

2. COLUMBIA PARK HOSPITAL AND TRAINING CENTER

C.W. Palmateer, Superintendent

History

Columbia Park Hospital and Training Center began service to the people of Oregon in 1929 as the Eastern Oregon Tuberculosis Hospital. It operated for approximately thirty years for that purpose. By legislative action in May 1959, the Eastern Oregon Tuberculosis Hospital was converted for the care of geriatric mentally ill and mentally retarded who needed minimal care. Since that time, it has had several names: Mid-Columbia Home, Columbia Park State Home, and now Columbia Park Hospital and Training Center. It is located on a plateau above the city of The Dalles overlooking the scenic Columbia River. This site contains approximately 64 acres of partially cleared and partially wooded lands.

Populace Served

The current population is comprised of mentally retarded adults. They are received by transfer from other Mental Health Division facilities, principally Fairview Hospital and Training Center, with approval of the Mental Health Division Administrator. None are admitted directly to this Hospital. The staff does not provide any locally oriented day-care programs of substitute parent programs for area families with retarded children or adults. Responsibility is limited to providing residential supervised living for the rest of their lives. Through a program of testing and evaluation at Fairview Hospital, it has been determined that these retardates will not benefit from educational, vocational, or other on-the-job training programs available elsewhere within the State.

During the biennial period, 87 residents have been placed in the community or discharged. In return, transfers-in have kept the space filled, so that the average daily population has been 505. The following census figures show the steady growth of retarded residents over which the staff maintains jurisdiction:

	<u>6-30-65</u>	<u>6-30-66</u>	<u>6-30-67</u>	<u>6-30-68</u>
On campus	483	518	504	506
Trial Visit	<u>69</u>	<u>64</u>	<u>96</u>	<u>107</u>
Total	552	582	600	613

The average daily population on campus during the previous biennium was 492. During 1966-68, this figure has increased to 505.

### Goals and Objectives

An operational philosophy for a state owned and operated facility is difficult to express. The principal response is to the needs of the people of the state. This is a changing scene in that the needs do not remain constant over the years. The way in which the required services have been developed and carried out has been called "program".

Columbia Park Hospital's program for the next few years will remain similar to that of the past few years--the care of mentally retarded persons. The scope of this program will range from provision of minimal care to maximum commitment of public resources consistent with defined objectives. The objective will be one of providing long-term institutional living to a group of people requiring continuous supervision at a cost consistent with state policy. The manner of carrying out this task will be such that the resident will enjoy his stay here as much as possible within the physical and material resources that have been allotted for that purpose.

Some elements of a general program of institutional living are: (1) hospital environment, (2) hospital manpower, (3) medical care, (4) recreational outlets, (5) exploration of the possibility of returning the resident back to the community, and (6) community relationships.

The hospital environment is Columbia Park Hospital's strongest point. It is a naturally endowed setting with excellent weather most of the year. The manner in which residents are allowed to come and go about the campus is one of maximum permissiveness. The residents are quite relaxed and seem to respond to minimal regimentation and to the maximum interpersonal exposures they have to each other. For some residents, it has been a period of "blossoming" which had never occurred during their lives. Most of the residents, however, do know that they are "inside" and that there is a world "outside" in which they have no part. Some would like to go into it; others would like to look briefly and return to the sanctuary of the Hospital.

The general role of agency manpower is to provide the substitute parental services that the retarded residents require in daily living. There are two major divisions of effort, the custodial responsibilities and the creative aspects. The custodial efforts concern the immediate needs of sleeping, clothing, dressing, eating, conduct, etc. The creative aspects concern the development of the resident to do things he has not done before, i.e., talk, learn new words, learn to do simple tasks to become more self-sufficient, participate in recreational diversion, etc.

Due to the staffing limitations faced by the Hospital, there has not been the opportunity to meet fully the creative needs of the resident. The staff has been so burdened with taking care of the daily custodial needs

that it has felt discouragement in trying to become creative. If anyone did try, he had no assurance on continuity to make the effort successful.

The medical care program includes the services of physicians, a dentist, a small hospital, and other services purchased from within the community and outside the community. The basic medical care is that which one might expect to find in any small community within the state. The quality of care is adequate in terms of medical standards. Actual needs are met. Elective procedures are carefully considered in light of a logical rationale for resolution. For example, the retarded resident is not subjected to surgical procedures that are not necessary for his immediate well-being. The medical care program does concern itself with the future potential of the resident when choices are to be made. An effort is made to maximize the self-sufficiency of the resident for either institutional living or possible placement.

