

**CAMARILLO STATE HOSPITAL & DEVELOPMENTAL CENTER**  
**"Enhancing Independence Through Innovation"**

**H I S T O R Y**

(Revised 12/95)

**E X E C U T I V E     D I R E C T O R     H I S T O R Y**

David E. Freehauf, M.S.E., Executive Director 7-6-92 to Present

Frank Turley, PhD, Executive Director 9-24-84 to 7-9-92

Clint Rust, Executive Director 10-1-77 to 9-23-84

Martin Gish, MD, Acting Medical Superintendent dates unknown  
(employed 7-1-68 to 12-31-84)

Harry Jones, Superintendent 7-31-74 to 9-1-76

Chuck Allen, Superintendent 4-1-72 to 12-29-73

Vernon Bugh, Superintendent 12-1-68 to 3-31-72

Louis Nash, Superintendent 4-1-63 to 7-10-68

F. H. Garrett, MD - unknown - 1949-1963

Thomas W. Haggerty - unknown - 1936

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In 1929, the State Legislature appropriated \$1,000,000.00 for the establishment of a new mental hospital in Southern California to relieve overcrowding in the other state hospitals. In 1931, the Legislature appropriated an additional \$455,600.00 for the construction and equipping of a patient's unit. In 1932 the present site of 1,648 acres, located 4.5 miles south of Camarillo, was purchased for approximately \$425,000.00. The hospital was built under WPA auspices and due to a lack of a sufficient local labor force, people came from all around the country to build the hospital. Construction was started on the first portion of the male "custodial" unit and was ready for occupancy in the summer of 1936. Initially, the facility housed patients only in what is now known as the South Complex with the "Bell Tower Building" serving as the original Administration building. The first 410 patients were admitted to the facility on November 1, 1936.

The hospital continued to receive Legislative appropriations for construction and expansion and construction of the north Complex was initiated in 1949. Camarillo experienced one of the most phenomenal increases in patient population of any institution in California's history. From a mere 410 patients in 1936, population grew to 1,082 in 1937; 2,501 in 1940; 4,123 in 1945; 4,960 in 1950; 6,748 on April 8, 1953; 6,865 on June 30, 1955; and in excess of 7,000 patients in 1957.

During the years of expansion, alterations were made to the existing ranch buildings to accommodate 100 "working patients" to assist in extensive farm work and operations. The hospital was able to keep farming operations abreast of the increasing population with increased acreage and vegetable production and by growing alfalfa for the 560 Holstein cows in our dairy. Farm acreage consisted of 304 acres of Alfalfa, 227 acres devoted to vegetables, 178 acres of grain crops, and 80 acres of orchards. In 1949 the Receiving and Treatment (R & T) Building and the present Administration Building were completed.

In 1963, the hospital was honored by the American Psychiatric Association with the Bronze Service Achievement Award for its initiation of a new one-hour admission procedure.

By 1967, the population of mentally disabled persons in the state hospital had declined sufficiently that the Superintendent was authorized to admit the first developmentally disabled in order to relieve overcrowding which existed in the facilities where they had been treated.

The reduction in the number of mentally disabled persons at the facility came about for various reasons. In the mid 1950's a number of developments began which resulted in reductions in the state hospital population of mentally disabled individuals, including the development of anti-psychotic medications; and in

the 1960's welfare benefits were first made available to persons who were disabled as a result of a mental disorder and federal funds were made available to establish local psychiatric treatment facilities and board and care facilities in the community.

Originally, 200 developmentally disabled persons were selected for transfer from other Developmental Centers (then known as State Hospitals). Two to four hundred developmentally disabled persons came to CSH/DC over approximately the next six (6) month period, primarily from Lanterman and Fairview. This part of the facility was known as Division 4 at that time.

In 1969, the Lanterman-Petris Short Act became effective. This law eliminated the previous indefinite commitments of persons who were found by a court to be mentally disabled. The new laws required automatic judicial review of every decision to hospitalize a person involuntarily beyond a very limited period - usually any period longer than 17 days and required annual court reviews for individuals with long term commitments.

In 1971, the treatment staff of the facility was reorganized into the present program management concept which established treatment programs for persons with similar needs. Each treatment program is led by a Program Director, who is either a developmental health or mental health professional, and all the staff in the program are administratively responsible to the Program Director. In 1976, the first Executive Director was appointed.

