



25 years of caring

2010-2011 BIENNIAL REPORT * ARCHSTONE FOUNDATION * SINCE 1985

The Archstone Foundation is a private grantmaking organization whose mission is to contribute towards the preparation of society in meeting the needs of an aging population.

Message from the Board of Directors

The theme of the 2010-2011 Biennial is “25 Years of Caring”. This report celebrates our journey, but more significantly reflects through stories how we can change the lives of older adults. In 2010 and 2011 we continued to support our three strategic initiatives: (1) preventing falls in seniors, (2) preventing elder abuse and neglect, and (3) addressing end of life issues through the support of palliative care (including the spiritual aspects of care) and hospice. Also, in recognition of emerging community needs, we increased our responsive grantmaking.

In order to fulfill our mission, we rely on the partnerships we have built with social service and health care providers whose operations have become more complex and challenging, particularly in this time of economic

uncertainty. It is through these partnerships that the Foundation’s core value, to make a difference through compassion and caring, is best demonstrated by the Board’s decision to exceed its minimum giving requirement and expand our responsive grantmaking programs during the past two years. In 2011, we implemented several funding opportunities in response to unmet senior needs that promote community based solutions and innovations. This report highlights the Foundation’s community partnerships to promote aging in place and expand access to mental health services.

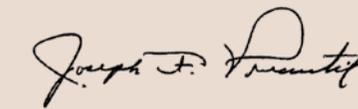
We would like to acknowledge the changes in our Board and express a warm welcome to Amye L. Leong, M.B.A., Diana M. Bontá, R.N., Dr.P.H., and Peter C. Szutu, M.P.H.,

who have joined the Board of Directors. We also want to thank the Honorable John T. Knox, J.D., for his 19 years of board service, and his chairmanship from 1995-2010. This Biennial Report is dedicated to the memory of the Honorable Harriett M. Wieder and Len Hughes Andrus, M.D., (former Board Members), who contributed so much in shaping the Foundation’s history. They are very much missed.

Sincerely,



Robert C. Maxson, Ed.D.
CHAIRMAN



Joseph F. Prevratil, J.D.
PRESIDENT AND CEO

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how
we
care...

respect creativity preparing spirituality
presence building knowledge
sharing honoring wishes compassion
preventing falls dignity supportive choice
listening demonstration innovation awareness
preventing elder abuse & neglect



Archstone Foundation’s Milestones

- 1985** Formation of the Foundation through the conversion of FHP – the Health Maintenance Organization.
- 1986** Foundation awards first grants – creating endowed academic chairs at California State University, Long Beach, University of California, Irvine, and the University of Utah.
- 1992** *Who Cares for the Caregiver* – a two-year initiative to inform, offer hope, and advocate on behalf of caregivers.
- 1995** Foundation hires its first President and CEO and began a two-year evaluation process examining the first 10 years of its operation.
- 1995** *Bridging the Age Gap* – a three-year initiative promoting intergenerational programming and its benefits.

- 1996** Foundation changes name to Archstone and refines its mission and grantmaking strategies to exclusively address the issues of aging.
- 1997** *Aging in Place Initiative* – a three-year program to identify innovative approaches to allow older adults to age independently within their own homes and community. One of the outcomes was the formation of the National Center on Supportive Housing and Home Modifications.
- 1999** *Long-Distance Caregiving Initiative* – a three-year program seeking to provide services for family caregivers caring for an elder living a distance away.
- 2001** Foundation supports the creation of a National Center on Caregiving to serve as a repository of caregiver resources.
- 2003** Foundation focuses its grantmaking in three priority areas – fall prevention, prevention of elder abuse and neglect, and care at the end of life.

- 2005** Foundation launches the Fall Prevention Initiative and funds the formation of the Fall Prevention Center of Excellence. Also, the Foundation supported the national Falls Free Initiative led by the National Council on Aging.
- 2006** Foundation launches the Elder Abuse and Neglect Initiative and the End-of-Life Initiative.
- 2010** Foundation recommits to its Initiative-based strategies through 2013 and decides to increase its responsive grantmaking.
- 2011** Foundation supports 12 programs to build supportive communities to age in place and 9 organizations to expand the use of evidence-based mental health programs.

how we care... building knowledge dying well presence listening
 proactive spirituality demonstration creativity
 collaboration counseling preventing falls supportive
 honoring wishes preparing
 advocating addressing emerging needs dignity awareness dying well sharing
 compassion responsive protecting choice

Elder Abuse and Neglect

Since 2006, the Archstone Foundation has awarded over \$9.5 million for the Elder Abuse and Neglect Initiative. The goal of the Initiative was to improve the quality and coordination of elder abuse and neglect services in the State of California. The Initiative supported education and training for mandated reporters, multidisciplinary team development, forensic center development, financial protection projects, and improved legal and court responses to elder abuse.

