



3. One week after the decision to freeze intakes, DCYF made a decision to transfer a subset of the Green Hill population to the adult system at the Department of Corrections (DOC).
 - a. This population included 43 young people over the age of 21 with sentence lengths that extended beyond their 25th birthday (which is when they would transfer to the DOC's care and custody).
 - i. This transfer does not impact someone's record, as a record is determined prior via someone's charges, how they pled, and what kind of sentence they received.
 - b. The decision was challenged and overturned, and last week the majority of this group was transferred back to DCYF and Green Hill.
 - i. Some chose to stay at DOC voluntarily.
4. There is currently a suit filed by the Washington Association of Counties, with 13 counties signed on, requesting an injunction related to the intake freeze.
 - a. DCYF is involved in active negotiations and are hoping to come to a resolution soon.
5. On July 19th, DCYF partially lifted the intake freeze for those 16 and under, and for the female population, who are admitted to the Echo Glen campus.
 - a. Echo Glen is hovering around its safe operational capacity, but there is more movement with the population due to shorter sentences (and more entries and exits).
6. In March and April there were reports of conditions of confinement issues at Green Hill that were coming out of overcrowding, such as less than satisfactory, and sometimes egregious, conditions.
 - a. There were personal restraint petitions filed on behalf of young people.
 - b. As a result, DCYF engage national colleagues to do conditions of confinement reviews to report clear recommendations for a path forward.
 - i. The [report](#) provided key recommendations, such as:
 1. Never engage in double bunking.
 2. Don't allow the population to go above 180 at Green Hill.
 - a. Right now Green Hill is going over 180, so there is required planning needed regarding this.
 - c. There are known issues with conditions that are being worked on; however, overcrowding makes these very difficult to address.
7. DCYF is often the agency that acts as a "last rung of the safety net" in the child welfare and JR spaces.
 - a. For decades there has been a steady decline in juvenile violence, teen pregnancy, childhood poverty and children in foster care, but reduction does not equal elimination.
 - i. The current JR system is 10-20% of what it was in the 1990s.
 - ii. The JR population includes a concentration of young people with serious behavioral health (BH) concerns, with some of the juvenile facilities resembling a children's long-term inpatient program (CLIP) facility.
 1. In the past two years, levels of prosecutions have gone up (after declining for a long period of time) for these populations.
 2. The JR system footprint shrank at the same time that the acuity rose.
8. Workforce-related issues:
 - a. Recruitment has been successful, but retention has been challenging.
 - b. Compensation levels don't keep up with the nature of the work that these staff are being asked to do.



- i. For example, a role such as a security officer is being asked to essentially be a therapist in a CLIP facility for \$20/hour.
 - c. There are questions about where juvenile justice fits within the system of corrections and MH care, as the workforce provides rehabilitation services, rather than old-school corrections.
 - d. The decision package from DCYF this year includes investment in MH, so they can provide proper wraparound MH care for young people in their facilities.
 - 9. Plan going forward:
 - a. The long term plan is to match the capacity of the system to operate at a safe and therapeutic level with the population DCYF is expected to serve.
 - i. Given small relative size of the system, there are bigger perturbations.
 - b. DCYF would like to keep their facilities' populations small so they can build relational security rather than physical security.
 - i. DCYF would like to build smaller 16-24 bed facilities in communities so they are close to families.
 - ii. More directly, there are a lot of available abandoned MH facilities in existence that could be leased or bought to allow for additional capacity.
 - c. In addition, DCYF will have to manage the population coming in to ensure they are the right people to serve, and that they aren't taking in too many people than they can adequately serve.
 - 10. County-based juvenile courts:
 - a. There is no automated way for DCYF to get data from the court systems about numbers.
 - i. DCYF has people polling, and anecdotal evidence shows that they have a large backlog.
 - ii. King County's detention population doubled in the last year and this is true among other counties as well.
 - b. DCYF needs to have access into county databases to understand how many youth may be coming down the line, when, and what sentence types they may have, in order to predict capacity and length of stay in their facilities.
 - i. This is more complicated in the juvenile space compared to adult.
 - 11. There is a tool called IDEA (Individualized Developmental Evaluation Assessment) to assess young people when they enter the facility to assess needs.
 - a. IDEA assesses a youth's needs across life domains, such as BH needs, employment, education, family, social activities, peer relationships, and adult relationships.
 - b. IDEA is administered the first day someone enters a facility, and then every 120 days, with the intention of creating partnerships between providers and the young person to meet their needs through programs, services and resources in a safe and healthy way.

