



February 3, 2026

House Committee on Behavioral Health

HB 4083 – Reducing Administrative Burdens for Behavioral Health Workers

Chair Pham, Vice-Chairs Edwards and Javadi, and Members of the Committee,

My name is Julie Ibrahim. I am a licensed professional counselor and the CEO of New Narrative, a nonprofit agency providing comprehensive mental health treatment, housing, and peer support services. We serve over 2,000 adults each year and employ approximately 400 workers, more than 70 percent of whom are front-line staff.

I am also honored to serve as a Vice Chair on the Governor's Behavioral Health Talent Council, whose work informed this legislation. I joined the Council because I believe it is the most comprehensive and targeted effort Oregon has undertaken to support and expand our behavioral health workforce.

I am submitting this written testimony in support of HB 4083, which I hope will be the first of many legislative concepts developed from the work of the Behavioral Health Talent Council.

I have worked in the behavioral health field for 15 years, and the workforce challenges we are experiencing today are unlike anything I have seen before. What I see every day is a workforce with tremendous heart for their work and for the people they serve. It is hard work, and sometimes dangerous work. Yet they show up every day because they care.

Our workers need and deserve more support than ever. They are burning out and dropping out, and these are the people who serve our most vulnerable Oregonians. That is why it is so important that we advance this legislation.

I want to begin by addressing reducing administrative burden. This is an issue that many members of our workforce cite as a major contributor to burnout and as something that interferes with the therapeutic alliance with their clients.

I will share an example from when a client first walks through our doors for an intake appointment. For a new intake, the clinician and client must sign 18 pages of different consent forms, as well as a ROADS data form, five behavioral and health screens, and a full mental health assessment that is typically at least five pages long, in addition to the final service plan. That is 26 documents and almost 35 pages, and that does not include documents required by our coordinated care organizations.

The issue is not just the administrative burden placed on the clinician. It also often adversely impacts the development of the therapeutic alliance that is key to positive clinical outcomes. Many clients are traumatized by having to lay bare their lives in a first visit with someone they have just met, while also being overwhelmed by the sheer volume of paperwork they are asked to review and sign.



These intake appointments can take between one and a half and two hours, which many of our clients simply cannot sit through. The impact on quality of care is one of the things that bothers my clinicians the most and is a significant driver of burnout.

HB 4083 requires the Oregon Health Authority to regularly review and eliminate unnecessary administrative burden as part of its mission, with an eye not just toward compliance, but toward workforce health and quality of care.

Another important element of HB 4083 is expanding access to clinical supervision. The lack of qualified clinical supervisors not only limits the number of clinicians who can become licensed, but also affects the quality of care.

When master's-level clinicians graduate, they are rarely prepared to serve the Medicaid population with serious and persistent mental illness. New clinicians need supervisors with experience, not just to obtain licensure hours, but to ensure quality care.

I will share an example from my own clinical experience. Shortly after graduate school, one of my first clients was a young man with the most severe case of schizophrenia I have ever seen, before or since. He was not grounded in reality, highly delusional, and spoke in a kind of word salad that I could not understand. I had no idea how to work with him. Nothing in my graduate program or internships prepared me for that situation.

Fortunately, New Narrative provided me with access to a clinical supervisor who had experience working with high-acuity Medicaid clients. That supervisor taught me how to assess him, communicate with him, build rapport, and connect him to the community resources he needed.

We have strong clinical supervisors in our system. What new clinicians need is access to more of them. HB 4083 expands the pool of supervisors available to new clinicians, regardless of licensure type.

The legislation you are reviewing today represents only a small sampling of the recommendations and action plans developed by the Governor's Behavioral Health Talent Council over the past six months. I encourage you to review the Council's final report when it is released later this month, as we hope to bring forward additional legislative concepts in future sessions.

Finally, I want to applaud the Governor for establishing and resourcing the Behavioral Health Talent Council to address the most pressing needs of our workforce, and I deeply appreciate the First Lady's leadership as Chair. I also want to acknowledge the excellent support provided by the Governor's staff and the Oregon Health Authority to this Council.

Thank you for your time and consideration.

Sincerely,

Julie Ibrahim, LPC
CEO