Although the Initiative formally concluded on December 31, 2010, there is still much work to be done within the field of elder abuse and many unmet needs remain. In order to address these gaps in services, the Board

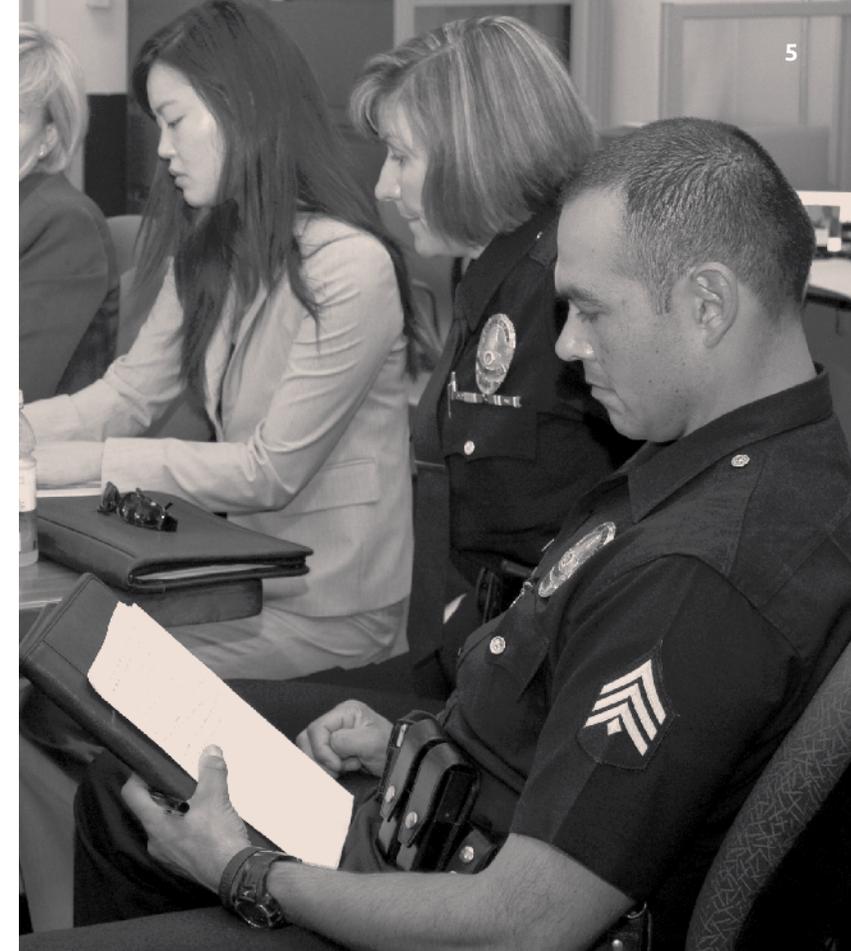
awarded funding to continue the development and evaluation of the forensic center model in California. Technical assistance will be provided by the Center of Excellence on Elder Abuse and Neglect at the University of California, Irvine. The University of Southern California, Andrus School of Gerontology will lead the cross-site evaluation of the four California forensic centers.

In 2010, the Foundation supported a statewide summit to identify areas of opportunity to improve coordination of protective and prevention services. In June 2011, the Foundation supported four service innovation projects that seek to expand programs that address unmet needs

and fill gaps in services for victims of elder abuse and neglect in California. Projects focus on providing preventive services, services for victims of fraud and financial abuse, improved legal services, and mental health services for victims.

“Sometimes the only thing visible is tears.”

— Anonymous



Mr. Chen's Story

ELDER ABUSE IN HOME LENDING PROTECTION PROJECT

Council on Aging Silicon Valley

The project's goal was to identify predatory lending practices and provide holistic case management and legal services. Mr. Chen, an 85-year-old legally blind man with dementia, was coaxed into signing loan documents he could not see or understand. The terms of the loan were misrepresented to him, his income and assets were falsified, and he was not given the proper

disclosures resulting in home foreclosure. After Mr. Chen's case was brought to the attention of the dedicated project partners, the lender and brokers were successfully sued for financial abuse and fraud. As part of the settlement, the lender agreed to forgive \$225,000 of the debt, the loan was changed from an adjustable rate mortgage to a 30-year-fixed mortgage at 5% interest, and Mr. Chen's monthly mortgage payment was reduced by \$400. Mr. Chen also received a settlement from the broker totaling \$40,000. Legal and supportive services were provided throughout the process and Mr. Chen has now returned to his home, where he can live with peace of mind thanks to the Elder Abuse in Home Lending Protection Project team.

End-of-Life Issues

In 2006, the Foundation launched its End-of-Life Initiative, a commitment of \$6.7 million to date, with the goal to improve end-of-life care for older adults in California. The Foundation hosted a national consensus conference in 2009 at which a definition for spirituality was reached: “Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, self, to others, nature and to the significant or sacred.”

Following the national consensus conference and the evaluation of the five Archstone-funded hospital-based palliative care service innovation projects (2008-2010), the Foundation recognized an opportunity to improve

how the spiritual needs of the dying are addressed. The Foundation’s strategy was to improve the quality of spiritual care as a component of palliative care within hospitals.

