

April 19, 2021

Chris Bouneff
Executive Director
National Alliance on Mental Illness (NAMI)
PO Box 3641
Portland, OR 97208

RE: Request for Affected Party Status, NEWCO, Inpatient Psychiatric Hospital
(CN #682)

Dear Mr. Bouneff:

Thank you for your letter dated July 26, 2019, requesting affected party status for NAMI, detailing why it has an interest in the outcome of the Division's proceeding in relation to the above-referenced Certificate of Need ("CN") application.

In evaluating your request, the Division considered whether NAMI has an interest or represents a public interest that could reasonably be affected by the outcome of this proceeding; whether that interest is within the scope of the Division's jurisdiction and within the scope of the proceeding; and the extent to which this interest will be represented by existing parties.

Based on that evaluation, the Division has determined that NAMI, which is a "grassroots organization that provides free education, support, and advocacy services to individuals and families affected by mental illness", has demonstrated that it represents a public interest that could reasonably be affected by the outcome of this proceeding; that the interest is within the scope of the Division's jurisdiction and within the scope of the proceeding; and that existing parties to this proceeding cannot adequately represent that interest. Consequently, your request for affected party status is granted.

The Oregon Legislative Assembly has found that the achievement of reasonable access to quality health care at a reasonable cost is a priority of the State of Oregon and has identified several problems that prevent this priority from being attained. Please see ORS 442.310. Under ORS 442.315, the CN Program is charged with determining whether new hospitals, such as the 100-bed inpatient

psychiatric hospital proposed by NEWCO are needed. Consequently, the interest advanced by NAMI is within the scope of the Division's jurisdiction and the proceeding under discussion.

As an affected party you will receive copies of all significant correspondence related to this application.

Please let me know if you have any question or concerns regarding this letter.

Sincerely,

A handwritten signature in black ink that reads "Pam Krecklow". The signature is written in a cursive, flowing style.

Pam Krecklow

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Certificate of Need Coordinator
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cc: Andre Ourso, Oregon Health Authority
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