



**Committee to Save LHH *Fact Sheet***

**Stop  
LHH  
Downsize!**

[www.stopLHHdownsize.com](http://www.stopLHHdownsize.com)

**Smoke Signals About the Future  
of Laguna Honda Hospital and  
Rehabilitation Center:**

***Downsizing of the LHH  
Replacement Facility and  
the Changing Patient  
Populations to Be Served***



*Upcoming Meetings of the*

*Board of Supervisors and*

*the Health Commission*

*Offer a Vehicle to Prevent*

*the Downsizing of*

*Laguna Honda Hospital*

Graffiti that appeared during the "Bridge Demolition"  
Party Held at Laguna Honda Hospital, August 2004;  
Background: LHH Main Building, Southeast From Bridge

October 2004



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### Questions can be directed to the Committee to Save Laguna Honda Hospital and Rehabilitation Center:

- Patrick Monette-Shaw, Media Contact, Committee to Save LHH ..... 292-6969
- The Parents and Friends TBI<sup>†</sup> Support Group (of LHH TBI Residents)
- Sister Miriam Walsh, Director of the Pastoral Care Department at LHH..... 292-3471
- Virginia Leishman, retired former Director of Nursing at LHH for 44 years .....
- Robert Neil, resident of LHH; Council Member, Mayor’s Disability Council ..... 759-3058  
(Please call Robert only between 9:00 a.m. and Noon)

For further information and updates to the calendar of upcoming hearings, visit: [www.stopLHHdownsize.com](http://www.stopLHHdownsize.com) or e-mail [pmonette-shaw@earthlink.net](mailto:pmonette-shaw@earthlink.net)

<sup>†</sup> Traumatic Brain Injury



## ***Introduction***

For over 70 years, Laguna Honda Hospital and Rehabilitation Center (LHH) has been the San Francisco Health Department’s medical-model skilled nursing facility and rehabilitation center protecting the welfare of all of San Francisco’s elderly, frail residents. It is licensed for 1,214 Skilled Nursing Facility beds and also provides physical and occupational therapy, physical rehabilitation, speech pathology, audiology, outpatient geriatric day care, AIDS care, and hospice services. LHH also currently provides some psychosocial rehabilitation and mental health care, despite not holding a license as a psychiatric facility.

Laguna Honda Hospital plays a vital role in the care of frail and elderly San Francisco residents. Of the City’s 3,454 Skilled Nursing Facility (SNF) beds, 34% are at LHH. In 2020, San Francisco is expected to have 92,000 more residents over age 65 than in 2000. The “traditional” patients who have been served at LHH for fifty years include those who have experienced stroke (cerebrovascular accidents); brain dysfunction, including traumatic brain injuries; organic brain diseases, including dementia; neurologic impairments such as multiple sclerosis, Alzheimer’s, and Parkinson’s disease; spinal cord dysfunction; multiple traumas, other complex impairments; and upper- and lower-extremity amputations, among other impairments. Other patients long cared for at LHH include those seeking care in the hospital’s hospice and AIDS units. Approximately one-third of LHH residents die each year, demonstrating that patient turnover is high, illustrating the need for this facility.

Assuming no additional SNF beds are lost before the year 2020, San Francisco will have a shortage of 2,380 SNF beds<sup>1</sup>, based on national averages of SNF bed usage, or a 1,288 SNF bed shortage, assuming concerted efforts are undertaken to build alternative facilities, as was done in Oregon.

Notably, the number of San Francisco’s SNF beds has not remained constant: 200 have been lost over the last ten years, because the economic incentive is to convert SNF beds to more profitable ambulatory care beds. Only 2% of San Francisco SNF beds accepting Medi-Cal patients are vacant.

There is good reason to believe that the new LHH may open with 300 to 400 fewer beds than voters were promised in 1999; should that occur, losing 300 SNF beds in one fell swoop in a single year could increase San Francisco’s SNF-bed shortage in the year 2020 (just 16 years from now) to between 1,588 and 2,880 beds short.

San Francisco’s percentage of seniors living alone is higher than the national average. All told, Laguna Honda’s SNF beds will be needed in coming decades as a vital part of long-term care for San Francisco’s rapidly increasingly frail, elderly population.

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<sup>1</sup> “Options for Laguna Honda Hospital White Paper,” Mitch Katz, MD, Director, Department of Public Health, December 10, 1998.

*Smoke Signals About the Future of Laguna Honda Hospital and Rehabilitation Center*



It is, therefore, alarming to read various documents issued by the Health Department and the Board of Supervisors suggesting that the City plans to change LHH in a way that would undermine LHH's services to seniors.

