



Transforming Austin: Augmenting the System of Care for Adolescents in Recovery from Substance Use Disorders

Holleran Steiker LK^{*}, Nash A, Counihan C, White W and Harper K

UT Regents and Distinguished Professor, The University of Texas, Austin School of Social Work, USA

Abstract

Maintaining sobriety and a positive quality of life is a challenge for adults in recovery from addiction, but it is even more challenging for adolescents. Post-treatment resumption of substance-related problems for adolescents range from 60-90%. Adolescent recovery programs have struggled with the best mix of services to assure recovery stability and to promote healthy functioning and a positive quality of life. Although research is limited, evidence suggests that a continuum of care model that incorporates peer supports such as APGs (APG) to replace alcohol and drug-using peers is critical for successful recovery. If the model includes attendance at a high school designated for students in recovery, positive outcomes may be even greater. This article outlines the existing models of adolescent recovery support and provides a case study of the augmentation and development of services to adolescents and emerging adults who desire recovery in Austin, TX.

Keywords: Addiction; Adolescent substance use disorder; Recovery high schools; Apgs

Overview and Literature Review

The substance problem for adolescents and emerging adults has been characterized by many as “ubiquitous” and “epidemic”; according to the Substance Abuse and Mental Health Services Administration NSDUH data, 24.6 million individuals aged 12 or older were current illicit drug users in 2013, including 2.2 million adolescents aged 12 to 17. In 2013, more than half (52.2 percent) of Americans aged 12 or older were current alcohol users. SAMHSA, 2013. The Monitoring the Future study Johnson et al, 2014 found that the percentage of high-school aged youth who perceive danger associated with being regular marijuana users has dropped dramatically in the past 10 years [1]. Substance use increases with age, and the highest rate of current illicit drug use was among 18 to 20 year olds (23.8 %) SAMHSA, 2011. With regard to education, while in high school, those students who are not college-bound (a decreasing proportion of the total youth population) are considerably more likely to be at risk for using illicit drugs, drinking heavily, and smoking cigarettes [1]. The bottom line is that substances are the most prevalent cause of teen morbidity and mortality in United States [2].

It is challenging for anyone addicted to alcohol or other drugs to achieve and maintain sobriety, but it is especially challenging for adolescents. Research indicates that typical stressors of adolescence, including hormonal changes, incomplete brain development, a belief that they are invincible, and the importance of fitting in with peers [3] present even greater challenges to teens struggling to overcome addiction [4]. The rates of repeated substance-related treatments for teens are higher than they are for older adults. If teenagers who go through treatment return to a public high school, a majority of them relapse in the period immediately following discharge from the protective environment [5]. Conservative statistics cite numbers in the vicinity of 65-70% while less conservative measures state that 80-90% relapse in that period [6]. Inpatient and outpatient programs that treat adolescents report that many teens do well with the structure and support from staff as well as peers who are also trying to become sober. However, once they return to their previous environment, including peers and school, it is challenging for them to maintain sobriety [7].

The limited existing research shows that once young people leave

the protected environment of treatment or residential settings, many relapse [8]. Transitions from treatment settings to continuing care programs and affiliation with peer-based recovery mutual aid groups, as well as the shift from high school to college or the work world mark distinct periods of opportunity and vulnerability for young people in recovery. Thus, a continuum of care model ideally incorporates interventions for youth that extend far beyond the stages of recovery initiation and stabilization to encompass later stages of recovery maintenance and enhanced quality of life and social functioning.

Alternative Peer Groups (APGs)

Over the last decade, adolescent treatment providers have recognized that services must resemble “wrap around services” [9] in mental health – it is not enough that they attend 8 hours of sober school settings; after school, evenings and weekends need attention as well. One strategy that provides this peer support outside of school along the continuum of care is the use of in-treatment and post-treatment APGs (APGs). APGs are settings where youth and their families have access to other youth and families with recovery support staff and, at times clinical services. There are various models that span from youth mutual support groups meeting a few times a week to intensive peer support plus clinical services and even residential peer settings with counselors resembling half-way houses. The models vary depending on community needs, culture, and resources (especially financial.) They aim to help individuals in recovery develop a new peer group that consists of individuals who also are in recovery [4]. APGs provide recovery support and access to family and clinical services. Developed initially for teens in the early 1970’s at the Palmer Memorial Episcopal Church in Houston, Texas, the focus on APGs takes into account the

***Corresponding author:** Holleran Steiker LK, UT Regents and Distinguished Professor, The University of Texas, Austin School of Social Work, USA, Tel: 512-232-9330; E-mail: lorikay@mail.utexas.edu

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developmental focus of adolescents and the importance of peers in shaping identity.