Overdose Education & Naloxone Distribution

Chelsie Porter & Emalie Hurliaux, DOH

1. The majority of opioid overdose deaths seen in Washington state for young people occur in the 18- to 24-year-old age group.
2. Deaths for youth parallel the deaths for adults when broken down by race and ethnicity



- a. American Indian, Alaska Native and Native Hawaiian youth have death rates that are slightly over two times as much as youth who identify as white, and the rates are also higher for youth who are non-Hispanic Black.
3. Naloxone:
 - a. Naloxone is a safe medication that can reverse opioid overdose for any age (even babies).
 - b. Naloxone comes in the form of a nasal spray or an injectable.
 - i. Narcan is the brand name of naloxone.
 - c. Naloxone only works to block the effects of opioids in the system and has no other action if someone does not have opioids in their system.
 - i. Therefore, there is no downside to giving naloxone to a person who you suspect is overdosing.
4. There is also no minimum age for administering naloxone.
 - a. In Washington state there is a statewide standing order for naloxone that allows anyone to carry or administer naloxone.
5. DOH Overdose Education and Naloxone Distribution (OEND) Program:
 - a. This program includes three primary services, free of charge:
 - i. The program acts as a safety net program to provide free naloxone to agencies and organizations that distribute naloxone to those who are at highest risk of overdose, such as programs that serve people with substance use disorders (SUDs), people who use drugs, and syringe service programs.
 - ii. The program offers training on opioids and overdose recognition and response, administration of naloxone, and provides technical assistance to programs interested in distributing naloxone to their communities.
 - iii. The program also operates the statewide naloxone mail-order program.
 1. This mail-order program is intended to reach people without access to naloxone in their communities due to geography or stigma.
 2. From June 2022 – June 2024 there were:
 - a. 1,447 orders placed by 10–17-year-olds.
 - i. The counties with the most orders were Yakima, Whatcom, and Snohomish.
 - b. 7,524 orders placed by 18–24-year-olds.
 - i. The counties with the most orders were Whatcom, Pierce, and Snohomish.
 - c. King County didn't join the statewide program until January 2024, as they had a previous mail order program in place.
6. OEND's current work focused on youth and young adults:
 - a. Since March 2023, the program has registered about 80 partner organizations who identify as youth services organizations.
 - i. These partner organizations have received 16,900 naloxone kits, trained 4,432 individuals on naloxone use, distributed 10,659 kits to communities, and have reported 1,020 suspected opioid overdose reversals (which is likely underreported).
 - b. In addition to distribution, there is ongoing work partnering with various youth and young adult-focused organizations to provide training and technical support.



1. This includes DCYF JR and SUD programs, King County's Public Health Youth Service Center for people about to be released into the community, and organizations such as YouthCare, Community Youth Services, and Seattle Children's Hospital outreach programs.
 - ii. There are some specific programs related to youth and schools.
 1. OEND started a partnership with Educational Service Districts (ESDs) to offer two naloxone kits and refills to all public high schools and alternative high schools for staff to use.
 2. Since December 2023, DOH has provided 1,170 naloxone kits to 9 ESDs.
 - c. As a result of some budget provisos from the last (2024) supplemental budget, DOH received funds for more naloxone-specific work.
 - i. DOH received \$345,000 to purchase and distribute nasal naloxone for barrier-free and cost-free distribution to high school students, in partnership with ESDs and school districts.
 1. There are policies that limit the medications that students can self-carry in schools, so DOH is working with partners to determine how to approach this.
 - ii. DOH also received \$400,000 to purchase naloxone and fentanyl test strips to distribute to public institutions of higher education.
 1. DOH released an application for requests for these test strips, with a deadline of August 30th.
 2. Depending on the number of requests and amounts requested, DOH may need to prioritize based on prevalence of opioid overdose in the geographic areas of institutions.
7. Challenges surrounding providing naloxone to youth:
 - a. There is a lack of evidence-based harm reduction education for youth.
 - b. It is important to ensure prioritization of resources and services for youth and young adults at the highest risk for experiencing opioid overdose.
 - i. There are not enough services for youth who would benefit from access to buprenorphine and methadone.
8. Naloxone vending machines might be a good option for youth who can't receive mail through the mail order program.
 - a. DOH is working on a project with a UW epidemiology master's student to catalog the vending machines all over the state and understand their effects and impacts.
 - b. HCA received funding in the last budget to implement public health vending machines, which include naloxone and fentanyl test strips.
 - i. DOH will be working with HCA to implement new naloxone distribution machines and to put naloxone in those existing machines.
 - ii. DOH is also getting requests from programs who want to join the OEND program and get naloxone for their vending machines.
 1. DOH is prioritizing naloxone for machines that are 24/7 access, low barrier, and don't require registration.
9. For more information:
 - a. [DOH Overdose Education & Naloxone Distribution information.](#)
 - b. [Statewide Standing Order for Naloxone](#) and [FAQs.](#)



- c. [DOH Drug User Health Resource Hub \(includes naloxone and fentanyl test strip instructions\)](#).
- d. [Naloxone in High Schools \(wa.gov\)](#).
- e. [Legality of Dispensing Expired Naloxone in Washington](#).
- f. Email naloxoneprogram@doh.wa.gov with any questions.

