

Outline Notes

Presentation to Ways & Means

March 14, 2005

Barry S. Kast, MSW

DHS Assistant Director, Health Services

BATTLE OF THE BEDS

- Basic themes in the role and operation of OSH:

Asylum or Treatment

Security or Therapy

State or County

Cost

Growth of patient population

Crowding

Waves of reform

- Credit to Olaf Larsell, "The Doctor in Oregon"

These themes date back to the earliest references to people with mental illness, then called the Insane.

- Records of the Fur Trade and the wanderings of John Day
- The statutes adopted at Champoege assign duties to the county and treat the insane, the *poor laws*.
 - ✓ Poor Farm Road
 - ✓ County payor of last resort
- 1850 census 5 insane
Pop. growth 1850s burdened counties and in 1855 law passed making Territory responsible.
 - ✓ Repealed 1858

- ✓ Small tax proposed
 - ✓ By 1877, the more than 230 patients cost \$70,000. 52% state revenues!!!
 - ✓ Hawthorne was attacked for making money at state expense
 - ✓ Legislature authorized state asylum with expected \$4/wk cost
 - ✓ Cost was related to quality (humane tx) with claims that cost was too low – inadequate care
-
- 1883 Asylum opened 412 beds 268 pts
 - 1888 526 pts
 - 1898 1200 pts
- Role was one of asylum not hospital
-
- 1907-08 Appointment of Dr. Stein
 - ✓ ERA of REFORM
 - ✓ Change name to Oregon State Hospital (OSH)
 - ✓ Fairview built
 - ✓ Growth → Opening Eastern Hospital 300 pts
 - ✓ by 1914 OSH census was 1576

Tough years, 12 hour days for workers

 - ✓ 1915 First “parole law” to allow patients to leave to reduce crowding
 - ✓ 1928 Debate about insane criminals and need for a ward at Oregon State Penitentiary (note echoes today)
 - ✓ 1931 Tax of \$20/month for commitment – fell to county to collect or pay
 - ✓ 1936 2450 patients in 2100 beds!
 - ✓ From 1920 - 1940 Budgeted growth 28 beds/year, population growth > 50 beds/year
 - ✓ 1942 Tragedy – 47 deaths

- ◆ acute care out
 - ◆ community residential
 - ◆ staffing improvements recommended
 - ◆ capital improvements recommended but not implemented
- 1995 DSH closed
- ◆ community services up
 - ◆ OHP
 - ◆ housing
 - ◆ demand up also
 - ◆ reduced state admissions, rapid growth in community admissions
 - ◆ staffing improvements recommended
- Late 1990s to now
- ◆ Alarming growth in criminal commitment, accelerating.

We find ourselves today, as more than a century ago, struggling with cost, quality, roles of state and county, calls for reform, crowding and ceaseless pressure of demand.