First, there are further indications that the City plans to downsize the new Laguna Honda Hospital, perhaps eliminating 300, or more, beds from the original plan to rebuild all 1,200 licensed SNF beds.

Second, there are strong indications that the City plans to change the patient mix at Laguna Honda Hospital, replacing seniors with a rapidly increasing proportion of younger, combative patients who are behaviorally disruptive. Laguna Honda Hospital is licensed, staffed, and configured as a long-term care skilled nursing home, not as a psychiatric hospital. This rapid change in patient populations, mixing more young patients having unsafe behavioral problems along side of frail seniors, is already under way at the current LHH, not only crowding out potential frail-elderly admissions, but also exposing staff and patients to assault. The younger, disruptive patients tend to be more vigorous than can be safely handled, and are out of place in a nursing home setting. Indeed, the conflict between Health Department administrators demanding admission of dangerous patients with behavioral problems and Laguna Honda doctors trying to protect their patients by resisting these admissions has called into question whether Laguna Honda's medical staff can practice in a safe, ethical, or even legal, manner. A lawsuit is currently in progress over these forced admissions; a facsimile copy of the lawsuit is available online at [www.stopLHHdownsize.com](http://www.stopLHHdownsize.com).

This paper will examine the evidence that the City of San Francisco is preparing to downsize Laguna Honda Hospital, and change its mission from a nursing home to a combination nursing home/sub-acute psychiatric facility.

The evidence comes from published minutes of the San Francisco Health Commission, the Laguna Honda Hospital Joint Conference Committee (LHH-JCC), the San Francisco Board of Supervisors and its various subcommittees, and oral and written testimony presented during public meetings of these bodies. The pattern from putting together all these pieces is clear, and is both sufficient cause for alarm and sufficient cause to take action to protect LHH.

This paper also lists some upcoming Health Commission and Board of Supervisor's meetings that large numbers of people should attend to forcefully oppose the downsizing and mission change of LHH. We hope you and your group will feel motivated to join with us to fight for Laguna Honda's future. It is, after all, a fight for our own futures, as many (if not most) of us may need long-term care some day.

Healthcare and social services in San Francisco have been underfunded and overstressed for many years, even as healthcare workers tried to compensate to minimize the effects of previous cuts to public health services. Now the system can no longer adjust or compensate, and is starting to break down in major ways. Cuts to

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mental health day treatment, outpatient treatment, and residential care, among other cuts to urgent care, primary care, and other healthcare programs, have led to increased admissions into San Francisco General Hospital's (SFGH) acute psychiatric facilities. But SFGH's own budget has also suffered budget cuts, so there is increased pressure to transfer mental health psychiatric patients to LHH as soon as the patient's state funding runs out. LHH is also increasingly needed by additional seniors, because of decreasing social services, disappearing retiree pension and health plans, and the high cost of both healthcare and housing.

### **Downsizing of Laguna Honda Hospital Replacement Facility**

Conflicting smoke signals are occurring about the true amount of cost overruns of the LHH replacement facility, and how the cost overruns will affect the eventual downsizing of LHH.

- As of May 27, 2004, the cost overrun for the replacement facility was reported to be "\$30 million" (at the end of May 2004), and "... the worst-case scenario would be a reduction in the number of beds, in 60-bed increments," because the "... project would be built on budget and they would not ask for additional funding<sup>2</sup>."
- On June 1, 2004, it was reported that up to 240 beds may be eliminated from the replacement hospital, despite plans to spend \$3.9 million in "art enrichment" artwork for the new replacement facility rather than spending it on maintaining 1,200 beds in the new facility<sup>3</sup>.
- As of September 7, 2004, the "then current" cost overrun for the replacement facility may have grown by an additional \$10 million, between the end of May 2004 and September 7, to \$40 million<sup>4</sup>. When asked whether the additional cost overrun might require cutting another 60 beds, bringing the total to 300 beds to be cut from the new hospital, the rebuild project manager indicated that might be a possibility.
- Testimony presented during the September 19, 2004 meeting of the Mayor's Disability Council — which meeting focused on whether LHH is in compliance with the U.S. Supreme Courts' "Olmstead decision" that pursuant to the Americans With Disabilities Act, states must provide services to residents with disabilities in the most integrated setting appropriate and failure to do so violates their civil rights — recommended that if certain

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<sup>2</sup> LHH-JCC [LHH Joint Conference Committee, comprised of two Health Commissioners and the senior LHH administrators] minutes, May 27, 2004, agenda item 4, page 6.

<sup>3</sup> Health Commission minutes, June 1, 2004, Commissioner's Comments to agenda item 5.

