“Ultimately, we will not achieve the vision of Santa Clara County as a community that supports and cares for the health and well-being of our senior population, if there is not a concerted effort to engage policy-makers, system leaders, and private and public stakeholders in acknowledging the importance of mental health, and social equity and inclusion, for our entire community. Issues of mental health stigma, ageism, and cultural and ethnic exclusion must be a central feature of any effort to improve the system of community and services that supports seniors.”

Older Adult Summit Report, 2011
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Letter of Introduction

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December 19, 2011  

Dear Friends,  

As part of my State of the County Address this year, I called upon the Mental Health Department to examine the services being provided to our older adult community through an Older Adult Summit. With over 350 participants, we were able to voice many important issues to our Mental Health Department and related agencies. I’m very proud to present the results of our Older Adult Summit in this report titled: Santa Clara County Older Adult Summit: A Report of Finding and Recommendations. This report will serve as a valuable tool for the community partners, leaders and advocates who serve the older adult population to work closely with local government, state and federal partners to build a healthier place for our older adult community.  

Some prominent difficulties facing seniors that were identified by the attendees including difficulties finding transportation to travel to and from medical appointments, increased need for ambulatory care versus catastrophic care, the need for dedicated phone lines for seniors to call, and the availability of information and resources for seniors who may not be internet savvy. Because this is a growing population in Santa Clara County, it is important that these needs be addressed to make services as effective as possible. The information contained in this report will be useful when applying for grant funding and developing programs and services to increase the health and wellness of the older adult community.  

I would like to thank Dr. Nancy Pena, Director of Santa Clara County’s Mental Health Department, and her staff for their hard work and dedication to this project. I would also like to thank the members of the Older Adult Summit Planning Committee, led by Wes Mukoyama, who made this event and the final report possible. I would also like to acknowledge the work of the Mental Health Board and its Older Adult Committee who provided valuable insight into the mental health needs of older adults and served as inspiration for this project. It was an honor for me and my staff to participate in this project that will impact the lives of older adults in our community.  

Sincerely,  

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President, Board of Supervisors  

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Summit on Older Adult Mental Health Needs
Findings and Recommendations

I. Introduction

The following presents the final report of findings and recommendations from the Older Adult Summit that was convened on June 1, 2011. Close to 350 members of the community, including seniors and their families, caregivers, advocates, service providers, community leaders and government officials from throughout Santa Clara County, attended the Summit and provided input into the recommendations presented below. The summit findings presented have been shared with key stakeholders in order to identify the most critical and doable steps that can be taken to improve the system.

The purpose of the summit was to engage the community in a process to discuss the mental health needs of seniors in Santa Clara County and to develop a plan of action to improve the ability of all senior-serving systems to address the mental health needs of their clients and families. The Summit was a great beginning to that end and provided an excellent forum for input on problems facing seniors with mental health and related needs.

The summit was the result of a “call to action” made by Santa Clara County Board of Supervisors President Dave Cortese during his State of the County address in January 2011. Specifically, President Cortese requested that the Mental Health Board, with the support of the Mental Health Department (MHD), convene a summit to address the unmet mental health needs of seniors in Santa Clara County. This request was made, in part, in response to concerns expressed to the supervisor by Mental Health Board members and other advocates regarding the unmet mental health needs of seniors in Santa Clara County. Consequently, President Cortese stressed that this summit be action-focused and designed to identify concrete and doable strategies to improve the broad system’s response to the mental health concerns of the diverse and growing aging population in our communities. Several hundred community members representing a wide range of perspectives responded to the invitation to attend the summit upon the personal request of the Board of Supervisors and the Mental Health Board.
II. Overview of Summit Recommendations

The Summit Planning Committee has identified six high level strategic recommendations that, with specific strategies for each recommendation, will significantly improve the way in which senior-serving systems and programs respond to the mental health needs of Santa Clara County seniors, resulting in the improved health and well-being of this growing population. The recommendations are:

1. **Community Education and Advocacy** – Implement community education strategies to increase public awareness regarding older adult mental health needs and concerns.

2. **Access and Engagement** – Implement outreach, engagement and access strategies to improve the connection of older adults served through all county systems to needed mental health-related services and supports.

3. **Service Integration and Quality** – Increase mental health funded services and implement service delivery strategies that improve mental health outcomes through effective integration with critical health, social service and community based organizations.

4. **Training and Professional Development** – Implement training strategies to improve the capacity of health, mental health and social service providers to address the holistic social, cultural, emotional, physical and spiritual needs of seniors.

