

TOWARD A BETTER TOMORROW

Programs and Services for the
Developmentally Disabled



Camarillo State Hospital

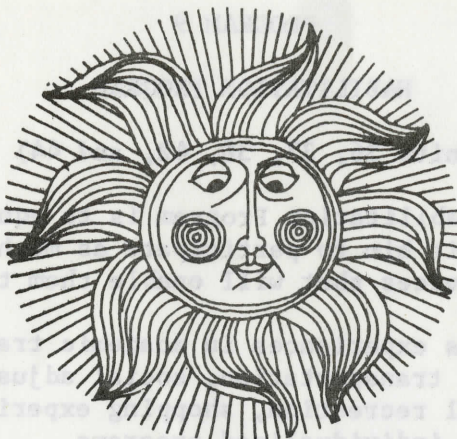
Introduction

The purpose of this guide is to acquaint visitors and parents of new residents with the various services provided to the residents of our four Developmental Disabilities programs. This guide is not intended to be a complete list; a few omissions: medical and dental care, and the individual attention and many activities provided by the unit staff, such as parties, dances, trips to town for shopping and dining, and much more.

The names of those involved in the various programs and services have been purposely omitted, for normal staff turnover would soon necessitate changes in this guide.

John Lafferty, Editor





PROGRAM 7

PHYSICAL AND SOCIAL DEVELOPMENT PROGRAM

(Units 51, 53, and 61)

Program 7 is designed to meet the needs of developmentally disabled persons, fourteen years of age and over, who are unable to be accommodated in the community due to lack of physical development or general physical fragility, but who exhibit little disruptive behavior. Through intensive medical attention, prescriptive exercises, dietary supervision, and special sensory-motor training, residents in this program are able to improve their health and their sensory-motor and gross-motor skills. They are trained in basic self-help skills through the use of positive reinforcement. The ultimate goal of the program is the development of the physical and social potentials of the residents to the extent that they can be successfully placed in the community.

PROGRAM 8

BEHAVIOR ADJUSTMENT PROGRAM

(Units 47, 49, 55, and 57)

This program is designed to train developmentally disabled persons who need to develop motivation, self-control, and socially acceptable ways of interacting with and relating to others. Following an analysis of the resident's abilities with regard to basic skills and social development, an individual treatment plan is devised. This individual treatment plan focuses on the modification of specific behavioral problems and training in social development and basic skills areas necessary for successful community living. Positive reinforcement is used to encourage appropriate behavior, and for those who are able to grasp its rudiments, a token economy is used to establish individual responsibility and community values. The overall purpose of the program is to train developmentally disabled individuals with maladaptive behavior patterns to become self-sufficient in basic skills and appropriate social functioning.

PROGRAM 9

HABILITATION PROGRAM

(Units 36, 37, 38, 42, and 44)

The goal of the Habilitation Program is to equip each resident with skills necessary to permit him to participate as much as possible in our society. We provide services that will enable them to pursue this goal.

Our program offers experiences in academic training, occupational skills, use of community transportation, social adjustment training, music therapy, planned physical recreation, shopping experiences, use of money, time concepts, and other individualized programs.

Treatment modalities include special education, sheltered workshops, community job placements, recreation, home skills and cooking, religious services, behavior modification (token economy), camping (Boy and Girl Scouts), public transportation training, professional services, and community activities.

The Acting-Out Adolescent Social Adaption Unit is designed to establish and refine acceptable behavior patterns for high functioning, acting-out adolescents with borderline or mild mental retardation. Treatment centers on developing skills that will enable residents to readjust with the maximum level of independent functioning in the home environment, school, social activities, and in gainful employment. Short-term goals focus on residents behaving in a progressively more responsible way: from dormitory living to individual bedrooms, and, in general, from institutional living to community living.

PROGRAM 11

SENSORY DEPRIVATION PROGRAM

(Units 40 and 41)

The Sensory Deprivation Program provides a total communication program of language development and communication skills for young men and women who are deaf or hard of hearing, and for a select group of hearing, non-oral individuals who have a potential for language growth.

The entire treatment staff is skilled in total communication techniques, incorporating language development throughout the residents' daily activities as well as in the several learning stations located on the units. These learning stations include: academics, sensory-motor training, cooking, arts and crafts, speech training, grooming, and community orientation.

