

Areta Crowell Part II: The Village

Interview conducted by Dan Morain

Pasadena, California, February 10, 2025

DM: At around this time, San Diego County is looking for a mental health director. And you...

AC: That came after Dick Elpers had decided that he could not... He was having fights with the Board of Supervisors.

DM: L.A. County Board of Supervisors.

AC: Yeah. After several years of implementing a lot of programming and helping to reduce state hospital population... We have another whole topic, but I'll finish this thread before I come back to it...

The conflict with the board largely arose because he worked to trade some state hospital money to get it into the county that it would fund the development of an inpatient and complete mental health network in South Central Los Angeles at what became the... It was the Augustus Hawkins Community Mental Health center, named for Augustus Hawkins, the congressman who was supportive and active, but to get it funded, and I guess we got community mental health center money into it federal, but it needed more money. And to get that we didn't have... Dick didn't want to cut anything else in the county because it was all short everywhere to do that, but he worked with the state Department of Mental Health to do a trade and get some money from the state to pay for that center. There was a fierce state hospital advocate who was very close to Supervisor [Mike] Antonovich, and that sparked a lot of conflict with him.

AC: The board got upset about this newspaper, which was called Connections, and basically forced Dick to cancel that contract, again, when times were tough, they didn't want that. Well, it was a conflagration, because it was supporting change and movement everywhere.

DM: Your newspaper Connections was supporting.

AC: Well, it was such a good tool for tying a whole network of advocacy together, I think is what it was doing. And that threatened the supervisors, I guess and particularly...

DM: Dr. Elpers got sideways with Supervisor Mike Antonovich. Never a good idea.

AC: Never. Yeah.

DM: But then perhaps other supervisors as well?

AC: I'm not close enough to tell you exactly what it was that finally broke his back. And he said, "I can't do this anymore. I'm going to quit."

DM: And Elpers got out of town.

AC: Well, actually he went to Harbor, took a professorship and there helped develop a community program that did what he wanted to do, which by that time was duplicating what... The other thing that Dick Van Horn helped initiate, which I haven't talked about yet, was the Village, which was this prime illustration of what came out of AB 3777 [of 1988], of creating integrated systems of care. That legislation was written by the mental health advocates who were learning from other places in the country, like Vermont, trying to implement...

DM: That particular piece of legislation... I should know the year, but I don't. What year was that?

AC: I don't remember either.

DM: Do you remember who carried the legislation? We'll find out.

AC: Bronzan.

DM: Bronzan did. Okay.

AC: Bruce Bronzan was a hero. Yeah. And then...

DM: Bruce Bronzan was a Democrat from Fresno. Big advocate of funding for mental health care. This is in the George Deukmejian era.

AC: Yeah.

DM: Anyway I'll get the year of that bill, but at any rate. The Villages...

AC: The Village was extremely important in demonstrating the principles, the concepts that had evolved over these years of working more broadly with consumers and family members as to how to do it.

DM: The Village is a facility... Well, you describe it. It's in Long Beach. Describe it? What is the Village? What is the vision?

AC: It was a comprehensive mental health center in the community that started with people on the street and helping them stabilize enough, get enough treatment to be able to be housed. Getting them housed, getting them, again, next stages to be able to get jobs and move on. And it also had the peer support network there. It had day services, but mainly it was giving people constructive life opportunities.

DM: And the name Village implies what it is. That it is a community that...

AC: Yeah. Deliberately chosen.

DM: Yeah. And it exists today?

AC: It exists today. And I have a book by Mark Reagan, who was the psychiatrist they got, who turned out to be brilliant at doing what this talked about. Lots of psychiatrists couldn't have done it, I'm sure. He had that special touch. He's still around teaching. In fact, I was talking to the woman who was the new director of Union Station, which is an important human service agency here in... It's housed here in Pasadena. It does street outreach, homeless services of all levels of intensity. They don't directly have a mental health clinic, although they will work with mental health clinics for their clients if it'll work for the client to go to a clinic, which mostly it doesn't, but anyway... and I'm talking with her and said something about the training program that the Village is doing right now for their staff, bringing them in to train them in the whole... It's a whole change of attitude and concept of what you're doing as a person in that entity, which is different from many human services because it's a partner, it's with people. It's always an us, it's never a we, they. Whatever you're doing, it's us.