Following the initial APG, other APGs grew from the model in Houston. Lifeway International was created in 1985 by some of the PDAP originators, and also incorporated the APG model [10]. Cornerstone and Teen & Family Services in Houston, Texas, also grew from the APG model, adding clinical services and more intensive therapeutic components to the peer support. APGs are rooted in a 12-step philosophy which suggests “old friends” are something to be “given up”. Thus, APGs allow teens to recover within a safe version of the context of typical adolescent development, a new set of peers who give honest feedback and accountability to promote change and help develop a new set of behaviors. APGs focus on helping teens stay away from substances and substance users, learn to interact appropriately with peers and adults, and learn how to have fun while abstinent from substance use. Today, APGs include 12 step involvement as well as groups facilitated by schools, treatment programs, and other health and social service organizations [4]. APGs are peer programs that augment social, support, and recreational activities outside of school hours allowing “wraparound services” so-to-speak for youth in early recovery.

While there is limited research on the impact of APGs, there is extensive research on the impact of peer groups. The literature supports the idea that behaviors may be more likely to be successfully socialized in the presence of a positive peer culture [11,12] found that a peer support group had a positive impact on young women with disabilities [13]. Found that students who participated in peer support groups in schools scored higher on general, social, academic, and parental self-esteem than non-participants. Aspects of behavioral peer culture are correlated with individual achievement while components of both relational and behavioral peer culture are related to school engagement [11].

SAMHSA, in a meta-analysis of research that derived guiding principles of systems of care from findings, indicates that a network of personal connections with peers is critical to recovery and that poor social support is a major factor in the return to substance use following recovery initiation. Peer support helps a person in recovery see or visualizes others in similar circumstances doing well, which increases a belief in that individual's own abilities. It also helps individuals in recovery build or rebuild healthy relationships and play constructive roles in their communities SAMHSA, 2007.

While limited, research on APGs shows similar outcomes. [4] Indicates that teens do better in groups with other teens as opposed to those with adults and [14] describes the concept of the “therapeutic tribe” with adolescents, suggesting the need to create a highly connected peer group with a common identity [15]. conducted a qualitative study of alumni from Houston-area APGs. She found that successful alumni described their process in recovery as a quest-like journey, citing the importance of role models in recovery themselves as keys to their success. She also found that full engagement in successful recovery requires more time than current treatment allows. An 8-11% relapse rate is reported for adolescents participating in Houston APGs between January 2007 and 2010, with a recovery rate greater than 85% [10]. Scott Basinger, director of the Addiction Scholars Program at Baylor College of Medicine notes that while National results show that 50-90% relapse is typical for teens in recovery programs, Houston APG Intensive out-patient programming (mostly with youth in Cornerstone APG) results showed relapse rates to be under 10% while associated with the APG [6].

Innovative substance use disorder treatment programs have attempted to fill in post-intervention gaps by incorporating APGs as part of aftercare plans. These groups vary by type and structure, but the main idea is to connect young people with their point of reference, other young people. In many communities, the continuum of care that is available to recovering teens and their families includes residential treatment, out-patient treatment groups, and twelve-step or other recovery mutual aid groups, some of which are connected with APGs.

While APGs in Texas provide significant support, adolescents still are faced with spending the majority of their waking time each week in school settings that not only put them in contact with peers who do not support sobriety, but may also add stressors for those adolescents trying to balance recovery and school success. To provide a complete continuum of care, some 30 recovery high schools have been established [16] which vary from separate high schools to embedded programs for students in recovery that provide a combination of academic coursework and recovery support. In spite of the fact that some teens participate in APGs in their communities, they still find it challenging if they are in a public school environment, since teens spend the majority of their waking hours in school. Many students leaving inpatient or residential treatment are offered alcohol or other drugs by their friends the first day they return to school.