The recreational programs are diverse in that there is a wide variety of residents to satisfy. The range is from having a "job" on a daily basis to that of merely going for a walk just to avoid sitting or lying around all day. Recreational efforts begin on the ward by the nursing staff and are carried out in more detail by the recreational staff. This may include a movie schedule, supervised crafts, musical programs, off-campus trips, and arrangements for community groups to present programs at the Hospital. As the population has changed over the years, the recreational efforts have changed to meet the needs of the group. In this instance, the newer resident has been a more severely retarded person. A major shift in population has occurred. This has resulted in an increase of simpler activities to fit a more retarded group.

The conversion of the Eastern Oregon Tuberculosis Hospital to the care of the geriatric, then psychotic and now retarded person met with local objections at first. Those objections have changed to tolerance. Very few of the community residents find reasons to come to the Hospital voluntarily. Columbia Park Hospital is like a community within a community. So long as the residents are deemed to be "strange" by the average person, they will not have a freedom of movement between here and the community. All events which have occurred to date have been scheduled events or organizational events which breach the barrier. This is not unusual or irregular under these circumstances.

#### Program Projections

During the 1969-71 biennium, it is planned to continue the population shift toward the more severely retarded person. This is in response to the needs that have been identified at Fairview Hospital and Training Center. Community placements are gradually being found for the less severely retarded persons. The severely retarded person does not fit into

most community facilities. A lifetime of institutional living faces the severely retarded person who may have handicapping conditions--ambulations, seizures, aggressive behavior, etc. As this need is identified, the basic responsibility to the people of the state is being met, i.e., to identify a need and to shift to meet that need. In shifting toward a revised program, one-half of the facility population may be of the severely retarded category by the end of the next biennium. The six items earlier stated as elements of an institutional living program will have to be modified as this change occurs. The principal elements that will change will be a greater staffing requirement and a reduced ability to return the resident to the community. The resident that is more and more dependent does require more staff time just to take care of the custodial aspects from day to day. Not being able to place as many residents will cause the facility population to become static. There will be higher per person costs and future capital construction to meet space needs of a steadily increasing dependent population.

#### Capital Construction and Improvements

The capital construction and improvement program concerns itself chiefly with offsetting the problems of obsolescence. The majority of the structures are over twenty years of age. The purpose for which each was built has been changed several times over the years. The physical surroundings for residential living for the retardate are quite suitable. He is a bit harder on the furniture, so to speak, than the normal person. The utilities were built originally for a smaller complex of buildings and are now substandard when measured against today's average needs. Efforts will be made to keep up the premises by investing resources as it seems logical in prolonging the useful life of each structure. There are current projects to expand the laundry building and renovate the electrical systems in the Heath Building. During the 1969-71 biennium, it is planned that a new shop complex will be built and that plans will be developed for new living facilities on the campus based upon the role of the Hospital.

Columbia Park 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	1967-1968	Total Expenditures 1966-1968
	Biennial Appropriation	Biennial Appropriation	
	Expenditures 1966-1967	Expenditures 1967-1968	
Administration	\$ 84,315	\$ 92,145	\$ 176,460
Dietary	212,965	226,994	439,959
Physical Plant	130,569	130,191	260,760
Physical Care	423,406	554,630	978,036
Medical Care	198,964	202,497	401,461
Adjunctive Services	62,069	55,189	117,258
Capital Improvements	<u>26,381</u>	<u>6,477</u>	<u>32,858</u>
Total	\$1,138,669	\$1,268,123	\$ 2,406,792

Summary of Expenditures By Fund			
General Fund	\$1,114,061	\$1,244,333	\$2,358,394
Miscellaneous Receipts	<u>24,608</u>	<u>23,790</u>	<u>48,398</u>
Total	\$1,138,669	\$1,268,123	\$2,406,792

Miscellaneous Schedule

	<u>June 30, 1967</u>	<u>June 30, 1968</u>
Number of Employees, Positions Filled	162	174
Assessed Valuation of Physical Plant	\$4,115,449	\$4,126,962
Number of Acres	63	63