Areta Crowell Part I: We Thought it was Wonderful

Interviewed by Dan Morain

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In 1967, the California Legislature overwhelmingly approved the Lanterman Petris Short Act, which sped the emptying of state hospitals. Areta Crowell lived the origin story of that landmark law. Her job was to implement the law in Los Angeles County.

She went on to become director of mental health departments in San Diego and Los Angeles Counties and for a time in Ventura County. In this oral history interview, she tells the story from the ground up about how that law worked and didn't work.

In retirement, she focused on helping fill one of the main voids—housing for people who have been chronically homeless in her Pasadena where she lives. This interview was conducted at her home, which has a view of the area burned by Eaton Fire of January 2025.

Dan Morain: Welcome to another in Open California's series of oral history interviews. These interviews are made possible by a grant from the California State Library. I'm Dan Morain, delighted to be here with Areta Crowell.

For decades, Areta was a force on behalf of Californians with severe mental illness. I'm here to help you tell your story. And as you do that, I believe you'll help us better understand our current situation, why many people with severe mental illness are in jails and prisons and are on our streets. And maybe a little bit about what your prescriptions are for the future.

Mental health delivery is not much a function of the state or cities or certainly not the federal government. It falls to the counties. And that's where you started - in mental health, with Los Angeles County and then San Diego County and then back here in Los Angeles. But first, let's start with what brought you to the field of psychology. You were at McGill University. You're Canadian by birth?

Areta Crowell: Yes.

DM: And why did you want to go into psychology?

0:01:22.3 Areta: Well, I think it had a lot to do with my faith background. I was going to be a medical missionary, going specifically to Angola, long story there of connections and things. But in the course of science undergraduate work I met psychology and fell in love with it as the way of what it was doing in terms of studying and the research, I just found fascinating. So I ended up with a PhD in psychology and went from there to being a professor of psychology in New Jersey ,accompanying my husband.

I did that for a while, and he moved to Los Angeles in 1966 to be a professor doing research and teaching at USC. And what was I going to do? Well, I wanted to do something very practical, very useful. It goes back to being a medical missionary. You wanted to be something useful. And psychology was one way to be useful in terms of research that could contribute to well-being and improvements of what was happening for people.

DM: 1966 is a time and great change in California. First of all, you're part of a huge migration from the east to California. Huge numbers of people were coming to California. You arrive in '66, which is shortly after the Watts riots. Also, it's the year Governor Reagan is elected. He defeats Pat Brown in 1966. And the whole area of mental health care is going through significant change. You start with L.A. County Department of Mental Health. How did that come about?

AC: It came about because a colleague I'd worked with at the university in New Jersey had accepted a job in in Los Angeles as Chief of rResearch for the new Department of Mental Health. A position that was funded by the National Institute of Mental Health as part of their efforts to improve community mental health services. This was the era of the anti-state hospital. Everybody was aware of *One Flew Over the Cuckoo's Nest* and what that meant in terms of state hospital institutions and the great push to get away from that. George was doing research here in Los Angeles.

DM: George, your husband?

AC: No, George, my friend.

0:04:08.1 Dan: Oh, your friend. Okay. Sorry.

AC: My friend was Dr. George Moed, colleague here doing research. And as it happened, one might say providentially, his assistant left just at that time. And I was able to go to work in the Department of Mental Health doing research which would be intended to help provide a basis of fact and information for program development and improving services to persons as the community mental health movement grew, and we were aware of that. My first job in the department was to figure out where the people in state hospital had lived before they went there.

DM: What kind of numbers are we talking about?

AC: There were 5,000 Los Angeles County residents in Metropolitan State Hospital [in Norwalk] at that time.

DM: 5,000?

AC: 5,000.

DM: And your job was to find out where they lived before they were committed?

AC: Yeah, with the idea that that would help you know where you would put clinics. If you're going to prevent hospitalization and that need, then you want to catch people as early as you can. And that means they should be able to have mental health services in their community.

DM: And how many community mental health centers do you think there should have been back in 1966, '67?

