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Hospitals - Dominican Hospital

18 Hospital Beds Available For Acute Psychiatric Care

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Only 18 hospital beds for acute psychiatric care are available in Santa Cruz County, the mental health committee of the Mid-Coast Health Systems Agency was told Thursday night during a meeting here at Mission Hill Junior High School.

The committee is composed of health care consumers and providers from the four counties served by the Health Systems Agency: Santa Cruz, San Benito, Monterey and San Luis Obispo.

Judy Bartels, an HSA staff member, told the committee that with Dominican Santa Cruz Hospital having dropped its 15 acute psychiatric care beds, the county has only the 18 beds available in a psychiatric unit at the former County General Hospital.

There are 20 other licensed beds at Star Lodge Hospital in Scotts Valley, but these are used for treatment of alcoholics and are not available for acute psychiatric care, the committee was told.

The report was part of a broad discussion of goals, policies and procedures for providing required psychiatric and mental health diagnostic and treatment services for the four-county area.

The committee is developing these for consideration by the HSA governing body for incorporation into a federal and state mandated plan for the provision of these services in the area.

During Thursday's meeting chaired by Linda Bergthold of Santa Cruz, who is also a member of the HSA governing body, the committee adopted two goals and several objectives for recommendation to the governing body.

Goal 1 states: "There shall be an appropriate quantity of acute psychiatric beds available to all the residents of the Mid-Coast Health Service Planning Area by Jan. 1, 1983.

An "acute psychiatric bed" is defined as a bed "within a psychiatric

unit in a general acute hospital or within an acute psychiatric hospital, or beds developed as alternatives to acute hospitalization in a nonhospital setting."

But in the adoption of Goal 1 the committee included a motion that the Star Lodge Hospital beds be excluded from the state count of acute psychiatric beds because these are not general available and because the Star Lodge draws much of its clientele from out of the county.

Bergthold and Committeeman Chester Wright stressed the committee is not at all critical of Star Lodge, that they are aware Star Lodge provides important, much needed services.

But the committee is troubled by the state formula that is used now for licensing hospital beds. The state does not draw the type of distinctions the committee thinks it should when it applies the formula to an area.

Under this formula the county is considered to have 53 beds licensed for acute psychiatric care. But with 15 dropped by Dominican and 20 not available at Star Lodge, there are only 18 real beds available. By 1983 an application of the state formula projects the county will need 55 such beds

HSA's mission is to insure that needed health facilities are developed.

Hence it is recommending beds not used for acute psychiatric care be dropped from the state formula computing the number of acute psychiatric care beds to be licensed in an area.

Under Goal 1, the committee recommends that "an appropriate quantity of acute psychiatric beds" will be available by Jan. 1, 1980.

Goal 2 states: "Acute psychiatric care services shall be accessible to all residents of the Mid-Coast Health Service Planning Area by Jan. 1, 1983."

These services are defined as "provided in acute care hospitals, acute psychiatric hospitals and in non-

hospital settings with services that are alternatives to acute hospitalization."

Several key objectives to be achieved under this goal are as follows:

1. Acute psychiatric care services shall be available to all the residents by appropriate ground travel within 60 minutes of the home in urban areas and within two hours of the home in rural areas by Jan. 1, 1980.

2. All acute psychiatric care services utilized by the residents of the planning areas that include Santa Cruz, Watsonville, King City and Hollister shall have a professional staff that has bilingual and bicultural skills proportionate to the population in each of the areas by Jan. 1, 1983.

3. No residents of the HSA area shall be denied access to acute psychiatric services because of an inability to pay.

4. State licensing practices shall not create a barrier to acute psychiatric services within the HSA area by Jan. 1, 1981.

Wright brought out during discussion of Goal 2 and its objectives that transportation of a patient by a sheriff's car to and from a treatment center would not in his opinion be appropriate ground transportation. He said that in some black minority groups there is a fear of "the fuzz." He noted also that past black experience makes some people afraid of treatment centers, which they still call "the crazy house."

On the subject of bilingual-bicultural skills needed in some areas, Committeeman Richard Struck stressed it is imperative for HSA to comply with the Affirmative Action laws and that the group has an obligation to train people, if need be.

The group will meet again Aug. 18 in Monterey to continue formulation of a package to be considered by the HSA governing body for incorporation into a final mental health plan.

No Smoking