 2:50 p.m.	<p>Discussion Session 2:</p> <p><i>What are the opportunities in the educational system to support youth in recovery and their families?</i></p> <p><i>How can we get the educational system more invested in supporting youth in recovery and their families?</i></p> <p><i>What does the educational system need that it does not have to do this?</i></p>
2:50 - 3:20 p.m.	<p>Report Out from Discussion Session 2 Doreen Cavanaugh, Ph.D.</p>
3:20 - 3:30 p.m.	<p>Charge to Discussion Session 3 Kevin Jennings</p>
3:30 - 4:45 p.m.	<p>Discussion Session 3:</p> <p><i>What research is needed to inform the educational system's response to youth in recovery and their families?</i></p> <p><i>What new policies are needed to improve the educational system's response to youth in recovery and their families?</i></p> <p><i>What existing policies should be changed to improve the educational system's response to youth in recovery and their families?</i></p>
4:45 - 5:15 p.m.	<p>Report Out from Discussion Session 3 Doreen Cavanaugh, Ph.D.</p>
5:15 - 5:30 p.m.	<p>Concluding Remarks and Next Steps</p>

**RECOVERY FOR YOUTH WITH SUBSTANCE USE AND CO-OCCURRING
MENTAL HEALTH DISORDERS IN EDUCATIONAL SETTINGS**

September 15, 2010

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APPENDIX B

HIGHER EDUCATION RECOVERY SUMMIT

October 20, 2010

Gaylord National Hotel & Convention Center, National Harbor, MD

INTRODUCTION

The U.S. Department of Education's (ED) Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention (HEC) convened the Higher Education Recovery Summit on October 20, 2010. The summit immediately followed the ED, National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education. The conference theme was "Promoting Student Success: Effective AODV Prevention in Tough Times."

There were 36 participants (final attendance roster follows) at the summit, including representatives from the ED Office of Safe and Drug-Free Schools (OSDFS), the White House Office of National Drug Control Policy (ONDCP), the National Institute on Drug Abuse (NIDA), the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (HHS/SAMHSA) and Centers for Medicare and Medicaid Services, and representatives from the Association of Recovery Schools. It included researchers, campus recovery practitioners, and recovering students. This appendix provides highlights from the summit.

WELCOME, BACKGROUND, AND GOALS OF THE MEETING

Kevin Jennings welcomed participants on behalf of ED along with other federal officials, including David Mineta from ONDCP and Randolph Muck from HHS/SAMHSA.

The goals for the meeting were defined as follows: 1) to identify what the research tells us about college students in recovery; 2) identify and share promising practices in higher education settings for supporting college students in recovery; and identify what the federal government can do to support the recovery of college students in higher education settings.

PANEL: “OVERVIEW OF RESEARCH AND PRACTICE OF RECOVERY PROGRAMS FOR COLLEGE STUDENTS”

Redonna Chandler from the NIDA introduced the panel members and moderated the presentations. The panel members included:

- *Kitty S. Harris*, Director, College of Human Sciences, Center for the Study of Addiction and Recovery, Texas Tech University
- *Kenneth J. Sher*, Professor of Psychology, University of Missouri
- *Lea Stewart*, Livingston Campus Dean, Rutgers, The State University of New Jersey
- *Ken C. Winters*, Professor, Department of Psychiatry, University of Minnesota

Ken Sher began the presentation with the history of alcohol use disorders and dependency among college students. Ken Winters then focused on recovery in higher education and how best to support recovering students. Kitty Harris discussed recovery and the college campus, focusing on empirically proven campus-based recovery program models. Finally, Lea Stewart discussed health communication campaigns and supporting recovering college students from an administrator’s perspective.

DISCUSSION SESSIONS

Meeting participants engaged in three separate discussion sessions during the course of the day. During these sessions, attendees broke into three smaller groups to identify youth and family needs, gaps in the youth serving system, opportunities for the educational system to support youth in recovery, potential areas of additional research, and policy needs.

Each discussion group prioritized action steps and presented selected ideas to the full group, which are highlighted in the action steps and recommendations and discussions session sections that follow.

ACTION STEPS/RECOMMENDATIONS

The consultative session participants represented a range of perspectives. Even with the diversity of the participants, the group reached a strong consensus regarding necessary steps for improving youth recovery services and supports in educational settings.

These ideas, in addition to the many others described in this report, represent important steps toward improving the treatment and recovery system for youth with substance use disorders and their families.

Participants, both in the concluding session and full sessions following the breakouts, prioritized the following action steps to improve and increase support for youth in recovery from substance use/co-occurring mental health disorders in educational settings.

Research

- Establish two tracks for further research: community colleges and four-year institutions.
- Develop a standard definition of recovery.
- Support research to evaluate effectiveness of postsecondary recovery programs as they relate to school size.