AC: Well, at that time, the federal Community Mental Health Centers Act [signed by President John F. Kennedy on Oct. 31, 1962] prescribed a population basis for catchment areas that would be used for mental health services. And according to their calculation, there should have been 13 comprehensive, complete mental health services in Los Angeles County, based on the population at that time.

DM: Thirteen clinics, spread around the county.

AC: Centers, not necessarily just a clinic, because it might be a lot more. A lot more than a clinic. It would actually be everything in those 13 centers was the way it was more or less understood at that time, I believe.

The department, led by George Moed, wanted to understand better where to put services, how to make the services work. And the first thing was, "Where do you put them?"

When the Department of Mental Health was started in 1960, there were outpatient services at Olive View Hospital, the big county hospital. That was it. As far as outpatient services that were publicly funded, I think that's right. Not much.

And the department had already set the grant framework for setting something in South Central, which was the site of the Watts riots. And understanding that that kind of was called riot, but I learned when I came to Los Angeles from the people who are part of that movement that it was an uprising. It was intended to be a social change, was what it was communicating. And mental health was seen as a necessary compliment to people as they engaged in that activity. A lot of it would be out of mental distress. And you would be able to help them with the mental distress, even not stopping the action, but being support.

That was what was happening, but to get back to where people would be, how are you going to find out? What you go to at the hospital is a list of patients, where they came from, their addresses. They were on file cards, and many of them were very incomplete addresses, but a tool

that George Moed knew was needed was a way to index a street address to one of these catchment areas. Then the more basic building block for social science was a census tract. He conceived of the idea of a census tract street index. You could look up the address, you know immediately what census tract.

Our project was to have a worker in the hospital taking down every address and being able to enter it into the data from this census tract. And that was funded by National Institute of Mental Health. That research, it should have been done by the county. Should have been done already by the county. Didn't exist as that kind of tool. It was used by all the people who were doing social service planning in the county at the time, they had a research council with the government agencies and United Way and other people who were interested in how you plan social services. It was a great tool, but anyway, that's how I came to work in the department, looking to be helpful to how that structure would develop.

DM: And did all these centers get built?

AC: No.

DM: And why not?

AC: Well, a lot of the building originally there was... By that time the funding formula... No, I thought at that time, originally, when I first came, the funding formula was, it was permissive. If you opened a community mental health program and the state approved, they would pay 50% and the county would pay 50%. That funding formula didn't change until LPS was passed in 1967.

DM: When you say LPS the Lanterman-Petris-Short Act

AC: Yeah, forgive me for short...

DM: Was a piece of legislation in 1967 that changed commitment laws. Governor Reagan signed it and it helped speed the emptying of state hospitals.

AC: It did.

DM: Presumably these catchment areas, these mental health clinics and centers that you're talking about, would have helped these people once they got out, would have provided services.

ACThat's right. It would have provided the services. That was exactly right.

DM: And yet they weren't built.

AC: That's true, they were not. And I was going to tell you that some of the first ones who were built, were built as community mental health centers, started by usually a group of mental health advocates or concerned physicians, psychiatrists who thought that this was something that should happen. Certainly, I think most psychiatry believed that it was a progressive move to move more people into the community as long as there would be resources for them. Because all the negative advertising about the state hospitals did not speak to the public, the positive aspects of a state hospital. They were a community within that.

Yes, there was a long-term residency, but those people developed skills and tasks, and they did a great deal of the work of taking care of one another in the state hospital. They had farms, for instance, which nobody talked about that, and nobody acknowledged the value of their health and their well-being of the community aspect of the state hospital. We saw the downside. We saw the negatives of institutionalization and cruelty and dehumanization. That force was very strong, and it was very strong in the hearings that led to the creation of the Lanterman-Petris-Short Act.

Those hearings more emphasized how easily it was to put someone into a state hospital to commit them and to leave them there forever and never have to deal with taking them out. And there was no thought at the time that that passed about where people would live and how they would create communities. It was an assumption they would go back to their families and whatever community their family was in, they would be in that community and that would be it. That would take care of it.

DM: And what did... You're working on the streets. The [Lanterman Petris Short] act was signed in September 1967. It took effect July 1, 1969. Your job had to do with implementing this law?