Recovery High Schools

1. The Interagency Recovery Campus educates students through age 21 who are working recovery programs in a sober setting.
 - a. The campus started as a partnership between Seattle Public Schools Interagency Academy and King County Behavioral Health and Recovery Division (BHRD) in 2015.
 - b. The campus was established after a 2013 Department of Social and Health Services (DSHS) report found low graduation rates for youth in publicly funded SUD treatment.
 - c. There are currently 40 students enrolled, with about 25-30 students showing up daily.
 - i. There were 16 graduates this past year.
 - ii. The estimated capacity of the current school is about 45 students showing up daily.
 - d. The school has 3 teachers, onsite attendance support, the onsite Substance Use Disorder Professional (SUDP), an outreach worker, a rotating case manager, rotating school nurse, rotating academic counselor, and some other administrative support staff.
2. Recovery schools fill an important gap in the continuum of care for youth.
 - a. In King County, the Interagency Recovery Campus is one of the only publicly funded programs supporting teens in maintenance.
 - i. It is one of the only programs that continues to support students and teenagers after treatment, through action and maintenance.
 - b. The guiding principle of the school is “the opposite of addiction is connection and community.”
 - i. The school provides a community of sober peers in recovery for young people.
 - c. Currently, the Interagency Recovery Campus is the only public recovery school in Washington state.
 - d. There are about 40 recovery schools across the country.
3. Oregon’s solution:
 - a. Oregon passed [House Bill 2767 \(2023\)](#) to establish up to nine abstinence-focused recovery high schools around the state.
 - b. These schools are stated-designated educational entities designed to meet the unique needs of students with substance-use and co-occurring disorders.
 - c. [HB 2767 \(2023\)](#) eliminates funding competition with traditional public schools, and provides access to funding through the [Education Initiatives Account](#), which was created by [HB 3427 \(2023\)](#).
4. Keys to Success:
 - a. Students self-elect to enroll and commit to sobriety.
 - b. Strong administrative support.
 - c. Strong recovery-oriented culture, including an onsite SUDP, who is preferably in recovery.



- d. Having a separate building (that is not attached to another school) to allow students in recovery to remain isolated.
 - e. Connection to an alternative peer group called Bridges, which is a community-based, family-centered and professionally-staff peer support program that offers substance free activities after school and during breaks.
5. Challenges:
- a. Transportation, especially for students who live further away.
 - b. Adapting to variable entry pathways for students, including those who have and have not attended treatment prior.
 - c. Finding a long-term stable funding solution.
 - d. Funding restrictions limit holistic care.
 - i. The school needs flexible funding to meet the needs of the students.
 - e. Supporting families facing economic and social barriers to recovery, especially within funding limitations.
6. An Interagency Recovery Campus student's perspective:
- a. The student chose to attend the Interagency Recovery Campus because he had a friend who attended the same treatment program who also attended the school.
 - i. He did not initially want to go to the school but after going on a tour and seeing the community, he wanted to attend.
 - b. The Interagency Recovery Campus has shaped him and his recovery lifestyle by giving him opportunities to have a job as a recovery coach, a car, friends, as well as teaching him to be held accountable.
 - i. The Recovery Campus built the foundation for him to stay sober outside of the school, as he graduated last year.
 - c. The gaps of service for youth include the lack of more recovery high schools and more long-term treatments, and lack of awareness and understanding surrounding these options.
 - d. To strengthen service for youth in recovery, he recommends that policymakers:
 - i. Increase funding for more of these schools around the state
 - ii. Find people, such as recovery coaches or SUDPs, who can reach out and guide families.
 - iii. Support more publically-funded programs that can do outreach to get kids into treatment and recovery, such as Family Centered Services (which is the program that was used to get him into treatment and who he now works for.
7. An Interagency Recovery Campus parent's perspective:
- a. Barriers in getting support include:
 - i. Stigma.
 - ii. Laws that stipulate that once a child reaches age 13, they can make their own decisions about their care and have to invite their parents into that care.
 - iii. Although Ricky's Law, which allows for involuntary commitment of someone who is suffering from addiction, is a good idea, it only applies if the person states they are suicidal or homicidal.
 - 1. This can be challenging when the situation involves a treatment-resistant kid.
 - iv. The lack of roadmap for parents navigating children with addiction.



- b. This parent discovered that once you find way into the community, everyone wants to help, but you need to be connected to the right people to get this help.
 - i. This parent had a relative working in the field of psychology who knew about a treatment center.
 - 1. The center wouldn't accept her child because he was resistant, but then connected them to an interventionist in Washington who helped get him into an inpatient treatment center in Montana called Turning Winds.
 - c. This family feels they wouldn't be here without Recovery Campus – the school hold kids accountable, understand, support, and make kids feel valued.
 - i. Peer coaching, recovery coaching, case management, and the large network of people have been essential to getting them to where they are now.
 - d. Recommendations to the work group include:
 - i. Addressing stigma, and finding ways to educate folks that this is not a parenting or moral failure.
 - ii. Finding ways to provide quicker and more readily available care, as well as longer-term care.
 - 1. For many, 30 days is not enough to provide sustainable recovery.
 - iii. Addressing the cost of care, which is an insurmountable barrier for most people to acquire care.
8. King County is looking to redesign their JR system, and one way to do this is to address their BH needs through recover schools.
9. Could [School-Based Health Care Services \(SBHS\)](#) be a resource to help with mental health supports?
10. Reach out to Jessica Levy, jrlevy@seattleschools.org for more information on recovery schools.




