Outline Notes

Presentation to Ways & Means
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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 Olat 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 Champoeg 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  ✓ Repealed 1858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.