

c/ P. V. Ke
6/3/96

Information Report

CAMARILLO STATE HOSPITAL

Prepared by Randall Feltman
January 28, 1996

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As requested by the Health Care Agency Director, I have compiled and prepared the following summary information related to the status of Camarillo State Hospital for review and consideration by the Members of the Board of Supervisors, and the Chief Administrative Officer. I have done my best to obtain current information from key informants to assist the Board in the development of a County position on the future of Camarillo State Hospital and related policy direction for staff. Attachment 1, Sections A -E include statistical data and information prepared by the State Department of Mental Health, the State Department of Developmental Disabilities, and the Executive Director at Camarillo State Hospital.

I will keep Board Members and Chief Administrative Officer informed during the coming months of any additional information I receive from the State authorities or others. I am available at Board Members convenience if I can clarify or assist with additional information or answer questions.

Sections of this Report include:

- I. Background Information about CSH
- II. Impact of Closure on Ventura County
- III. Key Participants in Decision-Making Process - State and Local
- IV. Alternative to Closure

I. Background Information about CSH

Attachment 1 contains five sections with important information about CSH. This information includes excerpts from January, 1996 Report prepared by the Directors of the State Department of Mental Health and the State Department of Developmental Services and a second report prepared by the Executive Director at CSH, David Freehauf, about the CSH staff.

This program and financial information includes:

- A. CSH Questions and Responses
 - Why is a Closure Necessary?
 - Why Close Camarillo?
 - What is the Approval Process for This Closure?
 - What will Happen to the Patients at Camarillo?
 - What will Happen to the Camarillo Employees?
 - What will Happen to the Camarillo Property?
- B. CSH Historical Background
- C. CSH Fact Sheet
- D. CSH Resident Descriptions - Developmentally Disabled and Mentally Ill
- E. CSH Staff Information
 - How Many, Classifications, City of Residence, etc.

II. Impact of a Closure on Ventura County

The primary consequence of the closure of CSH for Ventura County is the economic impact. These factors include:

- 1600 employees (80% live in Camarillo, Oxnard, and Port Hueneme) including
 - 20 Physicians
 - 820 Nursing Staff
 - 100 other mental health professionals
 - 42 teachers
 - Approximately 600 other support staff
- 80 million dollar payroll

The number of Ventura County patients and families at CSH impacted would be minimal. Currently, only 58 of 866 CSH residents are from Ventura County (20 MI, 38 DD). The patients with mental illness would be transferred to Metropolitan State Hospital in Los Angeles County, the DD patients would be transferred to Porterville Developmental Center in Modesto or Fairview Developmental Center in Orange County. Less than half of these residents have family members who live in Ventura County and visit their relatives.

The Tri-Counties Regional Center is responsible for the 38 Ventura County DD patients and would work with State authorities and local families on their transfer, visitation, or aftercare planning and issues.

Ventura County Mental Health Department would work with each mentally ill resident and their family on the same issues. La Posada, which has 30 new beds opening this year will reduce the number Ventura County residents impacted.

If CSH closed as a hospital any new tenant would be confronted with the same expensive fixed cost of plant operations and maintenance currently estimated at 25 million. Smaller independent Ventura County uses (mental health, drug and alcohol, homeless shelter, social services, education, etc.) would not be able to carry these centralized fixed costs without a large "anchor" user such as a regional hospital, university, or prison.

III. Key Participants in the Process - State and Local

1. Dennis Amundson, Director, State Department of Developmental Services

DDS is currently responsible for CSH. The Department of Mental Health has an interagency agreement to place persons with mental illness in CSH. DDS has seven Developmental Centers and is in the process of implementing an Appellate Court settlement reducing their population from 6000 to 4000 patients and transferring those funds with the patients to community-based Regional Centers. He must pull out of Camarillo and likely one or two more DD Centers before the settlement is fully implemented. The likelihood of a reversal of the decision to move DD patients from CSH is remote.