Paul Bryant (Madrona Recovery):

- 1. Paul was one of the original board members that started the recovery high school movement in Oregon and helped with legislation through last year.
- 2. The Oregon board members would love to expand the program so that there are no-cost recovery schools in every state.
- 3. In Orgeon, they are currently working on connecting the alternative peer group and treatment resources to create a full wraparound continuum of care for kids.
- 4. Oregon is creating a play book for how to accomplish legislation and related nuances, that can be shared with other states in the future.

Look Ahead: 24/25 Schedule

Next Meeting

- 1. 8/27 4-5:30PM

Interagency Recovery Campus: WA's only sober public high school

Washington Health Care Authority,
Children and Youth Behavioral Health Work
Group (CYBHWG), Youth and Young Adult
Continuum of Care (YYACC) Subgroup meeting
August 6, 2024

Presenters:

Seattle Public Schools Interagency Recovery Campus:


- Jessica Levy, MSW
- Student and Parent

King County Department of Community and Human
Services, Behavioral Health and Recovery Division:

- Jennifer Wyatt, LMHC, MAC, SUDP

1

The Interagency Recovery Campus educates students up through age 21 who are working recovery programs in a sober setting.



- Partnership between Seattle Public Schools Interagency Academy and King County Behavioral Health and Recovery Division (BHRD) since 2015
- Established after a 2013 DSHS report¹ found low graduation rates for youth in publicly-funded SUD treatment:
 - Only 25% graduated
 - With a co-occurring mental health disorder, only 17% graduated

¹ Source: <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-194.pdf>

2

The Interagency Recovery Campus fills an important gap in the continuum of care for youth.

Behaviour change



- Support for students during and after treatment
- Peer recovery community
- One of few youth-specific recovery resources for youth in action and maintenance
- Only public recovery school in WA
- According to the [Association of Recovery Schools](#), there are about 40 recovery high schools nationwide, with states funding more over time (e.g., OR, WI, WV).

3

Innovative state-level approach to funding recovery high schools: Oregon's solution



- Oregon's [House Bill 2767](#) establishes up to nine abstinence-focused recovery high schools around the state.
- State-designated educational entities designed to meet the unique needs of students with substance-use and co-occurring disorders.
- Eliminates funding competition with traditional schools.
- Access to funding through the [Education Initiatives Account](#), which was created by [HB3427's Student Success Act](#).

4

Keys to Success and Challenges to Address

KEYS TO SUCCESS

- Students self-elect to enroll and commit to sobriety
- Strong administrative support
- Strong recovery-oriented culture; on-site SUDP, preferably in recovery
- Separate building
- Connection to an Alternative Peer Group

CHALLENGES TO ADDRESS

- Transportation
- Adapting to variable entry pathways
- Stable funding
- Funding restrictions limit holistic care
- Supporting families facing economic and social barriers to recovery

5

A Student's Perspective

- Why did you choose to attend the Interagency Recovery Campus?
- How has Interagency Recovery Campus shaped you and your recovery lifestyle?
- Based on your experience, where are the gaps in service for youth?
- This workgroup advises policymakers. What recommendations do you have to strengthen services for youth getting into recovery?



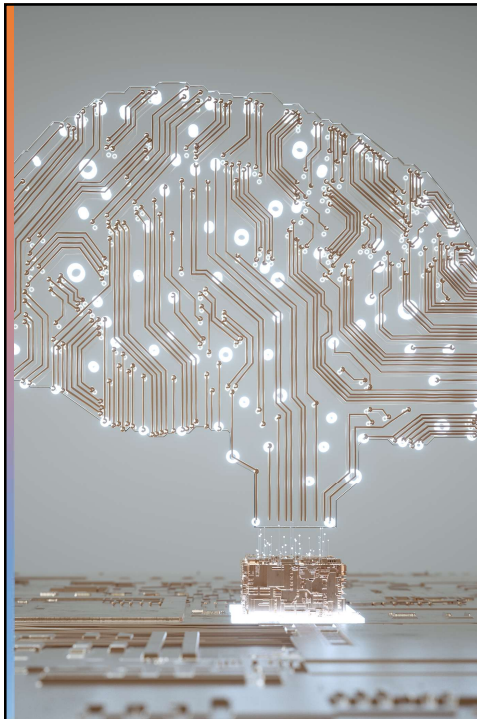
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A Parent's Perspective

- As a parent supporting a child dealing with substance use disorder, what were the barriers in getting support?
- What was most helpful?
- What do we need more of?
- What has Interagency Recovery Campus meant to your family?
- This workgroup advises policymakers. What recommendations do you have to strengthen services for youth getting into recovery?