Recovery High Schools

The history and diversity of recovery schools has been outlined within the professional literature. According to [17] the first documented recovery high schools were Phoenix Schools I and II in Maryland, which opened in 1979 and 1982, respectively. In the mid-1980s, there were less than 10 such schools in operation. Both campuses had ceased operations by 2006, though, and the oldest currently operating recovery high school is PEASE (Peers Enjoying a Sober Education) Academy, which opened in Minneapolis in 1989. Just as models of APGs vary by community need, culture and resources, so do recovery high schools. Some emerged as partners with treatment centers, some sprung up from church-based APGs, some grew and partnered with Charter Schools or Independent School Districts, and others remained as private schools. The Association of Recovery Schools, which began in 2002, originally consisted of both recovery high schools and collegiate recovery programs. There have only been about 70 recovery high schools ever, and the most open at one time has been around 35. In 2011, there were 31 recovery high schools (also called sober schools) operating in ten states in the U.S. The leadership of these schools split from the collegiate programs organization (the Association for Recovery in Higher Education) and the Association of Recovery Schools (ARS) narrowed its focus to the success of recovery high schools. NIH funded the first national study of recovery high schools in 2006, which was a descriptive study of 17 recovery high schools in 10 states [16]. NIH is currently funding a second national study, which is the first rigorous outcomes study of recovery high schools, to be completed in 2016.

The biggest issue facing recovery high schools is the cost to run them. Because many recovery high school students have co-existing disorders (both substance use and mental health) [5,16], they require extensive academic and emotional support, resulting in a low student to teacher ratio. Four states – Indiana, Massachusetts, Minnesota, and Texas – have passed or proposed specific legislation to support recovery high schools since 2009. State and federal legislation such as the charter school legislation in Texas and the Minnesota Graduation Incentive Act allow school districts flexibility in providing education to

special groups of students such as those who are pregnant, emotionally impaired, or chemically dependent. Most recently, Senators from Rhode Island, Ohio, Vermont, New Hampshire, and Minnesota introduced the Comprehensive Addiction and Recovery Act of 2014 (S. 2839). The aim of the legislation is to proactively address the opiate epidemic. The proposed law would authorize new programs that will embrace recovery support, prevention, law enforcement, and treatment strategies. Over a 6 year period, approximately \$42 million would be appropriated for expansion of recovery high schools, collegiate recovery programs, and recovery community organizations.

Nonetheless, as funding for public education has become limited across the U.S., some recovery high schools have been forced to close [18]. Transforming Youth Recovery, a non-profit organization primarily funded through the Stacie Mathewson Foundation, in conjunction with the Association of Recovery Schools, has made the creation and building of infrastructures for recovery schools (high school and collegiate recovery programs) its mission. The agency's market study notes that several historical factors will increase the interest in and viability of recovery high schools including high profile incidents related to schools and mental health, revised Diagnostic & Statistical Manual (DSM-5) increasing the number of qualifying youth, and a broadening services through the Affordable Care Act (ACA) [19].

Although qualitative information suggests that recovery high schools are a critical component for adolescents' successful recovery, there is limited research indicating which models are most effective [20]. Conducted an evaluation of Albuquerque's recovery high school in the mid-1990s. They found that the program had a highly committed staff and improvements in abstinence rates with the students it served. However, the school, initially conceptualized as a transition program with the idea that students could return to their home schools, did not expect the level of severity of problems among the student body that they found. The majority of the students was dually diagnosed and had severe psychological problems in addition to being in recovery for a substance use disorder. Relapse rates were 40%, viewed as high by many but well below the 90% reported among students in recovery attending traditional public schools. Because of the multiple needs of its students, the program became more of a day treatment program and could only maintain a small enrollment. It also operated independently and was not well-known within the community. Due to conflicts, problems in funding, and the fact that the program could not grow in enrollment, it was dismantled before the researchers could publish their evaluation (1995).