2. Steve Mayberg, Director, State Department of Mental Health

Steve will have the lead role in any alternative plan if CSH is to remain open as a hospital. DMH has been the secondary partner at CSH in the past but is now the only potential future operator if it is to remain a hospital. DMH has five State Hospitals - Camarillo, Metropolitan, Napa, Atascadero, and Patton. The three LPS (County Admissions) hospitals are operating at about 30% of capacity with further decline still anticipated. By contrast, the two DMH State Hospitals that treat forensic mentally ill patients, Atascadero and Patton, are seriously overcrowded. Forensic patients are persons with severe mental illness who have committed a crime, are admitted by a Superior Court under a Penal Code Section and are funded 100% by State General Funds rather than County Realignment funds. New legislation signed by the Governor, AB888, adds two years of treatment in a DMH State Hospital to the previous prison sentence for persons convicted of sex crimes. DMH must develop a State Hospital Program for this new population estimated to reach 600 within a couple years. DMH needs a third Forensic State Hospital.

3. James Gomez, Director, California Department of Corrections

The CDC is being forced under Appellate Court Supervision to provide adequate mental health treatment for persons with serious mental illness in the State prisons. There are approximately 130,000 persons in California prisons and 5-10% are estimated to have severe mental illness. A part of a potential CDC plan to address this problem would be to contract with DMH for State Hospital Beds for inmates who are severely mental ill and a low security risk. DMH is negotiating with CDC on such an arrangement. CDC needs a third forensic State Hospital for this service.

4. Local Government

Ventura County Board of Supervisors
Camarillo City Council
Oxnard City Council

The Governor's staff have expressed concern to the DMH Director about some of the initial Ventura County press reports opposing the potential admission of forensic mentally ill patients to CSH. Steve Mayberg has indicated that any plan would require the support of the Board of Supervisors, and the City Councils in Camarillo and Oxnard in order to succeed as an alternative proposal to CSH closure.

5. Local Citizens Groups

The primary organized groups involved include:

- The State Hospital Employees - Unions are organizing opposition to closure and political advocacy. Staff support a transition to a forensic hospital. Ironically, these patients are less difficult to manage and treat than the severely disturbed and difficult patients currently referred from counties. Individual

staff have begun on their own to advocate with local elected officials and candidates. Dr. Robert Liberman, Director of the Clinical Research Unit at CSH, has been an independent and outspoken critic of closure.

- Ventura County Mental Health Board is supporting continued operation of CSH as a psychiatric hospital and have not had an opportunity for a full review and discussion of the options.
- Family Alliance for the Mentally Ill (FAMI - Lita Beijo, President) A small group of family members of mentally ill patients at CSH advocating for no change.
- Ventura County Alliance for the Mentally Ill shares some members with FAMI and currently would like CSH to remain unchanged.

Alternative to Closure

Based on the information available to me, CSH can only survive as a State Hospital if it becomes the third forensic State Hospital for the mentally ill in California. The State Department of Mental Health needs and supports this expanded forensic treatment mission at CSH. No other State Agency has indicated an interest in CSH. Steve Mayberg has said CSH would have to increase the number of patients to a minimum of 1000 in order to justify the fixed costs of plant operations, maintenance, and overhead (in excess of 25 million). **The only expanding population of persons requiring hospital treatment with revenue to pay for this care are mentally ill persons from the Criminal Justice System.** The State and its Department of Corrections have the resources to fund this care if they choose or are required to do so by the courts. Camarillo has the space and has served the forensic mentally ill population in smaller numbers without notice or incident for the past twenty years.

Camarillo cannot continue operation with its current declining population and mission. Without a new mission and an increased patient census it will close. These reasons are discussed in detail in Attachment 1 - Section A

1. **Under a court settlement (Coffelt) one third of all Developmentally Disabled patients in the seven State Developmental Centers must be discharged (6000 to 4000).** This is the third year of a five year process. The current population is down to about 5000 and falling steadily toward the goal of 4000. Seven DD Centers must consolidate to five or fewer to reduce fixed costs. Camarillo has the smallest patient population and the highest fixed cost. The Director of State DDS is committed to removing their patients from Camarillo as part of this consolidation and downsizing.
2. **The census of Southern California County patients with mental illness at CSH will continue to decline due to cost, legal restrictions on involuntary hospitalization, and efforts in all counties to develop smaller, less expensive, local programs for these patients.** Currently, the remaining State Hospital patients could be served most economically in only one State Hospital. Metropolitan and Napa each have a licensed capacity of 1100+. Maintaining even two hospitals, one in the north and one in the south, is a compromise to this financial reality and an accommodation to regional differences and preferences.