7



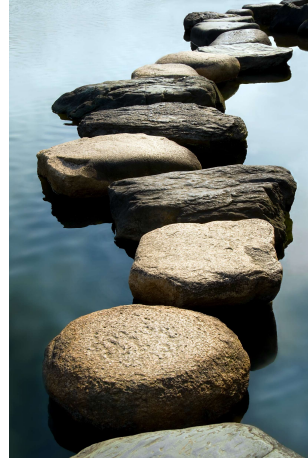
Data and outcomes 2015-2022

- 63% have either earned, or were working toward, a HS Diploma, with another 18% transferring to continue schooling elsewhere
- Average 38 students enrolled for at least 90 days, annually
- Slight majority of students have been male (55%) and BIPOC (53%)
- Compared to school district, more students receive IEP and McKinney-Vento services

8

Vision for more recovery high schools

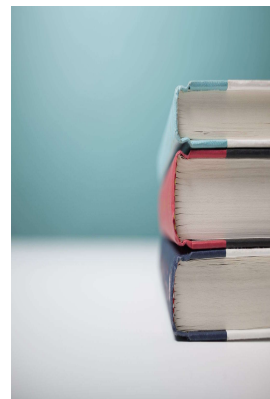
- The Interagency Recovery Campus impacts the King County community beyond the walls of the school.
- Young person 12-step meetings.
- Strong community of young people in recovery acts as a magnet.



9

Learn more about Interagency Recovery Campus.

- *Website:* <https://interagency.seattleschools.org/about/campus-locations/interagencys-recovery-academy/>
- *Recovery Campus Enrollment Brochure:* Two-page flyer orienting prospective students, parents, and referral sources to the program approach and enrollment process.
- *Recovery Campus Introductory Brief:* Describes the need for recovery schools in supporting high school graduation for young people in recovery from substance use disorders, drawing from national and local sources.
- *Recovery Campus Data Brief:* Summarizes student characteristics and outcomes regarding graduation and recovery of students who have attended Interagency Recovery Campus for 90 days or more from 2015-2022.



10



Contacts

- Jessica Levy: jrlevy@seattleschools.org
- Seth Welch: spwelch@seattleschools.org
- Jennifer Wyatt: jwyatt@kingcounty.gov



OVERDOSE EDUCATION & NALOXONE DISTRIBUTION FOR YOUTH & YOUNG ADULTS

Naloxone

- Naloxone is a safe medication that can be given to anyone, regardless of age, in the case of suspected opioid overdose.
- The U.S. [Centers for Disease Control & Prevention](#) and the [Food & Drug Administration](#) do not have age limits on who may receive naloxone.
- It only works to block the effects of opioids. It has no other action if a person does not have opioids in their system.
- As the American Academy of Pediatrics' [parent information website](#) states, “There is virtually no downside to giving naloxone to a child or teen, even if you are not sure if they overdosed on opioids.”

Naloxone and Youth

- **There is no minimum age for administering naloxone.**
 - Young people can possess naloxone and use it on someone they think is having an overdose. Many communities throughout the U.S. have trained students from elementary through high school age on how to recognize the signs of an opioid overdose and reverse it with naloxone.
- **There is no minimum age specified in the [Statewide Standing Order for Naloxone](#).**

DOH Overdose Education & Naloxone Distribution (OEND) Program

Three primary services (all free of charge):

1. As a **safety-net program**, provides **naloxone** (aka NARCAN®) to agencies and organizations across WA that prioritize distribution to people who are at highest risk of experiencing or witnessing an opioid overdose (e.g., syringe service programs, substance use treatment agencies, jails release)
2. Offers **training** on opioids and overdose recognition and response, and **technical assistance** to agencies and organizations interested in starting their own naloxone distribution program
3. Contracts with The People's Harm Reduction Alliance to manage the statewide **naloxone mail-order program**, which is intended to reach people without access to naloxone in their communities or who have confidentiality concerns about entering a location to obtain naloxone.

Current work focused on youth and young adults

Since March 2023, 80 approved OEND partner organizations* self-identified as “Youth Services Organization” (*they can select 1+ type of org.):

- DOH supplied 16,900 naloxone kits
- Reported training 4,432 individuals on naloxone use
- Reported distributing 10,659 kits to community
- 1,020 reports of suspected opioid overdose reversals reported (likely underreported)

Ongoing work partnering with various youth and young adult focused orgs to provide naloxone and training/TA support:

- DCYF juvenile rehab and substance use disorder programs.
- King County's Public Health Youth Service Center for people about to be released into the community.
- Orgs such as YouthCare, Community Youth Services, Seattle Children's Hospital outreach programs.

