

DEPARTMENT OF DEVELOPMENTAL SERVICES

CAMARILLO STATE HOSPITAL

P.O. BOX 93011, CAMARILLO

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HISTORY

Camarillo State Hospital and Developmental Center was authorized by the Legislature in the early 1930's in order to relieve congestion in other state hospitals for the mentally disabled. Initially, the facility admitted only mentally disabled persons. The first patients were admitted on November 1, 1936. A total of 410 persons were delivered that day by chartered train from other hospitals. Initially, the facility was prepared to house patients only in what is now known as the South Complex. The Bell Tower building was designed as the original Administration Building.

The South Complex filled rapidly with additional transfers - mostly delivered by other chartered trains. Construction of the North Complex began in 1939. When completed, the North Complex was designated as the "female side" and the South Complex as the "male side".

Originally, the chief executive officer had the title of Superintendent and Medical Director. His principal subordinates included an Associate Medical Director who was second in command for treatment matters and a Hospital Administrator who was in charge of business affairs, building and grounds. The treatment staff were divided into Divisions, each of which was headed by an Assistant Superintendent who was always a physician. The entire nursing staff was supervised by a Superintendent of Nursing, the Social Workers were headed by a Chief of Social Services and the psychologists and rehabilitation therapists were similarly supervised by a chief.

The facility continued to grow apace with the R and T Building, and the present Administration Building being begun in 1949. The population continued to grow until 1957, when it exceeded 7,000.

In the mid 1950's, a number of developments began which resulted in reductions in the state hospital population of mentally disabled. The first of these was the development of anti-psychotic medications. These permitted the first real treatment of mental disabilities. Prior to that it was generally accepted that persons hospitalized with severe mental illness would remain for their lives. With the medications, many of the patients improved rapidly and could be considered for discharge. Most of them, however, would require continued treatment on an outpatient basis. In the early 1960's, welfare benefits were first made available for persons who were disabled as a result of a mental disorder and federal funds were made available to establish local psychiatric treatment facilities in communities. With the availability of welfare funds, board and care facilities were established to provide a home and supervision for former patients. By 1967, the population of the facility 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. Originally, 200 developmentally disabled persons were selected for transfer from other Developmental Centers (then known as State Hospitals).

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 reconsideration by the court at least annually. This resulted in further reductions in the numbers of mentally disabled who were hospitalized. That, in turn resulted in more space being available for the developmentally disabled.

In 1971, the treatment staff was reorganized into the present program management concept. This involved the establishment of treatment programs for persons who had similar needs. Each treatment program is headed by a program director who is a mental health professional, and all the staff in the program are administratively responsible to the program director.

In 1976, the facility experienced a highly publicized investigation by the Ventura County Grand Jury into a number of Deaths which had occurred at the facility. The Grand Jury indicted a total of 7 employees on a variety of criminal charges, but none of them were actually prosecuted. As a direct result of the investigation, a number of major improvements were made. The medical staff adopted limitations on the administration of medications which are much more strict than are required by the Food and Drug Administration. All deaths at the facility are now reported to the Ventura County Coroner. A Special Investigator was added to the staff, who investigates all deaths and all reports of misconduct at the facility. Also in 1976, the first Executive Director was appointed at the facility. At the present time, the Executive Director has three principal line subordinates: The Clinical Director who is in charge of programs for the developmentally disabled, the Medical Director who has charge of all programs for the mentally disabled and the Hospital Administrator who has authority over all business functions.

The present population of the facility includes approximately 665 mentally disabled and 555 developmentally disabled. There are more than 1900 employees.