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MYTHS AND FACTS ABOUT LAGUNA HONDA HOSPITAL

MYTH: Residents at Laguna Honda Hospital (LHH) are more disabled than at other nursing homes and in the community.

FACT: There are many individuals who live in the community who are as or more disabled than LHH residents. All clients of the MSSP program, all On Lok clients, all Nursing Facility Waiver participants, and many IHSS recipients meet “skilled nursing facility level of care,” which is the threshold requirement for admission to LHH. Fifty-four percent of LHH residents have impaired cognition, behavioral problems, and reduced physical functioning, which means they do not have complex medical needs that would make it difficult to serve them in the community. Only 46% have complex nursing or rehabilitation needs, and many of these residents could live at home and in the community with appropriate services.⁽¹⁾

MYTH: Residents at LHH want to live there.

The Targeted Case Management Program (TCM) assesses all LHH residents to determine their needs and preferences for living in the community. At the time of discharge planning, 70% of LHH residents prefer community re-integration. Almost half of residents assessed would prefer to live at home with or without services.⁽¹⁾

MYTH: LHH residents need to be there because of their disabilities.

FACT: Many LHH residents cannot leave LHH, not because of their medical conditions, but because the services they need are not in place in the community. A report commissioned by San Francisco found that many people at Laguna Honda could leave if San Francisco made essential services such as affordable, accessible housing, case management, meals, and transportation available.⁽²⁾

MYTH: Residents get more care at LHH than they would in the community.

FACT: At LHH, patients get just 3.5 hours of “nursing” per day, which includes care provided by Certified Nurse’s Assistants (CNA).⁽³⁾ An individual living at

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home can get up to 9 hours per day of one-to-one attendant care through the In-Home Supportive Services (IHSS) program, and a visiting nurse, as needed from a Home health Agency. An individual who would otherwise qualify for LHH can receive one-to-one in-home care through a combination of IHSS, CNAs, and licensed nurses, through the Nursing Facility Waiver.

Similarly, many community-based programs, such as Adult Day Health Care, mental health day treatment, and On Lok, provide individual and group service which adequately meet the needs of their clients and allow them to remain living independently in their own homes.

MYTH: LHH is the only nursing home option in San Francisco.

FACT: San Francisco has a rich array of community-based services that can meet the needs of most people with even significant disabilities. For individuals who choose or need nursing home care, San Francisco also has unused capacity in nursing facilities which accept Medi-Cal and do not require supplemental payments by the City.⁽²⁾

MYTH: San Francisco needs to rebuild a 780 or 1,200 bed skilled nursing facility to meet the needs of an increasing population of seniors.

FACT: San Francisco has never done an adequate assessment of its need to rebuild a large, outmoded institution:

- According to the City Controller, “The City has effectively institutionalized more of its population, across a wider spectrum of needs, than anywhere in the country... approximately one out of every 700 San Franciscans is living at Laguna Honda Hospital.”⁽²⁾
- The HMA Report that San Francisco commissioned stated that “while it appears that 780 SNF [skilled nursing facility] beds will be constructed at the LHH site, a SNF of this size is contrary to all national trends.”⁽²⁾ Ninety-four percent of all nursing facilities in the country have under 200 beds.⁽²⁾
- Nursing home occupancy rates have been steadily declining. In California, occupancy went down from 85% in 1992 to less than 81% in 2001.⁽⁵⁾
- Nationwide, in age-standardized terms, nursing home utilization among people over age 65 has declined by 26% since 1973.⁽⁶⁾ Many believe that a number of factors contribute to this trend, including the fact that people are remaining healthier longer, as well as increased preferences for community alternatives to

nursing home care. Many also believe that with the increase in assisted living since the 1980's (almost 50% from 1991 to 1999), many seniors are opting to "age in place" instead of moving to a nursing home as their needs change.⁽⁶⁾

- Each skilled nursing bed will cost more than twice the cost of each Assisted Living or Supported Housing unit.⁽⁷⁾
- The more San Francisco spends to serve a fixed number of people at LHH at a cost of \$500,000 per bed and almost \$500 per day in operating costs, the less it will be able to invest in less costly and more flexible community supports to meet the needs of its growing population of seniors.

References

- (1) Laguna Honda TCM Project, Aggregate Data Report for August 2006.
- (2) Health Management Associates Report to San Francisco Dept. of Public Health, July 2005. http://www.sfgov.org/site/controller_page.asp?id=33411
- (3) Testimony of Greg Sass, Mayor's Disability Council Hearing, February 18, 2005.
- (4) Letter from U.S. Dept. of Justice to Dennis Herrera, City Attorney, regarding Investigation of Laguna Honda Hospital, April 1, 2003.
- (5) California HealthCare Information Resource Center, "California Long-Term Care Services, Statewide Trends: 1992-2001"
- (6) AARP, "Before the Boom: Trends on Long-Term Supportive Services for Older Americans with Disabilities," October 2002.
- (7) Harrington, E., "Laguna Honda Replacement Program: Where do we go from here? May 29, 2005.
<http://www.sfgov.org/site/uploadedfiles/controller/reports/LHrpt1.pdf>