Current work focused on youth and young adults

- Partnership with Educational Service Districts (ESDs) to offer two naloxone kits (and refills as needed) to all public high schools and alternative high schools for staff use when responding to an opioid overdose
 - [Naloxone Can Save Lives – What Families Should Know](#)
 - [Naloxone Kits to All Public High Schools - Free](#)
- Since December 2023, 1,170 naloxone kits have been supplied to 9 ESDs.

Mail-order naloxone program reaches youth & young adults

From June 2022-June 2024:

- **1,447 orders placed by 10–17 year-olds.**
 - Relative to the state population of this age group, this averages to 88.3 orders per 100,000 residents per year, which is the lowest rate of all age groups.
 - The 3 counties** with the most orders are Yakima, Whatcom, and Snohomish.
- **7,524 orders placed by in 18–24 year-olds.**
 - Relative to the state population of this age group, this averages to 531.4 orders per 100,000 residents per year, which is the fourth highest of all age groups.
 - The 3 counties** with the most orders are Whatcom, Pierce, and Snohomish.

*** King County did not join the Statewide Program until January 2024*
Washington State Department of Health | 7

Work in progress to serve youth and young adults

Proviso: \$345,000* for DOH to purchase and distribute naloxone for barrier-free and cost-free distribution to high school students... partner with ESDs and school districts to prioritize distribution to high school juniors and seniors... info on how naloxone is administered and how to recognize opioid overdose must be made available... DOH may prioritize distribution to districts and schools with a higher prevalence of opioid use and overdose.

*note this is about 9500-10,300 nasal naloxone kits

- A challenge to this work are policies that limit what medications students can self-carry in schools.
- DOH is working with partners to determine the best approach to implementing this proviso.

Work in progress to serve youth and young adults cont.

Proviso: \$400,000* for DOH to purchase naloxone and fentanyl test strips for barrier-free and cost-free distribution to students at public institutions of higher education.

*note this is about 10,900-11,900 nasal naloxone kits

- DOH currently has an application open for public institutions of higher education to request naloxone and fentanyl test strips. The priority application deadline is August 30th.
- Depending on the number of requests and amounts requested, DOH may need to prioritize based on prevalence of opioid overdose in the areas where the institutions are located.

Challenges

Lack of evidence-based harm reduction education for youth and recognition that youth and young adults may experiment with drugs and that not all drug use leads to substance use disorder.

- [Monitoring the Future Survey](#) shows that adolescents' use of illicit substances is down, but overdose death rates have risen.

Ensuring prioritization of resources and services for youth and young adults at highest risk for experiencing opioid overdose.

- Not enough services for youth who would benefit from access to buprenorphine and methadone (note that access to these medications can reduce opioid overdose risk by up to 50%).

More information

[DOH Overdose Education & Naloxone Distribution information](#)

[Statewide Standing Order for Naloxone](#) and [FAQs](#)

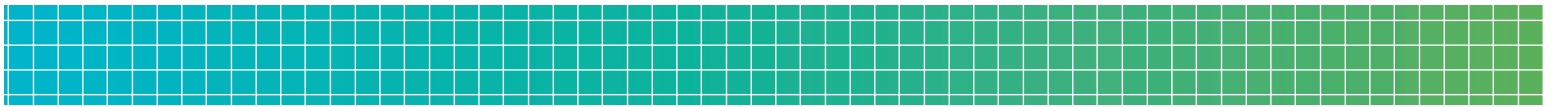
[DOH Drug User Health Resource Hub](#) (includes naloxone and fentanyl test strip instructions)

Questions?





To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



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SEATTLE PUBLIC SCHOOLS' INTERAGENCY RECOVERY ACADEMY BRIEF SERIES:

Recovery Academy Students' Characteristics and Outcomes: 2015-22

This is the second of related short reports that describe how recovery schools are an evidence-based approach to supporting young people in graduating from high school and building a substance-free lifestyle. Recovery schools' primary goal is to educate students working a recovery program in a sober environment. Staff members typically include substance use counselors, teachers and mental health professionals.ⁱ

Together these short reports show the value of providing substance-free learning spaces that are tailored for young people.

In studies of youth who are in treatment for substance use, students attending recovery schools had substantially higher rates of graduation and sobriety than those attending other high schools.

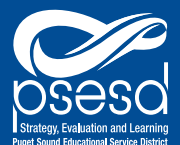
Who Attended the Seattle Interagency Recovery Academy?

In this report, we share data about the **137 students** who attended the Recovery Academy for at least 90 days between Fall 2015 and Spring 2022.ⁱⁱ

Seattle Recovery School
Brief Series developed in
partnership with



King County



Demographics and Characteristics

A majority of Recovery Academy students were male (**55%**) and Black, Indigenous or People of Color (**53%**). Few students (**4%**) were English Language Learners. When comparing the student population to 2021-22 school district numbers, the breakdowns between white and BIPOC students are similar.ⁱⁱⁱ

Students can enroll in the Recovery Academy at any point during their high school career. Between 28 and 48 students attended the Recovery Academy for at least 90 days during each school year. Figure 2 shows the breakdown by grade level.

