How does the crisis with drugs and alcohol affect WI youth and what can we do about it?

- Self-reported drug and alcohol use by Wisconsin public high school students, in the DPI Youth Risk Behavior Survey for the last reported year (2019), provides a sober appraisal of the magnitude of the problem. Using DPI’s figure of 260,001 public high school students, and doing the math, we conclude that roughly:
  - 42,900 had their first alcohol drink before the age of 13
  - 77,480 currently use alcohol
  - 51,740 currently use marijuana
  - 35,620 have been offered, sold or given an illegal drug or alcohol on school property

- We live in a country where nearly 21 million people have at least one addiction. Over 90% of those 21 million used alcohol or drugs before their 18th birthday.

- In 2018 it is reported that of the 5.1 million youth with a substance use disorder (SUD), 9 in 10 did not get treatment. (SAMHSA, NSDUH: 2018)

- On March 31, 2020 SAMHSA reported 39,271 people under 18 were in treatment for SUD in the United States and only 664 people under 18 were in treatment for SUD in Wisconsin (2020 SAMHSA N-STAT Report)—and that clearly is a tiny fraction of the actual need.

- Among teens that do receive treatment, there is a high rate of relapse, especially if there is a return to their former high school. Recovery schools were developed to address this problem.

- In November 2022, the Wisconsin Department of Health Services confirmed an increase in opioid-related deaths in 2021 of 16% over those in 2020 and 70% over 2018 deaths.

- Opioid overdose deaths in adolescents rose far more rapidly than the general population between 2019 and 2021, according to a new study by the CDC. Deaths from opioid overdoses in teens ages 14 to 18 increased by 94% between 2019 and 2020 and by an additional 20% between 2020 and 2021. One specific driver of these deaths was fentanyl.

- Wisconsin opioid deaths hit another record high in 2022. (Mann, 2022). There were 1,427 opioid-related deaths in the state in 2021.

- There is a strong linkage for many teens between mental health problems and SUD (National Institute of Mental Health).

- The WI DPI survey released 12/6/22 shows nearly 34% of students reported feeling sad or hopeless almost every day for more than 2 weeks in a row, and WI teens showing suicidal ideation at the highest rate in survey’s history. Recovery schools respond rapidly to student mental health crises, in real time—not making appointments for a session weeks later.
What is a Recovery School and why are they necessary?

- Recovery High Schools (RHS) were developed in the 1980s to provide an alternative education setting for students struggling with SUDs who wanted to maintain sobriety. The school environment is a critical location for either peer support – or peer sabotage of efforts to be sober. Youth returning to their home schools following stints at recovery facilities invariably relapse. Recovery schools are typically physically distanced from traditional high schools to provide safe spaces with new peers to develop new strengths.

- The primary purpose of a recovery school is to educate students in recovery from substance abuse and/or co-occurring mental health disorders, to meet state requirements for awarding high school diplomas, and to support a commitment from the student to work on recovery.

- Most RHS students also have dual diagnosed mental health disorders. RHS provides staff and peers to support recovery, in a small nurturing environment. Mental health crises are addressed in live time. (Finch, Tanner-Smith, Hennessy, & Moberg, 2018)

- Research data show effectiveness in reducing substance use and increasing high school graduation and positive cost-benefit ratios.

- RHS students had higher rates of abstinence from alcohol, marijuana, and other drugs as well as decreased rates of absenteeism from school, relative to a comparison group of students with substance use disorders who did not attend RHSs (Finch, Tanner-Smith, Hennessy, & Moberg, 2018)

Policy Issues and Cost-Benefit Considerations

- The current Wisconsin charter reimbursement rate (~$9364), or School Choice Special Needs ($13,000), does not provide the required cost of $30,000-35,000 per student in a recovery high school. There is a higher staff to student ratio than in a traditional high school due to addressing individual academic, mental health and recovery needs.

- In 2017 the Wisconsin State Legislature approved funding for developing a Charter RHS under the UW System. However it was only $50K, for carrying out a preliminary investigation, with no other funding being offered. As this level of funding was insufficient for the task of actually starting a RHS, no one applied.