A parent workshop, dealing with the management of behavior problems and communication techniques, is conducted each month and is open to all interested individuals.

ADULT EDUCATION

Adult Education is a joint project of Ventura College and Camarillo State Hospital. Ventura College provides the teachers and teaching assistants; the hospital provides the space, equipment, and supplies.

Adult Education serves the residents of the Developmental Disabilities Programs who are over twenty-one years of age. Students are referred to the program by a multidisciplinary treatment team composed of staff from fields including psychology, nursing, social service, medicine, rehabilitation therapy, and education. Upon referral, students are tested for level of achievement and then are scheduled into appropriate classes.

The purpose of the program is to aid the developmentally disabled adult in meeting the demands of his environment. The concern of the faculty is the development of each student to his fullest potential, regardless of the severity of his disability.

Classes are designed to meet the needs of residents from all of the Developmental Disabilities programs. The school is divided into three levels: Primary, Academic Readiness, and Academic. The curriculum is designed so students can advance from one level to another and finally to the academic classes which are oriented to return to the community.

AUDITORIUM

Hagerty Auditorium serves as an auditorium, a gym for basketball and other indoor sports, and as a theater where first-run movies are shown each weekend. Since no movie is complete without popcorn, an adjacent annex is equipped to produce large amounts of fresh hot popcorn.

BOWLING

Every Wednesday evening, about fifty of our residents walk over to the hospital's bowling alley, where they learn the techniques and rules of bowling . . . and have a good time! Scores are recorded, and every bowler is qualified to enter the annual CCRC Tournament. Those receiving the highest scores each week have their names and scores posted in the Activity Room.

BIG SKY RUSTIC CAMP

The Camarillo State Hospital campsite has been compared to Pork Chop Hill, but it is nonetheless very popular among our residents and is being improved constantly. The campsite is located behind the employees' residences, sheltered from the wind by encircling hills. The campers are usually in small groups under the direction of one or two counselors. Food Service most often provides the meals, but sometimes the campers prepare their own food, cooking it over a campfire.

There is a large fireplace to gather around in the evenings to sing songs and roast marshmallows. The Green Line Parent Group has raised money to make improvements in the campsite, including the construction of ten aluminum tent structures.

COMMUNITY PLACEMENT

After a period of hospitalization, some residents reach a point where they have derived maximum benefit from hospitalization, and they need another type of environment if they are to continue to grow and develop. As the residents differ from each other in many ways, they present a wide range of abilities and needs which must be considered in planning further care for them.

Facilities which may be used for their further care and development include licensed nursing homes, certified family care homes, and other board and care facilities, and in the future will include intermediate care facilities as this new level of care develops.

Nursing Homes (Extended Care). These homes are licensed by the Public Health Department, and are also certified for care of the developmentally disabled. They must provide licensed nursing care on a 24-hour per day basis, so they can care for those residents whose medical needs include frequent injections and other specialized nursing care.

Intermediate Care. This is a new level of care mandated by the Legislature, but it is not yet generally available. It differs from nursing care primarily in that the home must provide licensed nursing care for only eight hours daily. This enabled residents to have injections on a regular basis, but in a setting that is less expensive than those providing full nursing care.

Family Care. This is one of the oldest and most used types of care available for our residents. These homes are certified on an individual basis by the Community Services Section (CSS) of the Department of Health. No home may be certified for the care of more than six residents. It must meet specific standards for certification, and the caretakers are responsible for working closely and cooperatively with the psychiatric social workers on the CSS staff.

Other facilities. These include other facilities licensed by the Department of Health for the care of the developmentally disabled, and some non-licensed facilities which provide a protected living arrangement for the developmentally disabled adult while enabling him to participate in a workshop or other training activity.

Many residents (over eighteen years of age) are able to pay for the care they receive in these facilities through the use of their Aid to the Totally Disabled (ATD) grants. Special funds are available for meeting the cost of care for those residents who do not have this income.

As it is now the Regional Center, rather than the hospital, that has the responsibility for lifetime care and supervision of the retarded, it is often this agency (or the Community Services Section acting in their behalf) who contacts the family with regard to obtaining their consent to community placement, and this is usually done only after a specific place has been found, as we do not believe it reasonable to expect the family to give consent to placement without knowing about the particular facility being considered.

