

State of the County remarks  
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My paternal grandparents were unassuming people. Hagop and Arous Simitian—a tailor and a seamstress respectively.

Armenian immigrants, who like most Americans, struggled mightily during the Great Depression.

For a time they both lived and worked in a two room tailor shop in New York City. At night the shade came down, the cots came out; Grandma and Aunt Virginia in the back, Grandpa and Dad in the front.

They were modestly educated people, but like most grandparents I think, they seemed wise as well as kind.

And for reasons I can't quite fathom, a particular piece of grandfatherly advice has stayed with me throughout my life: "Take care of your health, Joey. It's the most important thing."

At the time, I didn't really get it. I was a kid; eight or nine; full of energy. As for my health, I took it for granted. Never gave it a thought.

Which made the admonition all the more mysterious. "Take care of your health. It's the most important thing."

But over time, I've come to realize just how wise those words were.

With good health all things are possible. Our ambitions, our talents, our potential—they know no limits—as long as we are healthy.

But the cost of ill health—well, the cost of ill health is truly beyond calculation. But I'm going to try.

In financial terms, health care costs make up almost 18% of our American economy; or, to put it another way, if you think you've got \$100 to spend, after you cover your health care costs, you've got just a little bit more than \$80 left in your purse or your wallet.

According to some sources, something like sixty percent of the personal bankruptcies in this country are attributable in part to a major medical emergency.

And while our economy is strong at the moment, our ability to compete globally is undeniably threatened by the high costs of health insurance for American businesses providing their employees with insurance.

And those are just the financial costs.

Even more disconcerting is the fact that we're paying twice as much for health care as other economically developed nations, and getting worse results.

Our lives are shorter. Our infant mortality rate is higher. These are real human consequences that remind us—oh so painfully—that Grandpa Simitian was right. "Take care of your health. It's the most important thing."

We know this to be true:

When a simple pleasure like reading a book or taking a walk seems beyond you.

When you're overwhelmed by the sheer monotony of your symptoms.

When you simply can't do for yourself, and you feel the weight of your dependence on others.

When the work you want to do is simply undoable.

When the pain is so great, you'd do anything to end it.

When you lose a loved one—a friend or a family member—who's no longer there to share a laugh, or a hug, or a tear.

Which is why it's so important that we create a health care system that works.

Which means what exactly?

Well, in a perfect world—that would be a place where, regrettably, none of us are privileged to live—in a perfect world our health care system would reflect and respect the fact that access to quality health care, and I mean access for all of us, is the necessary precondition to healthy, happy and fulfilling lives, the realization of our full potential.

In the real world, however, well, just last week the New York Times observed that, "America may be a country rich in medical innovation...but it's also one where tens of thousands of people die every year because they can't afford basic care."

And this is not a new phenomenon. I'm reminded of an observation by the late Walter Cronkite, the legendary TV journalist and anchorman in the '60s and '70s, who drolly observed that "America's healthcare system is neither healthy, caring, nor a system."

But it doesn't have to be that way.

In fact, here in Santa Clara County we're already well on our way to creating a health care system that is healthy, that is caring and that is, yes, an honest-to-God system, a system that delivers for each of us as individual patients—and for all of us as a county.

Certainly, our commitment is clear. It's right there in the mission statement for our Hospital and Clinics: we "will provide high quality, compassionate, and accessible health care, for all persons in Santa Clara County regardless of their social-economic status and ability to pay..."

Which I think says it pretty well. But let me be even more direct:

I don't care who you are, where you came from, or how much money you've got in your pocket. Every man, woman and child in this County should get the health care they need. It's the right thing to do, and it's the smart thing to do.

So how do we do it?

Well, let's start with insurance.

One of the ways we make sure our County residents get the health care they need is by making sure they have health insurance.

For some of us, that means the health insurance we receive from our employer.

For those of a certain age, it's Medicare.

For people of modest means who don't have employer provided health insurance, it's Medi-Cal.

In fact, by virtue of the Affordable Care Act—aka Obamacare—more and more folks are covered because of the Medicaid/Medi-Cal expansion. And

our outreach efforts are paying off. In the past half a dozen years an additional 125,000 Santa Clara County residents have signed up for Medi-Cal.

Still others have finally been able to get insurance through Covered California, imperfect though it may be.

And while our recent efforts to increase the number of folks insured have been particularly noteworthy, I should tell you that we've been at this for a long time—going all the way back to the year 2000, during my first stretch on our Board, when we launched the Children's Health Initiative and the Healthy Kids program to provide coverage for uninsured kids who weren't then eligible for Medi-Cal or other programs.

