

1. FAIRVIEW HOSPITAL AND TRAINING CENTER

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History

Fairview Hospital and Training Center in Salem, for many years known as Oregon Fairview Home, was opened in 1908. Until 1959, it was the only state institution for the mentally retarded. It is located on a 600-acre tract of land within the southeast city limits of Salem. Prigg Cottage, one of the 23 living units for residents, although located five miles northeast of the main campus, is an integral part of the institution.

Populace Served

Fairview Hospital serves the entire state and receives its mentally retarded residents (about five percent of the mentally retarded in Oregon) through voluntary application or court commitment to the Mental Health Division. Fairview Hospital is designated as the evaluation and receiving center for those residents of Oregon who are suspected of being mentally retarded. All ages and levels of retardation are eligible for admission, although those under five years of age must have compelling medical or emotional needs to warrant admission.

During the 1966-68 biennial period, there were 516 diagnostic evaluations done in the outpatient department; and 483 persons admitted to the Hospital. (283 by court commitment and 200 by voluntary application). In the same period, 121 residents were discharged; 251 were transferred to other institutions; and 59 died. On June 30, 1968, the total population was 2,519 (up 52 from 1966) of which 2,271 were in residence (down 11 from 1966), and 248 were on supervised community placement (up 63 from 1966).

Goals and Objectives

The mission of Fairview Hospital is three-fold: (1) to provide diagnostic evaluation, counseling, and treatment services to referrals from community practitioners and agencies of persons thought to be mentally retarded or awaiting admission to Fairview; (2) to provide care, treatment, education, and training services to those mentally retarded children and adults assigned to its care by the Mental Health Division; (3) to provide services to other state institutions as directed by the Board of Control.

Fairview Hospital's primary goal is the development of each retardate to his fullest potential. For those residents capable of eventual return to the community (approximately one out of eleven), it is the Hospital's responsibility to provide those services which will rehabilitate them with maximum effectiveness in the shortest period of time.

Status of Major Programs

Fairview Hospital's outpatient department has been in operation since 1963, offering preadmission examinations and many other services to the non-institutionalized patient and his family. Intensive medical and nursing care is provided for profoundly and severely handicapped residents. A physical rehabilitation facility, dedicated in 1966, provides such physical rehabilitation programs as physical therapy, hydrotherapy, occupational therapy, and recreational therapy. A 48-bed hospital, fully approved by the Joint Commission of Accreditation of Hospitals, provides specialized medical and surgical services. Educational programs, including speech and hearing services, are maintained for many patients from pre-school ages through adulthood. Self-care and social training are extensively employed, using a variety of techniques, including operant conditioning. Vocational training, which includes community and grounds placement services, is widely utilized throughout the institution.

Programming for residents is directed by multidiscipline teams composed of professionals in mental retardation and involves determination of each resident's abilities and disabilities, potential for future growth and development, specific services needed, and resources available. Courses for medical care, treatment, and training services are prescribed and coordinated by these same teams. With the wide array of disabilities among the residents, the variability of their potentials, and their unpredictable responses to prescribed services, it is necessary that there be a high degree of cooperation and coordination of staff to evaluate continuously the effectiveness of ongoing programs and to develop improved methods. This can only be accomplished if adequate supporting staff is provided.

Efforts to develop and implement improved programs during the past biennium were hampered by numerous problems. Hepatitis flared again into an epidemic affecting over 200 residents and 36 employees. A serious outbreak of meningitis at Snell Cottage caused a disruption in programs for those young residents and delayed admissions to the institution. Increased numbers of young residents with severe emotional and behavioral problems resulted in several serious fires both here and in the community. This resulted in disorder in important programs within the institution, exhaustive investigations, and disruption of the work placement program.

Even though there was an unusual incidence of problems, Fairview Hospital was still able to show a number of program improvements during the biennium. Speech and hearing services were expanded to provide diagnosis, treatment, and training for those residents with communicative disorders, resulting in acceptable communication skills for many. A preschool program (ESEA Title I funds) was added for the trainable and educable in the four-to six-year age group. The Hospital Improvement Project (third year of NIMH grant) shifted its attention from children six to twelve

years of age to adolescent and young adult residents. The primary aim of this project is to develop acceptable social graces and adequate vocational preparation for return to the community.

A new program--Foster Grandparents, funded by the Office of Economic Opportunity--matched 39 senior citizens with 78 young residents needing the highly individualized assistance which the Hospital's limited resources could not provide. Another new program-- Vocational Training, financed by the Manpower Development Training Act--will increase work placement possibilities for 50 mildly retarded residents a year by providing vocational training both in and out of the Hospital. Home Living programs designed to teach self-help skills have not only increased markedly in number and quality but are now encompassing, with promising results, many residents previously considered incapable of achieving any degree of self-care. Much of the progress, particularly in this area, is due to expansion of employee inservice training resources made possible by grants from the Bureau of Apprenticeship and Training (Behavior Modification Project), The National Institute of Mental Health (Hospital Inservice Training Project now in its third year), and the steadily increasing participation of state and private agencies in utilizing Fairview Hospital as a training resource for their students or clients and as an area for research.

