

ADMINISTRATOR'S REPORT
Kenneth Gaver M.D., Administrator

History

The Mental Health Division was established by action of the Fifty-first Legislative Assembly under authority of chapter 706, Oregon Laws 1961. The Division became operational on July 1, 1962. At that time, supervision, management, and administration of Oregon State Hospital, Dammasch State Hospital, Eastern Oregon Hospital and Training Center, Fairview Hospital and Training Center, and Columbia Park Hospital and Training Center were vested in an Administrator appointed by, and responsible to, the Board of Control.

In addition to managing the hospital programs, the Division administers a grant-in-aid program to community mental health clinics through the Community Services Section. It also conducts educational and treatment-rehabilitation programs through the Alcohol and Drug Section. A special school for trainable mentally retarded children is operated in Clackamas County.

Populace Served

All citizens of the state are eligible for services from the Division. Centralized hospital services for the mentally ill and mentally retarded are maintained.

On June 30, 1968, the population of the hospitals for the mentally ill was 2,219, and the population of the hospitals for the mentally retarded was 2,957, or a total of 5,176 patients. Outpatient services were made available to many thousands more persons in the network of community clinics and the alcoholic rehabilitation clinic. Seven halfway house programs provided services for different disability groups. A large number of persons received indirect services through community consultation, education, and public information.

Goals and Objectives

During 1967-68, the mission and goals of the Division were revised in a series of joint meetings among Division and Hospital staff members. The Division's mission is "to promote and preserve the mental health of the people of Oregon as its share in the obligation of the state to promote the general welfare and provide for the common good."

Specific goals have been identified as follows: (1) the promotion of mental health; (2) the prevention of mental illness, mental retardation, and drug dependence; (3) the care and treatment of mentally ill, mentally retarded, and drug-dependent persons.

Selected objectives through 1969-71 have been identified as the following: (1) improvement of basic patient care; (2) provision for continuity of care; (3) provision of special services to children and adolescents; (4) provision of special services to alcoholics; (5) improvement of management information systems; (6) centralized long-range planning and program integration.

The goals and objectives stated above are explicit and tangible and relate especially to the care and treatment of persons who are not well. In a much broader sense, mental health is concerned, however, with facets of living above and beyond the maintenance of life and health per se. It is concerned with helping people to live, to feel, to sense life more fully. It is concerned with aiding people in finding solutions to the personal problems of living. Mental health is dedicated to improving the very quality of life itself.

Status of Major Programs

The major programs of the Community Services Section, the Alcohol and Drug Section, and the Hospitals for the Mentally Ill and Mentally Retarded are discussed in separate sections of this report. The following comments are selected summary remarks.

Reorganization of Board of Control activities in March 1968 delegated budget development, allotment control, and administrative responsibility clearly to the Administrator of the Division. A budget officer is assigned from the Board of Control staff. While the new assignments have created problems in adaptation and administrative relationships, the initial few months' experience suggests that improved efficiency and more clearly defined responsibility roles will be developed. In order to meet these broadened responsibilities, the Administrative Services Section was created to provide administrative supportive services.

The Division continues to maintain a program of public education and information to the extent possible with the limited resources available. This responsibility is met most effectively in the Alcohol and Drug Section. Recent public attention regarding the importance of alcoholism as a health, law enforcement, economic, and social problem has been met with a vigorous program of public information. The public education program regarding drug abuse is well established. A multitude of speeches, news releases, press conferences, fact sheets, and position papers has been

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prepared. Additional funding has been obtained from the State Emergency Board. Regional offices will soon be established.

Public information regarding mental illness and mental retardation is carried out by the Division and hospitals and by voluntary agencies. One part-time public information representative is available through Federal funds. Since June 30, 1968, this position has been funded at only one-third of a full-time position. The 1969-71 budget requests a Federally funded, full-time position.

Mental retardation planning and implementation have been carried on through the biennium with a Federal grant which terminated on June 30, 1968. The grant provided a full-time professional planning-implementer, a half-time secretary, and a full-time social service worker to the Division. The planning-implementer acted as Executive Secretary to the Governor's Committee on Mental Retardation. The Committee has assessed and catalogued all community programs for the mentally retarded and has developed a proposal, rationale, and proposed legislation to provide services to the retarded in the community, including classroom services for the trainable retarded. These recommendations were made available to the Governor's office. A statewide directory of services for the retarded was also published.

The social service worker was assigned to Fairview Hospital and Training Center to furnish services to families on a regional basis. Her experience has been incorporated into the 1969-71 budget request for regional social workers to be affiliated with the hospitals for the mentally retarded.

The 1967 Legislative Assembly considered a Mental Health Division request for construction and operation of a children's psychiatric unit. In lieu of such action, a special pilot project to purchase such services in the community was authorized. There was delay in locating a contract agent; however, a proposal from Edgefield Lodge in Multnomah County was received. Services to a small group of preadolescent children are planned to begin early in the 1968-69 fiscal year.

Community clinic programs have been expanded by the opening of part-time mental health services in Baker and Union Counties during 1967-68. Initiation of a community clinic in Pendleton to serve Umatilla and Morrow Counties was authorized for the summer of 1968. Expansion of formula grant funds authorized under Section 314(d) of Public Law 89-749 has enabled the Division to significantly expand short-term special projects of a demonstration nature.

The community mental health centers construction program is lagging. Uncommitted 1966-67 Federal funds totaling \$368,767 were, therefore, made available to the State of Washington. Construction of community facilities for the retarded has flourished with two new projects being approved in June 1968.