One of the best votes I ever cast. And a tip of the hat, by the way, to Bob Brownstein who was instrumental in that effort, and so many others who are here with us in the Chambers today.

Over the years, we've focused on expanding health insurance because making sure folks are covered is both good for your health, and good for our bottom line.

That's why our Board invested in outreach and pre-enrollment for newly-eligible Medi-Cal members.

That's why we promoted the opportunity to acquire coverage under Covered California.

And that's why we decided to create and offer our own insurance products on the private market. It took some time, but more than 16,000 County residents are now choosing to receive their coverage from our own Valley Health Plan.

So, we get absolutely positively everybody insured we possibly can—and then we say, hey, if somehow we didn't get you covered, not to worry, we're still going to be there to get you the services you need.

Because even with the Affordable Care Act and the Medi-Cal expansion some people still don't have coverage. So we created the Primary Care Access Program, or PCAP, to cover those without insurance who aren't eligible for existing programs.

Here in Santa Clara County, if it's humanly possible, we'll get you covered.

We all know there's an important debate playing out at the state and national levels about who gets insured and how. But we can't wait.

As I speak to you today we're at 93.5% covered. And that's just great; but it's not good enough. So let's keep pushing.

Having said that, let's remember that insurance coverage is only a means to an end—getting us to the quality care that keeps us healthy and well.

And that's where we excel.

Let me start with our hospital VMC—Valley Medical Center.

The flagship of our health system is the Santa Clara Valley Medical Center, a 574 bed hospital that generates about 125,000 overnight hospital stays per year, making it one of the busiest hospitals in the Bay Area.

We take pride in the quality of care at VMC, and with good reason. How many public hospitals can you name that operate a level one trauma center, a nationally-recognized burn center, an award-winning rehabilitation center, and a top of the line neonatal intensive care unit?

When we say “Go Public” it’s more than a slogan. It’s an expression of the County’s commitment to “compassion and innovative breakthroughs” in health care.

To that end, a little over a year ago, we christened the Sobrato Pavilion, a brand new wing of the hospital with 168 private patient rooms, and state of the art technology.

With the Sobrato Pavilion’s newly expanded intensive care unit and the completion of the emergency department expansion that is currently underway, we’re already planning for VMC to meet the demands of projected population growth for the foreseeable future.

Now of course, Valley is about to be not a hospital, but hospitals plural.

The acquisition of O’Connor and St. Louise hospitals is a big lift—I’ve said it before, and I’ll say it again. It’s a very big lift.

But every part of this organization has faced the challenge with a can-do attitude. Actually, better than that: with a must do, gotta do, gotta get it done attitude.

Taken together, these are 451 hospital beds that would otherwise disappear from the County—a loss of one of the busiest hospitals in the County and the South County’s only hospital, as my colleague Supervisor Wasserman has been right to remind us.

With all three hospitals in our system we can cover more ground, serve more patients, share talent and services across all three hospitals, capture reasonable reimbursements, achieve economies of scale and avoid capital costs – all while saving those 451 beds.

Of course, when that moment of emergency arrives, when you dial 911, we’ve got to get you to the hospital. So on the front lines of our health care

system is the Emergency Medical Services Agency, responsible for responding to medical emergencies and transporting patients to hospitals.

This is an area of medicine that's undergoing rapid change. Ambulance companies are merging and consolidating, raising understandable concerns about the viability of essential life-saving services.

A few years ago, our own ambulance contractor went through bankruptcy, for a while putting our own system at risk. Fortunately, despite industry turmoil, our contracted ambulances have been consistently meeting response time standards.

Some of you know that our current contract for ambulance service will soon be expiring. It's my hope and expectation that our next agreement for service will strengthen our EMS partnerships, and provide a foundation for the long-term viability of the EMS System in Santa Clara County.

Some of you may also recall that for a number of years San Jose Fire Department was struggling to provide a timely response to emergency medical calls. This was the subject of several tense meetings and fraught conversations between County and City leadership. But I'm glad we pressed the point.

Because we can report today that for the last nine months straight, the San Jose Fire Department has met its response time targets. Credit to the Department, and to Mayor Sam Liccardo, who has been all over this, for doing the hard work to resolve this issue.

Let me also say how pleased I am that a few years ago our EMS Agency convened a group of local stroke physicians and put together a new protocol that provides for patients with more severe strokes to be transported directly to hospitals providing the highest level of stroke care.

I'm told we're getting good results that support the protocol. So let's say thanks to our EMS Agency, and commend their strong partnership with local hospitals for working constructively to save lives.

But the goal, of course, is to make sure you never have to go to the hospital.