3. Los Angeles County, the primary user and purchaser at both Camarillo and Metropolitan, has strongly supported continued operation at Metropolitan because it is located in their county and closer for their families and staff. Also, if Metropolitan closed many Southern California patients would have to go north to Napa because CSH is smaller and doesn't have capacity for all Southern California patients. It only has 600 licensed beds for persons with mental illness. The current DD dormitories are not available because they don't meet current license standards for mentally ill patients.
4. Ventura County Mental Health has no treatment or other use that would be affordable to the County and have any significant impact on CSH's primary problem - their fixed cost of plant operation and maintenance. The State's interest is to keep Camarillo open as a licensed hospital and must have sufficient patients to justify the expensive fixed cost of the campus. Although Ventura County is the host county it is a small user with only 20 MI beds. If CSH was to remain open any other marginal use by Ventura County would have to be compatible with a new "core" mission and client population. Lease agreements, such as we had with the HERO Homeless Shelter, or for other current treatment programs, specialized housing, or other existing social service programs would not provide CSH sufficient funding to remain viable and present internal security problems related to program compatibility. CSH offers no benefit for Ventura County outpatient programs for children, adults, or seniors, because these services must be offered in local communities in collaboration with other agencies such as schools and must be accessible to persons who don't drive.

If CSH were to close as a hospital and Ventura County was given access it may have a variety of uses for the property and facilities if a feasibility study was completed and indicated the cost and maintenance of centralized plant operations for specific uses could be addressed.

5. Internal communications between Cal State officials and DMH indicates that Camarillo is not a feasible option for a university for many reasons and that it will be taken off the table by Cal State officials shortly. They wish to move forward with the development of the approved site they have purchased.

The old, deteriorating, and massive infrastructure including: private roads, buildings with asbestos, old boilers and steam heat ducts, the absence of air conditioning, and outdated electric, water distribution and plumbing, no longer meet code and would have to be replaced at a potential cost greater than new construction. It is also reported that in the past 60 years toxics have been buried on the grounds and would have to be cleaned up before any new use was approved. An EIR would be required, take substantial time, and involve major cost to detail these issues. Also Lewis Road which leads to CSH is a rural two lane road and access is effectively limited to this one entrance/exit.

6. An analysis done by the State General Services Agency in 1994 came to the conclusion that CSH is also not a viable site for a prison due to the cost of conversion.

If Camarillo were to become a forensic hospital there are a number of important details of local concern and for Board consideration.

- Which forensic patients would be treated at Camarillo?
 - Where would the New AB888 Sex Offenders go?
 - How would forensic patients be screened for Camarillo?
 - Camarillo could function as the "Minimum Security" forensic hospital with the higher risk patients going to Atascadero or Patton. These hospitals are more secure than Camarillo, even with new security enhancements, and they have more experience with this population.
 - AB888 patients (Sexually Violent Predators) could go to Atascadero or Patton and Camarillo could take their lower risk displaced patients. The State would send the 888 patients to Atascadero or Patton and commit to a "Step-down" policy and division among forensic hospitals.
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- DMH would also have to implement a screening protocol to assess security risk in order to assign appropriate patients to each of the three hospitals.

Finally, there is a time pressure for resolution related to the issue of licensure. Closure is scheduled to begin in 1996 and be concluded by June 30, 1997. If the current hospital ceases operation and the license lapses for even a brief period, all buildings must be brought up to 1996 hospital building, fire, and safety codes. This would be financially prohibitive and preclude the use of CSH as a hospital in the future.

The preceding information available on this date reflects the an effort to compile and provide objective, factual, and useful information to our Board Members. There may be other information or future developments in this dynamic process that create options not considered here.