More recently, [8] conducted research on Serenity High School in McKinney, Texas. The oldest recovery high school in Texas, it began operation in 1999. Lanham and Tirado note that little research has been conducted on the effectiveness of recovery high schools. They cite [20] study, noting that the school they studied closed quickly while the other one had a limited number of students who remained sober and a limited number who graduated [8]. Note that 64% of adolescents who go through treatment relapse within three months, 79-85% relapse within one year, and 93% have relapsed at the end of four years. Additionally, 25-90% did not follow recommendations from treatment programs after they are discharged. Like other researchers, Lanham and Tirado believe that returning to a traditional school is one of the greatest threats to a teen's sobriety. Serenity High School, like many other recovery high schools, incorporates a 12-step model and a self-paced educational curriculum. Serenity reports that 80% of its students decline in their use of substances and 71% report improvement in academic areas. Lanham and Tirado (2013) identified

short term goals, which included "regular attendance, reestablishment of consistent learning patterns, daily sobriety, respectful behavior toward others, biweekly attendance at on-campus AA meetings, and completion of weekly community service activities;" intermediate goals, which included "ongoing sobriety, completion of a high school degree followed by post-secondary education, military service, or employment;" and long-term goals, which included "maintaining sobriety, contributing to the betterment of society by holding down jobs, performing community service, staying out of the criminal justice system, and passing on what they learned to their children and future generations".

Lanham and Tirado's 2013 primary focus of research was on graduation rates. At the time of the study, more than 90% of the 72 alumni who responded to their survey reported enrolling in college and 6 had graduated. However, many reported struggling with their sobriety once graduating from the recovery high school. Most were no longer participating in 12 step programs, 40% had reentered treatment at some point after high school graduation, 40% had remained sober, and 60% were no longer using illegal drugs.

Although more research is needed, what evidence exists appears to support that recovery high schools are an important component of the continuum of care for teens [5]. They can link with other APGs in the community and can create an empowering and sober environment that helps teens develop a positive sense of identity and be proud of who they are, rather than viewing their former substance misuse as a stigma [21]. They can also teach skills for resisting peer pressure and reduce social acceptability of using alcohol and other drugs [22] found that youth who participated in APGs had statistically significantly better perceptions of peer relationships than those that did not participate in APGs. This may serve to build bridges as teens graduate from high school. Efforts need to be made to continue a continuum of care that supports them during their college/early adult years.

Implementing University High School, Austin, Texas: A Case Study

The University High School founders in Austin collaborated with a network of substance use treatment programs, other social service agencies, and community supporters to establish the first recovery high school in the Austin area. The inspiration for this school came from the Association of Recovery Schools conference in 2012 (held at Archway Academy) and a synergy of diverse founders from academic, recovery, and professional realms. With the support of the Director of the largest recovery high school in Texas, Archway Academy, the Director of the Center for Students in Recovery, and Addictions experts, Recovery Community members, parents, and professionals, the impetus was put in place for the project. A meeting was held with over 30 community members in attendance, including several young people who had attended Archway Academy in Houston and were committed to helping Austin achieve the goal of creating its own recovery high school. A wide array of constituents were brought together. The leadership team cohered, met with charter school and other educational experts at the university, local school districts, and online schools for high risk youth. Individual committees and task forces prepared for funding, facilities, operations, policies and procedures, staffing, marketing, and constituent relations. While initially approval was obtained through the University of Texas Charter Board, ultimately, the decision was made to open as a private nonprofit with an online component to allow for the student diversity (i.e., 9th-12th graders, from learning challenged to Advanced Placement ready students).

Building on Archway Academy's model, University High School is innovative in the following ways: (1) it incorporates a mentorship program with linkage to a 10-year-old collegiate recovery program, the University of Texas's Collegiate Students in Recovery (UT CSR) and mutually advantageous collaborations with undergraduate and graduate students in diverse departments see table 1 below; and (2) it provides numerous opportunities for participatory research to learn more about what is effective in working with teens in recovery.

Rationale for Establishment

Austin, Texas, is one of the fastest growing cities in the U.S. The death rates for overdose in Americans aged 15 to 24 more than doubled from 2000-2010 and Texas high school students were more likely than their peers nationally to report lifetime use of alcohol, cocaine, Ecstasy, and methamphetamines [23]. Austin has a number of collaborative programs that provide supportive substance use disorder treatment programs for teens. Two APGs exist in Austin (Teen and Family Services and the Palmer Drug Abuse Program), and several residential and out-patient adolescent substance use disorder treatment settings have helped to create a recovery community of adolescents and a network with a variety of organizations, including some public schools, to provide supportive services once teens leave treatment programs. In addition, a thriving community of young people in recovery, primarily youth associated with a peer-run group, the Texas Conference of Young People in AA (TCYPAA), provides the extension of recovery beyond therapeutic settings.