Note: Many students attended the Recovery Academy for more than one year, so the same student may be included in 2016 and 2017, for example.

Students at the Recovery Academy had substantially higher rates of disability and homelessness or transitional living than their peers across the school district. **Over one in three** had an Individualized Education Plan. **Close to one in five** students received McKinney-Vento services for students experiencing homelessness or transitional living situations (see Figure 3).

While **fewer than half (43%)** of students completed residential substance use treatment prior to enrollment, an additional **18%** completed treatment when they attended the Recovery Academy.

FIGURE 1: Recovery Academy Racial and Ethnic Breakdown, 2015-2022 (N=137)

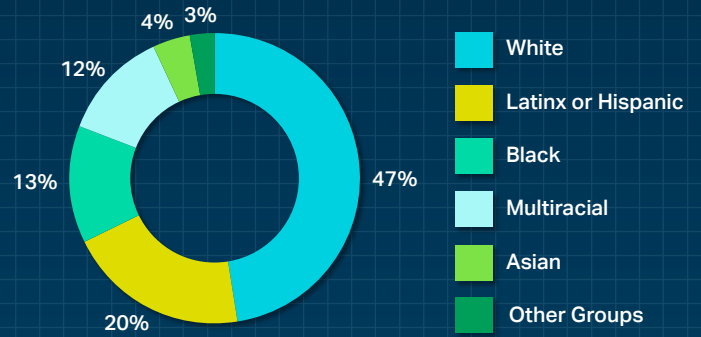


FIGURE 2: The Majority of Recovery Academy Students were Juniors or Seniors (N=268)

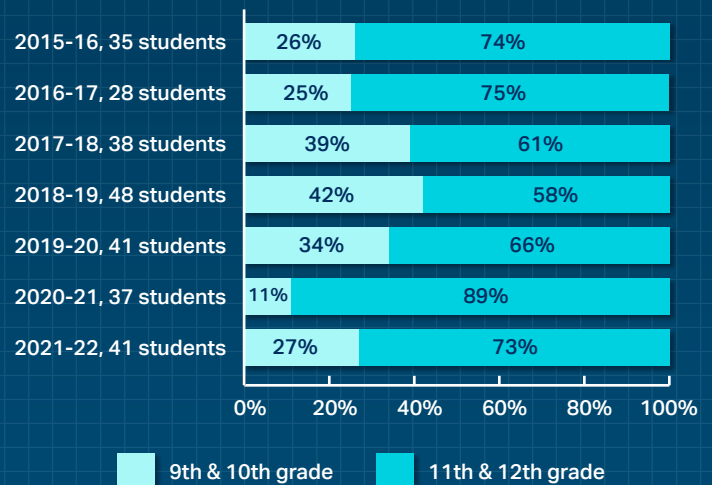
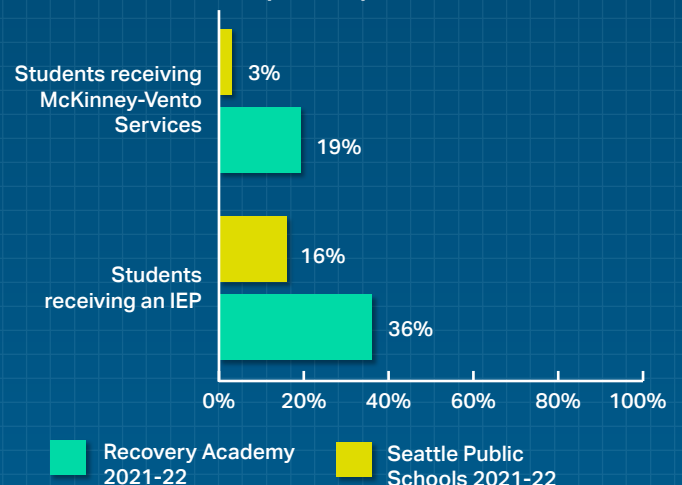


FIGURE 3: Comparison of Students Attending the Recovery Academy and Seattle Public Schools^{iv} (N=137)



What are the Outcomes of Recovery School Students?

NATIONAL DATA While studies show the positive effects of recovery schools, there are currently only 44 recovery high schools across the U.S.^v One study of ten substance use treatment programs in three states compared student outcomes of those attending recovery schools with other high schools.