Which means we've got to provide health care out in the community, close to home, right where you live.

Which is why it's so important that our County's healthcare system, in addition to the hospital, includes eight affiliated health clinics that exist to provide primary and specialty care throughout the County.

And that we work hand in hand with our non-profit community clinic partners whose work ensures that those on the margins of our society have convenient, culturally competent, and affordable access to high quality health care.

Yes, the acquisition and integration of two additional hospitals is a very big deal, but we can't let that challenge obscure the need to make a thorough assessment of our health care needs throughout the County, and then address those needs—in every one of our five Supervisorial districts.

I won't presume to know what that means in Districts 1-4, represented by my colleagues; but in my District, District Five, that means a continued willingness to look past the artificial political boundary that separates us from San Mateo County so that we can continue to partner with the Ravenswood Family Health Center in East Palo Alto—in San Mateo County—to serve the North County residents of Santa Clara County who have come to rely on Ravenswood for their day to day care.

It means partnering with Planned Parenthood in their effort to open a new Mountain View facility, in space shared with our County, partially funded

by our County, and providing County healthcare services that complement the services provided by Planned Parenthood, ensuring the fullest possible range of services for our residents.

It means working to strengthen the MayView Community Health Center (currently operating in Palo Alto, Mountain View and Sunnyvale) which has served my constituents for almost half a century. Making sure they stay strong in the years ahead.

It means supporting the establishment of the first federally-designated Health Care for the Homeless program to be based in North County. I'm talking about the Peninsula HealthCare Connection, also known as the Opportunity Center, located near downtown Palo Alto and affiliated with our friends at the Palo Alto Medical Foundation.

And finally, it means the establishment of a County clinic in District Five.

It will take time, of course. But let's get started.

Now.

So that the North County and West Valley portion of the County I represent is no longer the only District in the County without a County Health Clinic.

And colleagues, in laying down that challenge I don't mean to parochial.

In each and every one of our five Districts let's ask and answer the same set of questions: What's missing? What do we need? Where are the gaps? Are we doing all that we can and should to meet the daily health care needs of our constituents?

And then let's make sure that our County health clinics, and our community partners, are equipped to deliver.

As we do that hard work, we've got to confront the fact that too often structural discrimination – based on sexual orientation, gender, gender identity, immigration status, language, or race—is an obstacle that prevents many in our community from accessing the care they need. The health disparities that persist among communities of color and the LGBTQ community reveal that we still have a long way to go towards equal health care for all.

That's why we support culturally competent health centers – like the Roots Clinic, championed by former Supervisor Ken Yeager and the Vietnamese American Services Center, championed by Supervisors Chavez and Cortese, and the new gender clinic at VMC – to make sure that community members are assisted by culturally competent service providers.

These programs were developed in part based on learnings from health assessments we've done for specific communities. The recent health assessment that Supervisor Cortese and I called for for the Asian American Community and for Asian subgroups has led to a number of new initiatives by the HealthTrust to address specific disparities.

And as I just noted, we're mindful of factors other than race, ethnicity and orientation that come into play.

At the risk of stating the obvious, homelessness is unhealthy. Homelessness shortens life spans not by years, but by decades.

So when it comes to housing, we know that we need to provide an array of services, treating housing services much the same way we provide health services. We provide prevention programs, like rental assistance provided by our emergency assistance network agencies. We provide emergency care, like our network of shelters, and now safe parking programs. We provide long-term care, via outreach and case management and supportive services. And we provide housing “cures” – permanent supportive housing and affordable housing.

That's why we've put systems in place so that a sudden health emergency – someone getting sick, and no longer being able to cover the rent – doesn't push folks into homelessness.

And for folks who are already homeless, we make sure that they get access to health care where they are – through our mobile homeless health care teams and medical respite programs – because we know that they are at increased risk of disease, frostbite, mental illness, and death.

Having a healthy community means acknowledging – and when possible, eliminating – the toxic stress that comes from living in poverty. We need to surround families in services – which is why we've expanded our School Linked Services program to reach even more schools and kids.

Having a healthy community means making sure folks are able to access nutritious food – because we know that being food insecure affects both physical and mental health. And we know that access to healthy food is critical for preventing diabetes.

That's why programs like Market Match, designed to increase the buying power of CalFresh recipients at our farmer's markets, are so critical for making sure folks can get healthy food.

And, that's why our Board has supported an effort by West Valley Community Services to put their renowned food pantry program on wheels, literally. With their mobile food pantry, West Valley serves folks where they are – so that neither a lack of transportation nor time will prevent folks from getting the healthy food they need to stay well.

