

Mental Health and Developmental Disability Services Division Administrative Overview

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Introduction

Mental health services in Oregon have historically emphasized programs for the care of mentally ill or mentally retarded persons, and alcoholic or drug related rehabilitation. Oregon has been quite active in monitoring the mental health of its citizens through institutionalization, education programs, the Board of Eugenics, morality laws, criminal laws, advisory boards and other means. It wasn't until the late 1950's that emphasis changed from the removal of the

mentally ill or deficient to distant institutions or jails to emphasis on a broad range of treatment, educational programs and supportive programs in local communities. Because of the prevalence of old attitudes and the lack of resources mental health services consisted mostly of institutionalization rather than specific maintenance programs. This is illustrated by the fact that the state hospital census in FY 1957-58 was at 5065 patients as opposed to 943 by December 1994, an 81% reduction.

Early History

Government-supported care of the mentally ill in Oregon began with the formation of the provisional government in 1843. The care of "lunatics" was contracted to private individuals who bid to care for them. Any justice of the peace could conduct a sanity hearing and declare someone a lunatic. Care providers were required to provide a bond certifying that they would use the money paid them for the care of the lunatic(s) in their possession.

In 1862 the Oregon legislature authorized the governor to award a contract to a private institution to care for the state's insane persons¹. This contract was awarded to the Hawthorne Asylum in East Portland. The Hawthorne Asylum (also known as the Oregon Hospital for the Insane)

¹ 1862 Oregon Laws page 53

cared for the state's mentally ill from 1864 to 1883.

In 1880 the Legislative Assembly appropriated money for the construction of a state hospital for the insane in Salem. Three chief state officers (Governor, Secretary of State, and State Treasurer) constituted a new board to supervise the construction of the State Insane Asylum². In October of 1883, 372 patients were transferred from the Hawthorne Asylum to the new asylum. The operation and staffing was expanded and revised through various legislation between 1883 and 1913. In 1913 the Asylum was renamed the Oregon State Hospital.

In 1901 the three chief officers became a Board of Asylum Commissioners to oversee state institutions for the mentally retarded or ill and visit state-aided institutions. The Board of Asylum Commissioners was replaced by the Board of Control in 1913. In 1907 this Board of Asylum Commissioners was assigned to administer the newly created State Institution for the Feeble-Minded³. Its purpose was to train and care for feeble-minded, idiotic, and epileptic persons. This institution became Fairview Hospital and Training Center in 1933. In 1979 the name was changed to Fairview Training Center⁴.

Eastern Oregon Expansion

Following several failed attempts to open an insane asylum in Eastern

Oregon because it was unconstitutional to place a state institution outside of Salem, voters in 1910 approved an initiative which created the Eastern Oregon Insane Asylum (later renamed the Eastern Oregon State Hospital) in Pendleton. This institution opened in 1913. In 1965 the Eastern Oregon Hospital provided services to mentally ill patients as well as developmentally disabled residents and was renamed the Eastern Oregon Hospital and Training Center in Pendleton. In 1985 the hospital was replaced by the Eastern Oregon Psychiatric Center, to provide care and treatment for mentally ill persons, and the Eastern Oregon Training Center, to provide care, treatment, and training for mentally retarded persons⁵.

Eugenics Board Created

In 1917 the Legislative Assembly passed a law creating the State Board of Eugenics⁶ composed of the State Board of Health, the Superintendent of the Oregon State Hospital, the Superintendent of the Eastern Oregon State Hospital, the Superintendent of the State Institution for Feeble-minded, and the Superintendent of the Oregon State Penitentiary. The Board examined the mental and physical conditions of institutionalized individuals who would produce offspring inheriting inferior or antisocial traits. The Board made orders, based on a majority decision, directing the superintendent of the institution in which the inmate

