

## Recovery High Schools and the COVID-19 Pandemic

By

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**Abstract:** Recent research has demonstrated that Recovery High Schools (RHSs) are an effective educational alternative for students in recovery from substance use disorders and co-occurring mental health disorders. Student substance use is significantly lower, and high school graduation rates higher, for RHS students relative to similar comparison students. Geographic dispersion of students in recovery limits the reach of the RHS model. Experience in one RHS, Horizon High School in Madison, WI, demonstrates that it is feasible (although not optimal) to provide a Recovery High School program virtually, which may provide a means to expand the reach of the RHS model.

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## 1.1 Introduction

Recovery High Schools (RHSs) provide an alternative educational setting for students in recovery from substance use disorders (SUD), typically with concomitant mental health issues. RHSs include academic programs meeting their state's high school graduation requirements and a recovery support component stressing positive peer relationships, group and individual counseling, community involved education, social and life skills programming, and small enrollment and class size (Moberg & Finch, 2008; ARS 2020; Moberg, Lindsey and Finch, 2014). Random drug testing, parent involvement, and ongoing external therapy and/or community recovery support group participation are usually expected. RHSs are typically structured as charter schools or as alternative programs within school districts or consortia of districts. One factor limiting the reach of RHSs is the geographic dispersion of students in recovery (Finch et al., 2014).

Horizon High School (HHS) in Madison, Wisconsin is one of over 44 currently operating RHSs in the US (ARS, 2020). HHS, a private non-profit school which contracts with the local school districts to serve students, was founded by a group of concerned parents in 2005. This paper summarizes how HHS has adjusted to the COVID-19 pandemic and how that experience may be relevant to expanding recovery support for young people in the future.

## 1.2 Literature Review

Recent research funded by the National Institute on Drug Abuse (R01 DA 029785) included a number of Horizon students. The research followed students after treatment for substance use disorders in communities where RHSs were available. Using propensity scores (Tanner-Smith & Lipsey, 2014) to balance groups, the research compared service use and outcomes for students who did and did not attend a Recovery High School (RHS) for at least 30 days during a one year follow-up period. This research found that:

- At baseline, students who subsequently chose to attend RHSs after SUD treatment had significantly more elevated levels of risk factors for substance use and relapse, and greater co-occurring problem severity, than comparison samples of youth in SUD treatment (Tanner-Smith et al., 2018).
- RHS students had about twice the rate of abstinence from drug use at six and twelve months than comparison students, verified by urinalysis (Finch et al., 2018, Weimer et al., 2019).

- RHS students had about 20 percentage points higher high school graduation rates than comparison students (Weimer et al., 2019).
- Both RHS and comparison groups had significantly reduced mental health symptoms by 6 months, but there was no difference between the groups (Tanner-Smith et al, 2019).
- The cost-benefit ratio for RHS students was 7.2 times that for comparison students, with an estimated incremental net benefit of \$52,000. per student (Weimer et al., 2019).

These positive results, for students who have been characterized as the “most high-risk students with SUDs” (Tanner-Smith et al., 2018:20), show the promise of RHSs as effective recovery support when operating in face-to-face mode. This paper summarizes how one RHS, Horizon High School in Madison, WI, has adapted to virtual instruction during the the COVID-19 pandemic.

### 2.1 Horizon High School’s Approach to Wisconsin’s Covid-19 “Safer at Home”

Prior to the pandemic Horizon served a maximum of 15 students in a face to face setting 5 days per week. Since the Safer at Home orders and the closing of the physical school, Horizon continued to educate and support the students via an electronic and personalized virtual format. Within one-week the Horizon staff team transferred a face-to-face model to an online model and has successfully continued this for 12 weeks. An additional 5 students in need of recovery support have been accepted, since the physical space limitations no longer were a factor. The program before and after COVID-19 is summarized in Table 1. (See Table 1 following References)

Under the virtual program, staff members contact individual students daily on a rotating basis. Thus each student talks to each core staff member at least one time per week regarding academics. These conversations take place by whatever medium the student is most comfortable with; text messages are also a frequent mode of communication. Staff talk daily by email and text to update each other on all students, and meet weekly by Zoom for a staff meeting. Staff meet virtually with community partners/stake holders as needed to coordinate services for students and their families.

Given the complex substance use recovery, mental health, and daily living challenges many of these students face, additional daily check ins are necessary for some students. These include wake ups and scheduling assistance, mental health check ins, treatment referral, and

work on coping skills. Staff frequently interact to support both students and parents (at all times of day and on weekends) during these times of personal, social and economic stress. Supplies for students are being bought and sent to students, including books, workbooks, art supplies, puzzles, and games.

