

Submitter: Sarah Silverstein
On Behalf Of:
Committee: House Committee On Behavioral Health
Measure, Appointment or Topic: HB4083
Governor Tina Kotek,

I am writing as an Oregon Licensed Clinical Social Worker (LCSW) to share concerns and recommendations regarding HB 4083 (2026), specifically the provisions directing the State Board of Licensed Social Workers to adopt rules allowing additional license types - including psychologists, LMFTs, and LPCs - to provide the supervision required for an authorization to practice regulated social work.

I support HB 4083's broader goals of reducing administrative burden and improving access to behavioral health services. I also recognize that supervision access is a genuine workforce issue, particularly in rural and underserved communities. However, I am concerned that the bill's supervision provisions - if implemented without safeguards - could unintentionally reduce LCSW supervision and economic opportunities and weaken the social-work-specific clinical training pipeline for Clinical Social Work Associates (CSWAs).

Clinical supervision in social work is not interchangeable with supervision in other disciplines. Social work supervision is grounded in a distinct professional framework that includes person-in-environment assessment, systems-based intervention, and social-work-specific ethical obligations. Current Oregon supervision guidance is structured to keep LCSW supervision central, while allowing limited hours from other disciplines in defined circumstances. HB 4083 could shift practice norms so that agencies and settings default to non-social-work supervisors for CSWAs, based on staffing convenience rather than social-work-specific competency.

I respectfully request that HB 4083 be implemented (or amended/clarified) in a way that preserves LCSW-led supervision as the backbone of CSWA development while still expanding flexibility. Specifically, I urge consideration of the following guardrails in the required rulemaking:

1. Maintain an LCSW as the primary plan supervisor for CSWAs, while permitting a defined portion of hours to be provided by other approved behavioral health professionals to address access needs.
2. Establish a minimum percentage of CSWA supervision hours delivered by LCSWs, with a documented exception pathway for genuine shortage areas.
3. Require social-work-specific supervision training for any cross-discipline supervisor providing CSWA supervision, including Oregon social work scope of practice, supervision responsibilities, and ethical/accountability expectations.
4. Clarify oversight and accountability mechanisms when supervision is

provided by a professional regulated by another board, including how supervision concerns will be reviewed and how complaints will be routed and resolved.

These safeguards would advance workforce flexibility without unintentionally diminishing the role of LCSWs in supervising and preparing the next generation of Oregon social workers. They would also help ensure that CSWAs receive supervision aligned with social work standards and that accountability remains clear across boards.

Thank you for your leadership on behavioral health access and workforce initiatives, and for considering these recommendations as HB 4083 moves forward.

Sarah Silverstein, LCSW