What has been lacking has been a recovery high school to round out the continuum of care. However, within recent years several important developments provided a climate conducive to its establishment. First, in 2003, the University of Texas at Austin modified its original charter school program that focused on distance learning to incorporate on-campus programs. The school, University of Texas-University Charter School, now serves over 700 students from kindergarten through twelfth grade, including students in a number of residential treatment programs. Although the UT Charter School included students in recovery, it has no formal programs that focused specifically on recovery.

Next, in 2004, the University of Texas at Austin created the Center for Students in Recovery (CSR), a program for that provides a support system for students in recovery to help them achieve academic success. A key aspect of CSR is its twelve step programs and other supportive groups and fellowship, which although attended primarily by UT students, are open to anyone in the community. Research demonstrates that students who frequent the Center for Students in Recovery stay clean and sober and perform academically at levels equal to, and sometimes surpassing, other students at the university [24,25]. Students reported that CSR provides a safe community where they find hope and support for their recovery. Students report that CSR provides sober activities and other options in the midst of a world that often is not alcohol- and drug-free. The vast majority of students have adopted positive recovery habits such as having a home group, participating in service work, and sponsoring others. 83% in the annual evaluation reported they have been able to stay free from their addiction since joining CSR [26].

More and more, students who are active in a collegiate recovery program such as UT's CSR had attended recovery high schools elsewhere, and several of them and others served as sponsors for teens in the Austin area [27-29]. The leadership team of University High School

determined that the formal mentorship of UHS high school students by collegiate students at the UT Center for Students in Recovery could be a powerful innovation. This idea was met with enthusiasm, and other key people who would most likely be supportive were quickly identified and included. As others became involved, collaboration was extensive and the turf issues that often surface when these kinds of efforts are undertaken did not take place. The main barrier was people's busy schedules, but because of their commitment, plans quickly fell into place.

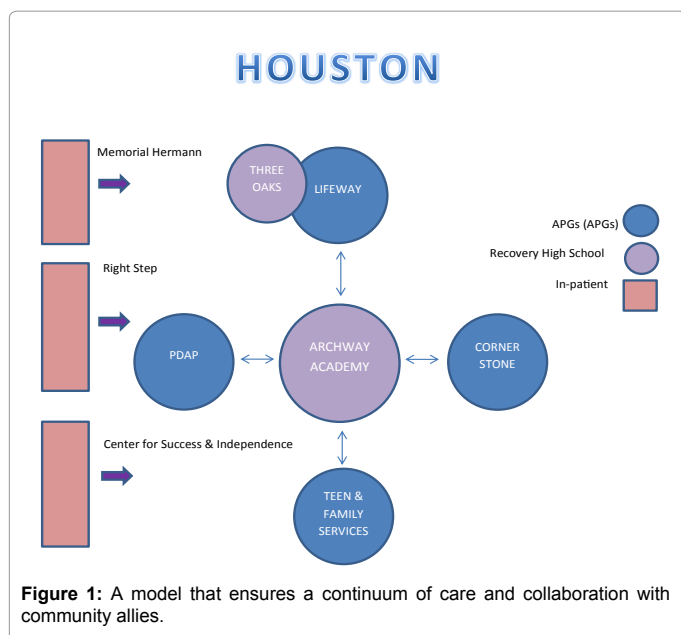
Formal Planning Process

The group included representatives from the key teen treatment programs in the Austin area as well as individuals with prior research or administrative experience in recovery programs, those in recovery themselves, and those who had children in recovery. All of them realized that Austin needed to do more for its teens in recovery and wanted to make a difference in some way [30-32]. They included social work educators, community outreach leaders, drug counselors, parents, and alumni of Archway Academy recovery school in Houston. The group determined that the focus should be focusing on preparing students for college in a healthy, sober environment. The plan included linking the high school to CSR and using CSR students as mentors, using UT students as interns and volunteers with the program, and using the high school as a research site to expand the knowledge about practices that are effective in working with teens in recovery and their families.

A model that ensures a continuum of care and collaboration with community allies is an important key to the high school's success (Figures 1 and 2). The model in Houston (Figure 1) has been augmented in Austin to strengthen existing community allies including teen substance use disorder inpatient and outpatient programs in Austin and Houston, a coalition of city and county health and social service programs, University Christian Church, UT Austin's College of Education, School of Social Work, Center for Students in Recovery, and Charter School, and national allies such as the Association of Recovery Schools.

