Closing Letty Owings Center (LOC)

Frequently Asked Questions

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Why Now?

Q: Why is the Letty Owings Center closing?

A: Over the past five years, LOC has served clients with increasingly complex needs, often requiring more medical, psychiatric, and care coordination services, as well as longer stays to achieve stabilization. While LOC has increased staffing, psychiatric services, and care coordination to respond to these needs, the program still requires significant investment and additional resources to provide the level of care this population needs.

Over the same five-year period, the cost of running LOC increased by 52%, while funding opportunities have actually decreased. Despite CCC's best efforts, the LOC program ended FY26 with a measurable financial deficit and is expected to have a financial deficit more than double the size in FY27. CCC completed a thorough review to better understand why the program is no longer financially sustainable and identified several systemic factors. These include gaps in funding for residential treatment services for pregnant and parenting women, increasing clinical complexity, limited access to higher levels of care, workforce challenges, and growing unfunded demands related to parenting support and child welfare.

Together, these challenges have made LOC more costly and difficult to operate, while funding has not kept up with the level of care clients need and that CCC would like to provide. As a result, CCC leadership has made the difficult decision to close the program.

Q: How was this decision made? What alternatives were considered?

A: This decision was not made lightly. Over the past five months, CCC leaders have carefully reviewed the program to understand its challenges and long-term sustainability. Starting with the annual budget planning process, LOC was identified as facing significant and immediate financial challenges in FY27. This kicked off a thorough review of the program – a "root cause analysis" – looking at funding, staffing, client needs, program design, regulatory requirements, and client outcomes. The outcome was a list of 30 underlying issues, a market analysis of similar programs, and a ten-year financial analysis.

After completing the root cause analysis, CCC leadership determined that there were insufficient resources to address these underlying systemic issues and align the level of care with the needs of this population. As a result, CCC leaders spent the next two months exploring alternatives to the program's closure. This included conversations with the Oregon Health Authority, HealthShare, and leaders of other organizations that operate similar programs to determine whether another provider could continue LOC's services.

Combined with the root cause analysis, and with no viable continuity of care partner alternative identified, CCC was left with the difficult decision to close the program.

Q: Could this decision have been avoided? What would have been required to keep the program open?

A: Unfortunately, increasing funding alone would not have been enough to keep LOC open.

The program would have required significant changes to its care model, staffing, and services to meet the increasing clinical complexity in this population. To sustain these changes, state regulations would also need to be redesigned to create a programming designation that adequately funds a treatment model tailored to the needs of high-acuity pregnant and parenting women. In addition, broad overhauls are needed to the child welfare network to improve partnership and support for child outcomes.

Over time, LOC took has taken on responsibilities that extend beyond its original scope, including parenting education and skills development, transportation, care coordination of both parents and children, and child welfare-related services. Furthermore, the responsibility of caring for the children as “patients” has increasingly become a requirement for this service model. As a Federally Qualified Health Center System, CCC is unable to add the scope of pediatric care for a single site without expanding that care across all our health centers. We are simply unable to make that significant of a shift in our scope and operationalize caring for children. In parallel, because most other health centers in the region (those which are not Healthcare for the Homeless centers) care for children in their scope, the probability of an FQHC scope expansion being approved is low. Even if an FQHC scope expansion was approved, the effort to operationalize this change would require a large investment of resources.

Without these major changes both inside and outside the program, LOC would have continued to face challenges related to funding, quality of care, client outcomes, and safety.

Q: Will Laura’s Place also close?

A: Unfortunately, yes, Laura’s Place will also be closing. Laura’s Place is integrated with LOC and serves as a supportive transitional housing facility for clients who have graduated from LOC. Without LOC, Laura’s Place will not have any clients, staff, or funding to remain open.

Q: Was the community consulted before this decision was made?

A: Yes. Once CCC completed our internal root cause analysis, we consulted with and informed OHA, HealthShare, and CEOs of similar behavioral health organizations in hopes of finding collaborative solutions and transition partnerships to ensure continuity of care for this population.

Timeline

Q: When will the program close?

A: Our priority is ensuring current clients can complete treatment or transition safely to appropriate services. As clients complete their programs over the coming months, the number of people served at LOC and Laura's Place will gradually decrease, and staffing and services will be adjusted accordingly.

At this time, we expect the program's closure process to be largely complete by the end of October 2026.

Continuity of Services

Q: What measures are in place to ensure continuity of services for this population?

A: Pregnant and parenting adults who require ongoing residential treatment at the ASAM 3.7, 3.5, or 3.1 level will continue to have access to care through CCC's 16 x Burnside Recovery Center. Although children and infants cannot reside at the facility, we remain committed to supporting our clients' residential behavioral health needs and providing onsite child visitation opportunities. As we prepare for LOC's closure, we are collaborating closely with partners, referral sources, payers, and funders to support a thoughtful and seamless transition for clients and families.

Q: Is this temporary? Could the program reopen in the future?

A: The decision to close LOC is permanent. However, CCC remains committed to advocating for pregnant and parenting women with substance use disorders. We will continue working with partners across the community and sharing what we've learned to help strengthen services and improve care for this population.

Client Impact

Q: Can currently enrolled clients finish their treatment?

A: Yes, our goal is to stay open long enough for all actively enrolled clients to successfully complete treatment or decide to transition to another program.

Q: When will we stop taking new admissions?

A: We paused new admissions in July in response to high client acuity and resource constraints in our current care model. The pause also provided time to review the effectiveness of our current workflows and operating procedures, and to identify what changes might be needed to improve the quality of services and sustainability of the program. Referral sources were notified in July that no new referrals would be accepted for the foreseeable future.

Community Impact

Q: How will this impact the community? What is being done to minimize harm to the community?

A: Over the last five years, LOC has served an average of 100 clients per year. Its closure will reduce the number of residential treatment beds where children can reside onsite with pregnant and parenting women receiving treatment. We expect access to these specialized services to become more limited. This is one of the reasons CCC prioritized finding another provider that could continue operating LOC and, when no provider was able to take on the program, why the decision to close Letty Owings was so difficult. CCC will continue its advocacy with state and local authorities and health system partners to improve system investments in the continuum of care for this specialty population.

Q: Where can pregnant and parenting women receive services after this program closes? Will anything replace this?

A: While no program will specifically replicate the LOC model, pregnant and parenting women can continue to receive SUD residential care at the following programs in the state:

- CCC's 16 x Burnside Recovery Center (note: children & infants cannot reside onsite)
- Willamette Family Women's Residential Program

- Continuum BH and Recovery Services (previously known as OnTrack HOME Program)
- CODA Gresham Recovery Center
- LifeWorks Project Network
- Milestones Family Recovery

For further questions regarding this program closure, please contact CCC's Senior Director of Behavioral Health, Aja Stoner, at aja.stoner@ccconcern.org.