AC: It did. And I'm starting to say, the community mental health center started nonprofit and one of them was in the central city, another one was in South Central, another one was in San Fernando Valley. Mental Health Association in San Fernando Valley, got that one going. They were all federally funded, plus whatever local voluntary giving there would be. The county then if they were going to start clinics, they wanted to coordinate location with where these other ones were. It started off with actually a fight about the location of these things and how they fitted into the catchment areas of what the county was trying to develop. And those centers got into squabbles with the director of mental health at that time. Remember, he'd been in the department, he'd been head for quite a long time.

DM: This was?

AC: Harry Brickman was the director. It got into a squabble between how the, how the department saw things should be developing and what the centers wanted in terms of support and money from the county.

DM: Was there opposition from residents near these Centers? Was there NIMBYism?

AC: Well, as the county started to develop them, there was not early on a lot of NIMBYism.

There certainly were very strong elements from time to time, but generally they were placed in locations that were more like a strip mall or something like that. When the county started developing outpatient clinics, apart from what was in the hospital. So by that time, we also had an outpatient at Harbor Hospital, we did three hospital-based clinics and then the first one was South Central and East Los Angeles was being developed in those early days.

Let's see, when was the next one that was developed? There was one in San Fernando, another one in Long beach and what we say, the South Coast by the airport area? Those were being developed gradually. A lot of attention to training and staffing. How do you make these things work? A lot of trying to incorporate research into that. We had, training division that worked on that. That stage of implementation.

DM: Were you hopeful that this law that you were tasked with implementing was going to work well?

AC: Oh, we thought it was wonderful.

DM: You thought it was wonderful?

AC: We thought it was wonderful. I think all...

DM: Did the department think it was wonderful? Dr. Brickman, did he think it was wonderful? Can you recall.

AC: He thought the concept was very good, in general. Remember, this law was then... It was made mandatory that the counties have a plan and provide mental health services in the county. Then the funding formula changed, 90% state and only 10% county. It was considered more affordable that counties could do it.

The psychiatrists generally were very concerned about the change in involuntary commitment laws. That was what they concentrated on, not the other aspect of implementing the community mental health. They liked that part of it, they wanted that part of it, but I think they thought that it was too strict in terms of admitting people to the hospital. And I was far removed from the levels

of conversation that they had, but I understand that there was significant effort by the psychiatrists who the head of the community mental health organization which existed already, that the counties had set up a community mental health organization… that they lobbied... And I was told about a secret meeting, the psychiatrists. On... A boat docked in San Francisco when the mental health directors were meeting in San Francisco where they were lobbying and how they could get to Senator Short and see if they could get his mind changed away from…

DM: This is Alan Short, who was a Democrat from Stockton who became one of the signatories of Lanterman-Petris-Short Act.

AC He already had the history of the Short-Doyle Act [of 1957]. He was a continuation.

DM: And the psychiatrists were trying to block this.

AC: I think so, yeah.

DM: And one of those psychiatrists might have been J. M. Stubblebine [who was San Francisco's Department of Mental Health director in the late 1960s].

AC: Yes, Stubblebine who became the director of the State Department of Mental Hygiene, it was called then.

DM: Yeah. He was Reagan's second director of the Department of Mental Hygiene after James Lowry.

AC: Yeah.

DM: Yeah. Well, that's interesting.

AC: But Harry Brickman, my boss, director, who was the first director of the county Department of Mental Health and had been a very strong advocate for community mental health centers to be developed by the county. That part of the act was good, it was involuntary, but I understood he was part of that cabal that tried to change it or undo it or do something.

That is a strain which has gone on was not much evident for a long time, but it became evident again in the '90s and the 2000s in particular. After 2000, there became a lot more conflict within California about changing the law again. And now it's come up again and with several dots in between of that and it was a national argument about how much should treatment be coerced,

what makes it effective, when isn't it effective. And that's an ongoing stream of what was happening.

