

### 3. EASTERN OREGON HOSPITAL AND TRAINING CENTER

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#### History

Eastern Oregon Hospital and Training Center, which is located within the city of Pendleton, was opened in January 1913 to serve the mentally ill residing in most of the counties east of the Cascade Mountains. This hospital, which had formerly been known as Eastern Oregon State Hospital, was given its present name by the Fifty-third Legislative Assembly as a result of the inauguration of a new program to accommodate the mentally retarded. During the 1964-66 biennium, three wards were completely rebuilt, enabling the use of five wards for the retarded. Three more wards were remodeled during 1966-67, and an additional two wards are being remodeled during this biennium. The completion of this remodeling will probably achieve the maximum possible population of the retarded at this hospital. Most patients are profoundly and severely retarded and require intensive care. They are unable to assume a patient-worker role, and a relatively high staff-to-patient ratio is necessary to care for them.

#### Populace Served

The present hospital catchment area for the mentally ill includes all counties east of the Cascades with the exception of Lake, Klamath, Jefferson, Deschutes, and Crook Counties, and represents a little under 10 percent of the state's population and about 47 percent of the state's area. Voluntary patients may be admitted from all counties of the state, and committed patients outside the catchment area may be admitted in certain instances at the direction of the Administrator of the Mental Health Division. Mentally retarded patients are admitted only by transfer from Fairview Hospital and Training Center. The hospital operates an outpatient clinic, which serves those residents of Eastern Oregon who do not require admission to the inpatient services and are unable to avail themselves of local psychiatric facilities.

#### Population Statistics

|        |                   | <u>M.I.</u> | <u>M.R.</u>       | <u>Total</u> |
|--------|-------------------|-------------|-------------------|--------------|
| Intake | 7-1-67 to 6-30-68 | 715         | 11                | 726          |
| Outgo  | 7-1-67 to 6-30-68 | 747         | 28                | 775          |
| ADP    | 1966-68           | 543         | 341               | 884          |
| Census | 6-30-68           | 504         | 374               | 878          |
|        |                   |             | (+7 trial visits) |              |

### Goals and Objectives

The Hospital has assumed as a major goal the restoration, where possible, of patients to mental and physical health and economic self-sufficiency. Where this cannot be achieved, it is the hospital's aim to assist the patient to reach that state of mental and physical health which would enable him to return to, and be reabsorbed into, the community in a situation commensurate with his abilities. For those patients unable to return to their communities, it is hoped to provide adequate treatment and environmental and recreational orientation to permit them to achieve the maximum of their potential. To achieve this, the staff has emphasized a progressive overall treatment program which includes chemotherapy, electrotherapy, individual psychotherapy, group psychotherapeutic sessions, marriage and family counseling, dental hygiene programs, laboratory services, educational, library, recreational and vocational programs, and the use of medical consultants in neurology, pathology, psychiatry, gynecology, radiology, surgery, and psychiatry.

A second major goal is the institution of programs which would more deeply involve the hospital with local communities, particularly in the fields of after-care and services to the alcoholic. The Hospital-Family Project has been of invaluable aid in providing follow-up service for many of the discharged patients in the four counties (Baker, Umatilla, Union, and Malheur) involved in that program, but similar services in other parts of the hospital's catchment area have not been adequate because of shortage of social workers and the distances involved.

### Status of Major Programs

During the biennium, more emphasis has been placed in the Mental Illness Unit on general group psychotherapy with development of patient ward councils, particularly in the admission wards and the open continuous treatment wards. Two of the latter wards are the subject of an inservice training grant for training in community living and job placement.

Close cooperation has been developed with the Department of Vocational Rehabilitation with regard to all long-term patients; but the age group and lack of employment facilities, nursing homes, and/or residential facilities have created problems of placement. In cooperation with the Department of Vocational Rehabilitation, a larger and better equipped sheltered workshop has been built.

A valuable new program has been the development of an inservice training program for the entire professional staff, funds having been provided to bring specialists from various mental health disciplines to the hospital for lectures and seminars. Several staff members participated in a program of Small Group Training for Community Leaders (Sensitivity Training) with subsequent benefit to the Hospital.

