Areta Crowell Part III: It is Hard to Create an Institution that Doesn't Become Institutionalized

Interview conducted by Dan Morain

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DM: So, Edelman gives you some sort of offer that you can't refuse, and you come back.

AC: Yeah. It was basically that they would protect the budget for me. They would not cut it.

DM: Okay. But 1992 is a terrible budget year again.

AC: Oh, yeah. Well, this is '92 when I was recruited, right?

DM: And '93 the budget's a terrible budget year.

AC: Yeah. We survived the first of that. Well, everybody was going through cuts, and I guess I figured I could do it better than other people. And the realignment gave me hope that we could improve the community system using that mechanism. We cut 50 state hospital beds and served 500 people in the community. That was the ratio what we started with.

It was the evidence that those programs developed that they were able to use later to show evidence of what we were talking about in community mental health building that was foundation for people supporting Prop. 63 [of 2004] when you need to get a lot of supporters to make this idea go through.

DM: Well, I hate to do this but Nickel-a-Drink was one of... This was an initiative [in 1988] to tax alcohol to provide money for emergency care.

AC: Drug and alcohol services and mental health services.

DM: And mental health services. And this was I think 1988, was it? And you were part of that campaign.

AC: Yeah, I was part of the negotiating between the mental health advocacy group the Mental Health Coalition and the coalition of alcohol providers. And it turned out there was an environmental element to the coalition, and I forget the name of the guy who was a real mover

and shaker that thought had done enough of the research that thought it might pass.

DM: Right, but it didn't, it failed. And well the liquor industry might have spent gobs of money to kill it. And you didn't have any money on your side.

AC: That's right.

DM: Yeah. Anyway, that went away, but then you have realignment and the goal there is to provide money for mental health care, but then you have tough budget years in '92 and '93. The economy really doesn't start recovering seriously in California until after you left.

AC: After I left. My friend who was a CEO at that time said to me, "Why do you want to go now?"

DM: Because of...

AC: Personal reasons.

DM: Okay. All right. Well, in this time the L.A. county jail gains the reputation as being the largest mental health provider in the country or the largest psych hospital in the country. It competes with Cook County and it competes with Rikers, but nonetheless it has this reputation, and there are scathing reports, press reports, but also audits by government agencies about this and it sort of falls to you to...

AC: Mostly it was a fault of the... The audits showed all the errors being made in the jail system themselves and mental health people were victims of that.

DM: I'm sorry I spoke over you. What did you say then?

AC: Well, I was just going to say, I think the mental health providers did not get the bulk of the conflict at all and we would keep saying, "Well, if we had more in the community, we prevent people getting there." We put out the... We started... Not my idea, but it was a good idea. It was the mental response team that was the sheriff's to send out a mental health person with the sheriff when they had a distress call that would fit the criteria and keep that person from being hospitalized and jailed. So that one year prevention was... Yeah.

DM: Well, what I started to say was that it was... Part of your job was to deal with the fallout of

what was going on in the jail. Tell us what was going on in the jail when you were mental health director in the middle '90s.

AC: It was a lot of conflict. The mental health people who were in there didn't feel that they were able to do what they should be able to do because of the restrictions that the jail put on them. And I would meet with the lieutenants and argue and complain, and they'd say, "Okay, we'll fix it." And then the people come back and then it wasn't getting fixed. It was one of the many big frustrations in what was going on.

DM: Was there a solution that you saw? Or solutions? What were your prescriptions?

AC: I don't think I had prescriptions, Dan. The women's jail, Sybil Brand, and that seemed like they were good things and they did good work. I appreciated the work they were doing; they had successes. They could talk about the success in those programs. We needed more of...

Most of everything you could see a piece of it was working well. The problem was you didn't have enough of those pieces. And in the jail, there was so much that went wrong at the beginning of the jail. And then you couldn't get them to discharge people. We tried to get social workers in they could plan in advance. We worked on that for the partners to get... that a representative from the agency, like the Village agency, could go into the jail and meet with the client before they were discharged that they would have a connection going for them, that they would know where to go, who would be there to help them.

We had that plan, tried to make it work, that was what we thought was what was needed to get that connection. And then to be able to get money to pay for the person, going to see the person in the jail. Well, much of this was siphoned into again, silos, funding. You couldn't do these things.

And then they even struggle to get food stamps allowed for people organized before they leave the jail. I've seen some of these ideas still being pushed for, tried to get going. I think some of them have been implemented, but my bookcase is full of the reports and stories. Yes, it is true. The mental health system has been under assault continuously all the years I have had anything to do with it from the beginning till today. It's true. What do I do with it? I come back to a lot of what we tried to do and did do in small pieces. And that is to create communities where people are.