In 1978, Fire, Life and Environmental Improvements began, and they were completed in 1993, including 13 state hospital units and 16 developmental center units.

In 1983 "Activity Centers," an innovative approach to training and treatment provision, was initiated at the facility. The Activity Centers provided day treatment off the living units and consumers left their living units at various times of the day and evening to attend therapy groups, activity groups, and educational programs. The Camarillo State Hospital and Developmental Center service delivery system advocates consumer participation, responsibility, performance, and productivity. We endorse the concept that all individuals with disabilities deserve training and treatment that will enable them to move toward independent functioning and a less restrictive living environment.

In March 1992 there was a re-organization of the Developmental Center into three main areas: 1) Residential Services -responsible for IHP development, ADL training, IPC component, development of behavior management programs, rights and legal activities, evening/weekend recreational and leisure time activities, and medical and nursing services; 2) Habilitation Services - responsible for consolidated vocational services, DTACs (Day Treatment Activity Centers), daytime recreational training/skill acquisition, evening/weekend special activities, implementation of behavior management plans during DTACs/school, educational services, and client support services (i.e. traditional CPS services); and 3) Quality Assurance Services - responsible for staff in-service training, BMC/HRC systems, DC clinical records quality control, risk management, external monitoring and

evaluation of the implementation of Active Treatment, direct coordination of activities with the facility SCC, facility QA, and DCD QA, functional supervision of Accreditation, Licensing, and Certification workplans, and training on the California Standards.

This new structure was designed to address enhanced concentration on the provision of active treatment programming, improved utilization of resources by developing a more effective and responsive delivery system, and a more reasonable span-of-control and expectations for managers.

In April 1995 the paradigm shift was introduced to the facility at a special training session put on by the Executive Staff and the Deputy Director of Residential Services, DDS. The training was titled "The Service Shift: Being A Change Agent In Changing Times." This training covered the many changes going on in both the State Hospital and the Developmental Center, including discussion on Person-Centered Planning and the Coffelt decision.

On June 1, 1995 the IPP (Individual Program Plan) process was introduced and implemented to better provide services to our consumers through a new and improved format.

At the present time we are serving a population of approximately 495 developmentally disabled consumers and 394 mentally disabled residents from throughout California. The "vision" for the facility, "Enhancing Independence Through Innovation," is put into practice throughout the programs and departments of the facility by dedicated staff who provide care, training and treatment for individuals with developmental and mental disabilities. The role of the facility has changed drastically since it opened its' doors in 1936. It has evolved from a locked institution for the severely mentally ill to a facility that provides innovative training and treatment modalities to help stabilize individuals with developmental and mental disabilities and return them to their community as soon as possible.

#### STATE HOSPITAL PROGRAMS

##### PARTIAL HOSPITALIZATION

Currently day treatment services for the mentally disabled adult population are provided on our Partial Hospitalization Program. Adult Psychiatric Consumers are provided an intensive Biopsychosocial Program for five (5) hours per day, 5 days per week, based on an assessment of individual consumer needs. The program includes case management, psychological and social services, rehabilitation therapy, education, pre-vocational skills training, and independent living skills. The goal of Partial Hospitalization is to empower each participant to obtain the highest level of independent functioning possible.

##### PROGRAM 2 (Adult Psychiatric Rehabilitation Services)

The Psychiatric Rehabilitation Service Program provides services to adults with mental disabilities presenting long-standing needs in life skills and behavioral problems. Structured treatment services include rehabilitation therapy, behavior modification,

Adult Education, pre-vocational training, and independent living skills. There is also an Acute Admission Unit which provides evaluation and assessment services by an interdisciplinary team to newly admitted consumers. An individual program plan is designed to stabilize and treat the consumer utilizing treatment modalities such as group and individual therapy, milieu therapy, chemotherapy, behavior modification techniques and teaching modules. Finally, there is an alternate care unit providing services to mentally disabled adults nearing return to the community. Individuals on this unit are encouraged to be even more independent, doors are unlocked during the day, and the residents participate in an "On-Unit Dining Program." b

Treatment is focused on meeting the specific needs of the consumer, maximizing consumer independence, and returning consumers to community living. Most consumers attend the Partial Hospitalization Program for 5 hours a day, 5 days a week.