DM: Indeed. Tell me some of the tasks that you had as the... so L.A. County is by far the largest county in California. You've got millions of people. I think it was 9 million people at that time, maybe not quite that number. And you've got thousands upon thousands of people who were in state hospitals or would have been in state hospitals. And it's your job for L.A. County to help these people to find... And it must have been... I don't know, crazy making perhaps.

AC: At first in the late '60s and '70s, we concentrated on trying to get community mental programs organized and started all around the county to meet that geographic spread need. That was what took our attention for those first few years. Then we started talking about exactly how much of what do we need out here. The task force was developed, and I worked very much on developing the California model. And as I saw it, that was very much a product of the Conference of Local Mental Health Directors.

I didn't tell you much about that before, but that was established when after Short-Doyle Act passed and counties started making programs, they started getting together regularly to talk about how they were doing this and what development**.** They had a research committee of that conference that, L.A. Mental Health Research was a lead in that committee, but other committees had research people with them as well. That was one of the elements. And that was my first introduction coming to work with George Moed in the department research unit. Well, I would go to those meetings of local mental health directors.

That's where I met, for instance, Truman Schoenberger, who had been a lead person in the state hospital system and where I learned from him about the farms that they ran and the good things and that they actually had trained to take people back home if they could find a place to discharge some of those big discharge trains and thoughts on that. But anyway, the California model was very significant it was very comprehensive.

It was based on a public health concept of very common public health. “How much of this do you need for this population? How much vaccination do you need for 100,000 people?” This was created on 100,000 population and the range of services that would be needed.

DM: When you're talking about the California model, are you referring to the legislation that Assemblyman Tom Bates carried? And you were on a... Okay, in 1978, Assemblyman Tom Bates of Berkeley, Democrat from Berkeley, carried legislation, Assembly Bill 3052, which sought to implement what the Lanterman-Petris-Short Act promised, which was community mental health care. Well, 1978 is the year the voters of California passed the Jarvis-Gann Initiative Prop 13.

AC: And that's what happened.

DM: And there was no funding for it. But then in '79, you're appointed to a committee that tries to implement what Tom Bates legislation envisioned. What was that about?

AC: The model was the effort to explain to everybody what was needed, the range of services. It was day treatment, it was inpatient, but it was community support services. It was preventive service. All of that range of things was spelled out, and I could drag you out a copy at some point and show you. That was a framework, it was a building block structure idea to help people, what we needed and help you with the financing issues, because it was already very evident. There was nowhere near - in fact, I pulled out one sheet, I think it's in the model - that showed how much of each of the elements of the model was in place. And we could do that for each of our... By that time, we'd put the county into larger building blocks called service areas. And there were five service areas. No, seven service areas... Eight service areas. Tried to get away from five. Eight service areas, but blocked like that. And how much you would need in each of those blocks was... You could measure it, you could count it, you could talk about it.

DM: And was there money to go along with this?

AC: No, of course not. That's what the problem was, always money. Until we got to the Millionaires Act [Proposition. 63 of 2004, the Mental Health Services Act].

DM: Well, we'll get to that.

AC: Yeah, but there were a lot of changes in between that had to do with the practice and the skills of what we thought was needed and the big changes in that were happening in those years. For once maybe I was more interested in those things that you could see happening and doing well.

DM: Well, okay, this period from '69 when the act is implemented to 1978 when Bates' bill passed in '79, when you're on this committee, that's a 10-year period. What were you thinking? What was going... It must have been a frustrating time because you saw a need and there was no money, but I don't know, you tell me.

AC: It's hard to go back to that time period. It really is. I know that what we concentrated on was doing what we could to get the new programs up and fight for the money. It was always... I was probably more engaged in fighting for the money than anything else because there were other people, we had service chiefs who would be checking on that the delivery of service was being good, and other people would be looking to find that new location where we're going to be able to open a new clinic. Well, that would be wonderful. I've got to find the location for that.

Those tasks were divided up, and my job very often was pulling together the evidence of what we were doing to show the need, the good that was being done, but also highlight what we

couldn't do because we didn't have resources to do it. Well, obviously I wasn't very effective because we didn't get anywhere near the money that we needed. We tried one... We had advocacy groups that were developed that were coalitions of California Mental Health Coalition, all the mental health related professional groups were part of it. Mental health directors by that time...