<sup>4</sup> Notes of Patrick Monette-Shaw, LHH Chapter President, SEIU 790-Miscellaneous, during September 7, 2004 meeting with LHH Administration, the Project Architect Michael Lane, and SEIU 250 representatives.



“... efforts are undertaken, it is likely the need for Laguna Honda beds could be reduced by 30–50 percent<sup>5</sup>.” Notably, few of these efforts have yet to be undertaken. Privately, one of the co-chairs of the Mayor’s Disability Council has indicated that the Council is working on upgrading its status to a Board or Commission, but it’s unclear whether it would become a sub-commission under the Health Commission, or whether it would continue to report to the Mayor.

- The LHH Replacement Project Team continues to assert that the rising cost of basic building materials — structural steel and structural concrete being the two materials frequently cited — have caused the cost overruns. However, a *San Francisco Chronicle* article recently noted:

*“In the first quarter of 2004, structural concrete -- stronger than roadway concrete and used to build bridges and highway interchanges -- cost \$828 per cubic yard. Prices eased in the second quarter to \$340 per cubic yard, below the 2001 cost of \$425 per cubic yard [emphasis added]”*<sup>6</sup>

The Chinese media has reported that the Chinese government is trying to reign in its too-quickly expanding economy, by “... *tightening money supply and reigning in blind investment and low-level expansion in some overheating sectors*”<sup>7</sup>. As a result, both structural concrete and structural steel prices are expected to drop over the next twelve months.

- On September 29, 2004, background material<sup>8</sup> submitted by the LHH Replacement Facility project manager to the Board of Supervisors’ Finance and Audits Committee supporting the rationale for a new City ordinance — in order to grant a waiver to the LHH rebuild project to skirt City contracting requirements to obtain three competitive bids by changing five “standard” contracting rules, including a waiver that only one bid will be required — included a spreadsheet that compared the initial City budget estimate to rebuild LHH to a Spring 2004 estimate prepared by the general manager of the project, Turner Construction Company. An analysis of that spreadsheet reveals that the cost overrun for the replacement project stands at a staggering \$43.984 million, according to Turner Construction, a figure \$4 million higher than the \$40

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*It is statistically odd that of the 42 bid packages, 29 of them have been estimated by Turner Construction Company to increase the initial City budget by an exact same percentage cost increase of 22.7%. Another 9 bid packages were also increased by 22.2% to 22.9% by Turner Construction, bringing the total of bid packages to 38 of the 42 that were increased by 22%.*

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<sup>5</sup> Written testimony of Charlene Harrington, RN, PhD, University of California, San Francisco, at the Mayor’s Disability Council meeting, September 19, 2004.

<sup>6</sup> *San Francisco Chronicle*, August 17, 2004, “*Costly concrete takes a toll, construction demand builds, sending cement prices higher,*” Dan Levy, *Chronicle* staff writer.

<sup>7</sup> *Peoples Daily Online*, “*Steel prices falling back,*” May 11, 2004.

<sup>8</sup> File number 041246 to Agenda Item 10, Board of Supervisors’ Finance and Audits Committee hearing of September 29, 2004.



million reported by the LHH rebuild project manager during a meeting on September 7.

- Construction of the replacement project involves 42 bid packages, for “packages” such as carpeting and linoleum, vs. elevators, vs. dry wall. It is statistically odd, that of the 42 bid packages 29 of them have been estimated by Turner Construction Company to increase the initial City budget by an exact same percentage cost increase of 22.7%. Another 9 bid packages were also increased by 22.2% to 22.9% by Turner Construction, bringing the total of bid packages to 38 of the 42 that were increased by 22%. (The remaining four packages were increased by 25.0%, 23.5%, 31.5%, and a negative 0.8%, respectively). ***The probability that each of these bid packages increased by an equal 22% is extremely remote, unless inflation has increased by 22%***, which it has not.
- The five changes to the bidding processes include a provision that bidders may also be allowed to recommend further ways of downsizing of the LHH replacement project beyond the two floors targeted for elimination that they have been asked to submit a second bid on. Indeed, a stated goal in the background material is to facilitate “adjusting the scope [or size, of the project] quickly.” The “adjustment” will likely be a downsize of, not an increase to, the size of the 1,200 beds promised voters during 1999’s “Proposition A.”

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Therefore, the proposed downsizing of the final LHH replacement project must be considered as a direct result of cost overruns now estimated by Turner Construction Company to stand at \$43.9 million at the end of September 2004.