A recent change in legislation provides that residents become legally adult at age eighteen. The law also provides that when an adult states his desire to leave the hospital, we must so notify the court, which may then hear the case and determine whether hospitalization is to continue or if placement is to be made. If placement is ordered, it is arranged by the Regional Center and the Community Services Section.

If family members wish to discuss the matter of placement and care, they may contact the psychiatric social worker on the program staff and arrange an appointment for this purpose.

COMPENSATORY EDUCATION

The major goal of a compensatory education program is to raise the achievement of project participants. This level should reflect a normal range and distribution of academic achievement.

The program is designed to meet the special educational needs of project participants ranging in age from eight to twenty-one, and provides for the establishment of a supplementary education program for educationally disadvantaged children who are in institutions. The program provides a curriculum that will raise the achievement levels of the students, and develops programs for staff development as well. It evaluates the success of individual programs and of the entire project. The approval process requires in-depth analysis of the entire project, including fiscal management, program development and implementation, evaluation, and community involvement.

Title I funds provide support for those activities which bear directly on the institutional components. These required components are: 1) language development; and 2) staff development. The supportive components, related to the two basic components, are: 1) mathematics; 2) reading; and 3) multi-cultural studies. In each instructional component, teachers provide a detailed prescriptive teaching plan for each of their students, based on an extensive evaluation of the student's capabilities. Behavior modification techniques, including social and material incentives, are used to reward a student's social and academic behavior. Programmed materials are used to allow students to progress at their individual rates to enable them to build their knowledge on a series of successes. All project participants receive instruction in each of the selected components in accordance with their diagnosed needs.

As a major means of bringing about the coordination of community resources, as well as the development of relevant institutional compensatory education programs, an advisory committee has been established. The membership consists of institutional staff, community members, and parents of the project population. The advisory committee assists in planning and developing the objectives and activities of the project, mobilizing and coordinating community resources, and considers information which is available concerning the special educational needs of the project participants and the various services which are available to meet those needs.

Compensatory education also provides an ongoing in-service training program for the Marian Craig School staff. This includes films, lectures, conferences, and workshops. Staff development insures continual improvement of the program to meet the special needs of our students.

DAILY LIVING ACTIVITIES TRAINING

Many of our residents require special training in such basic skills as dressing, toileting, bathing, grooming, and eating. To facilitate this training, detailed "task analyses" have been devised, which divide these activities into simple progressive steps. These steps are within the capabilities of even the profoundly retarded. Technicians train the residents on the basis of these steps, and record their progress in each task. The ultimate goal of this training is for the resident to be able to care for his basic needs, thus increasing his self-sufficiency.

FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program was initiated at Camarillo State Hospital in October, 1972, and has grown from its original ten Foster Grandparents to over forty at the present time. The program was designed to enable low-income senior citizens to supplement their incomes by providing loving person-to-person services to developmentally disabled residents. Each Foster Grandparent 'adopts' two residents and spends two hours per day, five days a week, with each of them.

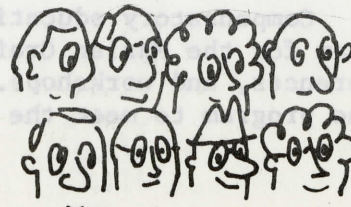
Some activities they share are talking, reading, playing, singing, visiting the library or Canteen, and going on occasional trips to nearby communities. In their roles as Foster Grandparents, they show a loving interest in their residents and a genuine desire to aid in their "grandchildren's" growth and development.

In many cases the Foster Grandparent enjoys a new way of life, a life of companionship and shared activities; but in essence, the loving person-to-person relationship between the Foster Grandparent and his 'grandchildren' is what this program is all about.

GREEN LINE PARENT GROUP, INC.