²1882 Oregon Laws page 23

³1907 Oregon Laws Chapter 83

⁴1979 Oregon Laws Chapter 683

⁵1983 Oregon Laws Chapter 505

⁶1917 Oregon Laws Chapter 279

was confined to perform sterilization. The Board continued to grow and in 1967 included the entire membership of the State Board of Health, Superintendent of the Oregon State Hospital, Eastern Oregon Hospital, Dammasch Hospital, Fairview, State Correctional Institution, and Warden of the Penitentiary. In 1967 the Legislative Assembly created more restrictive provisions for ordering sterilization and changed the name to State Board of Social Protection⁷. The revised Board was appointed by the Governor and included one physician member of the State Board of Health, one physician from the faculty of the University of Oregon Medical School, a clinical psychologist, a psychiatrist, a social worker, a member of a state-wide organization concerned with problems of mental deficiency, and one other member interested in public health. The State Board of Social Protection was transferred to the Health Division in 1971⁸ and abolished in 1983⁹.

Board of Health Role

In the mid-1940's the Board of Health assumed several statewide duties relating to mental health. Through the Mental Hygiene Section (until 1952) and the Mental Health Section (1953-1961), the Board of Health offered consultant services to local health departments on mental health problems. The Mental Health section also offered child guidance

services in some communities through local health departments.

Alcohol and Drug Programs

In 1943 the Temperance and Rehabilitation Division of the Oregon Liquor Control Commission was created to educate the public on alcohol issues and establish a rehabilitation clinic. The Division was abolished in 1961¹⁰ when its duties were transferred to the newly created Mental Health Division and called the Alcohol Education Committee. The committee was to publicize the effects of alcohol and tobacco. In 1967 narcotics were added to the concerns of the committee and it was renamed the Alcohol and Drug Education Committee¹¹. In 1971 the Committee became the Oregon Alcohol and Drug Education Council and was to advise the Mental Health Division on policies and goals in addition to publicizing the effects of drugs and alcohol. The Council was renamed the Oregon Council on Alcohol and Drug Problems in 1973¹² and consisted of committees on drug problems, and alcohol problems, and later, a Drug Diversion Subcommittee¹³. This council was abolished in 1985 and replaced by the Governor's Council on Alcohol and Drug Abuse Programs. The Governor's Council is to assess the economic and social impact of alcohol and drug abuse, make recommendations on a state plan for

⁷1967 Oregon Laws Chapter 441

⁸1971 Oregon Laws Chapter 650

⁹1983 Oregon Laws Chapter 460

¹⁰1961 Oregon Laws Chapter 706

¹¹1967 Oregon Laws Chapter 263

¹²1973 Oregon Laws Chapter 740

¹³1977 Oregon Laws Chapter 87

prevention and intervention, and gauge the effectiveness of the plan.

In 1985 the office of Programs for Alcohol and Drug Problems was moved to the office of the Director of the Department of Human Resources to facilitate further development and wider coordination of state alcohol and drug services. An assistant director in charge of these programs was assigned the administrative duties and functions of the Mental Health Division relating to alcohol and drug abuse prevention, treatment, and education. The assistant director was also to report to the legislature on the accomplishments of this new office, develop programs and identify the needs of special or minority populations.

Dammasch and Columbia Park Hospitals

The 1951 Legislative Assembly authorized the building on another state mental hospital to be constructed within 20 miles of the Multnomah County Courthouse in Portland¹⁴. The F. H. Dammasch State Hospital, located in Wilsonville, opened ten years later in 1961 to provide acute psychiatric hospital care. In 1994 the governor ordered the closure¹⁵ of Dammasch Hospital and directed the hospital to move its operation to a

¹⁴1951 Oregon Laws Chapter 195

¹⁵"Governor Announces Dammasch Changes," *The Oregonian*, 4 Jan. 1994, Local Stories Section; *State of Oregon Governor's Budget, 1995-97*, State of Oregon, Department of Administrative Services, B-13.

smaller facility within the 20 mile radius of the Multnomah County Courthouse as stipulated by statute. The closure was a part of an ongoing shift from emphasis on hospital care for mentally ill to programs stressing reintegration into society. In 1995 the patients and staff moved to the Holladay Park Medical Center in northeast Portland. The new facility was designed for intermediate care with the typical length of stay being from one month to six months.