The continued operation of the Clackamas Child Training Center as authorized by the 1967 legislature, augmented with Federal funds, provides a training situation for 40 trainable mentally retarded students. The Mental Health Division provides staffing, transportation of students, and expendable supplies. The Clackamas County Association for Retarded Children sponsors the Center and provides utilities and maintenance. The school district provides for the use of the building facilities. Students at the Center receive training to the limit of their abilities in a variety of situations. Each learning situation has been tested in a research project with focus on concept development, work habits, attention, motivation, problem solving, language and speech, and development of acceptable social habits.

The perennial problem of determining the staffing needs and allocations to the hospitals for the mentally ill and mentally retarded resulted in the evaluation of several methods for computing staffing needs. The system selected was SCOPE, a method of estimating staffing needs based upon actual measurement of staff work loads by an industrial engineering study. The SCOPE System (Staffing the Care Of Patients Effectively) was developed by Aerojet-General Corporation and the California Department of Mental Hygiene. Plans have been developed for a trial application of this staffing methodology in all five hospitals during the fall of 1968.

SCOPE is only one component of a major study being developed jointly by the office of the Secretary of the Board of Control and the Mental Health Division. The study is intended to develop a modern management information system which will provide hospital and program directors with carefully selected, up-to-the-minute data upon which management decisions can be more effectively based. Patient census data and patient movements are the principal input data upon which the system will be based.

A modern management information system will eventually lead to the standardization of clinical and management records throughout the Division. The multiplicity of methods of recordkeeping will be reduced. Common and comparable data will be available at each hospital. Planning of programs and estimates of fiscal needs will be sharply improved. It will, however, take about five years to develop the standardized procedures.

Long-range program projection and planning are gradually being centralized in the Division. In the past, program, fiscal, and capital construction planning have been conducted independently by each hospital or section.

Program Projections

Specific objectives for 1969-71 have been identified toward reaching the goals noted earlier. These objectives are broadly based and are as follows:

1. Improvement of basic patient care. Of highest priority in the Mental Health Division budget request for 1969-71 is the increase of basic patient care staffing at the ward and cottage level. This increase includes the reestablishment of those positions eliminated by the Special Session of the 1967 Legislature in the fall of 1967, as well as adjustments in staffing levels based on changes in patient population and characteristics.

Improvement of basic patient care is also projected through the provision of certain basic commodities and improvements in living facilities. Specifically, these humanization items include paper napkins, drinking cups, doors on toilets, increased clothing supplies, and other related items.

2. Provision for continuity of care. Recent advances in knowledge and treatment methods have markedly decreased the length of hospitalization for many of Oregon's mentally ill and mentally retarded. The resultant increasing need for a variety of services to these people has stimulated the provision of precare and aftercare services by at least 29 different types of community agencies and individuals. A number of recent studies completed in Oregon and the experience of those agencies providing care indicate many gaps in the transition from hospital to community, from community to hospital, and among community agencies.

During the 1969-71 biennium, a number of programs have been projected, which are designed to utilize present experience and research information in the development of an effective continuum of care. These programs include precare-aftercare coordination at Oregon State Hospital, Eastern Oregon Hospital and Training Center, and Multnomah County Mental Health Clinic; a visiting nurse from Dammasch State Hospital; two additional community social workers from Fairview Hospital and Training Center; and one community social worker each at Eastern Oregon Hospital and Training Center and Columbia Park Hospital and Training Center.

3. Provision of special services to children and adolescents. An expansion of the Purchase of Care Program is projected during 1969-71, utilizing information gathered during the fall of 1968. Since this program meets the needs of children up to 12 years of age, adolescent

programs are being projected at Dammasch State Hospital and Oregon State Hospital to provide daily educational, recreational, and therapeutic activities for adolescents who will continue to reside on adult wards.

A total of 450 adolescents (ages 12 through 17) was admitted to the three hospitals for the mentally ill during 1966-68. On June 30, 1968, there were 59 such patients in residence.

4. Provision of specialized services to alcoholics. The development of programs designed to meet the special needs of alcoholics is projected at Oregon State Hospital, Dammasch State Hospital, and Eastern Oregon Hospital and Training Center. These programs will provide education, information, group therapy, and counseling--in addition to medical care.
5. Improvement of management information systems. The Board of Control and Mental Health Division staffs are working on an improved management information system which will be based on revised patient census and patient movement data. SCOPE will probably be integrated. By the end of the 1969-71 biennium, most elements of the system should be established, providing up-to-the-minute data upon which management and planning decisions can be based.
6. Centralized long-range planning and program integration. Several projects have been identified for long-range planning. Improvement of staffing standards is now under way. Centralization of medical-surgical services will be studied and planned. Long-range space needs in the hospitals for the mentally retarded will require study of population trends and distribution, program identification, and space classification. Capital construction and program development will be carried out, viewing the three hospitals for the mentally retarded as an integrated service unit. Long-range planning of specialized services to children, alcoholics, and drug addicts will be continued throughout the biennium. Planning of a systematic program of prevention of mental illness and mental retardation will be undertaken.

Other objectives include the implementation or improvement of the following:

1. Providing gratuities to working patients.
2. Providing staff to replace the declining patient work contribution.
3. Improving available space allocations for the retarded.
4. Eliminating unprofitable or nonproductive farm programs.
5. Maintaining a minimal waiting list at Fairview Hospital and Training Center.

6. Expanding the psychiatric security capability.
7. Increasing local treatment resources.
8. Initiating a special treatment and follow-up program for drug addicts.
9. Implementing a special program for the multiply-handicapped children at Fairview Hospital and Training Center in collaboration with the School for the Blind and the School for the Deaf.

Capital Construction

The table on the following page summarizes the status of capital construction requests in the Mental Health Division from 1967 through 1975. The program remains the responsibility of the office of the Secretary of the Board of Control.