property owners, visitors and anyone who has an interest in the importance of Springfield's historic places to take a short online survey. The survey is open from June 9 through July 31, 2014, and can be accessed through the city's website, and Facebook and Twitter pages. The web address for the survey is wkly.ws/1rz.

Members of our committee will be canvassing the Washburne Historic District to get the word out, and to help neighbors with paper survey forms if they desire. Also, there will be paper survey forms available at the permit and planning desk at Springfield City Hall.

The results of this survey will be presented to the Washburne Neighbors at their autumn meeting, and will be used to determine the future course for preservation activities by our committee. It's important that we hear from all of you who have a stake in our city's future.

Tim Hilton, chairman
Springfield Historic Commission

REBUTTING THE REBUTTAL

I would like to address the June 19 letter rebuttal by Paul Eidemiller. It appears that he, with his "formal education in the finer points of humanity," is making a sacrifice indeed.

I say, well played, sir. Do not support the student-athletes, these kids who by talent and hard work have earned the opportunity to compete at the highest level of collegiate sports. Do not support the UO, the institution of higher learning that allowed you to become such a brilliant, principle-based scholar, who is clearly based in the finer points of humanity (since you completed your degree in its entirety). Well done!

You, Mr. Eidemiller, definitely have the education that so many do not, which allows you to make such social commentary. I applaud your sacrifice and hope you find it a fulfilling one that gives you a sense of inner peace and a feeling that you have truly made a difference.

Fear not, sir, if from your lofty perch on the highest level of academia you are not able to see us small-minded, self-centered, uneducated simpletons below. We are the ones standing up after a touchdown, cheering the home run, applauding the spike and roaring after the three-pointer!

John Carlson
UO graduate, Eugene

BRAINLESS YOUNG MEN

To Annie Kayner ("Aggressive Males" letter, 6/26): Thank you for addressing how dangerous young men are, especially when women put themselves in situations where they are essentially asking for sex nonverbally. As you pointed out, all young men are sexually aggressive, and all of them tend to sexually assault or rape women, since they do not have brains or consciences.

Biologically we've been the same for millennia; similarly, our lifestyles and attitudes are ancient, too. This is why a woman's role in society is still childbearing, not getting a job or an education; we marry on the basis of societal rank, and we still keep slaves.

Like homophobia and climate-change denial, sexual assault will always be around. No progress has been made toward equal LGBT rights or sustainability; changing our "rape culture" is an equally asinine notion. We should let young men off the hook, as they are not smart enough to understand right from wrong, while reminding female victims that they're to blame.

Instead of teaching our young men to respect women and that "no" means "no," we need to tell our young women not to trust men, not to dress certain ways and to stop acting like such "damn fools."

Lil Frey
Eugene

VIEWPOINT

BY GARY CRUM

Smaller is Better

NEW STATE HOSPITAL MISDIRECTS PRECIOUS RESOURCES

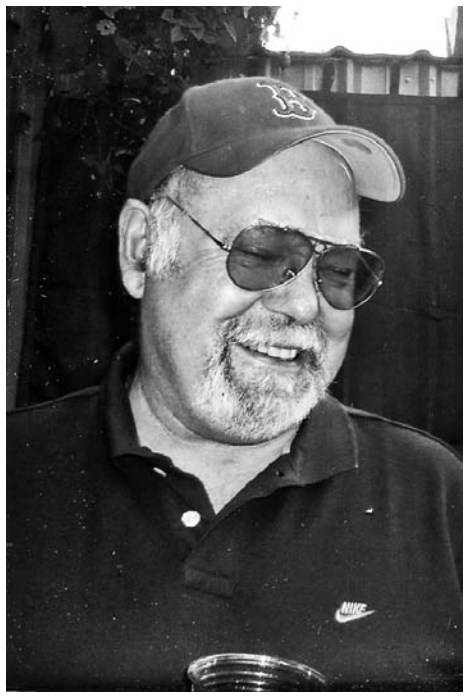
At a recent panel discussion, local politicians and service provider representatives addressed the pressing need for community services for the mentally ill. Unfortunately, the Legislature chose to direct human service funding to institutional care rather than community-based programs. The soon to be completed State Mental Hospital between Eugene and Junction City is the result of that funding priority decision.