DM: Like the Villages?

AC: Like the Villages. Because of the Village experience the Mental Health Association learned about how important housing is and actually started a housing development organization to help

create housing for persons with mental illness to be able to have access to because many landlords would not rent to somebody who had a mental illness. And you couldn't get a support network going. It was called Clifford Beers and it has morphed into an organization now still doing that called Holos. And I was at an open house for a Holos facility on Saturday. I've been to several of those, but that's a... It's a tiny drop in the ocean of meeting that need always.

DM: That need being housing?

AC: Housing. And of all the things that I think I told you, I think that looking over my history, the thing that we missed most in the '80s and '90s was how important it was to be able to control and have housing that you could assure people could have a house. Then you can do an awful lot with peer support to keep that community constructed and working.

We knew how much... I knew from San Diego days how important the board and cares were. And we nurtured the board and carers in Los Angeles, and we worked with them to strengthen their services so that they could keep people and they wouldn't need to go into crisis. And then we did have special crisis residential that would again be an alternative, having to go into a long-term institution. All of them focused around helping people be part of and create a supportive network.

We did put some housing into the millionaires' tax [Proposition 63 of 2004]. I have not seen any recent evidence of what it's been used for, but we know that the most recent initiatives that have passed have included a lot of money for housing because that message has finally gotten through.

When I have talked to people who want to know about helping the homeless in San Diego and here in Pasadena, I say, "Well, what are we doing to make more housing available for these people?" Because when you have the house, you can work on being healthy. When you're on the street, you can't be healthy. A street is not a home. It was a book written years ago, but it's still true.

And that remains a fundamental need in our society. And it's a larger need. It's not just for persons with mental illness. I think it is what we are seeing as the whole community has fractured and the sources of communication now are phones. The online networks are created, but they don't help people here and now. They don't help with... Some of them help with life problems. Some of them are functioning as mental health support networks. I know they are, but it's just that whole breakdown, I think, is reflected frankly in the current political situation in our community. People aren't together to talk. You don't talk. Everybody says the solution is if you talk, well if you don't see the people, you don't interact with them, you can't talk with them, you can't do any of that, educating them.

DM: Well, you decided to retire at a pretty young age from L.A. County. And when you retired as mental health director in L.A. County, what did you feel you had left undone?

AC: Everything was undone.

DM: Everything was?

AC: What I did do. When I retired... Knowing I was retiring, I lobbied to get myself as a consumer advocate on the... As a mental health service provider person on the citizen advisory committee that was set up for the implementation of the Children's Insurance Program, which was a federal program implemented here under Managed Risk Medical insurance board. MRMIB had to set up this consumer advisory committee, and I got myself onto it and I became chair of it.

DM: Bob Hertzberg, as Speaker, appointed you to that. And then Fabian Nunez...

AC: Actually, no, that was later.

DM: Reappointed?

AC: No, the citizen advisory committee, I think was selected by the department. I was mental health director and I wanted to be on it. Well, I had enough influence, I guess somewhere that they put me on it.

What Bob Hertzberg did was appoint me literally as a member of Managed Risk Medical Insurance Board rather than just on this advisory committee and I stayed 10 years on that board, but I did that because this was a way to expand children's mental health services, because with health insurance they had to include mental health. And my job on that board was making sure that there was mental health coverage that was required of every health insurer who was working with the board to provide coverage to the kids, make sure… and then to get the counties to work with them to understand and they could either make an agreement with the insurance that they would pay for the mental health service that the county was providing, whether a contractor county operated, or they could just let that insurance develop the service and know that it was there and use it, interact with it. I did that sort of education job was my job for 10 years on that. It was to improve and we did.

DM: Well, you testified before Congress related to private insurance parity, mental health parity. This was an issue that you advocated.

AC: Well, we always advocated for parity, that went back.

DM: Well, but to get private insurance to cover mental illness, and from where you sat, why did that matter? Why did it matter?

AC: Because it seemed we would never get the public funds that we needed and that this was a more natural way in any case, for people to get at that point was through insurance.

DM: Private insurance?

AC: Private insurance, yeah.

DM: But private insurance generally is through your employer. And how would that work? These are not people who are readily employed or employable.

AC: Well, whatever it would cover was better than not having it covered.

DM: I see. And you did go back before Congress maybe on more than one occasion.

AC: I forgot going to Congress. How did you find that out? You did a lot of digging. I've forgotten that one.

DM: Well I did some research. To testify on this very point...