Post treatment, national data about recovery school students' high school graduation rates were **61%** as compared to **39%** for other youth. **Over one-third (35%)** of the recovery school students reported they were abstinent from drugs and alcohol for one year while the sobriety rate for those not attending recovery schools was **one in eight (12%).**^{vi}

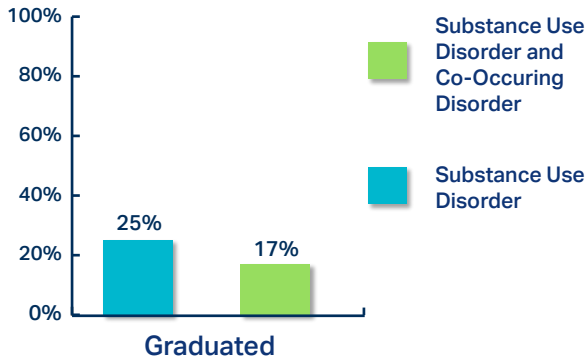
WASHINGTON AND SEATTLE DATA In 2013, the Washington Department of Social and Human Services reported that only **25%** of young people who received publicly funded substance use disorder treatment graduated from high school.^{vii} For students with co-occurring mental health disorders, the number dropped to 17%. (see Figure 4)



This report led the King County Behavioral Health and Recovery Division of the Department of Community and Human Services and Seattle Public Schools to collaborate on establishing a recovery school as part of the Interagency Academy system.

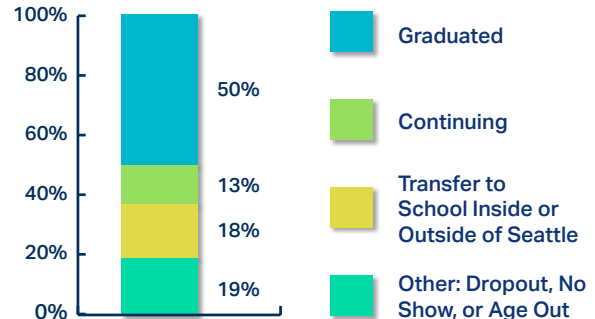
From 2015-2022, **63%** of students at the Seattle Recovery Academy have earned, or are working toward, a high school diploma at the school. An additional **18%** have transferred to continue schooling elsewhere. (see Figure 5)

FIGURE 4: 25% of Washington Students with Substance Use Disorder Graduated within Six Years (N=1,757)



Note: This is the proportion of students that graduated in six-years for students beginning ninth grade in 2006. Data Source: Behavioral Health Needs and School Success: Youth with Mental Health and Substance Abuse Problems are at Risk for Poor High School Performance.

FIGURE 5: 63% of Recovery Academy Students Have Earned, or are Working Toward, a High School Diploma (N=137)



Note: Students enrolled between 2015-2022.



More than half (51%) of Recovery Academy students have more than one year of recovery following initial enrollment.^{ix}

Data about student substance use demonstrates the power of the Recovery Academy. For a student to be in recovery means that they are building a sober lifestyle in and out of school which involves cultivating connections with others, engaging in prosocial activities, and being a presence in the recovery community.

Summary

Read together, the national research and this summary of student outcomes at Seattle’s Interagency Recovery Academy show the effectiveness of the model. Student perspectives on their time at the school help us understand the power of a drug and alcohol-free place to learn:

“The Recovery Academy gave me a place to fit in and find comfort in a sober lifestyle that not many people my age were doing. It gave me an environment where my ideas were valued, and my problems met with solutions rather than dismissal.”

REFERENCES AND NOTES

ⁱ Association of Recovery Schools Website (no date). Retrieved from <https://recoveryschools.org/what-is-a-recovery-high-school/>

ⁱⁱ Student data was provided by both the Seattle Public Schools Research Office and the Recovery School staff. We report results for students when there are more than ten students in a category. A total of 165 students attended the school during this time.

ⁱⁱⁱ Office of the Superintendent of Public Instruction (2022). Washington State Report Card. Retrieved from <https://washingtonstaterreportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/100229> In Seattle, Asian students make up 13%, Black/African American Students make up 15%, Latinx student make up 13%, multiracial students make up 12%, White students make up 46% and other groups make up 1%. 13% of students are English Language Learners

^{iv} Office of the Superintendent of Public Instruction (2022). Washington State Report Card.

^v Association of Recovery Schools Website (no date). Retrieved from <https://recoveryschools.org/what-is-a-recovery-high-school/>

^{vi} Weimer, D.L., Moberg, P., Falon French, E. E., et al. (2019) Net Benefits of Recovery High Schools: Higher Cost but Increased Sobriety and Increased Probability of High School Graduation. *Journal of Mental Health Policy Economics*. 22(3): 109–120

^{vii} Kohlenberg, E., Lucenko, B., Mancuso, D., et al. (2013). Behavioral Health Needs and School Success: Youth with Mental Health and Substance Abuse Problems are at Risk for Poor High School Performance. Washington State Department of Social and Health Services. Retrieved from <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-194.pdf>

^{ix} The recovery status of 22% of the students is unknown.

SUGGESTED CITATION: Loeb, H., San Nicolas, O., Wyatt, J. G. & Raya-Carlton, P. (2023). Seattle Public Schools’ Interagency Recovery Academy Brief Series: Recovery Academy Students’ Characteristics and Outcomes: 2015–2022. Renton, WA: Puget Sound Education Service District Strategy, Evaluation and Learning Department and Seattle, WA: King County Department of Community and Human Services, Behavioral Health and Recovery Division.