It's a big change. I asked her about was she interested... Because I know Union Station needs training, their staff. They've been expanding like crazy as homeless services have expanded in these last 10 years. It's a lot of new people who don't have experience. They need a lot of training. And I said, "Would you be interested in linking up with this training that the Village is doing right now?" And she said, "Oh, yes, the Village. Mark Reagan did some training for us and it was great." That's the kind of impact, she'd had... Long way away from that geographically, but the integration around the county is exciting.

DM: And why has the Village, if it works well, not been duplicated up and down the state?

AC: Well, when I came back to Los Angeles... Getting some bits and pieces. When I came back to Los Angeles after my time in San Diego, which was successful.

DM: Well, we're going to talk about San Diego, I want to...

AC: We'll talk about it separately in a little bit, but anyway, when I came back, realignment had just happened and realignment changed the way funding worked. Up until that time, the counties were allocated state hospital days that they could use as the state pushed to reduce its state hospital population and close. Anyway, the counties were allocated, and the money was in that silo only. And then you had the other money for the community mental health programs you couldn't integrate. Now, we'd been going through years of cutback of what the state was putting into mental health for many years, and we were facing another year of cutback. Why in the world would I be crazy enough to take out the job in Los Angeles at such a difficult time?

DM: Well, but before we go to Los Angeles, let's go to San Diego and we will come back to realignment because it's significant. And the whole funding process...

AC: Yeah. Well, and it goes back to the Village realignment, that changes everything.

DM: Okay, we'll circle back to that but tell me how you came to become director in San Diego County Department of Mental Health. Now it's at... The year was...

AC: 1988.

DM: 1988, this is San Diego at that time was a pretty conservative county, Republican, conservative, I don't know, but it was certainly a Republican county. Why did you decide to go there?

AC: Well, when Dick left, Dick Elpers left being director, the structure of the department at that time was there were service area directors, there were in house director of program development and planning and administration, and there was a children's bureau, that was about it.

I had been just doing planning and development, and Dick said, "You need some direct service responsibility." And he changed the structure and made me director of San Fernando region, which San Fernando and Antelope Valley. And I was regional director for all the services there. That worked very well for me because I went to church in that community. I knew a lot of the community agencies. It would be very easy to work and expand the network and expand the

support base. We had money, we had to do with services. I was always very much looking to expanding that support base.

Whatever we were doing as we were serving people in the community, the community needed to be accepting and to be able to work with them in the community. There's all of that going on. I loved it.

When Dick Alpers left, the man who was chosen to be the next director had been a service area chief and then had an administrative... I guess Dick had made him chief deputy. That's what it was. He was running all the service areas reported to him and he became director. And there was a man that I had hired in program development and planning by that time who was good, well-known psychologist, had run a community mental health center programs and was good qualified, but he was also doing training program development in central office. And he lived in Santa Monica.

And there was a... Well, there wasn't a... Anyway, long story, Roberto Quiroz was the director who succeeded Dick Alpers. And it soon evolved into that he was jealous of me, I concluded in the long run and did everything to minimize me.

DM: This is the new director, Elpers' successor?

AC: His successor. He minimized me and just... People talk about mini-aggressions, they were there, whatever. He moved me to be director in San Gabriel because he was not happy with the one who was director there with good reason. The guy was a researcher who didn't do well in the community mental health end of the business. And he'd been appointed there and didn't do well. He wanted to move him back into the central office and clear up the vacancy, this other chap whose name is irrelevant could have been signed there and I could have been left in San Fernando, but no, Roberto moved me to San Gabriel. And the other guy in San Fernando. They were buddies, they were two Hispanics.