#### PROGRAM 5 (YOUTH SERVICES)

Program 5 provides residential treatment services, educational and vocational services to youth ages 8-18 years, based on an assessment of individual needs. Children ages 8-14 are located in a beautiful foothill setting within the facility grounds apart from the main campus area. Also located in this area is Mountain Valley School. The Adolescents, ages 14-18 years, are served on residential units located in the main campus area. Nash High School is located nearby.

The Re-Education Project is a Group Home living environment on facility grounds. Consumers live in the re-ed home during the week and at home with their families on weekends. Each child's daily life experience becomes a part of his/her treatment program both here at our facility and at home with their family.

#### PROGRAM 6 (GERO-PSYCHIATRIC/ACUTE MEDICAL SURGICAL SERVICES)

Program 6 serves a wide age range of consumers exhibiting symptoms of psychiatric disturbances by providing rehabilitative, psychosocial and skilled nursing care with the ultimate goal of assisting consumers to return to a community setting.

The Acute Medical/Surgical unit provides consumers with specialized medical, neurological and surgical care. Consumers in need of specialized medical services are transferred to this treatment setting and returned to their home units after the specific medical need is met.

#### RESEARCH

Research conducted at Camarillo State Hospital and Developmental Center is under joint sponsorship of our facility and the Neuropsychiatric Institute of the University of California, Los Angeles. UCLA faculty members located at CSH/DC conduct applied research and training on the causes, treatment and prevention of developmental disabilities and schizophrenia.

## DEVELOPMENTAL CENTER PROGRAMS

The Developmental Center portion of our facility is comprised of three residential programs. While each program is designed to meet differing consumer needs, all programs focus on providing each consumer with an extensive training program designed to maximize consumer independence and return to community living.

### PROGRAM 8 (LEARNING/SENSORY DEVELOPMENT)

Program 8 serves male and female consumers who are psychiatrically impaired and have developmental disabilities. Most of these consumers also present with moderate to severe behavior problems. The residential units concentrate on training for individuals displaying aggressive and/or self-injurious behavior, or other anti-social behaviors. In addition, two units are designed to serve individuals challenged with partial or complete visual or hearing impairment. While the primary focus of treatment is in the alleviation of maladaptive behaviors, training in social skills and encouraging appropriate behavior is also emphasized.

### PROGRAM 9 (BEHAVIORAL THERAPY AND SOCIAL LEARNING)

Program 9 specializes in serving male and female individuals who are developmentally disabled and in some manner are involved in the criminal justice system and/or have a psychiatric diagnosis in addition to their being developmentally disabled. A major criterion for admission is that the consumer be deemed dangerous to him/herself or others. Functioning levels of consumers in Program 9 are generally in the moderate to mild levels of retardation. Treatment programs include, but are not limited to, legal competency training, sex education, sex therapy, anger management, academic, vocational, and leisure training. The Program does provide services to consumers who are physically challenged and/or have health problems as long as other admission criteria are met.

### PROGRAM 10 (BEHAVIOR DEVELOPMENT AND LEARNING CENTER)

Program 10 provides treatment services to children and adults of all developmental levels challenged with autism and other developmental disabilities. The program's goal is to help consumers acquire the skills and behavior patterns necessary for their successful return to the community. Treatment programs are designed to develop social, educational, and vocational skills to allow the individual to lead an active and productive life.

### REGIONAL PROJECT AT CAMARILLO

The Regional Project at Camarillo (RPC) is a service committed to ensuring quality community options for persons currently residing at Camarillo Developmental Center, as well as persons likely to be referred for admission. We believe that meaningful inclusion in the community for persons with developmental disabilities is a right and that it is the responsibility of the Project to develop services and supports that meet the individual needs and desires of individuals and their families who choose to exercise this right.

# HABILITATION SERVICES PROGRAM

Habilitation Services provides day training to consumers residing in Programs 8, 9, and 10, and provides resources and services that are utilized by all consumers in the State Hospital and Developmental Center, and by the staff of the facility. The services, under the direction of the Habilitation Services Director, include educational, vocational, and leisure training, audiology and speech services, religious services, volunteer services, equipment adaptation, consumer escort/transportation, Foster Grandparent/Senior Companion Projects, beauty and barber shops, consumer and staff libraries, Special Olympics coordination, and recreational facilities and activities.

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