



EUGENE EMERGENCY PHYSICIANS

P.O. Box 5920 | Eugene, OR 97405

June 3, 2026

To: Matt Gilman, Oregon Health Authority

Eugene Emergency Physicians is writing in support of the public-private partnership with Lane County and PeaceHealth. We have been staffing emergency departments for PeaceHealth for over 30 years.

We fully support the model of co-locating a new Behavioral Health Hospital to treat adolescents and adults alongside a Lane Stabilization Center. It would allow a streamlining of psychiatric services to our community and reduce barriers to seeking help for an array of mental health needs.

This model would provide immediate access to behavioral health services to people in crisis, and avoid long, crowded, and chaotic stays in the Emergency Department which are often counterproductive to care. It would provide one campus for people to go to when in crisis, or when their family member is in crisis. One campus for law enforcement to bring patients in order to get the care they need, a campus that will be focused exclusively on providing the highest quality mental health care.

It often feels like we are doing a disservice to our patients in crisis by exposing them to the environment in the Emergency Department, which is the antithesis of the calming, healing environment that our patients dealing with mental health issues need and deserve. This environment often impedes our efforts to provide the best psychiatric care for our patients.

Our current model of care often leaves adolescents waiting days and even weeks in a windowless psychiatric room in the emergency department, while waiting for a bed to open up out of the area. Currently the nearest inpatient pediatric and adolescent psychiatric facilities are in Portland, Oregon. They are not progressing in their treatment during these times, and their mental health can worsen. It also places a burden on the patients and families when they do finally get placement, as they have to travel out of the area for services and treatment. Their care is fragmented, as the people caring for them in an inpatient setting are separate from those who will be caring for them on an ongoing outpatient basis. The model that is being proposed will help ensure that they can connect to local resources quickly and seamlessly when they are discharged from the inpatient facility. At the same time, our medical, surgical, and trauma patients will experience more expedient care in an emergency department not crowded with boarding psychiatric patients experiencing delays in care.

We hope you strongly consider putting this model into effect, so we can better care for some of our most vulnerable population. We are doing our best in the Emergency Department to care for our patients, but this would allow the community to do so much more.

Sincerely,

Eugene Emergency Physicians