5. **Family, Caregiver, and Peer Support** – Implement strategies that empower and enhance natural support systems to care and provide for the elderly and their loved ones and caregivers.

6. **Policy Development** – Champion and implement policies that improve benefits and resources that impact the well-being of older adults.
III. The Summit Process

The Summit was one day-long session. It was designed to provide attendees with information from content experts in the morning through a session devoted to exploring trends and issues concerning seniors provided by featured speakers in the field of aging. At lunch, table leaders led informal discussions at their tables centered on the question, “How are we doing now and what is our vision for the future?” The comments were recorded by the table leaders and delivered to a graphic artist who was commissioned to complete a visual representation of the day-long summit proceedings. In addition, participants were invited to write personal comments about the current system and their vision of the ideal system of services for seniors.

In the afternoon session participants were divided into five Work Groups where they were asked to discuss in more detail their opinions and experiences of the current senior-serving system and to offer their recommendations on how the system could be improved. This part of the Summit was designed to delve more deeply into the diverse perspectives of attendees. Participants were asked to attend one of five groups that most represented their relationship to and experience of the senior-serving system: The five groups were:

1. Consumers, Families, Caregiver Perspective
2. Community/Faith Advocacy Perspective
3. Healthcare Perspective
4. Social Services Perspective
5. Behavioral Health Perspective

The five Work Group sessions were facilitated by members of the Summit Planning Committee and volunteers from the senior-serving community. Facilitators were asked to pose the three following questions to their groups:

1. What are the strengths of the current system in meeting mental health needs?
2. What are the current barriers and gaps in meeting mental health needs?
3. What are the most critical doable strategies to address needs and gaps?

The Work Group facilitators recorded comments made during the sessions. Following the Work Group sessions the attendees reconvened and highlights of the Work Group discussions were shared by the facilitators.
The meeting closed with the commitment that the input from the Summit would be summarized and synthesized into a report that would outline key findings from the Summit session and would ultimately be shaped into a recommended Plan of Action to improve the capacity of the senior service delivery system to respond to the mental health needs of seniors in Santa Clara County.
IV. Summary of Summit Findings

The Summit input was organized by Mental Health Department staff and was reviewed and refined by the Summit Planning Committee. The Work Group input was compiled and organized into a format so that comments pertaining to the current system, the ideal system, and recommended changes to improve the system could be compared and ultimately consolidated and synthesized into key action areas that would form the basis of recommendations presented in the final report.

A summary of the input from each of the five Work Groups is provided in Attachment A. The summaries list all recorded comments and sort them by subject area, and by whether they were statements of the current state, the desired state (the vision), or actions that would improve the system. An effort was made to categorize comments while preserving the critical input.

The following section provides an overview of the highlights of each of the five Work Group comments. While the comments of Work Group members were expected to be distinct from each group’s perspective (consumer/family, provider, community), it is interesting to note the alignment of subject areas and comments across the Work Groups. For example, all groups noted issues of access, stigma, community education, professional education, cultural competency, and family/consumer involvement. Many concerns about various aspects of service delivery were noted across all groups, along with concerns about healthcare coverage and the coordination and continuity of services. Clearly the comments taken together provide invaluable guidance on where the current system stands, and what improvements we need to make to more effectively address the mental health needs of our seniors in Santa Clara County.

Highlights of the Work Group Input

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Highlights</th>
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<tbody>
<tr>
<td>Consumers, Families and Caregivers</td>
<td><strong>Strengths</strong> – Comments from the Consumer, Families and Caregivers Work Group were categorized into fourteen subject areas. The areas with the most frequent comments were services, insurance and cultural competency. This group had the most comments about the strengths of the system, with comments about the ECCACs, the future Multi-Cultural Center, and family support from NAMI and the Alzheimer’s Association.</td>
</tr>
</tbody>
</table>
**Vision** – This group also had the most comments regarding the vision for the system. Those statements centered on comprehensive, low cost health insurance for everyone, robust outreach efforts, one-stop services, and increased volunteerism.

**Current State** – Comments on the current state of the system discussed the flaws of healthcare coverage and expense, the need for better coordination and integration of care, interface issues between primary care and mental health (particularly in addressing dementia/depression) diagnoses and services, cultural competency issues in meeting the needs of seniors, their families and caregivers; and the importance of outreach and home-based care.

**Improvement Strategies** that were noted included more advocacy, community education, provider education around “sensitivity”, education about ability to pay programs for the uninsured, and the inclusion of families and caregivers by providing more outreach and support services.

