



February 18, 2025

Senate Committee on Health Care
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

RE: Opposition to the “Universal Interview” Requirement in SB 140

Chair Patterson, Vice-Chair Hayden and Members of the Committee:

My name is Iris Sexton and I’m the Vice President of Residential Services for New Narrative.

New Narrative is a 501(c)(3) non-profit mental health provider based in Tigard, Oregon with locations in Multnomah and Washington Counties. We provide integrated mental health, residential and peer services at over 40 locations. Our residential programs span the housing continuum from licensed residential treatment programs to supported and independent housing. We strive to provide resources so people seeking mental health care can develop the tools to thrive, not just survive.

On behalf of New Narrative, I am writing to express our opposition to the Universal Interview requirement proposed in SB 140. As a leading provider of residential behavioral health services in Oregon, we believe this provision would undermine person-centered care, limit participant autonomy, and disrupt the effectiveness of Oregon’s behavioral health system.

The Universal Interview model, as currently proposed, presents significant concerns:

1. Eliminates Provider & Participant Choice

- A standardized interview conducted by a third party, rather than the provider, removes essential face-to-face engagement between the provider and the individual seeking services.
- It denies prospective residents the opportunity to visit a facility, meet staff, and determine if the placement is a good fit—a fundamental part of trauma-informed and person-centered care.
- Residents have the right to decline placement or services. Informed consent is an essential aspect of our service model, and adopting a universal interview eliminates this right.

2. Fails to Accurately Capture Acuity & Individual Needs

- Assessment accuracy is critical to ensure individuals receive the right level of care and services. If an external entity conducts these interviews, we anticipate inaccuracies in acuity assessments, as this is already a known common issue within the system. Without an awareness of the specific programming at our sites, it would be impossible for a third party to accurately assess an individual’s appropriateness for placement.



- Providers must have the ability to conduct their own comprehensive, real-world evaluations, rather than rely on a standardized form that cannot capture the complexities of an individual's needs. A dynamic interview in real time is the only way to fully assess an individual's needs, relying on a static interview conducted by a third party is going to have gaps in information.

3. Reduces Individualism & Treats Clients as Data Points

- Behavioral health placements cannot be reduced to a formula. Individuals seeking care are not interchangeable pieces that can simply be assigned to the next available bed.
- Successful placement depends on individual compatibility with the environment, staff, and support systems, which cannot be assessed through a one-size-fits-all interview process.
- Although programs of a similar level of care will provide the same basic services, there are important nuanced differences between programs which will impact the chances of the placement being successful.

4. Creates Risk of Misplacement & Increased Crisis Events

- Without provider discretion in placements, there is a high risk of mismatching individuals to inappropriate levels of care or placements, leading to worse outcomes, increased hospitalizations, and higher provider turnover due to unsafe conditions.
- Not all placements offering the same level of care provide the same clinical or medical services. Some providers are better equipped to manage specific behavioral health challenges, co-occurring disorders, or medical complexities—critical factors that a universal interview cannot fully assess.
- Effective placements must be based on more than just bed availability—they should ensure that individuals receive services in a setting that best meets their clinical, medical, and psychosocial needs. The environment surrounding the program will impact an individual's likelihood of success – considerations such as an urban versus rural, access to community resources, and location to potential past traumas should all be considered with placement and would not be effectively captured in a third-party universal interview.

For these reasons, we urge the Legislature to remove the Universal Interview requirement from SB 140 and instead support provider-led assessments that prioritize accuracy, participant choice, and long-term stability. We welcome the opportunity to collaborate on solutions that enhance efficiency without compromising the dignity and autonomy of the individuals we serve.

Thank you for your consideration.

Sincerely,

Iris Sexton
Vice President of Residential Services
New Narrative