AC: I know I was back in Washington. I did a lot of things. I talked in Congress. Yeah.

DM: Were there any particular members of Congress who were helpful?

AC: Gosh, I've forgotten the name of the man who was influential in getting mental health covered.

DM: Well, there was Henry Waxman, [Democrat from West Los Angeles].

AC: But anyway. Well, [Sen. Edward M.] Kennedy was important, obviously at certain points. Name some names and I'll tell you whether I think of them or not, but that's where my memory goes. It's much better.

DM: Henry Waxman, maybe.

AC: Oh, that's who I was trying to think of. Henry was just a genius for California. Well, because getting whole medical going was... Medicaid was his thing. Yeah. His cleverness with Democrats. Thank God.

DM: Yeah. Okay. Anyway, you retired from L.A. County in '99.

AC: '98.

DM: '98. And you're going to go off and live your life still being an advocate and...

AC: Well, what I did was it's 10 years on managed risk board, 2000 to 2010. Then I totally retired from everything.

DM: But after you retired from L.A. County, they pulled you back in and you went to work in Ventura County.

AC: Oh, that was... Yeah, I did a little consulting. I consulted in San Diego and I consulted in Ventura.

DM: And what was the situation in Ventura County? Because the then State Director of Mental Health, Steven Mayberg, had produced a pretty brutal report about the level of service in Ventura County. And you were called in to…

AC: Yeah, they were emphasizing their county inpatient too much and not doing enough for the outreach and especially to the minority communities and so on. What I went in, I think was Steve wanted somebody else to look at it and see if I agreed with what they had said and make recommendations to the county that the state could implement. That was a very short-term consulting, it didn't last long. It was just one thing. I didn't stay with that.

And it was a similar kind of thing in San Diego. It was reviewing applications. God, I can't even remember what for. The man who was then the health director was brilliant, and he did a great

job of integrating the health and social service network in San Diego. And then he became head of the California Endowment. His name [Robert Ross] is escaping me too, but I know it perfectly well. And I was just reviewing applications for part of their effort of integrating services better. Pretty routine kind of stuff, but it was fun.

DM: All right. Well, anyway, as you look at our situation now, almost 40% of the people in California state prisons have a mental illness diagnosis. And we have... The last count was 187,000 people homeless. Now, not all of them have a serious mental illness, but the chronically homeless often are mentally ill. And that's tens and tens of thousands of souls. Looking at the situation, something that you've toiled in for, 50 years, what's your prescription? What do you think? How does California and the nation get out of this situation? Do we?

AC: You're asking for far more wisdom than I have. I wish I had.

DM: Yeah. Well, housing is one of the issues, I assume?

AC: Of course. That's where I put my energy now is a community group here in Pasadena that's been advocating on behalf of housing policies and everything that they can that will make it easier for affordable housing to be developed and get it going. And that's been my... Fortunately, I got into that because a woman who started that local agency learned that I had this background on Housing First. And she had been just learned about this and was trying to use that. And she's been a great advocate and teaches a lot about housing and housing policy and keeps getting more networks involved in how to develop more affordable housing. She's been brilliant at that. And she happened to learn about me and got me involved. I've stayed involved with the city.

And whenever Supervisor [Kathryn] Barger comes to talk to the City Council, I usually have something to say about the mental health situation in the county. And she always smiles and says, "Yes, you taught me about mental health." And she's been a good advocate, very good advocate for homeless services and particularly for mental health. It was fun. Yeah, I supported her because when I was director, she was Mike Antonovich's health deputy. And I met every week with the health deputies. Didn't have much time with the supervisors themselves. It was the deputies that I worked with.

DM: And this is jumping way back, but your job from '67, '68, '69 on through the middle '70s was to implement the Lanterman-Petris-Short Act. Did you have any relationship with Frank Lanterman?

AC: No.

DM: No. What do you make of that?

AC: That I had no relationship with him?

DM: Yeah.

AC: Yeah, he died before I had...

DM: Well, he died in '81. He left office in '78.

AC: Yeah, well, I never thought of myself as being one who could... I didn't develop that kind of direct advocacy network that other people might have done. I was too shy, too whatever. It wasn't my thing. I could give the building blocks and the information and put that out and hope that it got there. I could write the reports. I wrote reports and stuff like that galore, but no, I did count on the Mental Health Association, the advocacy, the Mental Health Coalition, whoever is president of that, then they could go and speak. We did a big rally many years in Sacramento, and one year I was head of the coalition, I was a key speaker at one of those. So that much I could do and even that they had to push me to do it.