Policy

- Remove punitive policies preventing students with drug offenses from receiving college financial aid.
- Create a federal mandate for colleges to support students in recovery (e.g., as part of requirements of the 1989 amendments to the Drug-Free Schools and Community Act as articulated in Part 86, the Drug and Alcohol Abuse Prevention Regulations, of Education Department General Administrative Regulations [EDGAR]. More information on the requirements of EDGAR Part 86 can be found at www.higheredcenter.org/mandates.

Program

- Disseminate information to campuses about this meeting and the recommendations.

- Strengthen the Higher Education Center’s capacity to provide training and technical assistance to support recovery programs.

Practice

- Make recovery part of the permanent framework within AOD prevention.
- Address co-occurring disorders.
- Address and serve the needs of nontraditional students who might be in recovery.
- Ensure a continuity of care: high school to college to post-graduation.
- Engage college presidents in supporting recovering students. Encourage recovering students to mobilize and communicate with presidents.
- Implement an accreditation and ranking system for schools with recovery programs.

Funding

- Provide grants to help establish collegiate recovery programs and encourage their use of evidence-based practices.
- Launch a flagship recovery program in every state via a federal grant competition to establish such programs.
- Provide scholarships and increase access to college for recovering students.

DISCUSSION SESSIONS, RECOMMENDATIONS BY QUESTION

In breakout discussion sessions each group was asked to provide feedback and ideas related to each question and to report back to the full session group. Participant responses to the following set of questions for increasing and improving support for youth in recovery are listed below.

What do we know about the needs of college students who are addressing substance use/co-occurring disorders?

- Need to create a culture that supports students in recovery.
- Reduce the stigma surrounding recovering students.
- Transitional and academic support.

- Other co-occurring disorders to be addressed and treated, and access to medication.
- More data to prove this is an education issue, then share with college administrators.
- Meet needs of both traditional and nontraditional students (e.g., returning veterans).
- Training for prevention staff on campus regarding supporting students in recovery.
- Increase in recovery housing/living arrangements either on or off campus.
- Stronger continuum from identification to intervention to treatment to recovery support.

What are the current gaps in youth-serving systems' response to these needs?

- Capacity of IHEs to handle recovering students and recognition of the gaps.
- Collaboration across campus and in the community.
- Knowledge gap—cross-training for faculty, health center, substance abuse, and mental health providers.
- Using more screening and brief intervention and referral to treatment (SBIRT) to identify students who need treatment.
- Continuity of care, high school to college transition, and money to support.
- Recovery support for community college and nontraditional students.
- Barriers to financial aid (may be hindering recovering students' ability to attend college).
- Transference of insurance from state to state.
- A need for more recovery scholarships.

What are the opportunities in the higher education system to support college students in recovery and their families?

- Educate parents about the availability of services at the school, include them in more activities and involve them in networking and supporting other parents.
- Work within the systems currently in place. Enlist admissions counselors to include information about recovery programs to prospective students and parents.
- Engage the alumni recovery community (i.e., recovery meetings at alumni weekends) to come back and share success stories.
- Provide concrete assistance and information regarding services to support students.

- Utilize peer educators and peer support.
- Include institutional recovery-support measures in rankings of colleges.
- Inform high school guidance counselors about college recovery programs.
- Provide support to families throughout their students' recovery process.

How can we get the higher education system more invested in supporting students in recovery and their families?

- Remove the stigma associated with recovering students.
- For administrators, frame recovery support in terms of institutional cost savings and higher retention rates.
- Reverse the policies that prohibit students with drug offenses from receiving financial aid.
- Establish a website or blog to provide information to parents on recovery programs.
- Get campus administration (president and provost), board of trustees, and faculty support.
- Increase funding/grant opportunities to increase prestige of recovery programs.
- Provide the basics to set up a recovery program: one director and volunteer student assistant and a school-wide champion for the issue.
- Encourage established recovery programs to support and provide assistance to others interested in starting their own.
- Schedule recovery month events to draw attention to issues.

What does the higher education system need that it does not have to provide this support?

- A champion to advocate for recovery programs.
- Added language about supporting students in recovery within the federal Drug-Free Schools and Community Act (DFSCA).
- Use existing activities like orientation to talk to parents, working with admissions and orientation offices to provide information.

- Provide families with information to become advocates and recovery program fundraisers.
- Provide incentives for schools to start recovery programs.
- Widespread institutionalization of recovery support for students.

What research is needed to inform the higher education system’s response to college students in recovery and their families?

- Cost effectiveness and outcomes of colleges supporting students in recovery.
- Studies on the perceptions of others regarding students who are in recovery.
- Achievement, retention, GPA, and graduation rates of recovering students.
- A book about graduates of college recovery programs—success stories and benefits to recovering person.
- Development needs—providing funds to support start-up recovery programs and evaluation.
- Long-term data collection on the needs and success of students in recovery.

What new policies are needed to improve the higher education system’s response to students in recovery and their families?

- A federal mandate for colleges to support students in recovery (e.g., DFSCA).
- Amnesty policies—no punishment for reporting but mandate screening/brief intervention, and referral to treatment.
- Portability of Medicaid/health insurance to ensure coverage for students in recovery.
- National training and technical assistance center to support recovery programs.