WHY IS A CLOSURE NECESSARY?**HISTORIC POPULATION DECLINE**

- Until the 1960s, California relied almost exclusively on the State Hospital system to serve persons with mental and developmental disabilities.
- In 1959, the population in State institutions reached its all time peak serving approximately 48,000 people (37,500 MI and 10,500 DD).
- With the advent of community based systems of care and passage of the Lanterman-Petris-Short Act and Lanterman Developmental Disabilities Act, the population of State institutions has declined every year for the past 30+ years.
- The current population of the State institutional system is down to 8,575. This includes 1,266 LPS patients; 2,454 mentally ill forensic; and 4,855 persons with developmental disabilities.

FUTURE TRENDS

- For a variety of reasons, the State hospital and developmental center populations are projected to continue to decline over the next several years.
- In 1993, a class action lawsuit (Coffelt v. DDS) was settled requiring the Department of Developmental Services to reduce its institutional populations by 2,000 persons over a five-year period. This represents a 30 percent reduction by June 30, 1998.
- The Federal Department of Justice (DOJ) has also threatened a major lawsuit against the State of California unless DDS dramatically reduces its institutional population.
- While the mentally ill forensic population is expected to increase incrementally, the LPS patients will continue to decline as counties develop less costly options than State hospital care.

- Because of the continuing decline in resident population over many years, both DDS and DMH have excess bed capacity in their respective institutions. This will necessitate the consolidation and closure of some of the State institutions over the next several years, and the conversion of these facilities to other uses.
- In the developmental disabilities program, significant increases in Federal Medicaid Waiver funds over the past four years have enabled DDS to greatly expand community alternatives to State institutions. The 21 non profit regional centers throughout California now serve nearly 140,000 persons with developmental disabilities.
- The mental health system, too, has seen significant changes in the system of community-based services. Realignment legislation in 1991/92 gave both funding and decision-making authority to county mental health departments. Innovative, collaborative "systems of care" programs were fostered at the local level. Additional Medi-Cal revenues were generated through the "Rehabilitation Option" funding mechanism. Implementation of managed care for in-patient services gave counties greater flexibility in directing the purchase of in-patient services. Continued advances in medications also have enhanced community treatment options.

COST CONSIDERATIONS

- As the State institutional population declines, the average cost of care begins to skyrocket. This is because there are certain fixed costs that continue and must be spread over fewer people.
- Since 1980, the average institutional cost has tripled, from \$38,310 per year per resident to in excess of \$115,000 per resident per year. As the populations continue to drop, these costs will escalate dramatically.

WHY CLOSE CAMARILLO?

- **Camarillo's population has decreased steadily and will continue to decrease:** Camarillo's population was 7266 in 1954. Today, the total population is 866, including 494 persons with developmental disabilities and 372 persons with mental disorders. By the year 2000, it is anticipated that Camarillo would serve only 224 persons with developmental disabilities. The population of persons with mental disorders is expected to show a similar decrease.
- **Camarillo has the fewest persons with developmental disabilities and the smallest mental health population:** At 494, Camarillo has a smaller population of people with developmental disabilities than any of the other developmental centers. It also serves the smallest mental health population of all of the State Hospitals.
- **Camarillo serves a statewide rather than a local population:** Of the 866 current residents, only 58 (6.7%) come from Ventura County and 102 (11.8%) come from the entire Tri-Counties area of Ventura, San Luis Obispo, and Santa Barbara. Of the remaining residents, the vast majority (686 or 79%) come from the counties of Los Angeles, Orange, San Bernardino, Riverside, and San Diego.
- **Camarillo serves three unique populations that can be moved as groups elsewhere:** Nearly one-half of the persons with developmental disabilities at Camarillo were referred there by the courts after committing behaviors that brought them to the attention of the criminal justice system. Another unique population consists of about 75 persons with Autism. Both groups require highly specialized services and can be moved as groups to other developmental centers. In addition, the mentally disordered patients under LPS commitments can be integrated into the LPS programs at Metropolitan State Hospital, which also would put the individuals moved in closer geographic proximity to the counties from which they were admitted.
- **Camarillo has had excellent success in finding community placements for its residents:** In the last three years, Camarillo had the highest number of persons with developmental disabilities moving into the community except for Porterville, which is much larger than Camarillo.
- **Camarillo's per capita costs are the second highest in the system, and rising:** Current per capita annual costs are \$113,806; by 1999 they are projected to rise to \$152,670. Camarillo's per capita fixed (non-resident related) costs will be

WHAT IS THE APPROVAL PROCESS FOR THIS CLOSURE?