The Green Line Parent Group is a non-profit corporation whose members include the parents, guardians, and relatives of developmentally disabled residents of Camarillo State Hospital, and other persons and organizations sympathetic to the purposes of the group. These purposes include: (1) to promote the welfare and happiness of residents on all the Developmental Disabilities units of Camarillo State Hospital, by providing volunteer services, recreational activities, special projects, and supplies which are not adequately covered by the hospital budget; (2) to foster a spirit of cooperation and to maintain communication between the hospital and interested persons; (3) to promote standards of excellence in all the programs of Camarillo State Hospital; (4) to take an active interest in pertinent legislation, parent education, and residential facilities for the developmentally disabled (including family care and foster homes); and (5) to enlist community support and participation, and to solicit and receive funds and other donations to be used in the pursuit of the above purposes.

The Parent Group meets at the hospital on the second Sunday of each month, at 10:00 a.m.



GROSS-MOTOR DEVELOPMENT

The hospital's interprogram gross-motor development area is located in the Central Courtyard. The area has a variety of equipment designed to develop the basic gross-motor skills of residents at varying levels of physical ability. The area can accommodate large groups, and was devised to help develop coordination, strength, balance, and agility.

The equipment includes a safety slide, which features handrails and extra-wide stairs; a heavy-duty merry-go-round; two safety-teeters, each seating four residents, for improving balance and leg strength; and a set of muscle-building "monkey bars", which helps build arm strength, balance, coordination, and self-reliance. The central location of the equipment provides easy access for all our residents.

HOME SKILLS DEPARTMENT

For three hours each morning and afternoon, several young ladies and a few young men from our programs participate in a Home Skills program. In a simulated home environment, the participants learn to set a table, make beds, vacuum, dust, sew, and knit. There is an area for putting together puzzles and coloring, and also a comfortable living room where they have discussions and watch training films on the closed-circuit television.

RESIDENTS' LIBRARY

The Residents' Library was established to help meet the educational and recreational needs of the developmentally disabled residents. The library provides a balanced collection of books selected to meet the special needs of our residents; these include picture books, juvenile and adolescent fiction, high-interest low-vocabulary books, and a wide range of non-fiction books covering many subjects of general interest.

As books have limited therapeutic and recreational value for many of our residents, the library attempts to provide other materials with which to satisfy these residents' special requirements. These materials include educational toys, games, manipulative materials, construction sets, puzzles, number- and time-teaching toys, and many other items selected to aid in perceptual-motor development. The library is also equipped with a number of record and cassette players, a talking-book machine for our blind residents, a motion picture projector, crayons and coloring books, and stationery for those who wish to write letters.

The library is open from 8:30 to 12:00 and from 1:00 to 4:00 each weekday. Each day, Rehabilitation Therapists, Group Leaders, Foster Grandparents, and student volunteers bring residents to the library to enjoy a book, listen to a record, play a game, or watch a movie. Even more gratifying has been the number of residents who drop in throughout the day on their own initiative to spend some time in quiet relaxation or in some constructive activity of their choice.



MARIAN CRAIG SCHOOL



Marian Craig School serves the developmentally disabled residents of Camarillo State Hospital whose ages range from eight to twenty-one. Eligible residents are referred to the school by interdisciplinary teams and unit personnel. A counselor from the school meets with the team to determine the educational priorities of the resident. The resident is then tested in these areas before being scheduled into homogeneously grouped classes based on his individual needs and current achievement level.

The major concerns of the faculty are for the development of each individual student to his fullest potential regardless of the severity of his disability; for each student's maximum participation in "normalizing" school activities; and for each resident's development towards a successful enjoyment of life. It is the purpose of the school to create a climate appropriate for learning by providing meaningful experiences through a structured program.

The Marian Craig School encompasses four programs: Primary, Elementary, Academic, and special classes for the deaf and blind residents.

The Primary Program focuses on the development and improvement of skills which will help the student to learn more efficiently and accurately and increase the effectiveness with which he makes contact with his environment. The goal of the primary program is to provide the student with skills necessary for advancement to the pre-academic classes. Major skills and emphasis are: motor development, expressive and receptive language development, perception of object characteristics, spatial orientation, and auditory discrimination.

The Elementary, or Pre-Academic, Program endeavors to prepare the student for academic classes. Emphasis is placed on developing tactual, auditory, and visual perception. This is accomplished by structured activities geared to develop the specific areas of eye-hand coordination, figure-ground discrimination, size, shape, and color discrimination, concepts of same and different, and copying skills.