DM: And you helped organize some of these?

AC: Oh, yeah.

DM: Oh yeah. You were an instigator?

AC: Yeah, I was an instigator, I guess. Yeah, I was part of the early founding of that and led that and I was chair of that for a while. And one of the things we agreed to do ultimately was to work with another group on an alcohol tax, a Nickel-a-Drink Tax [Proposition 134 of 1990].

DM: Well, we'll get to that too, but before we do. What became of this? You're serving on this committee that's advising Assemblyman Bates, who in turn was on a subcommittee for mental health care at this time? What came of that? What came of that committee and its work?

AC: Well, the California model remained a tool that people could use to outline the goal of what we needed. And it was a unifying force that way. A great deal as we all struggle to fill in the pieces and know that, "Gee, this is missing. We don't have any of this kind of service here. And we should have." Things like that. You see, I'm an optimist obviously, I was seeing what we can do and what is being done and appreciating that and learning how to change some of that.

Those were the years where the consumer movement got started. The family movement got started in the late '70s. And I was very active and very emotionally involved in that because I thought that was a truth that needed to be heard and that so often professionals looked down on what they heard from families and clients and didn't absorb it into what they were doing with and for that person properly, the families, we started to hear from them, and that was wonderful. We had monthly meetings with the families…

DM: When you say the families. The families of people with severe...

AC: With serious mental illness. Yes.

DM: And what can you recall from that?

AC: Oh, well, we had Dan Weisberg, who had terrible experiences with his son in our public system, including... At the time, he was in a board and care home. He wasn't in... He was in one board and care home and needed some additional services, we knew he needed them. And for some reason, we didn't have the budget allocated to do it and afterwards Dick Elpers [Dr. J. Richard Elpers, former Los Angeles County mental health director] said to me, "Oh, we should have spent it never mind the budget." We figured something out about that later.

DM: And what happened to Dan Weisberg's son?

AC: Ultimately, he died of medical complications I think, but I'm not sure of that. Dan became a great documentary maker about mental health issues and services and so on.

DM: And he was here in Los Angeles.

AC: He was based here in Los Angeles. He was part of the group that was the family group that met with Los Angeles County Department of Mental Health. They were great people because they also would be aware of the shortcomings, so very aware of the shortcomings even in what was made available. And yet they worked constructively and positively with the department to give them the feedback that they would understand the kinds of changes that were needed.

Dan Weisberg and Peggy Weisberg were two names that come to my mind as wonderful people. I think he was an educator and their son attacked Peggy at one point, nearly killed her.

DM: And he had been at Metropolitan State Hospital, or...

AC: I don't know if he'd ever been in Metro. He might have been by this time someone who was not admitted to Metro and was getting community treatment without admission. And again, that's part of that history of the conflict, the tension between how much involuntary and how much voluntary would be. But they were forgiving, they were constructive, they were beautiful people.

I actually had a personal conflict with Dan and his wife Elaine, about their son. Part of my time I was a regional director directly involved in supervision of the services and not much in the planning end of it. That was somebody else had that job at that point, but in that implementation, Dan's son was going through terrible struggles. And we had case conferences with our lead psychiatrist in the region, lead social worker, and the other program director, and the three of them trying very hard to figure out a case plan of what would work for this young man. How could we, within all the constraints of what was available and what was needed. He needed one on one, really, at one point, and we weren't able to do it. We couldn't manipulate always to do what we could tell was needed.

DM: Because why? Lack of staff, lack of money, lack of...

AC: It was categorization of funding, I think was probably the main issue there. You're asking me a question, Dan, in a way that I have not thought of. I probably call you up later if I think about it some more and give you a better answer than I'm getting now.

DM: You made reference to Dick Elpers, Richard Elpers. Tell me something about him. What is his significance in all of this?