- **Camarillo's closure is announced in the Governor's proposed Budget for 1996/97.**
- **The Departments of Developmental Services and Mental Health prepare detailed closure plans by April 1, 1996: These plans will be submitted to the Legislature in accordance with Legislative mandate (SB 410, Welfare and Institutions Code, Chapter 513, Statutes of 1995).**
- **The closure is discussed in Legislative budget hearings: Legislative hearings on the 1996/97 Budget occur between March and June, 1996.**
- **The Legislature approves the closure along with the 1996/97 Budget.**

WHAT WILL HAPPEN TO THE PEOPLE WHO NOW LIVE AT CAMARILLO?

- **Persons with developmental disabilities and their families will participate in an individual planning process and express their preferences and needs.**
- **Judicially-committed persons who cannot yet be released will be transferred to Porterville Developmental Center.**
- **Persons with Autism who prefer to remain in a developmental center will be transferred to Fairview Developmental Center.**
- **Other persons will transfer to other developmental centers or move into community residences, depending on their needs and preferences.**
- **Persons with mental disorders will be transferred primarily to Metropolitan State Hospital or into community settings.**

WHAT WILL HAPPEN TO CAMARILLO EMPLOYEES?

DDS and DMH recognize the invaluable resource they have in their highly trained, experienced, and committed staff. As was done successfully at Stockton, a wide range of actions will be taken to minimize the impact on employees when Camarillo closes.¹

- **Transfer some employees to other developmental centers or state hospitals:** Some employees will move to other developmental centers or state hospitals, depending upon the availability of vacancies.
- **Provide assistance in deciding on and preparing for a new job:** Either through Camarillo staff or outside consultants, classes will be provided on a wide range of job-related skills such as writing effective resumes, preparing for job interviews, being interviewed for jobs, and searching for jobs.
- **Individuals will be contacted personally to determine their interest in receiving assistance in looking for new jobs:** Career counseling also will be provided for those who wish to receive this assistance.
- **Conduct Job Fairs:** Job Fairs will be held to acquaint employees with the range of private and public job opportunities that are available in the area. At Stockton, many employees were able to locate employment through job fairs.
- **Encouraging both public and private employers to hire Camarillo staff:** The Departments will apprise other state agencies and major private employers about the closure of Camarillo and enlist their cooperation in recruiting Camarillo employees for their organizations.
- **Maintaining a comprehensive list of job opportunities:** A comprehensive and up-to-date list of job possibilities from both the public and the private sectors will be made available to Camarillo staff. As was done at Stockton, these lists will be updated weekly and will be available 24-hours per day in a central location.
- **Special efforts to help staff transition to community-based services:** DDS and DMH will work with local regional centers and community mental health agencies to encourage and prepare interested Camarillo staff to become service providers for persons living in community residences.

¹ At Stockton, of more than 800 employees, less than 100 will be laid off. The rest have found alternate employment in the public or private sector.

WHAT WILL HAPPEN TO THE CAMARILLO PROPERTY?

Neither DDS nor DMH will have any final approval authority over the ultimate disposition of the buildings and lands at Camarillo. Under State law, once State property has been vacated and declared "surplus" it is the responsibility of the Department of General Services (DGS) to determine its future use. However, as was done successfully at Stockton, the Departments will work with DGS and members of the local community to plan for future uses of the property that are consistent with community needs and that will minimize the economic impact of the closure upon the Camarillo community. This will include:

- **Participating in local planning efforts:** At Stockton, Senator Patrick Johnston and Assemblyman Mike Machado established and chaired a broad-based planning group that investigated and recommended potential future uses of the property. This effort, which involved city and county officials as well as service providers, family members, advocates, and persons interested in diverse uses of the property, was very successful. It is anticipated that a similar planning group will be established at Camarillo.
- **Facilitating DGS' participation in the local planning effort:** By working with the group since its inception, DGS was able to prepare a property disposition plan that comported with the recommendations of the local planning group.
- **Providing information and assistance to the local planning group:** As needed or requested by the local planning group, the Departments will provide information, technical expertise on property issues, suggestions on participants from the developmental disabilities and mental health communities, and any other assistance that would be helpful.
- **Forwarding ideas on potential future uses:** As was true at Stockton, it is expected that the Departments will receive ideas from their constituencies on various possible uses for the Camarillo property. These will be forwarded to the local planning group for their consideration. It is likely that a wide range of agencies will be interested in Camarillo. This could include universities, local health services or mental health agencies, and non-profit service providers. Various State agencies also might be interested in the property; this could include Department of Veterans Affairs, the State Department of Corrections, Youth Authority, and so forth.

- **Ensuring that the new owners of Camarillo are sufficiently "large" to maintain the steam-load for the co-generation plant. A co-generation plant exists at Camarillo. Contractual obligations for this co-generation plant require a certain level of steam use. If the property were to be left vacant or occupied by entities that would not use sufficient steam, the Department would become liable for approximately \$45-60 million because of a breach of contract.**

Section C

CAMARILLO STATE HOSPITAL AND DEVELOPMENTAL CENTER**INFORMATION SUMMARY**

YEAR OPENED	1936
1995-96 BUDGET	\$82.2 MILLION
STAFFING-JANUARY 1996	1591
LEVEL OF CARE STAFFING - DD	544 TOTAL (449 NURSING, 95 PROFESSIONAL)
LEVEL OF CARE STAFFING - MD	393 TOTAL (303 NURSING, 90 PROFESSIONAL)
NLOC STAFFING	654 TOTAL
PEAK POPULATION	7,266 IN 1954
CURRENT POPULATION - JANUARY 1996	494 - DD 372- MD
COST/RESIDENT	\$113,806/RESIDENT - DD \$103,244/RESIDENT - MD
FIXED COST/RESIDENT	\$67,660/RESIDENT - DD \$54,578/RESIDENT - MD
TOTAL ACRES	750 ACRES
CORE CAMPUS ACRES	250 ACRES
ESTIMATED MARKET VALUE OF CSH/DC, BASED ON 1992 DGS SURVEY	\$7.5 - \$10 MILLION
AVERAGE AGE OF BUILDINGS	45 YEARS
TOTAL SQUARE FEET OF BUILDINGS	1,450,000 SQ. FT.
RESIDENTIAL USE	450,000 SQ. FT.
DAY USE	300,000 SQ. FT.
SUPPORT AREAS	630,000 SQ. FT.
LEASE OR INTERAGENCY AGREEMENTS *	70,000 SQ. FT.
CAPITAL IMPROVEMENTS NEEDED THRU JUNE OF 1999	\$36,847,000

*Leases are with Ventura County Association of Retarded Citizens, Federal Credit Union, and County of Ventura. Interagency Agreements are with California Conservation Corps and University of California Langley Porter Neuropsychiatric Institute.

CAMARILLO STATE HOSPITAL AND DEVELOPMENTAL CENTER

RESIDENT DESCRIPTIONS

Camarillo State Hospital and Developmental Center has several distinct populations within both the mental health and developmental center programs. The State Hospital, or mental health population is 372 as of 1-10-96, which includes 20 individuals committed under penal codes, and 352 admitted under Lanterman Petris Short commitments. This population includes:

- **Skilled Nursing**, which includes individuals who are elderly, are frequently non-ambulatory, may be comatose, and may have Alzheimers, dementia, or other disabling conditions such as Huntington's Chorea. All require 24 hour supervision for moderate to severe medical conditions. Nineteen of these individuals are committed under penal code commitments;
- **LPS Adults**, who are essentially ambulatory without severe health problems, and have a wide range of psychiatric conditions;
- **Children and Adolescents**, who have psychiatric problems that have not been able to be treated in less restrictive settings. These individuals have failed numerous other placements.