The Academic Program, which includes reading, language, and math, begins at a pre-primary level and progresses through an advanced level. In math, the students learn the practical application of numerals and arithmetic procedures. Behavior appropriate to classroom and work situations is stressed. In reading and language, the curriculum is aimed at developing the creative and functional use of these skills. Classes are conducted on an individualized, prescriptive basis, and students are encouraged to take an active role in their program. Focus is on skills such as reading and listening comprehension, responsive and expressive language (written and verbal), sight vocabulary recognition, and phonic word attack. The goals also include an increase in self-confidence, self-reliance, and social effectiveness.

The programmed instruction used by the school allows students to advance at their own rate so as to meet success and enjoy their learning. Behavior techniques used in the classes help students develop self-control, responsibility, promptness, and increased attention span. The school takes special care to consider the student's social and emotional development. Many activities have been developed to enhance his self-image and help him become an able and responsible person. Special activities are held once a month, and trips to the community are scheduled as often as is appropriate.

RELIGIOUS SERVICES

CATHOLIC

Mass is offered at 10:00 a.m. each day except Wednesday. A special Mass for the developmentally disabled residents is held each Saturday at 2:00 p.m. Seminarians from St. John's Seminary in Camarillo and trained volunteers from various parishes assist the chaplain at this Mass. The Seminarians also escort the residents to Mass on Sunday, and on Thursday afternoons conduct religion classes under the supervision of the Catholic chaplain.

The chaplain is available Thursday through Monday. His morning hours are most often spent in the chapel office, where residents come for conferences, with or without appointment. The afternoons are usually spent making the rounds to the Catholic residents on their respective units.

JEWISH

Sabbath services are conducted each Friday afternoon at 2:00 p.m. These are followed by social gatherings sponsored by various temple Sisterhoods and other Jewish organizations. Jewish Holy Day observances, Passover Seder, High Holy Days Service and Dinner, Chanukah, etc., are held according to the Chaplain's schedule.

The Rabbi is usually in his office in the vestibule of the Tikvah Chapel some Mondays and each Wednesday and Friday. He is available to both residents and parents for guidance and service.

PROTESTANT

Protestant worship services for developmentally disabled residents are conducted by the chaplain every Sunday at 9:15 a.m. in the Chapel of the Good Shepard. High School volunteers from nearby churches sit with the residents to help them participate in the services. The content of the services is kept at a level which the residents can comprehend, by the use of simple songs which they can memorize and by the use of various visual aids such as filmstrips, drama, and flannelgraphs.

The Protestant chaplain is available for counseling and guidance upon request.

FAITH BIBLE CLASS

Faith Bible Class has been in operation at the hospital since 1967. The class, which has grown from its original fifteen participants to a current average of around one hundred twenty-five, meets each Tuesday evening, and all residents are welcome to attend. A typical evening includes the singing of a few favorite hymns, prayer, Bible readings and scripture memorization, and a filmstrip.

PHYSICAL MEDICINE DEPARTMENT

In this department, residents are treated for such conditions as poor posture, abnormal gait, incoordination, and poor general physical condition. Followup and maintenance are also carried out here after residents have undergone intensive treatment in the Medical-Surgical Physical Medicine Department. Some residents are given training in the use of special shoes or braces to aid ambulation.

The treatment area is equipped with parallel walking bars, posture-training mirrors, quadriceps exercise table, shoulder wheel, finger ladder, bicycle exercise chair, exercise mats, weights, balls, clay, rhythm instruments, and other equipment designed to increase the resident's physical capabilities.

SCOUTING

Boy Scout Troop 239 of Camarillo State Hospital was founded in March 1968, with twenty-three young men registered. The troop, which is now fifty strong, meets weekly to plan activities, learn the rules of scouting and good citizenship, work towards merit badges, and play games. The Scouts make several trips each year; the annual Point Mugu Air Show and the Ventura County Fair have become traditional outings, as has their participation in local camporees and jamborees. The Scouts have also marched in several local parades, and won first place honors in the 1974 Scout-o-rama parade in Thousand Oaks.

Besides affording the Scouts pleasurable social experiences, the Scouting program develops their self-reliance, leadership, and group cooperation, and provides them with an opportunity to more rapidly return to normal community life through an association with young people their own age.

