4D Recovery

BH Talent Council

4D RECOVERY

A RECOVERY COMMUNITY ORGANIZATION 4 YOUNG PEOPLE

- Founded in 2013 by young people in recovery
- Supported by A.A. ol timers
- Small county peer grant started the engine
- Focuses on Recovery for Youth and Young Adults

4D RECOVERY SERVICE DOMAINS

- Peer Support
- Housing
- Recovery Centers
- Youth and Young Adults
- BH Trx Services
- Policy Development

4D RECOVERY CURRENT CAPACITY

- Tri-County Area
  - 40 Unit Post Residential Sober Living (Young Adult)
  - 3 Sober Living Residential Units (Young Adult)
  - 1 Young Adult Outpatient Treatment Facility (Mental Health and Addiction Treatment)
  - 1 Adolescent Outpatient Treatment Facility (Mental Health and Addiction Treatment)
  - Street Outreach and Intervention Teams for Young Adults, including Deflection.
  - 4 Recovery Drop-in Centers
  - Soon to open Adolescent and Family Recovery Campus (residential, outpatient, detox, recovery drop-in, family programming, educational services with Sober High Schools).
- Marion County: 1 Adolescent Outpatient clinic/drop-in center co-located with recovery high school.
- Jackson County: 1 Young Adult Drop-in Recovery Center
- Deschutes County: 1 Young Adult Drop-in Recovery Center

Adolescent and Family Workforce Successes

Grow Your Own: Professional development pathways for entry-level peers and SUD counselors, aligning with the MHACBO workforce ladder with paid education and internships. CRM to CADC & CADC to CADC II.

Leverage Relationships: Recruitment efforts that leverage recovery communities and colleagues are more effective than general platforms, such as Indeed. *Can lead to "stealing staff" from agency partners*

Pay Differentials: Increased pay for adolescent and family-specific staff.

State Recruitment and Retention: Recruitment and retention bonuses have been effective in the short term; however, they can lead to "stealing staff" and wage dissatisfaction among entry-level workers and supervisors. For example, CRM/CADC receives recruitment and retention incentives, resulting in a comparable salary to that of a supervisor. The supervisor feels undervalued and requests an increase in salary. Then, the bonus expires, and the recipient feels undervalued.

State Technical Assistance Investments: Free educational opportunities – such as Peer Delivered Best Practices and Lived Experience Supervision – provide critical skills development opportunities to the general workforce.

Adolescent and Family Workforce Challenges

Inexperience: Motivated individuals often lack the technical skills required for adolescent and family care (both SUD/MH), resulting in increased demands on leadership to provide oversight and training to prevent critical errors, such as misdiagnosis, increased care requirements, interfacing with parents, mandatory reporting, and navigating youth-centric systems.

Burnout: Administrative burdens (dealing with multiple agencies, background checks, fee-for-service productivity demands, and inexperienced staff), emotional fatigue, and difficulty helping clients.

Fee-for-Service Model Limitations: Standard rates do not account for pay differentials, training requirements, lower engagement, travel, engagement activities, and master-level MH internship billing limitations.

Background Checks: Lengthy background check requirements, disqualifiers, and inconsistent communication lead to confusion among both agencies and workers. This causes extreme impact on people with lived experience, especially those in MH positions.

Multi-Agency Fragmentation: Providers must navigate OHA, ODHS, MHACBO, and CCOs to obtain guidance and approvals on various issues, enabling them to achieve program delivery.

Adolescent and Family Workforce Recommendations

1. **FFS Rate Increase and Coverage:** Increase rates to accommodate reduced engagement, increased transportation needs, and workforce pay differentials.
2. **Client Engagement:** Encourage CCO's to provide reimbursement for outreach and engagement strategies and incentivize CCO's to contract with adolescent and family providers rapidly.
3. **Streamline Background Check System:** Shorten timelines, revise disqualifiers, and improve communication between providers and the Background Check Unit.
4. **Adolescent and Family BH Workforce Development Continuum**: Strengthen and expand specific incentives for youth/family workforce development: education, recruitment, and retention; with a specialized focus on QMHPs. Align incentives with the MHACBO career ladder and include funding for targeted outreach by providers.
5. **Agency Licensing Alignment:** Improve coordination between OHA and ODHS to streamline integrated MH/SUD program licensure.
6. **Specialized Education Expansion:** Increase investments for adolescent-focused education in behavioral health and family systems.
7. **QMHP Variance for Interns:** Allow supervised master's-level interns to bill Medicaid during practicum to expand access and strengthen pipelines.
8. **Co-Occurring Competence:** Increase educational requirements for co-occurring care in higher education settings.