The first step in the process was to obtain non-profit 501(c) 3 status. This gave the group its own separate identity and a mechanism for applying for funding and locating a facility. During this process, the group also conducted a survey of known APGs in Texas to get information from them about the types of programs they had and how they linked with education. Five Texas APG programs of the six surveyed responded, all giving information that was helpful to the planning committee (See Appendix A for data). Two were recovery high schools; the others are long-standing APGs. All mission statements focused on recovery and health and wellness. All five offer twelve step programs and individual counseling. The three non-school APGs offer group and family counseling. They all emphasize fitness, wellness, academic success, and community service, though the structure and options differ somewhat. All stressed the importance of collaborating with other APGs and the importance of a community continuum of care. The group also visited Archway Academy in Houston, a recovery high school established in 2004. A collaborative relationship was quickly established, and the Austin planning group determined that the Austin school would be modeled after Archway.

The group decided to seek a location for initial operation near the UT Austin Campus to ensure close collaboration with the university and its students. The group received enthusiastic reception from University Christian Church, located two blocks from the campus.



Once approval for non-profit status was received, the group applied for funding. The school was fortunate enough to receive a \$50,000 grant from the Baxter Foundation, as well as funding from private donors.

The group formed a steering committee of members with a variety of expertise. They developed a mission statement, goals, a plan of operation, and an evaluation plan. With the assistance of interns from UT's social work program, the committee developed a logo, Facebook page, and website. The high school's mission is "to engage our students to fulfill their personal and academic potential within a supportive and sober recovery environment; its goals include providing individual challenging academics in a fun, safe and sober environment; fostering a culture of growth and wellness; focusing on preparing for college" (University High School website, 2014 www.uhighschool.com). A variety of academic options, including advanced placement, online, and in-person instruction will be offered, as well as counseling, support groups, and other programs that support academic success, sobriety and wellness. Similar to Archway protocols, students will be expected to participate in other community APGs as well as school activities.

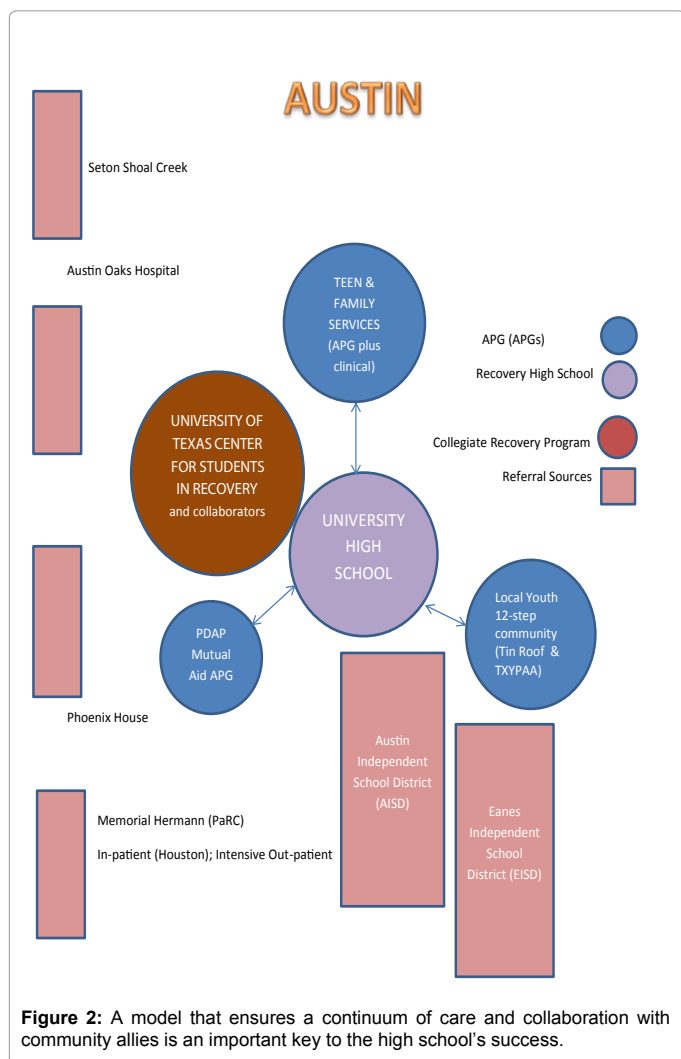
A major effort of the committee in addition to initial planning has been fund-raising. The committee held two fund-raisers in the spring of 2014. The purpose of the fund raisers was to generate awareness as well as to seek funding. The first fundraiser included a brief overview of the program, an introduction of key players involved, and testimonials from students who had participated in recovery high school and university recovery programs. A second event was a talk by Nic and David Sheff, a father and son who have written separate books (*Beautiful Boy* and *Tweak*) about their experiences with the son's addiction and subsequent recovery. This event was also well attended and generated additional community support for the high school. While each community will have varied resources, one must note that the national connections, support from public figures and experts, and community-building activities were crucial for the development of a recovery high school. It is for this reason that mutually beneficial collaborations with university settings are recommended.