2. **Community and Faith Advocates**

   Comments from the Community and Faith Advocates Work Group were categorized into seven subject areas. The areas with the most frequent comments were *community education, access* and *cultural competency*.

   **Vision** – Most comments were about how services could be made available to the community, how the community could be utilized to provide information and support, and the importance of building senior trust and effective outreach.

   **Improvement Strategies** – This group had many suggestions of strategies to build advocacy and access, through senior centers, outreach to immigrant focused places of worship, hotlines and warm lines, and through community education and presentations, with particular attention to family and caregiver support.

3. **Healthcare Perspective Work Group**

   Comments from the Healthcare Perspective Work Group were categorized into seventeen subject areas.
Current State – The area with the most frequent comments was also service delivery, with particular attention to integration, structure, and quality of service. The second most frequent number of comments was in the subject area of insurance, with a focus on long term care, affordability, and scope of benefits. The third area with the most comments was in patient, public and professional education, with comments focused on training content (geriatric specialties) and funding for training programs.

Vision statements from this group focused on the educated and informed patient, the well-trained quality professional, affordable healthcare, supported families and peers, integrated comprehensive care, and the elimination of stigma.

Improvement Strategies included peer mentors, integrated clinics (primary care/mental health and out-stationed clinics at senior centers), and the use of technology for such things as assistive devices for seniors and electronic communication tools.

4. Social Services Perspective Work Group

Comments from the Social Services Perspective Work Group were categorized into seventeen subject areas. The subject areas with the most frequent comments were community education, service delivery, social supports, and stigma.

Current State – Comments focused on the need to educate and inform the community about mental health and mental illness, but also to engage with community based social services agencies in order to improve the connection of seniors to community services. Service delivery concerns centered on effective case management, in-home/mobile services, and the need to serve seniors who are not suffering from serious mental illness (SMI) conditions, but who require interventions.

Vision statements focused on wellness, universal health coverage, coordinated care, and affordable assisted community living.
Improvement strategies focused on language and cultural resources, community education on mental health and mental illness, education of medical and other professionals on geriatric mental health, policy-level activities to bring senior issues to the attention of public policy makers, and the use of social service agencies to support senior mental health.

5. Behavioral Health Perspective Work Group

Comments from the Behavioral Health Perspective Work Group were categorized into twelve subject areas.

Current Status – The area with the most frequent comments was service delivery, with particular attention to models of service, the scope of service (moving from deep end to prevention and early intervention services), care coordination with other service providers, integration of services and quality of service. The second most frequent comments related to community education around understanding and identifying mental health issues, healthy living and coping; and to professional education with emphasis on the need for more attention to training and workforce development of provider staff with expertise in gerontology.

Vision – Statements from this group focused on cultural competency, effective community education, outreach and engagement, establishing a holistic, comprehensive service delivery system and eliminating stigma about mental illness and ageism.
V. Emerging Themes from Summit Findings

The information derived from the Work Group discussions covers a broad range of system-wide concerns that are relevant to senior mental health in Santa Clara County. In addition, the Work Group members offered many comments that collectively begin to shape a powerful vision of what our community desires and expects for our seniors. Finally, there are many strategies that have been identified by the Summit attendees that they see as ways in which the system can be improved and are in alignment with their vision of the ideal system.

The following outlines the themes that emerged from the Summit discussions.

a. **Education** – Attendees emphasized in many ways the vital importance of a broad educational effort to inform our communities; empower consumers and their families and caregivers; and to enhance the skills of those who are providing essential services to seniors in our culturally diverse communities. This was determined to be needed for all audiences – seniors, family members, community residents, service providers, senior advocates, and policymakers.

b. **Outreach and Engagement** – Summit participants brought into focus the critical importance and necessity for active, ongoing efforts by individuals, families, community members and providers to facilitate connections with elders who may benefit from mental health services. It was recognized that in some cases this will involve collaborative, multi-system efforts.

c. **Cultural Competency** – A critical aspect of service delivery to seniors must be the inclusion of culturally and linguistically appropriate services to meet the needs of the extensive and diverse ethnic populations that make Santa Clara County their home. The concept of “one size fits all” does not apply when it comes to the support and care of our elders and this was a central concern raised by Summit participants.

d. **Access to Services** – It was acknowledged and stressed that access to effective mental health services must be easily available and tailored to older adults, including such supportive services as trust-building, advocacy and transportation.

e. **Service Quality and Design** – The delivery of suitable, comprehensive, person/family-centered, quality, affordable, effective and compassionate mental health services for older adults, was stressed throughout every conversation.
f. **Family/Caregiver Inclusion and Support** – Discussions highlighted the critical importance of working closely and more effectively with family members and caregivers who assist seniors in order to gain a better understanding of their specific needs for education/training and support.