And that's why this year we will continue to work to expand outreach programs aimed at getting our critical safety net programs to people who need them. Last year, we started a pilot community navigator program, to

make sure that folks have the resources to navigate the services they need for a healthy life.

We are taking a good look at our senior nutrition programs – knowing that with a growing senior population, many encountering the poverty that can come with a fixed income for the first time, we need to find new ways to make sure older adults are getting the healthy food we need.

And having a healthy community means protecting kids from abuse, and especially supporting kids in our foster system, giving them the best chance possible to live full, healthy lives. Kids that have multiple Adverse Childhood Experiences—assault, abuse, neglect and trauma—they’ve got a life expectancy 20 years shorter than the kids we can protect. So let’s protect them.

And finally, it’s important to acknowledge the that the fear being faced by immigrant populations is leading to particularly adverse health outcomes. Many of our service providers – providing critical services for health, like food, school lunches, mental health, and more – have reported that their clients are disenrolling or are reluctant to sign up for services, out of fear that they may be penalized. Mental health providers report families stressed at the fear of potential deportation.

That’s why we continue to strengthen our commitment to being a welcoming community, and remain committed to ensuring that any resident facing deportation proceedings has access to legal representation.

That’s also why we will continue to fight the ill-conceived effort to impose so-called public charge rules as an obstacle to citizenship, and why we will continue to support DACA. We know that all of these threats are threats to the health of our whole community.

Now let’s turn our attention to the subject of mental health.

In the year 2019 this should be obvious, but regrettably we still need to say it—mental health care IS health care. We can't fully meet our obligation to provide comprehensive health care without including behavioral health.

For too long, stigma has prevented behavioral health care from getting the proper attention it deserves. I'm proud to say our County sees treating mental health needs as integral to our mission as a comprehensive health care provider.

Over the past several years, we've integrated our mental health and substance use and abuse teams, recognizing that many of our clients need services in both arenas. It's hard work, and we're not done, but we're making progress.

I'm particularly pleased that we've worked to expand the continuum of care for kids in our County who are facing mental health challenges.

Our new partnership with the crisis text line gives young folks – and frankly, anyone – a new way to ask for help, in this case, via text.

The Uplift Crisis Stabilization Unit diverts kids from hospitalization, often helping them to quickly address their crisis, and return home to their families with a plan for further treatment.

We've funded the innovative new Headspace model, which will allow kids to walk in the door, and receive mental health services, regardless of their source of coverage. One of two sites planned for Santa Clara County will open later this year.

And, we've directed our administration to open an inpatient mental health facility for kids on the VMC campus. We're making progress, but it's taking too long—longer than any of us would like. Until recently, we sent hundreds of kids in crisis to hospitals in far away counties – away from their

families, their friends, and their doctors. By the end of this year, let's have a construction plan in place to open this facility by 2023.

And let's stop criminalizing mental illness.

To this County's credit, we've stepped up our efforts to make sure that when someone is facing a mental health crisis, they get treatment, rather than jail time. Let's redouble our efforts to ensure that our law enforcement partners get the support and assistance of mental health professionals who can help them prevent an unfortunate incident from becoming a horrific tragedy.

By the end of this year, our long-awaited Mental Health Mobile Crisis Team should be fully staffed, ready to respond to calls from law enforcement and the public. Already, the Mobile Crisis Team has responded to hundreds of call for assistance, scores of which were urgent.

And again, by the end of this year, we should begin standing up our first Psychiatric Emergency Response Teams in the County – to actually embed mental health professionals with law enforcement, to work together to address community needs.

We've already opened a new sobering center, one of many new initiatives devised by my colleague Supervisor Chavez and the Jail Diversion Working Group, as they worked to determine ways to divert individuals from jail.

And, because too often we reach folks who need our help too late, we are increasing the outreach side of our mental health services – sending outreach teams into the field, to meet with folks before they are in crisis, and to help them access treatment.

At the Health and Hospital Committee this year Supervisor Ellenberg and I will delve further into access issues for behavioral health – including wait times for appointments, and ways to make sure that folks don't have to go clear across the County for needed services.

In fact, making sure you can get the help you need where you need it should be a priority throughout our system. For example, our County has long acknowledged that intimate partner violence and sexual assault have health consequences that no one should have to endure. While we as a society try to build a culture where these abuses disappear, we also need to make sure survivors have easier access to services where they need them.

Our Board recently voted to increase funding in hopes that intimate partner violence survivors can access a seamless array of services and support.