### **Changing of the Laguna Honda Hospital Admission Policy**

- The Board of Supervisors’ City Services Committee held a hearing on the LHH admissions policy change on June 24, 2004; a transcript of the hearing and testimony presented, is available online at [www.stopLHHdownsize.com](http://www.stopLHHdownsize.com)
- A so-called “compromise”<sup>9</sup> deal regarding the LHH admissions policy is still being negotiated between LHH’s medical staff — who have autonomy under State legal opinions — and Dr. Katz, Director of Public Health.
- The compromise technically returns first priority for admission to LHH to people at home with **urgent** needs, the compromise continues to place; however **non-urgent** home referrals receive second priority **below** patients awaiting transfer from SFGH who share the first priority with urgent patients at home.

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<sup>9</sup> LHH-JCC minutes, August 26, 2004, Attachment B, page 5 (the attachment will probably not be posted to the Internet).



Contrasted to the LHH admissions policy that continues to be posted to the DPH intranet as of October 8, 2004, the *proposed* “compromise” policy still continues:

- Placing persons who are not already in a medical facility at a lower priority than those who are already patients in SFGH,
- Leaving frail elderly in the community at an unfair disadvantage for admissions to LHH, and
- Leaving it to the discretion of admitting physicians as to who has a higher priority and who has more pressing, time-sensitive needs for admission.

Among other issues, the lawsuit noted below alleges these practices are illegal and should be stopped. The proposed policy “compromise,” according to LHH-JCC minutes, still:

- Indicates that the change in priorities for admission are “currently being adjudicated in court<sup>10</sup>.”
- Indicates that “In the past month, LHH has doubled the total number of PICC (peripherally inserted central catheter) lines in order to accommodate the needs of SFGH<sup>11</sup>,” for younger patients who predominantly have substance abuse histories. A 50% increase in PICC lines in one month is clearly a dramatic change in the populations being served at LHH to “help out” SFGH.

Finally, the “compromise” — as of October 2004 — offers no permanent protections to elderly patients in the community.

### **Changing Patient Population(s) to Be Served Is Already Underway**

A lawsuit filed by a citizen taxpayer on August 12, 2004 notes that the admissions policy to LHH has been a problem since March 2004; unresolved as of this writing, it has been a problem for fully seven months. Prior to February 2004, the admissions policy that was in place and approved by the medical staff of LHH had prioritized persons not in a medical facility as the first priority for admission to LHH, ahead of those patients who were already admitted to San Francisco General Hospital (SFGH).

However, on March 2, 2004, San Francisco’s Director of Public Health, Mitch Katz, MD, unilaterally changed the admissions policy to place SFGH patients as the first priority for admission to LHH ahead of those not already in a medical facility, which policy change eventually resulted in the lawsuit to stop this policy change.

Dr. Katz has attempted to reach a “compromise” with the LHH medical staff, potentially compromising the provision of medical care provided to San Francisco’s

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<sup>10</sup> LHH-JCC minutes, August 26, 2004, Attachment B, page 5.

<sup>11</sup> LHH-JCC minutes, August 26, 2004, Attachment B, page 1.

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most vulnerable citizens needing long-term care. Although the compromise with Katz returns admission of people at home to the first priority, the compromise continues to place persons not in a medical facility as a second priority below those already receiving medical care at SFGH by leaving it to the discretion of the attending physician over who to admit first.

In addition to changing the admissions policy regarding who can be safely admitted to LHH, there are other concerns about the changing populations who will be served at either the current, or the replacement, LHH facility.

- LHH is “being oriented to care for people with mental health issues,” ***the new “LHH will offer ... the same kind of services as offered at the MHRF*** [Mental Health Rehabilitation Facility, now renamed the San Francisco Behavioral Health Center],” and current neuro-behavioral psychosocial unit residents need “more psychiatric care than originally thought<sup>12</sup>” [emphasis added].

*“... the new LHH will offer ... the same kind of services as offered at the MHRF ...”*

— Mitch Katz, MD  
Director of Public Health

Originally planned as a visionary, integrated sub-acute facility emphasizing rehabilitation and return to the community, the MHRF’s mission was scaled back beyond recognition from the bond issue voters were promised, even before it opened, despite opening with nationally-recognized programs. Now LHH is being considered as an alternate “sub-acute” locked facility to replace services the MHRF was to have provided.

- The LHH Replacement Project will provide “300 fully secured [locked] units, which will begin coming on line in FY 07-08<sup>13</sup>.”
- The decision to increase the number of locked units in the LHH replacement facility is not a “policy decision, but an operational decision<sup>14</sup>” (as if operational decisions are not, in fact, policy decisions).
- Mr. Funk ... will confer with DPH leadership prior to providing the design team direction on the number of locked units that may be appropriate in the new facility<sup>15</sup>.”

