Mental health services in California predate the community mental health center movement. A women named Portia Bell Hume, MD, a professor at UC Berkeley, was largely responsible for the Lanterman-Petris-Short Act, which spelled out not only the services and structure of mental health services in California, but also detailed, among other things, rules for the treatment of mental ill persons, the rights of the mentally ill and the procedures for involuntary holds. Under the LPS Act, programs were set up in most of the counties of California, which were departments of the county in which they existed, and their staff members were county employees. The Board of Supervisors was the governing body. (Mental health boards were advisory only and had no control of the department.) Funding came mostly from the state, but each county contributed a small amount to the budget of the mental health department.

After the LPS Act passed, the state, under the leadership of Governor Ronald Reagan mental hospitals were precipitously closed and promised funds for residential and other community programs to serve those released from the hospitals. The release of the promised funds did not happen. Instead, many of the 80,000 former patients whose families could not, or would not, offer support, lived on the streets, slept in entrances to commercial establishments, and begged for food. Many also were frequently incarcerated in local jails.

Under the leadership of President Kennedy, the community mental health centers movement started, with federal funds and were usually independent, or nearly so, of county governments. Programs and services under the Community Mental Health Services Act were largely funded by federal grants, guided by the National Institute of Mental Health, a division of the National Public Health Service. These services could have ties to county government or not. But an independent community-based board was the official boss of each!

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