And this Thursday, our Health and Hospital Committee will take the next steps to provide Sexual Assault Forensic Exams not just at our centrally located VMC campus, but at North County and South County locations; so that a survivor who's already been traumatized isn't then obliged to undergo an exam at a remote and unfamiliar location.

I also want to mention dental care, and I do so because it's an area of unmet demand.

Our health system offers dental services at six locations throughout the County. Still, in some parts of the County, particularly in the South County, demand exceeds current capacity.

So, we're expanding dental services at the County's Moorpark, Gilroy, and Sunnyvale clinics, and have contracted with a local nonprofit, Onsite Dental Foundation, to provide mobile dental services in the South County. We hope to welcome the addition of a second Ronald McDonald mobile unit for kids, two dental chairs at the Vietnamese American Service Center, and another two chairs at the new Planned Parenthood clinic in Mountain View. I also want to mention our partnership with the Gardner Family Health Network, which provides dental services to foster youth at our downtown San Jose clinic.

Let's talk about prescription drugs. They're expensive.

And despite the high rate of health insurance in our County, too many County residents still struggle to afford necessary medication. After all, not all insurance is comprehensive, or covers 100% of costs. So some folks cut back on their prescribed doses, and other simply do without.

Nobody, with or without insurance, should be left in that position. And nobody should have to choose between the rent and their lives.

So what do I want to do? I want to offer prescription drugs for free. Which, by the way, we're already doing. We've got life-saving prescriptions that can cost hundreds and hundreds of dollars, which we dispense for free. How do we do it?

Well, there's a story here.

Millions of dollars worth of unused drugs are routinely destroyed or dumped in our water supply. So, in 2005, as a member of the California State Senate, I authored legislation that allowed County pharmacies to give away unused medicine donated by certain health care facilities. I wish I could say it was my bright idea, but it wasn't. The idea was suggested by a group of Stanford medical students who cared enough to get involved.

This county was one of the first to take advantage of the new law, and started its free donated medicine program in 2008, and in 2015 opened the Better Health Pharmacy, one of the first pharmacies in the nation established solely for the purpose of dispensing free medication.

We started small at the Better Health Pharmacy, using mostly volunteer County employees, and operating two days a week. When there was enough demand, we expanded to five days, and within a year our prescription volume doubled.

I'm hoping that this year we will include in our budget the positions necessary to staff the pharmacy full time, so that there are employees dedicated solely to making the most of this program. And over time, redouble the number of folks we can help.

Now, the Better Health Pharmacy operates under the auspices of our County's Public Health Department, so let me say a word about Public Health.

Our Santa Clara County Public Health Department exists to prevent disease and injury and to create an environment that promotes and protects the community's health. For anyone with an interest, I'd encourage you to check out the Open Data Portal on the Public Health web page.

And while we're always doing a lot at Public Health, I'm hoping to add one more thing to the to-do list: a concerted effort to reduce the lives lost and the injuries suffered as a result of distracted driving on our streets and highways.

Some of you will know that this is a long-term interest of mine, but I raise the issue today not as a personal passion, but because I know if we tackle this issue as the Public Health issue that it is, we can reduce injuries and save lives.

The CDC—the Centers for Disease Control and Prevention—lists motor vehicle injury as among the ten most important public health problems facing the nation; and we know that with a concerted effort we can reduce the number of lives lost. We did it with drunk driving, and we can do it with distracted driving.

I'll be bringing a referral on this item to our Health and Hospital Committee and to the full Board, and I look forward to working with Public Health, County Roads and our local law enforcement partners to reduce these avoidable tragedies.

Because as I said at last year's State of the County, we can do so much more with others—including each and every one of our more than 20,000 County staff members and including the 1,500 new employees from O'Connor and St. Louise who will be joining us in a matter of days.

My personal thanks to you for the work you do and the difference you make in the lives of the people we all serve.

These last few years have been a tumultuous time in so many ways—not least in terms of our health care.

A seemingly endless series of congressional show votes to repeal the Affordable Care Act; and then, following that, a concerted effort to gut it.

Anywhere from a quarter to a third of our residents legitimately worry that their pre-existing conditions might once again preclude them from getting the health insurance and the health care they need.

Understandably, it has been a time of deep distress, even anguish. And yet...

We are reminded in the words of the singer-songwriter Joan Baez that, "action is the antidote to despair."

Which is why we do the work we do, and why I can end on a note of optimism.

The State of our County is...healthy. And getting healthier every day.

We will make 2019 the Year of a Healthier Santa Clara County.

Because this County, our County, is committed to doing the good and important work that will help make it so.

And as I say thank you for your coming, and have a good afternoon, I offer this one last word:

Take care of your health. It's the most important thing.