*The decision to increase the number of locked units in the LHH replacement facility is not a “policy decision, but an operational decision” (as if operational decisions are not in fact, policy decisions).*

*Mr. Funk ... will confer with DPH leadership prior to providing the design team direction on the number of locked units that may be appropriate in the new facility.”*

<sup>12</sup> Mental Health Rehabilitation Facility (MHRF) Blue Ribbon Committee minutes, October 22, 2003, Chair’s Update report, Chairperson Mitch Katz, MD.

<sup>13</sup> LHH-JCC minutes, May 27, 2004, agenda item 3, page 4.

<sup>14</sup> Statement by Robert Christmas, LHH Chief Operations Officer, during September 7, 2004 meeting with LHH Administration, the Project Architect Michael Lane, and SEIU 250 representatives; notes of Patrick Monette-Shaw, LHH Chapter President, SEIU 790-Miscellaneous..

<sup>15</sup> LHH-JCC minutes, October 23, 2003, agenda item 3, page 2.



The Department of Public Health and the Health Commission continue to minimize the significance of their joint decision to increase to number of locked units at LHH.

### **Changing Mission of Laguna Honda Hospital**

- Health Commissioner Jim Illig “... said the DPH Strategic Plan, which is in the process of being updated, would outline the role of Laguna Honda. The goal is to have a more fully integrated system. ***While there are process problems, the structure of service [delivered at LHH] is going to change***<sup>16</sup> [emphasis added].
- “The LHH Executive Committee has convened a series of planning retreats to establish a clear direction for the future of LHH within the integrated delivery system,” despite the fact that the LHH Goals for FY 2003-04 indicate that the mission of LHH “is to provide high-quality rehabilitative and long-term care services to the diverse population of San Francisco<sup>17</sup>, and despite the fact that footnote 6 in the LHH Goals document indicates that the “new campus on the Laguna Honda Hospital site will provide housing and ***a complete continuum of long-term healthcare*** services<sup>18</sup>” [emphasis added].
- The Laguna Honda Hospital Executive Committee will be participating in an all-day retreat scheduled for October 6, 2004 to focus on developing enhanced programs to provide the care needed by the “changing populations” served by LHH. The Executive Committee “will review and revise the strategic plan, including the vision and mission statements” for LHH. They then plan to hold a “thorough and interactive” discussion about the future direction of LHH, scheduled for the October 28 meeting of the LHH-JCC<sup>19</sup>.
- Mr. Funk announced during an LHH Leadership Group meeting on September 29 that LHH will be admitting both more patients having dual diagnoses and more patients having developmental delays (a.k.a., mental retardation). This is despite the fact that the U.S. Department of Justice’s Office of Civil Rights wrote to California’s Governor Arnold Schwarzenegger on August 3, 2004 indicating that LHH should neither be admitting patients with mental illnesses nor those with developmental delays.

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*“... the DPH Strategic Plan, which is in the process of being updated, would outline the role of Laguna Honda. While there are process problems, the structure of service[s delivered at LHH] is going to change.”*

— Health Commissioner Jim Illig

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<sup>16</sup> LHH-JCC minutes, May 27, 2004, agenda item 3, page 5.

<sup>17</sup> Draft of Laguna Honda Hospital and Rehabilitation Center Goals, FY 2003-04, page 1.

<sup>18</sup> Draft of Laguna Honda Hospital and Rehabilitation Center Goals, FY 2003-04, page 6, footnote 6.

<sup>19</sup> LHH’s Executive Administrator’s Report, LHH-JCC meeting, September 23, 2004.



## **Diverted Tobacco Settlement Funds Could Save LHH Downsizing**

Testimony presented at the LHH-JCC meeting of September 23, 2004 (not yet available in published minutes) indicates that:

- Former City Attorney Louise Renne had threatened to sue the City because \$25 million of tobacco settlement money earmarked for the LHH rebuild had been “diverted” to balance the City’s FY 03–04 budget. The first diversion was unanimously approved by San Francisco’s Board of Supervisors in June 2003. Renne was joined by other plaintiffs attempting to recover the diverted \$25 million, but that lawsuit was never filed in San Francisco Superior Court.
- Renne et al. settled their *unlitigated* claim with the Board of Supervisors, but the final settlement — rather than returning the diverted \$25 million to the tobacco settlement fund to ensure 1,200 beds would be built in the LHH replacement facility — further diverted the money into furniture, fixtures, and equipment [FFE]; the final settlement with Renee was unanimously approved by the 10-member San Francisco Board of Supervisors in January 2004, since one seat (vacated by our new Mayor) was awaiting appointment by Mayor Newsom.
- Proposition A, authorizing the rebuild financing, made no provision that tobacco settlement funds could be used for FFE; the law firm representing Renne et al.<sup>20</sup> knew this further diversion of tobacco settlement funds was contrary to provisions in Proposition A.

