

## OREGON MENTAL HEALTH MILESTONES

October 23, 1996

1862	Privately funded Oregon Hospital for the Insane established in Portland
1883	First state-funded hospital for the mentally ill, the Oregon State Insane Asylum established in Salem. Housed 367 patients.
1907	Oregon State Insane Asylum renamed Oregon State Hospital (OSH).
1913	Eastern Oregon Hospital, Pendleton, established.  Board of Control created by the Legislature to centralize administration for state hospitals and other institutions.
1946	Public Law 79-487 legislation created the National Institute of Mental Health (NIMH).
1953-62	Jackson County became the first of eleven county-based community mental health clinics.
1955	Peak in nation's population of patients in mental hospitals near 600,000 nationwide.
1958	Public Law 84-192 Mental Health Study Act to provide for an objective, thorough, and nationwide analysis and reevaluation of the human and economic problems of mental illness.
1959	Committee appointed by Governor Hatfield to design an improved mental health system for Oregon.  Oregon State Hospital and Eastern Oregon Hospital provide almost all services available. Average daily population 4,909; Oregon population 1.7 million.
1961	Mental Health Division established and county mental health programs initiated in response to the recommendation of committee appointed by Governor Hatfield in 1959.
1962	Dammasch State Hospital opened in Wilsonville (established in 1961 legislation).
1963	President Kennedy signed the Community Mental Health Center (CMHC) Act which provided allocations for buildings. (Oct. 31, 1963)
1965	Mental Health Act signed by President Johnson, developed funding for staff. (August)
1968	CMHC Act amended to provide alcohol and drug abuse services.
1972	Comprehensive mental health services provided in 13 Eastern Oregon counties through a federal grant.
1973	Comprehensive Community Mental Health Program Act passed, based upon recommendation of 1972 task force. The Act integrated the three state psychiatric hospitals with community programs in a regional system. In an effort to encourage counties to expand basic mental health services and to develop alternatives to hospitalization, the Act also granted funds under a matching formula in which the state paid 50% of the cost and the counties paid 50% of the cost for most services, with up to 100% state funding for defined alternatives to state hospital care.

1973	Oregon passed a law designating county mental health clinics as community mental health programs. Designated three program areas, defined "alternatives to state hospitalization" with services provided in Benton, Coos, Jackson, Josephine, Klamath, Lane and Marion Counties.
1974	Due to a heavily Democrat Congress, new amendments increased service spectrum to provide five services deemed essential; inpatient, outpatient, partial hospitalization, emergency services, and consultation and education.
1975	Provisions related to involuntary commitment modified: time of detention limited; right to counsel expanded; Mental Health Division allowed to delegate certain powers to community mental health program directors; involuntary commitment of addicts eliminated; and other related changes made.  Based on success in reducing state hospital admission, "alternatives to state hospitalization" programs extended to other counties.
1977	Psychiatric Security Review Board created. The Board required courts to place persons found to be affected by mental disease or defect under jurisdiction of Board. It also authorized courts to require defendant to report to mental health facility and accept treatment as a condition of probation.  Oregon was awarded a four-year federal grant for a Community Support Project to study, plan, and improve community services for mentally ill people.
1979	86% decrease in use of state hospitals since 1959--average daily population 1,100, Oregon population 2.5 million. Twenty-nine group homes were transferred from Adult and Family Services to Mental Health Division.  Legislative Assembly declared its policy to improve life of chronically mentally ill.  Courts required, under certain circumstances, to order defendant who has been found not responsible due to mental disease or defect committed to state hospital pending hearing on commitment before Psychiatric Security Review Board. Person committed to state hospital pending board hearing prohibited from being held for more than six months.  Civil commitment laws modified by requiring that specified civil commitment documents be given to allegedly mentally ill person at least 24 hours before hearing, that allegedly mentally ill person be held for no more than five days before hearing, and that court's opinion that person is mentally ill required to be based on clear and convincing evidence.
1979-81	Governor's Task Force on Mental Health studies needs of persons with chronic mental illnesses people--proposed shifting hospital funds to community programs in House Bill 2404.
1980	President Carter signed the National Mental Health Systems Act. This law promoted five concepts: 1) priority given to vulnerable groups; 2) more state control; 3) emphasis on planning and performance contracts; 4) linkage between mental health and general health care focusing on prevention; and 5) increase in advocacy services.