I guess it partly... I never thought that I had that much more knowledge than other people, but I guess I was determined with what I did know, but not determined enough to go find those people and lobby directly. I always thought of myself as the lower tier. It would be the CEO's job. It would be somebody else's job. See, I was shy, I guess.

DM: Yeah. I don't know. Maybe that's so Canadian of you.

AC: Maybe it is. You're right. It could be.

DM: Okay, but in 2004, Darrell Steinberg and Rusty Selix come up with this idea of Proposition 63, which sought to impose a 1% tax on people whose earnings were a million dollars or more, to fund mental health care. And you were one of the signatories of one of the ballot arguments in support of it. And what was your hope for that?

AC: Oh, it would be salvation. It would mean we could finally do what we'd been talking about doing. Yes, I was excited. I was thrilled to go and be part of the planning process here in Los Angeles. Marv Southard, who was the director who succeeded me, was wonderful. He kept saying, "Well, yes, use your experience, please come and sit on this committee." he had an advisory committee, of course, everybody... Well, they were required by legislation. Every partner group you could think of, every stakeholder, get them there. We had this huge meeting,

for a while they were every month, as they were getting this thing going and the staff was working like crazy, of course, and they produced that document over there.

And I was pleased, I was there checking, making sure that the consumer voice was there because I was very strong on that. If you want to talk about my legacy, if you ask people, I think they would remember me for requiring that consumers be hired, for instance, that they be given an opportunity to have normal life and have a job and that we could be part of that, which the village did.

AC: We actually started that in the county before I was director, I was a deputy director and we hired people and had some good, strong... Rehabilitation work going and that was the code word in those days was recovery and rehabilitation.

DM: Did Prop 63, the Mental Health Services Act, which has now been renamed as a result of the vote in 2024, Proposition 1. Now it's Behavioral Health, not Mental Health. And reallocates money, but from 2004 to 2020, for a 20-year period, almost 20-year period, did that money, which became... It's billions of dollars, over $10 billion over the decades, did that solve the problem? Did it do what you hoped it would do?

AC: Obviously didn't solve the problem.

DM: But? Is there a but there?

AC: Well, it is hard to create an institution that doesn't become institutionalized. And in a way, as far as I can see, the effort to create the kind of community networks that I still think is what's needed did not happen. It seemed like things continue to be too fragmented… too bits and pieces. Not enough of the longitudinal accountability that I can see. I'm trying to implement it here in Pasadena. We do a count. We have 550 people that we know are homeless.

DM: These are chronically homeless, or are they sheltered?

AC: These persons who are unsheltered at the time of the count. I've done the count every year.

Okay. We have these three or four agencies doing outreach, various funding sources. Can they not come together and agree and divide up those 500 people among them and say, "Okay, if anybody wants to know what's happening to this person. I'm the one to talk to." Just that. Just that.

We aren't there yet, but I keep talking about it. And now we have a few more on the board who might understand and appreciate that. And we have a new director at Union Station who oversees all of that in a way. I'm going to meet with her, preach this to her, preach it to our city administrator, I get to meet with them from time to time. Again, we have this larger structure with the woman I talked about who's doing all his housing. Well, using them. They're well known for this. Work with them to get the message through again, more needed, and we'll get there. I think that'll happen. That may be some improvement. Then we'll see if that... That won't be enough, I'm sure, but it should make it better in that little microcosm and that I must say I've enjoyed being part of Pasadena and the politics and service delivery stuff going on here to know it a little better.

DM: Well, maybe you can make change in a smaller...

AC: Smaller scale.

DM: Build from there. What haven't we covered? What should we cover? What have I not asked you about?

AC: Well, I would like to give a lot of credit to the early people in the department. Harry Brickman and Don Schwartz, who was the deputy. Don got that NIMH money in for research. George Moed was brilliant in terms of getting the sociological economic database there for every study you wanted to do, including where people became homeless. I don't know, I haven't seen evidence that... The other thing he created was a database so that you could track whatever happened to an individual wherever they were.

Originally you had data from this clinic, that hospital, that clinic and that one. Well, who knew what else was in that patient's history? They might be able to tell you. They probably wouldn't. I couldn't give you a very accurate medical history on myself, I don't think if I had to. Well, we know people with mental illness can't. The information system was set up to be able to do that and that you could track for any individual what services they had across a year or 10 years, as far as that goes, if you wanted to do it that...

It's true, I read something that pointed out that a lot of our data was based on economics. The cost of the hospital and the days and on. You put that into a dollar base of how many dollars were spent on that person that year. And that was the information we used when we started replicating the Village with these partnerships was we knew how much money was spent on individuals who were assigned into their program the years before, and then you could see what was spent on them in the time they were in the program.