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<sup>20</sup> Letter from Matthew D. Davis in the law firm of Walkup, Melodia, Kelly, Wecht & Schoenberger, to plaintiffs in the Renee et al. lawsuit, dated December 2, 2003, who noted “Proposition A, however did not establish a fund or plan to pay for the FFE, and this agreement provides a good head start on raising the needed money” [for FFE].



The hope is that either:

- A citizen taxpayer will successfully sue to put that money back where it belongs: Into building a facility that holds beds, since that \$25 million could prevent cutting at least 180 beds from the replacement hospital that are being planned to be eliminated from the new LHH replacement facilities. The final agreement with Renne et al. indicates that if a successful challenge is made overturning the deal with Renne, that the funds will be returned to the tobacco settlement fund.

or that:

- The Board of Supervisors will ethically correct their previous decisions by authoring a new Ordinance, overturning their previous mistakes diverting the tobacco settlement money *twice*. After all, they had not been informed of the full story, and so were unaware — in June 2003 and January 2004 — of the \$43.9 million cost overrun Turner Construction Company estimated in Spring 2004 has occurred. Armed with this new information, the Board should require Renne et al. to voluntarily return the \$25 million, since ethically, FFE is not a higher priority than building the full 1,200 beds promised to voters in 1999.

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## **Conclusion**

Meanwhile, due to the squeeze on nursing home care, people who could be better served at Laguna Honda are being crowded out, and will not be able to get into the new Laguna Honda, because the number of beds available in the replacement facility are at risk of being drastically reduced, against the will of the voters who passed Proposition A in 1999 approving of the bond issue to rebuild the facility at 1,200 beds.

Until the compromise admissions policy is finally implemented, under the new LHH admissions policy, as long as there are patients to be transferred from SFGH, LHH cannot accept patients from anywhere else. At-home patients in risky situations, patients in other hospitals needing skilled rehabilitation, and San Francisco patients needing hospice services are all being excluded from the current LHH, and will have no hope of getting into the “new” LHH.

Just as the problems of mentally ill patients and LHH are caused by widespread cuts to mental health budgets, the problems of the disabled, frail, and elderly seeking admission to LHH are caused by a shortage of nursing homes and funding cuts.

What are the lessons about the Laguna Honda Crisis? Every year that Mitch Katz, MD has been Director of Public Health, he has done the bidding of City officials by making deeper and deeper cuts to the Department of Public Health’s budget. Every year he has said there would be no losses in healthcare services to San Franciscans; every year, the Health Commission has rubber-stamped his inaccurate management assumptions, leaving it up to the Board of Supervisors to attempt to “add back” desperately-needed services.

That there would be no loss in services across the continuum of care was never true, but for a number of years the system was able to compensate and adjust for its losses and maintain a semblance of medical care. Now, the loss of skilled nursing beds — a critical component in the service mix of San Francisco’s “safety net” — is at stake, and neither the Health Commission nor the Board of Supervisors seem the least bit concerned about the loss of critically-needed skilled nursing beds.

Now Laguna Honda Hospital is facing the loss of up to 300 to 400 skilled nursing beds that may never be built, and simultaneously facing the loss of another 300 beds that may be diverted for use as mental health beds — rather than skilled nursing beds — just at the time that San Franciscans’ reaching Baby Boomer retirement years may need to have the new LHH replacement facility built to full capacity. ***Should San Francisco loose up to 700 SNF beds dedicated to our frail elderly, the shortage of skilled nursing beds in our City will climb from 2,380 to 3,080 by the year 2020.***

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*Should San Francisco loose up to 700 SNF beds dedicated to the frail elderly, the shortage of skilled nursing beds in our City will climb from 2,380 to 3,080 by the year 2020.*

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This is not what voters were promised in 1999 when they passed the Proposition A bond measure to rebuild LHH at 1,200 beds. If the Board of Supervisors fails to act responsibly, voters may be reluctant to pass other bond measures in the future, and in particular reluctant to pass a bond measure in November 2005 to rebuild SFGH.



## ***A Call to Action: How You Can Help***

Contacting your elected representatives and attending the meetings and hearings listed in the following section are crucial.