What existing policies should be changed to improve the higher education system’s response to students in recovery and their families?

- Revision in laws barring access to student aid/loans.
- At the local level, admissions criteria/barriers to receiving support.
- A requirement for non-punitive supportive services that apply the drug court model to college programs.

- DFSCA regulations that mandate colleges to include recovery support.
- Higher Education Center training and technical assistance to support recovery programs.

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HIGHER EDUCATION RECOVERY SUMMIT

October 20, 2010

FINAL AGENDA

Time	Agenda Item
8:30–9:15 a.m.	<p data-bbox="537 478 1149 510">Welcome, Background, and Goals of the Meeting</p> <p data-bbox="537 541 971 674"><i>Kevin Jennings</i> Assistant Deputy Secretary Office of Safe and Drug-Free Schools U.S. Department of Education</p> <p data-bbox="537 705 1146 804"><i>David Mineta</i> Deputy Director for Demand Reduction White House Office of National Drug Control Policy</p> <p data-bbox="537 835 1227 934"><i>Randolph D. Muck</i> Chief, Targeted Populations Branch Substance Abuse and Mental Health Services Administration</p> <p data-bbox="537 966 834 1064"><i>Anne Thompson</i> Student University of Connecticut</p> <p data-bbox="537 1096 854 1167">Participant Introductions (Name, Organization)</p>

Time	Agenda Item
9:15–10:15 a.m.	<p>Panel: Overview of Research and Practice of Recovery Programs for College Students</p> <p>Moderator Redonna Chandler Chief, Services Research Branch National Institute on Drug Abuse</p> <p>Presenters Kitty S. Harris Director, College of Human Sciences Center for the Study of Addiction and Recovery Texas Tech University</p> <p>Kenneth J. Sher Professor of Psychology University of Missouri</p> <p>Lea Stewart Livingston Campus Dean Rutgers, The State University of New Jersey</p> <p>Ken C. Winters Professor, Department of Psychiatry University of Minnesota</p>
10:15–10:20 a.m.	<p>Charge to Discussion Session 1</p> <p>Doreen Cavanaugh Research Associate Professor Georgetown University</p>
10:20–10:35 a.m.	<p>Break</p>
10:35–11:50 a.m.	<p>Discussion Session 1:</p> <p><i>What do we know about the needs of college students who are addressing substance use/co-occurring disorders?</i></p> <p><i>What are the current gaps in youth-serving systems' (ED, SU, MH, Medicaid, JJ, CW) response to these needs?</i></p>
11:50–12:25 p.m.	<p>Report Out from Discussion Session 1</p> <p>Doreen Cavanaugh</p>

Time	Agenda Item
12:25–1:25 p.m.	<p>Lunch</p> <p><i>How the Higher Education System Can Support Students in Recovery: The Student Perspective</i></p> <p>Facilitator <i>Kevin Jennings</i></p> <p>Student Speakers <i>Anne Thompson</i> University of Connecticut</p> <p><i>Kyle Zagorski</i> Rutgers, The State University of New Jersey</p>
1:25–1:30 p.m.	<p>Charge to Discussion Session 2</p> <p><i>David Mineta</i></p>
1:30–2:45 p.m.	<p>Discussion Session 2</p> <p><i>What are the opportunities in the higher education system to support college students in recovery and their families?</i></p> <p><i>How can we get the higher education system more invested in supporting students in recovery and their families?</i></p> <p><i>What does the higher education system need that it does not have to provide this support?</i></p>
2:45–3:15 p.m.	<p>Report Out from Discussion Session 2</p> <p><i>John Clapp</i> Director Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention</p>
3:15–3:25 p.m.	<p>Break</p>
3:25–3:30 p.m.	<p>Charge to Discussion Session 3</p> <p><i>Kevin Jennings</i></p>

Time	Agenda Item
3:30–4:45 p.m.	<p data-bbox="537 245 797 273">Discussion Session 3</p> <p data-bbox="537 310 1321 373"><i>What research is needed to inform the higher education system’s response to college students in recovery and their families?</i></p> <p data-bbox="537 411 1321 474"><i>What new policies are needed to improve the higher education system’s response to students in recovery and their families?</i></p> <p data-bbox="537 512 1321 575"><i>What existing policies should be changed to improve the higher education system’s response to students in recovery and their families?</i></p>
4:45–5:15 p.m.	<p data-bbox="537 606 1008 634">Report Out from Discussion Session 3</p> <p data-bbox="537 672 708 699"><i>Tracy Downs</i></p> <p data-bbox="537 705 1279 800">Associate Center Director Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention</p>
5:15–5:30 p.m.	<p data-bbox="537 837 997 865">Concluding Remarks and Next Steps</p> <p data-bbox="537 903 729 930"><i>Kevin Jennings</i></p>

HIGHER EDUCATION RECOVERY SUMMIT

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