

State loses fed contract on Section 8 contract management

STAFF REPORTS

Oregon state housing programs got a major shake-up this month when Oregon Housing and Community Services (OHCS) failed to secure a key federal Section 8 housing assistance contract.

The U.S. Department of Housing and Urban Development, or HUD, announced July 1 that the OHCS was not selected to continue serving as the Section 8 Housing Assistance Payments Performance-Based Contract Administrator for Oregon.

OHCS is scheduled to be replaced Oct. 1 by CMS Contract Management Services from Bremerton, Wash.

"This unfortunate decision will have impacts to our entire department and how we administer our agency programs," said Rick Crager, acting director of OHCS in a statement on the decision.

"Additionally, this creates challenges for OHCS and our partners in continuing our ongoing preservation efforts throughout Oregon. The administration of these contracts has positioned OHCS and its partners very well in working through the complexities of preserving these projects for contract renewals and long-term affordability."

The contract is a \$4.5 million loss to the state agency, and moves the oversight of project-based Section 8 housing further away from Oregonian residents and landlords relying on the housing subsidy.

Crager said the agency will be appealing the decision.

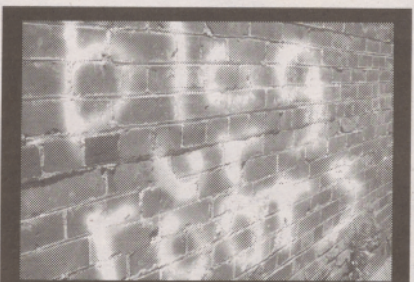
OHCS's Contract Administration Section provides contract administration services for approximately 280 contracts encompassing 272 low-income properties in Oregon. This includes technical support to owners, managing agents, site staff and residents, as well as providing information to people seeking Section 8 housing or experiencing housing problems.

Contract Management Services already administers Section 8 contract management for about 75,000 units in multiple states. The move by HUD is among several that consolidated or relocated management of Section 8 contracts.

CORRECTION

Street Roots strives for accuracy, but we're human. So we also strive to correct errors in our paper whenever possible. Please report any errors to our managing editor, Joanne Zuhl, at 503-228-5657, or write to streetrootsnews@gmail.com.

Clarification: In our story "Head cases," (June 24), we stated that of the 270,000 profiles in the San Francisco's Coordinated Case Management System, most were homeless. Actually, about 50,000 are identified as having been homeless. The rest are identified as a vulnerable population (including anyone in substance abuse treatment, anyone who has received urgent or emergency care and elderly patients)



www.streetroots.wordpress.com



PHOTO BY AMANDA WALDROUPE

'It's time for them to go home'

New laws will change the way the Oregon State Hospital admits, releases patients

BY AMANDA WALDROUPE
STAFF WRITER

The Oregon Legislature adjourned on June 30, and in its final week, passed two bills reforming the Psychiatric Security Review Board (PSRB) that aim to eventually reduce the number of people staying, and the length of stays in the Oregon State Hospital

House Bill 3100 and Senate Bill 420 passed both the House and Senate with large margins and now await Gov. John Kitzhaber's signature. He is expected to sign them into law.

Chris Bouneff, the executive director of Oregon's chapter of the National Alliance for Mental Illness, said the bills will make the most substantive reforms to Oregon's mental health system in years.

"We haven't seen anything of this magnitude in a number of sessions," he said. "They will help modernize our system."

The new laws will now require that a state-certified psychologist or psychiatrist evaluate a person wanting to plea "guilty except for insanity." That means that they committed a crime they would not have if they were not mentally ill at the time. The law now also requires that people who committed misdemeanor-level crimes and Class C felonies be evaluated to determine whether they can receive care at a community treatment program, rather than at the Oregon State Hospital.

Senate Bill 420 strips away some of the PSRB's jurisdictional authority. Currently, it has jurisdiction over all patients at the Oregon State Hospital who have been found by a court to be guilty except for insanity.

With that authority comes the power to decide when patients are ready to be released from the hospital, and whether they are released to live independently or in a community treatment facility. Mental health advocates, legislators and other groups have strongly criticized the PSRB over the years for not releasing a higher number of patients, sooner.

Senate Bill 420 will give the Oregon Health Authority, which oversees the state hospital, jurisdiction over hospital patients who committed non-Measure 11 offenses (crimes that are not violent person-on-person crimes). The PSRB will continue to

"There are quite a few people who shouldn't be there. They are well now, and it's time for them to go home."

— REP. BRIAN CLEM, (D-SALEM)

have jurisdiction over patients who committed Measure 11 crimes, as well as patients who have been released into community treatment settings.

"(Senate Bill 420) is long overdue," said Sen. Jackie Winters (R-Salem), before the Senate approved the bill by a 20-9 margin.

The biggest hope is that long hospitalizations of patients who no longer need intensive care, treatment and 24-hour supervision at the State Hospital will end.

"In some instances, we're doing a job of warehousing individuals," Winters said. "Senate Bill 420 will help us ... use our beds more wisely."

"There are quite a few people who shouldn't be there," said Rep. Brian Clem, (D-Salem), the chief sponsor of House Bill 3100. "They are well now, and it's time for them to go home."

He pointed to the PSRB as the reason why some patients aren't released in a timely fashion. The PSRB is blamed for those long hospitalizations because of its hesitancy to release people they think may commit another crime. Its recidivism rate — the number of people who commit a crime once released — is 2.3 percent, compared to the Department of Corrections rate, which is in the 30th percentile.

"They're too afraid that somebody's going to do something once they get out," he said.

Hospital patients who lobbied for the bills, particularly Senate Bill 420, are jubilant.

"We're proud of our legislators that worked to pass Senate Bill 420," they wrote in a press statement released on June 28. "This bill is the beginning of a long overdue modernization of the PSRB and Oregon's mental health system. This bill will improve our treatment, fight stigma, and help us to live full lives."

Originally, the bill would have given jurisdiction of all patients to the health

authority. But a compromise was struck in closed door negotiations to gain the support of the Oregon District Attorney Association and the law enforcement community, who argued that dangerous people would be released from the hospital and public safety would be threatened.

The compromise creates "Tier I" and "Tier II" populations. "Tier I" refers to patients who committed Measure 11 offenses (violent person-on-person crimes such as murder, rape, etc.). Tier II refers to non-Measure 11 offenses. It is estimated that the Tier I population, which the PSRB will continue having jurisdiction over, is approximately 60 percent of the hospital's patients.

Advocates such as Bouneff strongly lobbied for the bill's passage, arguing that doctors and clinicians interacting daily with patients are the most qualified to determine when someone is ready for release.

"The hospital (would have) some control over who comes in and leaves," Bouneff said. "Right now, they have no control."

The next step before Senate Bill 420 is implemented is administrative rule-making, which will determine what the Health Authority's jurisdictional responsibilities are, as well as how it will conduct hearings to determine whether patients are ready for release.

It's going to be very important for the (PSRB) and the Health Authority to work well together so that we can have an opportunity to have some people transition more effectively," said Bob Joondeph, the executive director of Disability Rights Oregon. "I'm hoping the rules really emphasize that as much as possible."

Joondeph says that the changes currently being made to the PSRB represent the beginnings of re-thinking the state hospital's purpose and function. "The idea is to treat the state hospital like a hospital," he says. "We don't want to have it primarily be a prison."

He expects the changes made this year to be the foundation of future changes to Oregon's mental health system, and expects the discussion to shift toward considering increasing the budget for community treatment programs, preventive services, and other cost-effective, community-based methods of treating mental illness.