The developmental center, which houses individuals with developmental disabilities, includes 494 residents. This figure includes:

- **250 individuals identified as "forensic"** who have been judicially committed, who are dangerous to themselves or others, and who typically require a secure environment, immediate supervision, and intensive programming because of severe, frequently criminal, behavioral problems, and;
- **244 children, adolescents, and adults who require habilitation services**, which includes self-help training, behavior management, and social, educational, and vocational skills developmental, in addition to treatment for specialized services in one of three distinct treatment programs areas:
 - **Autism**: for individuals with autism who need intensive cognitive development and communication skills training;
 - **Sensory Development**: for individuals with vision or hearing impairments who require special training in sensory development, communication, and mobility, and require specialized habilitation approaches and adaptive equipment because of their sensory impairments, and;
 - **Behavior Adjustment/Habilitation**: for non-forensic individuals who have severely challenging behaviors, who may be dually diagnosed with a mental health condition, who have not been able to be successfully treated in a community setting, and who require supervision and specialized approaches to habilitation training.



Section E

CAMARILLO STATE HOSPITAL
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DEMOGRAPHICS

"Enhancing Independence Through Innovation"

Total F.T.E.'s, at CSH/DC: 1445

Breakdown of above according to classification:

Physicians:	20	Psychologists	22
Social Workers:	31	Rehab Therapists:	35
PT/OT:	8	Nursing Staff:	820
Teachers:	42	Support Staff:	369
Clerical:	110	Chaplain:	4
Mgmt:	22		

Ethnicity of CSH/DC staff:	Black	9.4%	Hispanic	18.6%
	Asian	3.1%	White	50.2%
	Pacific Islander	.4%	Amer Indian	.1%
	Filipino	16.9%	Other	1.3%

Average employee years of service: 14.25 years

Average employee age: 43.5 years

Total annual salaries/benefits: \$80 million

Total annual facility operating expense spent in Ventura County: \$4 million

Number of volunteer hours provided to CSH/DC by community:

6500 hours per month individual
1700 hours per month groups
8000 hours total hours per month



**CAMARILLO STATE HOSPITAL
AND DEVELOPMENTAL CENTER
DEMOGRAPHICS**

"Enhancing Independence Through Innovation"

SURVEY INFORMATION

708 surveys returned

Percent of staff living in Ventura County: 95%

Camarillo:	33 %	Fillmore:	1 %
Moorpark:	2 %	Newbury Park:	2 %
Ojai:	1.4 %	Oxnard:	40 %
Port Hueneme:	7 %	Santa Paula:	1.4 %
Simi Valley:	1.1 %	Somis:	1.1 %
Ventura:	9 %	1000 Oaks:	2 %

Staff who own homes: 65%

Staff who rent: 34%

Staff attending Ventura County Churches/Synagogues: 67%

Staff involvement/representation in Community Service Groups: 35%

American Legion	Moose Lodge
Lions Club	Chamber of Commerce
Soroptimist	Knights of Columbus
Elks Lodge	Neighborhood Watch
Monday Club	

Staff who volunteer for community agencies: 45%

Churches	Salvation Army
Goodwill	Ventura County Rescue Mission
Easter Seals	Big Brothers & Big Sisters
YMCA/YWCA	Humane Society
ARC	Special Olympics
Red Cross	American Lung Association
United Way	American Heart Association



CAMARILLO STATE HOSPITAL
AND DEVELOPMENTAL CENTER
DEMOGRAPHICS

"Enhancing Independence Through Innovation"

SURVEY INFORMATION (CONT)

708 surveys returned

Staff representation in Professional Organizations:

43%

Teachers Associations
CA Firefighters Association
NAACP
American Psychological Assoc.

American Medical Association
Filipino Nursing Association
National Association of Social Workers
American Assoc. of University Women

Community leadership roles held by CSH/DC staff:

85 (12%)

Children in local schools: Elementary: 345 Secondary: 226 Community college: 164

Hobbies:

Softball
Cooking
Photography
Fishing
Crafts

Youth Sports
Movies
Swimming
Museums
Flying

Baking
Concerts
Shopping
Gardening
Bowling