g. **Physical Health** – Attendees frequently emphasized the value of the connection between mental health and physical health services in order to improve access to mental health and to more comprehensively address the multiple, “entire person” needs of seniors.

h. **Policy** – Involved action required by decision makers at all levels to implement the desired changes.

i. **Health Insurance and Social Benefits** – Attendees had many concerns and comments about the availability of affordable, comprehensive insurance for everyone; as well as concerns about the importance of essential social services that greatly impact the quality of life and well being of seniors.

j. **Advocacy and Stigma Reduction** – Ultimately, we will not achieve the vision of a community that supports and cares for the health and well-being of our senior population if there is not a concerted effort to engage policy-makers, system leaders, and private and public stakeholders in acknowledging the importance of mental health and social equity and inclusion for our entire community. Issues of mental health stigma, ageism, and cultural and ethnic exclusion must be a central feature of any effort to improve the system of community and services that supports seniors.

Attachments A and B organize the comments from the Work Groups by both Work Group (Attachment A) and by the themes described above (Attachment B). From the latter perspective, key action areas have been identified, along with strategies identified by Summit attendees that form the basis for the proposed strategic action plan to improve services and supports to seniors in Santa Clara County.
VI. Summary of Recommendations and Proposed Strategies

The following outlines the six key recommendations and strategies suggested by the Summit attendees related to the recommendations. These strategies will be incorporated into a detailed work plan to be developed following approval of the Board of Supervisors.

1. **Community Education and Advocacy** – Implement community education strategies to increase public awareness regarding older adult mental health needs and concerns.

   **Strategies:**
   - a. Provide multilingual education on aging and mental health on local radio and with faith communities
   - b. Publicize the fact that county-funded mental-health services are affordable
   - c. Strengthen relationships between seniors and other generations through work with senior centers
   - d. Promote multigenerational community service programs to strengthen relationships between seniors and other generations
   - e. Deliver joint outreach activities about mental health services for seniors with local art groups
   - f. Implement regional one-stop centers for seniors which maximize the synergy of integrating public agencies and community services, include existing senior centers

2. **Access and Engagement** – Implement outreach, engagement and access strategies to improve the connection of older adults served through all county systems to needed mental health-related services and supports.

   **Strategies:**
   - a. Strengthen suicide-prevention efforts
   - b. Improve mental health outreach to connect seniors to mental health services
   - c. Expand the new multicultural center by including services for seniors
   - d. Address navigation problems to include effective referrals, coordination and follow-up among multiple agencies
   - e. Increase mental health access points for seniors in non-mental health settings
f. Revise access criteria for persons over 60 years of age

g. Serve seniors suffering serious distress from senior issues such as the loss of loved ones, medical problems, and social isolation

h. Accept referrals at the Call Center and other mental health programs from family members and caregivers

i. Address the transportation needs of seniors receiving mental health services and design a transportation plan to make it easier for seniors to access mental health services and other community activities

j. Make transportation services more easily available to senior clients or provide services in their home

k. Collaborate with all senior centers to ensure that mental health services are available

l. Work with community cultural centers to provide education about health and mental health services

m. Develop a resource directory consisting of programs that serve seniors

n. Test the feasibility of an 1-800 mental health support line for seniors and provide test results in a timely manner

3. **Service Integration and Quality** – Increase mental health funded services and implement service delivery strategies that improve mental health outcomes through effective integration with critical health, social service and community based organizations.

**Strategies:**

a. Increase early intervention services

b. Implement better strategies to address social isolation

c. Increase treatment mental health services specifically designed and delivered for seniors

d. Improve psychiatric practices via training to better differentiate between delirium, dementia, including Alzheimer’s disease, and depression

e. Improve psychiatric practices by recognizing medication side effect unique to seniors

f. Stipulate that services are to be provided in the home, or place of residency, whenever a client is unable to leave their home

g. Establish a culturally competent case conference model to strengthen staff competencies in serving seniors

h. Monitor and improve the participation of clients over 60 years of age by ethnicity

i. Search for best practice models for older adults
j. Expand phone consultation services for medical doctors who serve seniors
k. Establish multidisciplinary care teams for seniors with complex needs
l. Identify culturally based practices, including health integration
m. Define “Elder Driven Services” criteria and ask all mental health providers who serve seniors to implement
n. Implement more effective and accessible mental health services for seniors with a long term mental illness and with senior related distress
o. Address mental health needs of services in long-term care facilities and other residential settings

4. **Training and Professional Development** – Implement training strategies to improve the capacity of health, mental health and social service providers to address the holistic social, cultural, emotional, physical and spiritual needs of seniors.