And presumably there should be a reduction because the hospital costs were always the biggest

chunk of that annual cost if people were in the hospital. If you can save them from being in the hospital, presumably it means you're doing a better job of creating the community.

Now one ought to have social scientists outside the department coming and studying these kinds of things. And there has been some of that. I was in touch for a while with some of the UCLA people who were doing some research. They were going to do an oral history which they never followed through and did. I don't know what happened to that project, but anyway. That was another genius thing that came out of the early days in the department and being able to do that longitudinal accountability.

We still do not have people in the health department in Los Angeles County able to do that on an integrated basis across the kinds of services, because it should be done to link that with the substance abuse services and the General Medical Hospital. They've done some of it because the hospital system has started to recognize that the success of what they're doing depends on the housing. They now have actually a housing budget that is part of their care system and they're able to prescribe housing.

That is such a progress, huge progress. I'm glad to see that happening in the world. I'm not out there pushing anybody doing it. I'm not working with research networks. It would have been probably good if I had. Sometimes the responsibilities that I might have had I didn't take because for the last 12 years, I've been living six months away from a stable base. I could say to any board, I can't be on that board, I can't be on that committee because I'm only...

DM: Yeah, well, you've put in your time. You put in your time.

AC: Yeah, I count my retirement from actually after the 10 years on MRMIB, which was. Yeah, '74 or '75. Yeah. What's the time? I'm sorry, not '74.

DM: Yeah. I'm just going to say 2024.

AC: It's the right decade there.

DM: 2000. Well...

AC: '98, was 2000 when I went on MRMIB, to 2010.

DM: The question is a common definition of serious mental illness. I'm not sure there is, but is there? We don't even know what the cause of most mental illness is.

AC: Well, we are very comfortable it's biopsychosocial, and it's very complex. And all of those factors interact on every single person. The level of severity that qualifies as severe mental illness. I've seen people who've tried to define a committee that got together and did that definition that they agreed on and with substance abuse definitions as well, with the interaction of substance use with mental illness. In fact, that was one of the things that I became most aware of because of the family members way back in the '70s, '80s, the Don Richardson that I spoke about… They concluded that it was when their son had a beer that he had regressed into his more difficult periods of illness. And it was other people like that...

Mixed that in with a period when people were starting to use pot more, and that was becoming more socially acceptable, even though it was still illegal, but it was being used a lot and people were getting drugs and using them. That all got complicated interactive, I think behavioral health is a much better definition than either mental illness or substance abuse. It's behavioral problems that people are talking about always. Things that detract from ability to carry on the facts of living.

DM: Yes. Well, it has to do... It is sort of... you know it when you see it, when you see somebody diving into a dumpster or can't take care of themselves. That's what we're talking about.

AC: That's what we're talking about. Yeah.

DM: Yeah. Grave disability, I think has something to do with that.

AC: Well, that may be very functional behavior if they're hungry and they have no money and all of that. It's not necessarily mental illness. It's not even truly a behavioral problem. At some level, it's terrible behavioral for somebody to be doing that, but making them a criminal for doing it is what's difficult. And we have this fight started again this year with the federal lawsuit that now allows. I forget the name of it. You're nodding and I should remember it, but I can't remember, it allows cities to criminalize people for not having a home.

DM: The Grants Pass [City of Grants Pass v. Johnson, 603 U.S. 520 (2024)].

AC: Yeah. Grants Pass and the evidence against it came out of Salem, Oregon, where they had a really good program going that was wonderful, community mental health program similar to everything we talk about what goes into making a good community health program. And they were using that to keep people housed and to get people housed.

DM: Yeah. Well, the Grants Pass Supreme Court decision does authorize cities, counties to move

people so long as they have a place to stay. Some alternative. We still lack the alternative.

AC: How you define what that place is going to be. And sometimes it's jail, and that's what you don't want it to be the jail. You'd like it to be someplace that they could stay for enough time to create a community and not move on. So that's why interim housing fell out of practice because people realized that you couldn't create a community that's stabilized if you have to move people out every few months.

DM: Yeah. Well, okay, very good. I appreciate you taking all this time on behalf of Open California, Areta thank you very much for talking with us and sharing your history. This interview is made possible by a grant from the California State Library. State Librarian Greg Lucas often quotes President Harry Truman's line, "The only thing new in the world is the history you don't know." That's true, so much of what you remember is happening today.

AC: Or the only thing that changes is the rate of change.

DM: Something like that.

AC: I don't think he said that, but somebody said that.

DM: Right. Anyway, well, very good. Thank you much.

AC: You're welcome.