Program Projections

For the biennium 1969-71, the Board of Control has authorized, for presentation to the Legislative Assembly many needed improvements in programs and services at Fairview Hospital. The Board authorized a reduction in bed capacity of 85 (Intensive Care) and 96 (all other areas) for a total of 181 beds to reduce the hazards of overcrowding and to increase effectiveness of self-care training programs. The Board approved an increase in operating budget of nearly \$1.5 million to provide some 48 improvements in the 10 major operating programs at Fairview Hospital.

In the Physical Care program, the Board approved restoration of services eliminated by 1967 budget reductions. The Board approved: providing for more humane treatment and a more homelike atmosphere in bath and bedroom areas; adding staff for janitorial needs in Intensive Care cottages; establishing a coordinator for rapidly expanding student work and placement activities and employee training programs; establishing a security patrol system; accommodating clerical workload of Unit staff; and providing minor remodeling in six cottages.

Improvements authorized in the Administration program include: an additional personnel officer; a coordinator for patient programming; additional clerks for general office, mail, and accounting services; and funds for additional machine rentals, in-state travel, office supplies, communication, and patient identification.

Those improvements approved for the Medical Care program include: an additional physician; an increase in follow-up services from the Physical Rehabilitation Center; an increase in psychological services; an additional dental hygienist; a clerk for the acute hospital; additional vaccines; and several items of equipment and supplies for the laboratory, Physical Rehabilitation Center, and acute hospital.

The Board authorized increased staff for the Outpatient program to provide follow-up care in the community, as well as meet increasing work-load of the clinic. In the Education and Recreation program, the Board approved: restoration of five teachers, recreation therapy and vocational training positions eliminated by the 1967 budget reductions; and a level of educational supplies that equates with that of the local school district.

Three improvements were authorized for the Dietary program: restoring food service positions lost in the 1967 budget reduction, adding a supervisor to improve food service, and purchasing an oven to be used for training purposes. Improvements approved for the Physical Plant program include: a clerk to aid the program director; additional maintenance positions to improve servicing of equipment, fire coverage, and operation of the heating plant; tools to replace personal items; and extension of city water to the Physical Rehabilitation Center.

In the Adjunctive Services program, improvements include: two additional social workers to accommodate increased workload; a clerk to handle the tremendously increased number of financial transactions of patients, another social worker for assignment to a Unit Staff which is currently without one; and a clerk to assist the Coordinator of Volunteer Services.

Included in Capital Improvement program are provisions for a new well to improve fire protection and demolition of the old food service building.

Last, but not least insignificant, is action approved by the Board of Control to make radical changes in the Farm and Grounds program; eliminate orchard, beef, and general farm activities; improve vocational training potential of poultry processing, grounds, and greenhouse; and provide help necessary to handle a 20 percent increase in lawn area.

Capital Construction and Improvements

Another major improvement, replacement of Fairview Hospital's food service building, is nearing completion and will be in full operation by late 1968. For the biennium 1969-71, the Board of Control has authorized funds for possible revision of plans and specifications for an intensive care cottage, commonly referred to as the "Jones replacement". Need for additional housing for intensive care patients (AAMD Category IICD) is a certainty. However, Fairview Hospital's need for the highly specialized housing presently proposed--as flexible as the architect feels it is--

is not as certain, and since the cost of any new housing will require a considerable investment, the Hospital favors delaying construction until the need can be ascertained.

Comment

As the population of Oregon grows, so will the number of mentally retarded and their special needs for care, treatment and training. It can also be expected that increasing numbers of these persons will present a more complicated profile of physical and emotional disorders. Meeting this need will require an ever-increasing array of services, both at the state and local community levels. Progress at Fairview Hospital during the past two years inspires confidence in the ability to meet its portion of this challenge.

Fairview Hospital and Training Center
Biennial Report
1966-1968

Summary of Expenditures - July 1, 1966 to June 30, 1968

Summary of Expenditures By Program	1965-1967	1967-1969	Total Expenditures 1966-1968
	Biennial Appropriation	Biennial Appropriation	
	Expenditures 1966-1967	Expenditures 1967-1968	
Administration	\$ 381,188	\$ 398,276	\$ 779,464
Dietary	795,138	995,419	1,790,557
Physical Plant	578,283	611,159	1,189,442
Physical Care	3,019,978	3,745,393	6,765,371
Medical Care	858,084	894,982	1,753,066
Adjunctive Services	112,457	117,541	229,998
Education and Recreation	275,140	284,132	559,272
Outpatient	47,515	60,432	107,947
Farm and Grounds	216,228	248,175	464,403
Capital Improvement	<u>19,763</u>	<u>6,205</u>	<u>25,968</u>
Total	\$6,303,774	\$7,361,714	\$13,665,488
Summary of Expenditures By Fund			
General Fund	\$6,223,612	\$7,279,278	\$13,502,890
Miscellaneous Receipts	<u>80,162</u>	<u>82,436</u>	<u>162,598</u>
Total	\$6,303,774	\$7,361,714	\$13,665,488

Miscellaneous Schedule

	<u>June 30, 1966</u>	<u>June 30, 1968</u>
Number of Employees, Positions Filled	968	927
Assessed Valuation of Physical Plant	\$13,108,150	\$14,984,891
Acres in Grounds	156	156
Acres In Farm	456	456