**Strategies:**

a. Train senior advocates among mental health staff, including clients and family member staff
b. Provide mandated training on physical health issues of seniors for psychiatric and clinical staff
c. Train medical staff of county clinics in order to support the mental health needs of their senior clients
d. Provide educational materials on senior mental health medical providers in Santa Clara County
e. Provide training on assisting seniors who face financial barriers to services
f. Conduct seminars for persons that work with seniors on how to identify and respond to mental health problems
g. Training for staff in residential and skilled nursing facilities on providing mental health support.

5. **Family, Caregiver, and Peer Support** – Implement strategies that empower and enhance natural support systems to care and provide for the elderly, their loved ones and caregivers.

**Strategies:**

a. Establish support groups for caregivers of seniors with mental illness in English, Spanish, Vietnamese, Tagalog, Cantonese and Mandarin
b. Implement a “family inclusion” practice for supporting caregivers of senior clients

c. Prepare materials for seniors and families on confidentiality laws and on how to obtain release of information as desired by the client

d. Develop a dynamic peer mentor program for seniors

e. Conduct outreach to support families using the multilingual media

6. **Policy Development** – Champion and implement policies that improve benefits and resources that impact the well-being of older adults.

**Strategies:**

a. Evaluate utilization of mental health services by age, ethnicity and diagnosis to determine if seniors receive equitable funding and access to services

b. Implement treatment protocols that address the dimensions of dementia and its relationship to mental illness

c. Participate in the Senior Agenda

d. Advocate for policies in the Santa Clara County Health and Hospital System that incorporate mental health into health promotion

e. Advocate for full implementation of Parity Law for mental health service access for seniors

f. Advocate Medi-Cal/Medicare reform to promote mental health service quality for seniors

g. Implement a stronger vision of health and mental health promotion for mental health consumers of all ages in all settings, particularly in long-term care facilities

h. Ensure that mental health funding for senior services adheres to the Olmstead Decision.

i. Identify and promote blended funding strategies to support services.

The intention of the MHD is to develop a detailed work plan to prioritize the strategies and to map out the work involved to implement each strategy outlined above. The MHD will establish an Older Adult Summit Implementation Team to implement the strategies. This Team will include members of our Mental Health Board Older Adult Committee and key leaders from senior-serving agencies and systems who will assist in guiding the implementation planning and will monitor the progress. For MHD, the work will be managed by our Senior Services Manager, Maria Fuentes, and the Adult and Older Adult Services Division Director, Gabby Olivarez.
VII. Implementation Next Steps

With approval by the Board of Supervisors of the Summit recommendations, the MHD will work with system partners to develop an implementation plan and will proceed with implementing those strategies planned for the current fiscal year. Those strategies to be implemented in FY13 will be included in the FY13 budget planning process.

In 2012, the first year, the MHD will take advantage of opportunities currently underway with our partners, in particular the Senior Agenda and the Aging Services Collaborative. We will also establish the staff implementation team and the formal collaborative body that will oversee and commit to implementing the strategies outlined in this report. The MHD will provide regular status reports through the CSFC (Children, Seniors and Families Committee) and the HHC (Health and Hospital Committee) to keep the Board of Supervisors apprised of the status of the Action Plan.

It is anticipated that the first two years will be dedicated to making the current system more accessible and relevant to the county’s senior population in need of mental health treatment and support. The third year will be dedicated to building on the invigorated organizational and community environment to continue addressing the serious mental health related challenges seniors face with larger initiatives.

In conclusion, the intention of the Older Adult Summit was to convene a gathering of local stakeholders to help determine what needs to be done to better address the mental health needs of seniors in Santa Clara County. The Summit Planning Committee sought to design a day of dialogue that included learning about senior mental health from experts, and also created the space for participants to have meaningful dialog about the subject and to bring their voice into the shaping of a plan that will be utilized to implement strategies to improve the delivery of mental health services to Santa Clara County seniors.

Ultimately, we will not achieve the vision of Santa Clara County as a community that supports and cares for the health and well-being of our senior population, if there is not a concerted effort to engage policy-makers, system leaders, and private and public stakeholders in acknowledging the importance of mental health, and social equity and inclusion, for our entire community. Issues of mental health stigma, ageism, and cultural and ethnic exclusion must be a central feature of any effort to improve the system of community and services that supports seniors.