TOKEN ECONOMY

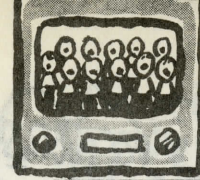
The Token Economy program has been used in the Developmental Disabilities programs since their beginning in August 1967. The token economy provides our residents an opportunity to earn tokens, which may be exchanged for the necessities and luxuries of hospital life. The reality of community living is taught by making it clear to them that it is their responsibility to earn those things which they desire. The token economy also teaches the residents to become responsible for their behavior, and to make choices and accept the consequences of these choices.

The token economy has a three-fold purpose: to encourage good behavior and appearance, to provide an incentive to progressive movement, and to reinforce participation in other programs such as speech therapy, sensory-motor and gross-motor training, school, workshop, and individual behavior-shaping plans.

Not every resident has the potential to grasp the rudiments of the token economy, but these residents are not neglected and do not suffer. They are handled as a separate group, and a modified therapeutic approach, suited to their capabilities, is used. They are not deprived of privileges they do not have the capacity to earn.



CLOSED-CIRCUIT TELEVISION



The closed-circuit television project of Camarillo State Hospital (CSH-TV) has worked very closely with the developmental disabilities programs since its inception. Several short, single-concept, video presentations have been prepared to teach hand and object identification, recognition of similarities and differences, numbers, and other subjects. These programs have been prepared by the Telecommunications Center staff, and were designed to capture interest by means of various devices such as jingles, and by the presentation of the same concepts in different ways. The programs are transmitted over the closed-circuit network three times daily, five days a week.

The hospital's use of closed-circuit television as an educational medium is based on research originally done at Fairview State Hospital, where it was demonstrated that CCTV might well prove to be the instrument of choice in teaching object recognition, vocabulary, and other subjects to the developmentally disabled. At the present time, Camarillo State Hospital is the only hospital in the country which uses this medium on a regular planned basis to teach the developmentally disabled. The scope and frequency of the program offers a unique opportunity to increase the range of the programs without requiring additional staff.

WORK TRAINING CENTER AND PRE-WORKSHOP

The Work Training Center for the developmentally disabled opened in October 1967, with ten residents assigned. It has continued to grow, and is now employing over one hundred and fifty resident clients.

The goal of the training program is to develop the resident's employment potential to its fullest, through emphasis on basic work skills and good work habits. Most of the contracts involve simple hand assembly and packaging, although we have one project using heat sealers and another involving simple carpentry skills. These projects have been remarkable varied, from the packaging of balloons to the assembly of simple computer components. The Workshop employees attempt to fit the job to the resident's abilities, starting him on repetitive tasks and gradually introducing him to new and more complex tasks in order to increase his skills and learning abilities. Clients may progress as rapidly as their individual interests and skills permit. The Workshop operates as does any other sheltered workshop in the community. Clients work in a factory setting, with a time clock, hourly wage, and paid holidays and vacations.

Working closely with the Work Training Center is the Work Habits Training and Evaluation Program, or "Pre-workshop", for the training of youngsters not yet ready to work at the Work Training Center. The primary goal of this program is to encourage good work habits necessary for productivity, and to teach skills which can be put to use in the Work Training Center. Individual behavior modification plans are used, and the length of involvement in this program varies from three weeks to several months, depending on the individual's capacity to learn. To promote a realistic work atmosphere, the Pre-workshop clients are paid a token wage. This is one more stepping stone towards normalization.



VOLUNTEER SERVICES

An office of Coordinator of Volunteer Services is maintained within the Developmental Disabilities Center for the purpose of recruiting and training volunteers from the community. This additional manpower is needed to give residents the intensive personal attention which is vital to their full development. Volunteers range in age from sixteen to seventy, and represent all walks of life and ethnic groups.

Volunteers are given assignments which recognize their skills as they apply to the needs of the resident. For those who possess no special skills, tasks may include one-to-one social activity, escorting residents to school or workshop, taking the residents shopping, and so on. Volunteers have become an integral part of our treatment program and are responsible for much of the residents' progress towards the goals which have been set for them.

The Coordinator of Volunteer Services is also responsible for establishing contacts and resources to supply our programs with items not available through normal budgeting channels.