DM: You had a long commute.

AC: I had a miserable commute from Hollywood out to... But I'm the optimist. That was good, because over the intervening years I had organized... As part of getting more services, I organized the county to do its own community mental health center application to the feds. And I deliberately placed it in San Gabriel Valley because that was the region that was always shortchanged. It had less proportion money than the others. I wanted to put it in there and we found the right catchment area, and we applied and we got the money.

But that was all why we're still part of the merged department. And the director of the health department didn't do a really good job of working with that community mental health center because he didn't understand, as I said, all that. Anyway, and the intervening regional director wasn't that good at it, but it was there. When I went out there, I could work with that committee because I helped set it up..

DM: Out in San Gabriel.

AC: In San Gabriel. And the woman who was a chief advocate for that community, named Dr. Frances Meehan, who had been very active in getting the county clinic out there organized and very supportive of it and very helpful and gave always good feedback about how to improve it, these were good community advocates.

DM: Frances, he?

AC: Frances. No, she.

DM: She. Okay.

AC: Yeah. She was a power. I knew enough people out there and I did my thing. I went out and talked to people. I had community groups. I met with people. I talked about what we needed to do. I got their feedback, and it was very successful, really, but I was not happy with Roberto. I did not think he was doing the best of jobs, and I wanted to get out.

I actually applied to San Francisco. I lost out to a good person to lose out to, and I was glad to. I didn't mind that one at all, but once San Diego came up and I applied one of the other guys who was another regional director or had been a regional director, and I forget where he was headed by that time, but buddy was with Roberto Quiroz, but nevertheless, he also applied to San Diego, and I got the job.

DC: You arrive in San Diego and...

AC: I was part of a health department there.

DM: What did you find? What was the situation in San Diego?

AC: Well, it was a joint health department. The man who headed it, Dr. [J. William] Cox, had been retired chief medical officer in the Navy. I think. He was very, very high up. I don't think he was an admiral, but maybe he was [Vice] Admiral Cox. Anyway, he came in, he'd been interested in health policy and was teaching health policy when the county asked him to take on this health department, which included mental health, substance abuse, public health, health in the jails, and a couple of senior complexes that I can't quite define what they were. They were residents. They were more than just senior residents. They were a social service kind of entity with housing involved.

And they came in and I had been advocating in LA to do a better Job of working with the substance abuse department. Even when we were merged, I tried that and the funding streams are damn different at the state level and the federal level. That made it very hard. Although we had done some training together, I was involved in doing that in San Diego and people were happy to see that we did some success then again by being in the right place at the right time. NIMH wanted to put out a study to show success in moving homeless people into housing, directly.

DM: In San Diego.

AC: Well, San Diego applied for, it was a competitive grant system, and we applied and got that grant. And with the grant, the county housing department had to work with the mental health. They had to agree that if they got Section 8 waivers, they would give them to clients that we selected there would be no bureaucratic delay in getting the housing through the Section 8 for the client coming off the street...

DM: What was the San Diego homeless situation when you arrived and...

AC: Oh, well, it was like everywhere. It was a heavy homeless problem downtown there and the beach areas. Same as L.A., proportionally not much different. The big difference in San Diego was that they had been allocated very few state hospital beds relative to the size of the population. That was based on the history.

At some point back in ancient history, the state started allocating to the counties based on their historic use. L.A. had a lot. Of course, L.A. was close to the hospital, it's easier to get people in, it just made sense. San Diego, they didn't have many. In terms of proportionate resources, they were sorely lacking, but what they did have and what I learned to recognize and appreciate from them was they had a strong network of board and care homes and social service working with the board and care homes. We expanded and worked on that as part of whatever program expansion. Wherever we got money that we could move into that, was good. But the other thing that I did for San Diego was because of my close relationships that had come from the years of working with conference of local mental health directors and the state people, I was able to get Carl Reiser... Gosh, I haven't thought of that name for a long time... o maneuver to give us some SNF beds. So we...