## 2.2. Challenges

In this virtual environment, there is a lack of motivation of students to complete work. It has been difficult to reach those students who do not want to engage in their education or with adults. In particular, the staff has found it challenging to reach new students who have never met them or been within the school's walls. Online learning for many of these students, who have serious academic and attention deficits, is overwhelming.

Staff have had to rapidly update their computer skills, and learn to be flexible in expectations and approach in order to provide the most feasible academic and recovery support to students and families. Support for one another is also an important staff role. Staff have found it particularly important to work on coping skills for the students and their families, and on dealing with mental health needs that are not able to be met in the community. For students in addiction/recovery, challenges have included coaching on how to perform drug testing, getting student community support, and finding residential treatment and assisting with admittance for students in substance use recurrence.

## 2.3. Successes

Out of 19 active students (an additional student re-entered SUD residential treatment during this period but remains enrolled), staff makes contact with an average of 18 students a day. All students receive calls daily and on average 12 answer or return phone calls daily. If students don't pick up the phone, or call back, the Director is notified and gets a hold of parents. If that is not successful within a few days, a safety check is sent to the home. Three safety checks have been sent during this time period. All students are participating in academics at some level, including logging into math at some point during the week. All students are participating in some form of exercise. Students are reaching out to talk with staff on their own, and parents are attending parent group and reaching out for help. Basic needs are being met through a private

non-profit and an anonymous donor. Staff are supporting each other daily

In June, 4 students graduated with virtual and physically distanced (drive by) ceremonies. Plans are underway to continue for the summer school session, which the staff considers essential to meet the ongoing year around needs of Horizon students.

#### 2.4 Lessons learned

The staff team sees themselves as working harder now to educate Horizon students. Even when something we try does not go as we thought it would, it is still a win as we gave our students the opportunity to try. Setting the goal of just connecting with each other is sometimes more important in this time frame than the academics. Students need daily positive contact from staff to achieve some state of normalcy. The team is making a huge difference in these students' lives and we should be proud of who we are and what we do.

#### 3. Implications for the Future of Recovery High Schools

In many ways the benefit of the small school nature of RHSs emerges from this experience. The small staff to student ratio allows for the daily individual one-to-one contact and team support for students that is impossible in a larger high school setting. The capability to increase the total enrollment while in a virtual school environment has been remarkable. This experience in how to virtually provide the full range of support needed by students with SUDs and co-occurring disorders is yielding new insights which may help to expand the reach of the recovery school model to larger populations of students. It appears feasible, although not optimal, to expand the RHS model to a geographically dispersed population of students in recovery for whom RHSs have previously been unavailable.

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**Table 1: Horizon High School before and after COVID-19 Pandemic**

<b>Recovery High School Component</b>	<b>Program Prior to COVID-19 Pandemic</b>	<b>Modified Program under “Safer at Home” Order</b>
Number of Students	15 (maximum physical capacity)	20 (5 new school district referrals)
School Schedule	Monday – Friday 8am – 3 pm.  Face to face instruction and support; supplemented with on-line curricula.	Monday --Thursday 9:30 am – 12:30 pm. Daily staff contact with each student via voice, Facetime, Zoom, Messenger; online curricula
Curriculum <i>Chromebooks used both before and after pandemic. After pandemic Chromebook from school delivered to each student’s home; internet access arranged if not available.</i>	-Academics (English, Math, Science courses individualized to student’s achievement level) -Life skills -Art -Volunteering -Community activities including weekly fitness club.	-Weekly expectations sent to both students and parents -Math thru online Aleks (expectation 30-45 minutes daily) -Reading of multiple books that interest the students -Google Classroom for assignments -Cengage (online) for Science and elective classes
Recovery Support	-Peer and Staff Supportive face to face milieu -Ad hoc Individual Counseling -Outside therapy -Coordination with other providers and home school special education teams	-Daily check ins for some students -Set up of daily schedule -Wake up for better scheduling combined with set up of daily schedule (indicated students) -Mental health check ins -Work on coping skills -Staff available for interaction with students and parents
Drug testing (Urinalysis)	Weekly, directly observed	Drop off of instant-read tests
Parent Involvement	Monthly Parent Meeting	Weekly Parent meetings -updates on what is going on and support for parents
Additional basic needs support	Ad hoc support included -arranging meals for students/families in need, -support in arranging housing, application for benefits.	-Continued to arrange for weekly food drop-off thru local non-profit - gift cards for groceries/ necessities from anonymous donor -wellness checks
Staffing	-1 administrator/educator -2 full time staff (1 teacher; 1 teacher/dual diagnosis therapist) - 2.5 para- professionals - 1 part-time art therapist	Same staffing
Summer School	- 6 week session, 3 days/week	-Virtual Summer School Planned