AC: Well, Dick came as a National Mental Health Research Community Mental Health trainee, sort of graduate into Orange County and immediately became head of the mental health service in Orange County. And public health in Orange County did all that. Well in Los Angeles, we had reached the stage where we've skipped over one of the implementation phases in Los Angeles County was that in 1971, the Department of Mental Health was merged into the Health Department, which was largely a hospital department, but it also included public health and mental health and the coroner. Well, at least that, maybe something else… But was run by... the top guys were very much known to and respected and trusted by the chief administrative office of the county. And they had been with a history in hospitals and running hospitals and they were running - yhey knew how to run the three county hospitals. And Rancho Los Amigos, the rehabilitation center. They knew all that.

And I thought that merger would be a good idea because we know how much health and mental health are interactive. I think by that time we even knew the short lifespan of someone with a serious mental illness often because they didn't get the other health services that they needed. It seemed like it would be a good idea, but it didn't work very well.

DM: Because mental health becomes a stepchild.

AC: It became a stepchild and very specifically got caught in the freeze… the department was within a shortfall. And the way to meet the shortfall is you freeze all positions; you don't open any vacancies are not filled and nobody can move. That was applied across the board.

Now, mental health at that time was funded 90% by the state. We had positions there ready to be filled. They had been approved in the plan. They were available, but we couldn't fill them because of the freeze. And we weren't able... Or Harry Brickman wasn't able, to get the Department of Health Services to understand that and make a change.

That led our local mental health advisory board to refuse to approve the plan. Now, the law required that there be a community advisory committee that would approve the county plan each year. That was kind of in the law. They used that to say we're not approving the plan. Then they had to yield to that. The county board of supervisors was pushed by the state at that point, they had to yield it. They were deconstructing the department. Then they're looking for a new director.

Well, I had worked with Dick by that time I was out of the county working for the state

department of, it was called then the Health Training Center. It was more generic. That wasn't just community mental health. It had been broadened to be the training center. And it was supposed to be there to do resource and skill development needed by the whole community health network. I was working there doing some, again, National Institute of Mental Health funded research. Well, actually not research. It was training for health planning agencies how to deal with mental health and training community mental health centers in how to do services for children. I

was running a training program and Dick was on the advisory committee. I invited him because I knew him through the Local Mental Health Directors. And he was willing to do that. People worked with me, which was nice because he could have said no and would have changed everything.

DM: But he by this time was director of L.A. County?

AC No, he was director of Orange County.

DM: Orange County.

AC: And he was from there on my advisory committee at the state agency. Because I was not in the county, I was at the agency... And he consulted a lot with me in applying for the job to be LA county director. And I was very happy to help him. I was pushing for him to be the director. That was a good choice. I was delighted when he became director. And then he invited me back to the county to do the planning work there that I had been doing before with the California model stuff.

It interacted, and he was open to this change to allow the families and the consumers more role. And Dick Van Horn in the Mental Health Association in Los Angeles County was the other visionary who was actually with programs. He and Dick Elpers conceived implementing some of these things to make it happen. One of the things was Project Return, which was an organization that was set up by persons who had serious mental illnesses and were receiving services and doing well in the community for others in the community to help them. It was a peer support network creating community for persons who had left or never gone into state hospital, left that community to be in the community and often alone in their families with no other peer help.

This gave them network of peer support. That was just fantastic, but again, Dick was able... Dick Van Horn, we got two Dicks here. Dick Van Horn was able to see and help implement that using county contracts with branches of what we knew from the California model, we could fit in that slot and call it that. That worked.

The other thing he did at that time was again with his idea and Dick Elpers, the two of them, brilliant guys, that we needed a newspaper, and we needed communication, and what could that be? And Van Horn was able to hire a woman who had worked with her husband publishing a local newspaper here in the San Fernando Valley, San Marino, actually…to be the editor for it. And it was giving news of what was happening all over the county. Again, this supporting

groundswell of program improvement by communication, because people needed to know that new things that were happening. It's like at the larger national level, you had the National Mental Health Association trying to do that, spreading down to the consumers and the advocates in the various states, what's happening. This is a promising move over here you got to learn about it and learn from it. Great deal of a lot of fun. It really was a lot of fun working with Dick Van Horn and Dick Elpers in those areas.