DM: SNF, as in skilled nursing facilities.

AC: Skilled nursing facility. And that's a substitute for state hospital that is closer to the community and can be much better community linked.

DM: San Diego is shorted on state hospital beds, which also means that then it gets shorted in

funding. San Diego County, big county.

AC: Yeah. After realignment, they were shorted. Yeah, but realignment hadn't happened yet.

DM: Well, San Diego sued to get more money.

AC: Yeah, I forgot that. Yeah.

DM: Yeah, you remember that?

AC: No.

DM: Okay. They sued to get more money and...

AC: What year was that, do you know?

DM: Well, it was when you were there. You also didn't have a public hospital in San Diego.

AC: Yes, we did. San Diego, example of its shortsightedness, had never applied for community mental health center funding when the feds were pushing that on everybody, they could easily have had it, they didn't. The director of mental health there was a physician, not a psychiatrist. In the early days of the legislation, only a psychiatrist could be a director of mental health, incidentally. It was lobbying in the '60s and early '70s that allowed psychiatrists - psychologists - and then later on, legislation was changed to allow social workers to become local medical directors. And, look now how many... Almost all of them are social workers now, but anyway, that was part of their... They did have a psychiatric hospital. And that was part of the problem, how to get money into it, because there was no separate funding source that you could draw into it. It just came out of the total allocation that we had.

DM: You couldn't use Medicaid money in the psych hospital?

AC: That's right. Because it was not part of a general hospital. We negotiated, maybe we could make it part of the county general hospital, then we could get Medicaid money. I think we came up with some other solution or some way to get some more money, but I can't even remember what it was. I'd have to go back. And I threw out an awful lot of notes and a lot of my history is gone, Dan, I'm sorry.

DM: No, you've got a lot of it. So, 1991, you're still director in San Diego. Pete Wilson is governor, has just taken over as governor in 1991. The economy has crashed, therefore the state budget has gone into a deep, deep deficit. And one of the major solutions was mental health realignment, which shifted funding for mental health care and gave counties more money.

And specifically, Pete Wilson, being a San Diego guy, helped San Diego with this a little bit. Gave them a little more money and a few other counties that had been shorted over the years, but anyway, tell me about realignment and how that changed the equation, or at least sought to change the equation.

AC: What it did for me was open up. Because of my experience in San Diego, I knew that Los Angeles could live with fewer state hospital beds. Surely. San Diego was doing pretty well comparatively. Realignment allowed me to reduce state hospital beds and use that money to start Village-like programs in every service area.

DM: Well, but you were still in San Diego in '91, and then you...

AC: But I came to... In '92, I came to L.A. The only reason I came to L.A. was that I could do something like that, knowing that it could be done if you just develop enough community mental health support. And the Village was a perfect example of how that ought to work. And we called them full-service partnerships, but they were intended to duplicate exactly what the Village had done, but we added another important dimension to it, Dan, and that was longitudinal accountability.

DM: Before you get to that, you got recruited. You initially applied but decided to withdraw your application and then as I understand it, [Los Angeles County] Supervisor Ed Edelman called you and recruited you. Why did Edelman want you?

AC: I had a good reputation in Los Angeles. People knew they could trust me. They liked what I understood about how the community mental health system was supposed to work. They thought that if I was in charge, it would be closer to what the general people thought. I know the workers in the department thought that. I think the family members by that time... The family members had actually given me an award while I was in San Diego County. That was a great recognition that... I was astonished and I was thrilled it was one of the...

DM: Well, they also named a building after you in San Diego.

AC: That wasn't the family members who did that. Yeah, there was somebody else who did that.

DM: Yeah. That building is still around.

AC: They never can pronounce my name right either.

DM: I'm sorry. I get it right.

AC: It happens all the time. No. That was quite an honor. I almost declined. "Oh, well, what the hell, why not?" It could only have happened because I was leaving, because it couldn't happen if I was still there.