Implementation and Future Research

University High School opened its doors to 13 inaugural students on August 25, 2014. Collaboration remains a key to the school's success. It is anticipated that University Recovery high school will fill an important missing link in Austin's continuum of services to teens in recovery from substance misuse.

In addition to creating a service that fills the gap and enhances the continuum of care for residents in Austin and surrounding areas, assessment and research will set the stage for this school's impact on both state-wide and national models for life/college preparation via recovery high schools. A clear framework for baseline measures has been established, in accordance with the UT Institute of Public Schools Initiatives Quality Framework for Charter Schools as well as the Standards for Accreditation of Recovery High Schools published by the Association of Recovery Schools (ARS).

Evaluation of the student's progress will be conducted using instruments including the NWEA-MAPS measuring academic growth, Recovery Capital Scale to measure recovery tools and progress, the GAIN-SS for mental health issues, and the Personal Health Questionnaire (PHQ). Work is underway to utilize innovative and youth-culture-friendly mechanisms for evaluation delivery including wireless technology (e.g., smart phone apps).



Implications and Discussion

Research suggests that adolescents who are in recovery from a substance use disorder are at great risk of continued substance use and related problems if they return to their high schools. Even if they participate in continuing care programs that include APGs, spending eight hours a day five days a week in school with peers who may be users of alcohol or other drugs makes them especially vulnerable to resumption of substance use. If students in recovery participate in an APG that also provides a quality education with an emphasis on preparation for college, they are less likely to relapse and more likely to develop behaviors that will lead to a better quality of life. However, graduating from a recovery high school and going to a college that does not continue to support sobriety places adolescents and young adults at relapse, even if they remained sober while in high school.

Austin's University Recovery high school is unique for two important reasons. First, the link to a university with a strong APG for its students who can also provide mentoring prolongs the safety net for teens and young adults and reduces risk of continued substance use problems. Finally, opportunities for research in a university-based school will increase evidence-based practice knowledge that will strengthen intervention strategies for teens and families, particularly in this area where current research is limited. This case study leads to the following considerations for future replication efforts, community needs assessment and planning, and salient points for researchers:

- Community collaborations are critical – agencies and organizations serving adolescents and their families need to communicate and determine ways that they can work together rather than compete for resources.
- While it is important to have creative brainstorming around innovations that would resonate in a particular community, it is important to learn from the recovery school and APG settings that already exist in order to avoid pitfalls and build on solid foundations. For example, the Association of Recovery Schools Accreditation rubric is an excellent check-list for those starting new schools.
- Passionate and charismatic “launch teams” who have connections in overlapping communities of interest (e.g., 12 step programs, local universities, children and youth coalitions, and treatment centers) must meet prior to the creation of the school to build an effective mission statement and business strategy for a successful launch.
- Staff and recovery coaches who open the school should have at least some experience in recovery school and/or APG settings so that the youth know that they identify and are addressing key components and barriers for the school.
- Marketing is important but the first year should be devoted to building the culture of recovery rather than numbers of students. The vision should grow according to the Board-determined strategy, and not be haphazard.
- The students (and family members) who are a success within your new school are the best advocates and promoters of the model.

The field related to recovery schools is dynamic, with new information unfolding regularly. Those who are interested in starting or growing a recovery school should follow the Association of Recovery Schools website, attend related conferences and learn from the existing schools to incorporate new developments.

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