1981	<p>Oregon Legislature accepted proposal to reorganize "alternative services" into community support units and community crisis respite services. Governor signed House Bill 2404.</p> <p>Local Mental Health Services Act passed following review of the mental health system in 1980 by the Governor's Task Force on Mental Health which recommended that priority populations be established, that a range of community mental health services be mandated and that the state be required to assume 100% funding for most mental health programs.</p> <p>President Reagan signed the Omnibus Reconciliation Act which cut 25% of funding for CMHC's in Mental Health Systems Act. (August 1981)</p>
1981-83	Project to shift state hospital funds to community programs implemented.
1982	<p>Foster Homes and Residential Care Facilities serving mentally ill persons transferred from Senior Services Division to Mental Health Division.</p> <p><u>1982 Special Session</u>: Funding intended to reduce state mental hospital bed utilization approved for mental health projects in Clackamas, Multnomah and Washington Counties. Funding for additional projects in Douglas, Jackson, Josephine, Lane, and Linn Counties approved by the Emergency Board in December 1982.</p> <p>No significant legislative action. A plan for counties to assume responsibility for state hospital services presented to legislature by Mental Health Division. The Division, with assistance of newly formed System Management Council, allocated a bed limit to each program for state hospital utilization.</p>
1983	Legislature adopted plan for counties to assume responsibility for state hospital beds, plan for restructuring state hospitals, and establishes community treatment and community crisis services.
1985	<p>Office of Alcohol and Drug Abuse Programs separated from Mental Health Division. Governor's Council on Alcohol and Drug Abuse Programs created.</p> <p>Legislature funds outpatient treatment services for high risk children and adolescents and funds vocational rehabilitation services for chronically mentally ill adults.</p>
1986	Mental Health Division Task Force on Civil Commitment of Mentally Ill Persons makes recommendations and a "Critical Mass" survey of the counties is completed.
1987	<p>Mental Health Division (MHD) and Senior &amp; Disabled Services Division (SDSD) jointly funded 114 beds, Extended Care Facilities.</p> <p>Civil commitment laws substantially revised. Requirements established regarding: treatment of allegedly mentally ill person while in custody; time frames and procedures for investigation and hearing; legal counsel for the allegedly mentally ill person and representation of the state at hearings; the examination process; payment of costs; conditional release; access to medical records; and related subjects.</p> <p>Private mental health and drug and alcohol treatment programs allowed to receive third party insurance payments.</p>
1988	Report to Governor Neil Goldschmidt on Improving the Quality of Oregon's Psychiatric Inpatient Services recommended the division of most acute care patients from adult psychiatric wards by 1995.

1988-1995	Local acute care facilities developed, mostly through contracts with psychiatric units in community hospitals. (111 beds)
1989	<p>Civil commitment laws further revised: Time within which court must hold commitment hearing clarified; provisions related to definition of mentally ill person, commitments, admissions and confidentiality modified; and hearing after expiration of five-year period for person under jurisdiction of Psychiatric Security Review Board and in custody of Mental Health Division eliminated.</p> <p>Oregon Health Plan approved by Legislature. 1993 Legislature authorized 25% of state medicaid eligible persons to received mental health services under the Oregon Health Plan.</p> <p>Mental Health Division renamed Mental Health and Developmental Disability Services Division.</p>
1991-93	Three innovative projects were developed: consumer-operated case management services (30 person Community Survival Project); two joint ventures between MHDDSD and Vocational Rehabilitation Division to provide job training for persons with mental illness ( 40 persons in Psych/Voc Projects); and 65 individualized discharge plans with special supports to meet the needs of long-term patients (the "365" Projects so named to serve clients who had been in the state hospital longer than a year.)
1993	<p>Rights of individuals receiving mental health and developmental disabilities services from state-authorized or state-supported programs or facilities established.</p> <p>Civil commitment laws revised: Counties allowed to develop services for persons on emergency psychiatric holds at nonhospital facilities in addition to hospitals; 14-day intensive treatment period following commitment hold created as diversion from civil commitment; procedures modified for placing holds, for authorizing trial visits of committed persons to the community and for transferring persons between facilities.</p>
1994	Extended Care Management Unit established by Emergency Board to assure coordination of adult long-term care services.
1993-95	124 additional slots (PASSAGES Projects) were developed as an extension of the successful "365" projects.
1995	<p>Dammasch State Hospital closed in July and Oregon State Hospital Portland opened with 68 bed capacity.</p> <p>Mental Health Task Force created to study and make recommendations in specified areas.</p> <p>Integration of Mental Health Services into Oregon Health Plan extended to 1997.</p>
1995	Added 30 beds in two Secure Residential Treatment Facilities: Hugo Hills in Josephine County and Faulkner Place in Multnomah County.

Information was compiled from the following documents:

- o Chronology of legislative activity in area of mental health, Office of Legislative Counsel, January 3, 1996.
- o Emergent Issues in the Public Mental Health System, report prepared at the request of the February 1994 Legislative Emergency Board, by James Carlson, February, 1995.
- o A Historical Overview of Community Mental Health Centers in the United States, David L. Cutler.