It is extremely important that you contact the Board of Supervisor's, the Mayor, and the Health Commission quickly, expressing your concern about the downsizing of LHH and the changing patient populations to served at LHH. Please write and call your District Supervisor, demanding that they perform their ministerial duties to protect San Francisco's vulnerable, frail elderly. Ask them to hold a hearing on this matter, and demand that they both return the \$25 million in diverted tobacco settlement money, **and** that they also seek additional funding sources to ensure the LHH replacement project is built at the full scope of the project: 1,200 skilled nursing beds dedicated to our elderly. Remind them that you will vote on November 2 for the seven Board of Supervisors seeking re-election based on their actions to save LHH.

Please plan to contact them repeatedly over the course of October and November, since they are unlikely to act, or hold hearings, without sustained community input.

The Honorable \_\_\_\_\_, Supervisor, District \_\_\_\_\_  
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 1 Dr. Carlton B. Goodlett Place, Room 244  
 San Francisco, CA 94102-46890

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Matt Gonzalez, Board President	District 5	554-7630	554-7634	Matt.Gonzalez@sfgov.org
Chris Daly	District 6	554-7970	554-7974	Chris.Daly@sfgov.org
Sean Elsbernd	District 7	554-6516	554-6546	Sean.Elsbernd@sfgov.org
Bevan Dufty	District 8	554-6968	554-6909	bevan.dufty@sfgov.org
Tom Ammiano	District 9	554-5144	554-6255	Tom.Ammiano@sfgov.org
Sophie Maxwell	District 10	554-7670	554-7674	Sophie.Maxwell@sfgov.org
Gerardo Sandoval	District 11	554-6975	554-6979	Gerardo.Sandoval@sfgov.org

Also, send a courtesy copy (cc:) to the Mayor and the Clerk of the Board of Supervisors:

The Honorable Gavin Newsom	Mayor	554-6141	554-6160	gavin.newsom@sfgov.org
Gloria L. Young, Clerk of the Board		554-5184	554-5163	gloria_young@sfgov.org

**Health Commission:** 101 Grove, Room 311, San Francisco, CA 94102

Edward A. Chow, MD, President; Lee Ann Monfredini, Vice President; Roma Guy, MSW; Michael L. Penn, Jr., MD, PhD; David J. Sanchez, Jr., PhD; John I. Umekubo, MD; James M. Illig.

Michele Olson, Executive Secretary	554-2666	554-2665	michele.olson@sfgov.org
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## ***Calendar of Important Upcoming Hearings***

The fate of the Laguna Honda Hospital rebuild will be determined at the following upcoming meetings.

It is especially important that people both attend the meetings listed below, and present both oral testimony of no more than two to three minutes, *and* written testimony consisting of no more than 150 words. The San Francisco Sunshine Ordinance requires that the Health Commission and its various subcommittees include in published minutes of its meetings (including those posted to the Internet), written public testimony presented *during* the Health Commission's meetings (note that you should have written 150-word testimony prepared in advance to turn in during the hearings).

- October 5:** Full Health Commission Meeting. **Note** Location Change: Sunset Mental Health Services Building, 1990 41st Avenue (at Pacheco); **Note** Time Change: 4:00 p.m. – 6:00 p.m. **Agenda:** Overview of DPH Services in San Francisco's Sunset District and the health needs of the Sunset community.
- October 5:** Full Board of Supervisors Hearing. Location: Legislative Chambers, City Hall; Time: 2:00 p.m. **Agenda Item 12:** Vote to approve recommendation of the Finance and Audits Committee that the full Board adopt a new Ordinance permitting five changes to the City's usual contracting process requiring three competitive bids for various "trades packages" of the LHH rebuild. The stated goal of the Ordinance is to "quickly adjust the scope" of the LHH rebuild project by allowing bidders to suggest additional cuts to the LHH replacement facility to bring the project in on budget, not bring the project in on "scope" [size].  
[www.sfgov.org/site/uploadedfiles/bdsupvrs/bosagendas/a100504.htm](http://www.sfgov.org/site/uploadedfiles/bdsupvrs/bosagendas/a100504.htm)
- October 15:** Mayor's Disability Council Meeting. Location: Room 400, City Hall; Time: 1:00 p.m. **Possible** agenda at this or future monthly meetings: Follow-up discussion about Laguna Honda Hospital. (Check agenda three days prior by calling the Mayor's Disability Council at 554-6789.)
- October 20** **Date To Be Determined.** Board of Supervisor's City Services Committee. Location: Room 263, City Hall; Time: 9:30 a.m. **Probable** agenda: Follow-up hearing to the June 24, 2004 City Services Committee hearing on the change in LHH admissions policy. A verbatim transcript of the June 24 hearing, and issues raised, is available on-line at [www.stopLHHdownsize.com](http://www.stopLHHdownsize.com). Note