- 17 years ago, the Massachusetts legislature was convinced of the need for state Public Health support for RHS. They put out an RFP, offering $250K a year per school, to set up three RHS. No one applied—the money was insufficient. They then offered $500K a year per school for 3 years, and 3 schools applied. Those three schools still exist – when the national life span of a RHS is 9.5 years (because they cannot pay their staff). Then later two more RHS were developed in Massachusetts – so now there are 5 RHS there, with the state providing $2.5M a year for them. That’s forward thinking. New Jersey and New York have followed Massachusetts and also provide $500K each for several recovery high schools in their states.
• RHS help meet the needs of other community issues, benefiting health, substance abuse, mental health, child and family services and juvenile justice sectors.

• According to the WI Department of Corrections, the cost per day for Juvenile (<17) Institutions is $981.62 or a cost of $358,291.30 per inmate a year. Lincoln Hills and Copper Lake Schools had 78 juveniles in fall 2022. Doing the math, that’s almost $28 million dollars. Five recovery schools, working with 78 youth, would cost the state 1/10 that cost and have greater chances of success in helping troubled youth and keeping them out of the correctional system.

• Also from WI DOC, for those 17 and older, the cost per day for Adult Institutions is $121.64 per day per inmate or $44,398.60 per inmate a year. RHS intervention with these teens is clearly more cost-effective.

Recovery Schools in Wisconsin

• Horizon High School of Madison, Inc. (HHS), a private, non-profit educational alternative, started in January 2005. Located in Dane County, it is currently Wisconsin’s only RHS.

• HHS has almost shut down twice since 2005 due to lack of funding, but survived with community financial support.

• In 2011, the Madison Metropolitan School District entered into a contractual agreement with HHS to serve students who would benefit from a recovery school environment. MMSD has provided ~$680 per student per month, and only recently has provided a lump sum of $5000 for summer school (recovery is not a 9 month thing, summers can be dangerous for youth struggling with sobriety). MMSD provides no funding for SUD/mental health therapists who are an essential part of a RHS. HHS receives a total of ~$30K a year for HHS staff counseling of eligible students with Medicaid, from Dane County Social Services (under the CCS program).

• Horizon has had students attend from most other districts in Dane County (and some from out of Dane County). Two other recovery schools had been established as district-level charters (Waukesha and Janesville) but did not survive with that model.

• Transportation can be a critical issue. For students living in Madison and adjacent ‘bedroom communities’, it is typically not a critical factor. One student in urgent need of a RHS, who lived 40 minutes away, had to stop coming because it was impossible to find a dependable daily ride to and from Horizon. For RHS in other parts of Wisconsin, particularly rural areas, transportation is a critical factor, and funding for such transportation would be critical.

Outcomes at Horizon High School

• Students must WANT to attend and work on both their academics and recovery. They agree to random weekly drug testing, and to abide by a set of normative expectations. Personal crises are addressed immediately.

• Our student population varies and is usually between 10-15 students, with up to 18 and even 21 on occasion.
• There are regular speakers who themselves are in recovery, who provide role models for the students. Usually at least one member of the staff is themself in recovery.

• To maintain an engaging and educational atmosphere, Horizon High School incorporates other guest speakers, life skills education, physical education, volunteering and field trips. Outings engage students in the greater Madison community.

• Students are encouraged to participate in a variety of activities, both at school and after school, in order to help them maintain their recovery and to grow into well-rounded community members.

• A large majority of our students are from low income families and need food assistance. Second Harvest has established a food pantry on our site and is part of educating our students in nutrition and cooking.

• Since Horizon High School’s creation, over 200 young people have attended. Today many of these former students are enrolled in colleges and universities, in the military, or working as contributing members of our community. Several have become social workers or counselors.

• Over 60% of the students, who have attended Horizon for at least a semester, have graduated (they get a degree from both Horizon and their prior home school if they wish). If they had not attended Horizon, the graduation rate would have been noticeably lower.

Can Wisconsin address the clear need for providing state-level funding for recovery schools?

• Massachusetts, New York and New Jersey have shown it is possible. They have made it a priority to find the funding, particularly using some of the annual state block grant funding from SAMHSA for funding the crucial SUD and mental health aspects of recovery schools. Now we need to start the discussion here in Wisconsin

References:


