2. F.H. DAMMASCH STATE HOSPITAL
Russell L. Guiss, M.D., Superintendent

History

Dammasch State Hospital, the newest of the three state psychiatric hospitals, received its first patients in March 1961. From the onset, the Hospital has stressed active treatment, rather than custodial care, to return the patient to the community as rapidly as possible. The Hospital is an exceptionally well-designed structure of 460 beds located at Wilsonville, Oregon,20 miles south of the city center of Portland. About 50 of the 490 acres are devoted to a beautiful campus, and the remaining acreage is leased for farm use.

Populace Served

The catchment area for Dammasch is the Portland metropolitan area, consisting of three counties--Washington, Multnomah, and Clackamas. Total land area of the three counties served is only three percent of the state area, but contains 41 percent of the state population. This explains the admission rate at Dammasch approaching that of the other two hospital combined. With the exception of the criminally insane, the Hospital serves the mentally ill within the catchment area in need of hospitalization for treatment. Because of the proximity to Portland, large numbers of alcoholics are hospitalized. More recently, drug-dependent persons are entering at a rapidly increasing rate. The Hospital now also provides emergency care of mentally disturbed patients for Multnomah County due to the closure of Morningside Hospital. Of persons committed for treatment, approximately 35 percent are committed by courts; and 65 percent voluntarily admit themselves.

Patient Population

Admission fiscal year 1967-68	2,864
Discharges fiscal year 1967-68	2,883
Average daily population 1966-67	402
Average daily population 1967-68	397
Census on June 30, 1968	381

Goals and Objectives

The immediate objective is to minimize psychiatric disability by the prompt application of a multiplicity of treatment techniques. Every patient should be exposed to this full spectrum as long as he can benefit; but,once maximum benefit has been achieved,the Hospital is anxious to return the person to the community. As with all service agencies,

demands for service usually exceed the resources available. This demand has become particularly acute for the alcoholic and adolescent. Additional staff necessary to meet this service load has been requested. The community has recognized the value of the Hospital as an excellent training resource, and greater utilization is expected. Also, the Hospital has exceptional potential for research into mental illness. Detail on objectives is discussed later in this narrative.

Status of Major Programs

Admission Evaluation

With the exception of court committed patients who are admitted directly, all persons seeking admission are first processed through a screening clinic. This clinic consists of staff physicians serving on a rotating basis interviewing the patient, relatives, and others to determine need for hospitalization. If hospitalization is not required, the physician, working with a social worker, makes referral to a community service agency or to the Hospital outpatient clinic.

Ward Care

Through action of the Special Session of the 1967 Legislature, General Fund support to the Hospital was reduced. This resulted in a ward closure, as well as the loss of other key personnel. As the need for service did not diminish, it has been necessary to crowd patients within the remaining wards and meet increased demands with fewer personnel. With the future reactivation of the ward and restoration of the reduced positions, the Hospital can return to normal service.

Medical Care

Treatment is directed by a staff physician who heads the psychiatric team. Other team members include the psychologist, social worker, and registered nurse, who are assisted by the psychiatric aides. Therapy is provided by a staff of professional therapists and their aides as prescribed by the physician. As it takes people to cure people, the staff follows the "milieu" approach which, simply defined, is the collective responsibility of all hospital staff in the treatment of patients. Each staff member becomes a therapist and observer, and the free exchange of information and ideas in dealing with patients is stressed. A therapeutic community is encouraged within each ward. In this type of community, the patients, under staff direction, are given responsibility for their own living conditions, discipline, and (to some extent) their treatment.

Education Program

Scholastic training is provided for patients in primary and secondary grades, permitting these patients to keep up with their studies while hospitalized. Other training and rehabilitation are provided through referral to community service agencies.

Community Placement

The social service department is responsible for placement in the community after discharge. Because of limited staff, follow-up has been limited. To provide for better aftercare, the Hospital sends discharge summaries to referring physicians and various agencies when their involvement in the case is known to the Hospital. The dissemination of this information enhances aftercare necessary for the patients' continued adjustment.

Staff Training

Considerable emphasis is placed on staff training. Inservice training has been strengthened through Federal grants. Inservice training is directed by a psychiatrist who has established a comprehensive multidisciplinary program. Another grant provides for two consultants to assist in training. A state General Fund-supported position is assigned on a full-time basis for psychiatric aide orientation and training.

In the interest of upgrading skills, the Hospital has sponsored attendance by a number of staff at training courses given by the Civil Service Commission and other educational institutions. The Hospital has also sponsored attendance by staff at various professional conferences and workshops.

Research

With the exception of a study sponsored by a Federal grant, research activities have been limited to the more immediate, or short-range, studies. There are no positions authorized for this activity, which means such work must be assumed by staff already assigned full-time to other workloads.

Community Relations

Efforts continue to be made to build strong community relationships. Contacts are made by professional staff to the community, not only in daily work, but through speaking engagements and related activities.

Program Projections

General

Program improvements have been authorized by the Board of Control for the 1969-71 biennium. These programs are essential if this Hospital is to meet the needs of the community served. Priority was given to the reactivation of Ward L and restoration of positions which will enable the Hospital to return to the level of service prior to the reduction of funds. Other programs are listed as follows, although not necessarily in priority order.

Regionalization

By placing patients in a unit by county of residence, the immediate benefit of improved hospital-community liaison can be achieved. County courts and other agencies would then have to contact only one doctor or social worker concerning patients, rather than several doctors or social workers. This would simplify the channels of communication.

The two less-populated counties would benefit most, as each of these caseloads could probably be managed by a single physician. He and his team would develop a close liaison with his particular county.

Combined with this plan is a reduction in the present span of supervision demanded of the Clinical Director. Presently, he supervises all staff physicians plus a multiplicity of clinical departments. Clinical services account for about 75 percent of all employees, and attempting to give direction and supervision to all medical, paramedical, social work, therapy, and nursing services is an impossible task. With the span of supervision stretched so thin, problems due to lack of adequate direction are bound to result. Regionalization will require one additional staff physician to assume one-half the workload of two physicians who would be assigned a unit director. This would free the Clinical Director to provide administrative services to remaining departments.

Adolescent Program

The need for specialized psychiatric services for adolescent children ages 12 through 18 has become an increasingly serious problem. The problems of the adolescent are not the same as those of the rest of the patient population. This program will provide specialized activities designed to provide a mode of treatment to meet their unique needs.

Consultant Services

Improved consultant services will restore a service previously provided but reduced by the 1967 fund reductions. Those services provided a

wide-ranging impact on the quality of patient care. Consultants are carefully selected for their skills in presenting information and implanting fresh, new techniques to all levels of medical and nursing staff.

Ward Clerks

One of the critical problems of hospital administration is allocation of professional staff time, especially in nursing stations on wards. It is not unusual to find professionally trained nurses and highly skilled aides devoting 50 percent or more of their time to necessary but routine clerical work. This program will allow the professional staff more time to devote to patients who are in need of their help.

Alcoholic Program

The millions of alcoholics in this country constitute a problem second only to schizophrenia in the number of admissions to mental hospitals. It is estimated that in Multnomah County alone there are over 20,000 alcoholics. In one out of every five persons seeking help at Dammasch, alcohol plays a part. To date,there has been little collaborative effort made to deal with the problem. The Mental Health Division recently completed a study which resulted in several constructive recommendations. These recommendations are incorporated into the treatment program for alcoholics at Dammasch. This will be a special treatment program broad enough in scope to encompass the majority of alcoholics, yet specific enough in many of its facets to fit the unique needs of this particular group. To provide continuity of care, the coordinator of the program will spend a portion of his time with various community agencies. Records on all cases will be kept to evaluate the effectiveness of the program.

Aftercare Program

To assure orderly adjustment of patients placed in private facilities, such as homes for the aged and nursing homes, it is necessary that there be continued follow-up by a hospital-based nurse. Her function would be to assess the adjustment of the patient and to help staff of private facilities become more adept in their management of mental patients. As part of a research grant in 1964, a nurse was assigned those functions, reducing the return rate of patients from private facilities from 25 percent to 18.5 percent. While the saving in hospital days and staff time is significant, this is only part of the benefits. The patient receives better care; the private facility has a point of contact; and patients' relatives are relieved to know the Hospital is maintaining its responsibility to patients committed to the Hospital's care.

Precare Program

For this program, a psychiatric social worker will be assigned to the committing courts to assist in determining the need for hospitalization and to assist in developing alternative sources of care. A research grant amply justified this program. For a period of one year, a social

worker was assigned to the court. As a result of that assistance, commitments were reduced by 20.8 percent. While the dollar saving is a primary consideration, the service to the patient and family is also paramount, as the time of commitment of a family member places the family in a crisis. The timely and therapeutic intervention in a precommitment interview by a professional social worker provides benefits to alleviate this burden and enhance patient recovery.

Capital Construction and Improvements

Social Services Offices and Classroom Addition

The construction of additional office space and classrooms will total 3,601 square feet. The present building cannot provide needed office space and, in fact, has created overcrowding and inappropriate use of some areas.

An additional teacher is available if another classroom can be provided. In the past,additional space has been made available through remodeling, which is no longer possible. This factor, combined with further program improvements, mades additional space essential.

Treated Water Bypass

Because of hard water content, the water from the wells must be treated to avoid scale building up in lines, mixing valves, and controls, and to reduce soaps and detergents used in cleaning. Also, water from one of the wells has twelve times the standard recommended by the U.S. Public Health Service for iron in drinking water. The bypass will permit use of untreated water required for irrigation during the summer months. This method will amortize itself within eleven years.

Comment

As one reflects about the future of Dammasch State Hospital, there is concern about keeping abreast of the community problems which are thrust upon the Hospital. An alert and competent staff is necessary to cope with the changing problems. To recruit and hold such a staff has not been easy. One crisis follows another. There is always the "recovery" but only after the loss of valuable staff. The Tax Referendum in 1963 and the Special Legislative Session in 1967 are examples of such crises.

It would appear that the budget process, under the premise of economy, may have impaired the Hospital's flexibility. It is difficult to "rise to the occasion" as conditions occur that are outside the expected norm. The community is sometimes puzzled by this inability. Staff is provided for the expected but not for the emergency.

Dammasch State Hospital
Biennial Report
1966-1968

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

Summary of Expenditures By Program	1965-67 Biennial Appropriation Expenditures 1966-67	1967-69 Biennial Appropriation Expenditures 1967-68	Total Expenditures 1966-68
Administration	$ 186,581	$ 181,137	$ 367,718
Dietary	198,262	217,817	416,079
Physical Plant	220,977	253,180	474,157
Physical Care	639,663	773,032	1,412,695
Medical Care	603,166	695,879	1,299,045
Adjunctive Services	91,052	131,360	222,412
Education and Training	18,320	24,444	42,764
Outpatient	32,065	27,044	59,109
Totals	$1,990,086	$2,303,893	$4,293,979
Summary of Expenditures By Fund			
General Fund	$1,959,836	$2,262,725	$4,222,561
Miscellaneous Receipts	30,250	41,168	71,418
Totals	$1,990,086	$2,303,893	$4,293,979

Miscellaneous Schedule

	June 30,1966	June 30,1968
Number of Employees, Positions Filled	272	269
Assessed Valuation of Physical Plant	$9,376,799	$10,642,493
Acres in Grounds	68	68
Acres in Farm and Brush	420	420