- that it has taken the Board of Supervisors three months to schedule this follow-up hearing, despite former Supervisor Tony Hall's request on June 24 that this issue be continued to another hearing *quickly* (check agenda at [www.sfgov.org/bdsupvrs\\_index.asp](http://www.sfgov.org/bdsupvrs_index.asp)).
- October 26:** Full Health Commission Meeting, rescheduled from October 19. Location: 101 Grove, Room 300; Time: 3:00 p.m. *Possible* agenda: Based on project bids due back in mid-October, the LHH Rebuild Project Team may present recommendations concerning the number of beds to be eliminated from the replacement facility for Laguna Honda Hospital (check agenda on Internet three days prior to meeting at <http://www.dph.sf.ca.us/Meetings/meetings.htm>).
- October 28:** LHH-JCC Meeting. Location: Laguna Honda Hospital, Room B-102; Time: 9:00 a.m. *Probable* agenda: Progress report from the LHH Executive Committee and a "thorough discussion" regarding the future direction of LHH by the Joint Conference Committee (check agenda on Internet three days prior to meeting at <http://www.dph.sf.ca.us/Meetings/meetings.htm>).
- October 28:** Citizen's General Obligation Bond Oversight Committee. Location: City Hall, Room 416, Time: 9:30 a.m. *Unknown* agenda. Voters passed Proposition F on March 5, 2002 to establish this oversight committee. Prop F established this committee for the purpose of informing the public concerning the expenditure of general obligation bond proceeds through active review and publishing of regular reports. Consider writing to the Committee<sup>21</sup> to express concerns about the \$25 million diverted from tobacco settlement funds that were intended to rebuild LHH. (Check agenda prior to meeting at [www.sfgov.org/site/controller\\_index.asp?id=5846](http://www.sfgov.org/site/controller_index.asp?id=5846)).
- November 2:** Full Health Commission Meeting. Location: 101 Grove, Third Floor; Time: 3:00 p.m. *Possible* agenda: Discussion about the role of LHH and its future direction within DPH. Also, if the discussion does not occur before the full Health Commission at its October 26 meeting, based on project bids due back in mid-October, the LHH Replacement Project Team may present recommendations concerning the number of beds to be eliminated from the replacement facility for Laguna Honda Hospital (check agenda on

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<sup>21</sup> Pamela S. Jue, Chair; Citizen's General Obligation Bond Oversight Committee; c/o Office of the Controller, City Hall, Room 316; 1 Dr. Carlton B. Goodlett Place; San Francisco, CA 94102-4694. Also send a courtesy copy to Arlene Singer, since she is a member of the Civil Grand Jury appointed to the Bond Oversight Committee; her address is: Arlene Singer; Civil Grand Jury; San Francisco Superior Court; 400 McAllister Street; San Francisco, CA 94102-4512.



Internet three days prior to meeting at <http://www.dph.sf.ca.us/Meetings/meetings.htm>.

**November 3:** LHH Rebuild Project Town Hall Meeting. Location: Laguna Honda Hospital, Gerald Simon Auditorium; Time: 4:00 p.m. **Possible** agenda: Downsizing of the LHH replacement facility during which the public may first learn of the last-minute plans for the size of the final facility and the changing patient population(s) to be served based on LHH's new "role."

**November 16:** Annual Full Health Commission Meeting at LHH. **Note Probable** Location Change to Laguna Honda Hospital, Gerald Simon Auditorium; Time: 3:00 p.m. **Possible** agenda: Discussion of program proposals for FY 05-06 budget request and a discussion about the future direction of LHH and the role and mission of LHH (check agenda on Internet three days prior to meeting at <http://www.dph.sf.ca.us/Meetings/meetings.htm>).

In addition, during October and November, the Board of Supervisors and its various subcommittees may hold additional hearings about the fate of the LHH rebuild project and the populations to be served at LHH. In addition, alerts about additional meetings or hearings will be updated on the [www.stopLHHdownsize.com](http://www.stopLHHdownsize.com) web site.

To preserve a paper trail of testimony presented during the hearings, written testimony is desperately needed in order to document that despite public concerns, the Health Commission, the Board of Supervisors, and other policy bodies may ignore valid concerns of the community. An exception is that the Board of Supervisors are not required to include written testimony in its published minutes, although sufficient written material of any length coming from various unified coalitions and independent concerned citizens may spur the Board of Supervisors into taking action to stop the downsizing of Laguna Honda Hospital and to become actively involved in stopping the changing population who will be served in the current and future replacement facility.