I was among a very large contingent of individuals opposing the hospital's construction. Every patient advocacy group opposed it, every professional organization opposed it, and the governor-appointed State Mental Health Commission opposed it. We all supported directing the funding toward community based programs and facilities.

The emphasis on treatment today, supported by professionals and endorsed by the federal government, is based on the concept of "least restrictive appropriate treatment setting." We need to realize that locked-ward institutional placement is the *most* restrictive placement possible and patients should be incarcerated only if no other less restrictive placement is available for their appropriate care. There are now 655 beds available statewide in locked ward institutions.

Most of the patients in institutional placement are forensic patients, adjudicated to incarceration by court action. They have been hospitalized based on criminal charges and a court decision that they were mentally ill and, therefore, should not be criminally prosecuted, but incarcerated instead. Some of these patients need locked-ward incarceration and the current placement is appropriate; however, according to a summer of 2010 patient statistical survey, 40 percent of the patients were committed based on alleged criminal actions which were *not* Measure 11 offenses — meaning, those offenses were nonviolent and, if addressed through the criminal justice system, would not have required mandatory prison sentencing. I would suggest that at least a third of them could be served as well, or better in far less restrictive and far more cost-effective community-based residential facilities.

The new hospital, according to Jodie Jones, the construction administrator, will cost between $150 million and $200 million to build. The operating budget will be between $48 million and $50 million per year for 174 beds. The cost per bed will be $280,000 per year.



Community-based services provide drop-in clinics, crisis first responder teams, regular counseling/therapy support programs, crisis care placement and small (usually 16-bed) residential placement facilities. Those residential facilities usually run on a budget of about $70,000 per patient per year. Additionally, they are subsidized by the federal Department of Human Services (DHS) at between 50 and 60 percent. The effective cost is about $35,000 per patient per year; we could treat eight patients in a community-based facility for the cost of one patient in a locked-ward institution. A community-based approach would provide proactive, effective, early intervention to help address mental health issues *before* an individual commits a crime or harms himself or herself.

With the nearly $200 million in hospital construction costs and $50 million in annual hospital cost, the state could have built more small community sited facilities across the state. We could have sited care facilities in or near patients' homes, providing easy access to family support systems and facilitating re-integration. Instead, we're providing institutional care far from home and families and far from the support system they will need to help re-integrate. We've committed millions to an approach which is inappropriate and so expensive that it precludes funding for the development of those more appropriate programs and systems.

We lack the funding for badly needed community-based programs and facilities, we are incarcerating forensic patients in expensive locked wards who could be receiving more appropriate and cheaper care in community-based residential placement, and we are incarcerating mentally ill individuals in our prisons who need psychiatric care the prison system is not designed to provide.

The new hospital was designed so it could be re-purposed to house inmates who need secure psychiatric care rather than prison incarceration. Let's re-purpose it right now. Let's transfer it to the Department of Corrections and use it to house those individuals. Let's transfer the construction cost to the DOC budget and restore that nearly $200 million to the Health and Human Services budget and use it to build community-based residential facilities, crisis care facilities, staffed with crisis first responders, and walk-in mental health clinics. Let's assess the current population of our mental health institutions and follow those "least restrictive treatment setting" guidelines to, if possible, transfer a significant portion of our institutionalized patients to safe and more treatment effective and cost effective community-based facilities.

We have an opportunity to correct the mistake and redirect mental health funding to community-based services and, at the same time, address the very serious issue of prison inmates who need, instead, to be placed in a secure psychiatric facility. It makes sense to take advantage of that opportunity.

Gary Crum of Junction City is a retired teacher and counselor who worked with dysfunctional adolescents over a 28 year career in public schools, probation facilities and residential treatment facilities.