In 1959 the Legislative Assembly created another mental health institution by converting a state tuberculosis hospital into the Mid-Columbia Home¹⁶. Located in The Dalles, the facility provided long term care for adult mentally retarded persons. In 1961, the Mid-Columbia Home was renamed the Columbia Park State Home and in 1965 it was renamed the Columbia Park Hospital and Training Center. The facility was closed in 1979¹⁷.

Board of Control Established

Following the release of a 1960 report by the Advisory Committee on Mental Health which called for mental health programs in Oregon to be streamlined into a single agency which would include all the direct services in the fields of mental health and alcohol education, and the duties of the state institutions: the Mental Health Division of the Board of Control was

¹⁶1959 Oregon Laws Chapter 588

¹⁷1979 Oregon Laws Chapter 683

created¹⁸. The state hospitals and training centers, the Board of Health, and the Liquor Commission were transferred to the division. The Advisory Committee also called for greater emphasis on community mental health facilities. The 1961 legislation provided that the Mental Health Division was to be responsible for administration of the state mental health programs and laws. The Division was to coordinate state activities for mental illness, mental retardation, alcoholic education and mental health, develop programs, manage state institutions, assist community mental health clinics, promote public education and conduct research.

In 1969, when the Board of Control was abolished¹⁹, the Mental Health Division was placed under the office of the Governor²⁰. In 1971 the Division was placed with the Department of Human Resources.

Current Mental Health Programs

The current mission of the Department of Human Resources Mental Health and Developmental Disability Services Division is "to prevent and reduce the negative and disabling effects on people of mental illness and developmental disabilities. This includes people who by statute are involuntarily committed to the Division for care." The growing population of Oregon continues to

place pressure on the mental health system and the needs for servicing persons with mental health and developmental disabilities. The federal Medicaid financing has increased total resources to meet these needs but has also imposed restrictions on how the state can tailor its services to meet these needs. In a response to these changes there has been a shift from large institutions to community--based programs and a focus on implementing the new Oregon Health Plan²¹.

The Mental Health and Developmental Disability Services Division (name changed in 1989)²² currently has two programs—Mental Health Services and Developmental Disability Services. Assistant Administrators in these programs oversee the state psychiatric hospitals and training centers and 33 community mental health programs.

The Division is assisted by several advisory boards and councils. They are the Mental Health Advisory Board, the Developmental Disabilities Council, and the Mental Health Services Program Advisory Council. The Mental Health Advisory Board, created in 1961 studies the problems of mental health and makes recommendations for the development of policies and procedures within the state mental health programs. The Developmental Disabilities Council is mandated by federal law to advocate the rights of developmentally disabled people. The

¹⁸1961 Oregon Laws Chapter 706

¹⁹1969 Oregon Laws Chapter 199

²⁰1969 Oregon Laws Chapter 597

²¹1991 Oregon Laws Chapter 753; 1993 Oregon Laws Chapter 767

²²1989 Oregon Laws Chapter 116

Council allocates federal grants; monitors, coordinates and evaluates state, federal and local programs for the developmentally disabled and recommends changes or new legislation. The State Training Center Review Board was founded in 1979 and created by ORS 427.205 to review decisions of the Diagnosis and Evaluation Service regarding admission to training centers and annually review state training center plans of care for each resident.

Fairview. The service is located on the Fairview campus.

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The Division manages the Oregon State Hospital and Fairview Training Center in Salem and the Eastern Oregon Training and Psychiatric Centers in Pendleton. The Oregon State Hospital serves the whole state with four clinical programs which are: adult treatment services, the child and adolescent treatment program, the forensic/correctional treatment program, and the geropsychiatric treatment/medical services program.

The Eastern Oregon Psychiatric Center provides psychiatric care for residents of 16 eastern Oregon counties. The Eastern Oregon Training Center is a residential facility for mentally retarded persons from 13 eastern Oregon counties. Fairview Training Center is a residential facility for mentally retarded persons of all ages. A complete range of care, treatment, education and rehabilitation is provided. A major reduction in the size of Fairview and build up in community programs was undertaken in 1985-1986. The Mental Health Division Diagnosis and Evaluation Service processes applications for admission to