In 2011, the Foundation supported nine hospitals in Southern California to implement and test the recommendations from the national consensus conference. The goal of the *Spiritual Care Demonstration Projects* is to increase knowledge, develop leadership, promote spiritual care models, and formulate measurements and best practices to improve the quality of spiritual care within palliative care services. In addition, the Foundation is supporting an external evaluation and a convening center that provides mentoring and technical assistance to each of the nine sites.

“Sometimes people get the mistaken notion that spirituality is a separate department of life, the penthouse of existence. But rightly understood, it is a vital awareness that pervades all realms of our being.”

— David Steindl-Rast



Mr. Davidson’s Story

INCORPORATING SPIRITUAL CARE INTO PALLIATIVE CARE

Brentwood Biomedical Research Institute

Mr. Davidson, an 87-year old veteran, visited the Veterans Administration emergency room with difficulty of swallowing. During the visit, Mr. Davidson expressed spiritual distress and was referred to the palliative care team. The palliative care team conducted a thorough spiritual assessment and reviewed his treatment options for an esophageal mass. Mr. Davidson pursued palliative chemotherapy to reduce the mass and required

insertion of a feeding tube due to complications. Mr. Davidson was discharged to a skilled nursing facility for continued treatment. Mr. Davidson was miserable – having lost his independence. The palliative care team continued to provide care for Mr. Davidson at the nursing home. Following several hospital stays, extensive symptom management, and continued palliative radiation, Mr. Davidson regained his ability to eat and swallow and the feeding tube was removed. With this level of independence regained, Mr. Davidson returned to his home. Because of his age and medical conditions, it would have been easy to mistakenly believe that Mr. Davidson’s desire for return of independence was unreasonable. Instead, the palliative care team addressed his spiritual distress and was able to provide him with options that respected his wishes and offered him the dignity he sought.

Fall Prevention

In 2005, the Foundation launched the Fall Prevention Initiative, with \$10 million committed to date. The goals of the initiative were to: 1) establish fall prevention as a key public health priority; 2) educate consumers and professionals about fall prevention; 3) create, test, and evaluate effective and sustainable fall prevention programs; and 4) build a comprehensive fall prevention infrastructure in California.

In fiscal year 2010, the *Fall Prevention Connect Project*, a collaboration of the Fall Prevention Center of Excellence (FPCE), established in 2005 with Archstone funding, and the Los Angeles Fire Department, was funded to improve falls data collection and referral by emergency medical service providers. In addition, support was provided to

further test *InSTEP* (Increasing Stability Through Evaluation and Practice), a multi-factorial fall prevention program that incorporates physical activity, medical management and home assessments, created by the FPCE. Drawing on preliminary *InSTEP* findings, Saint Barnabas Senior Center of Los Angeles was awarded funding to conduct a cultural adaptation of the program for Korean- and Spanish-speaking older adults. Initial findings suggest the adapted program requires minimal modification to the core components of the *InSTEP* program. During the year, the Foundation also renewed its support of the national Falls Free Initiative.

In 2011, the Foundation funded the University of California, Los Angeles' Center for Health Policy Research to collect falls data as part of the California Health Interview Survey.

Funding supports inclusion of questions specific to falls in the 2011 survey and analysis of the same data collected in 2007 and 2003. Also, the Foundation provided two-years of additional support to the FPCE to continue its efforts.

“Getting older is like riding a bicycle, if you don't keep pedaling, you'll fall.”

— Claude Pepper



Mrs. Farris' Story

FALL PREVENTION PROGRAM

Saint Barnabas Senior Center of Los Angeles

Mrs. Farris fell in her home while alone and injured her head and shoulders. Fortunately, a social worker from Saint Barnabas Senior Center was scheduled to visit her and was able to get Mrs. Farris the medical attention she needed. Mrs. Farris' fall was related to a medical condition that limited her mobility and balance. While in the hospital, Mrs. Farris shared that she was scared of

falling again and expressed her desire to remain independent – maintaining the ability to drive her car, run errands and not be a burden to her sister. Upon hospital discharge, Saint Barnabas Senior Center enrolled Mrs. Farris in the InSTEP program. As a participant in the 12-week program, Mrs. Farris learned about the risk factors for falls, she implemented several modifications to her home (e.g., installed a grab bar, changed room lighting, and removed an area rug), she demonstrated confidence in managing her medical condition, and learned exercises that would improve her mobility and balance. Several months after completing the program, Mrs. Farris told the social worker “I have not fallen anymore, I feel younger, I gained back my self-esteem, but most of all I feel safe in my own home.”

Responsive Grantmaking

ADDRESSING EMERGING COMMUNITY NEEDS

The Foundation's responsive grantmaking program seeks to address emerging community needs faced by older adults. As the older adult population increases and the programs for seniors continue to be challenged by limited resources, this flexible strategy allows the Foundation to direct resources to unmet needs.

In fiscal year 2010 the Archstone Foundation Board of Directors increased its responsive grantmaking through targeted funding opportunities. Annually, issues affecting the older adult population would be identified, researched, and announced through a competitive Request For Proposals (RFP) process. For fiscal years 2010 and 2011

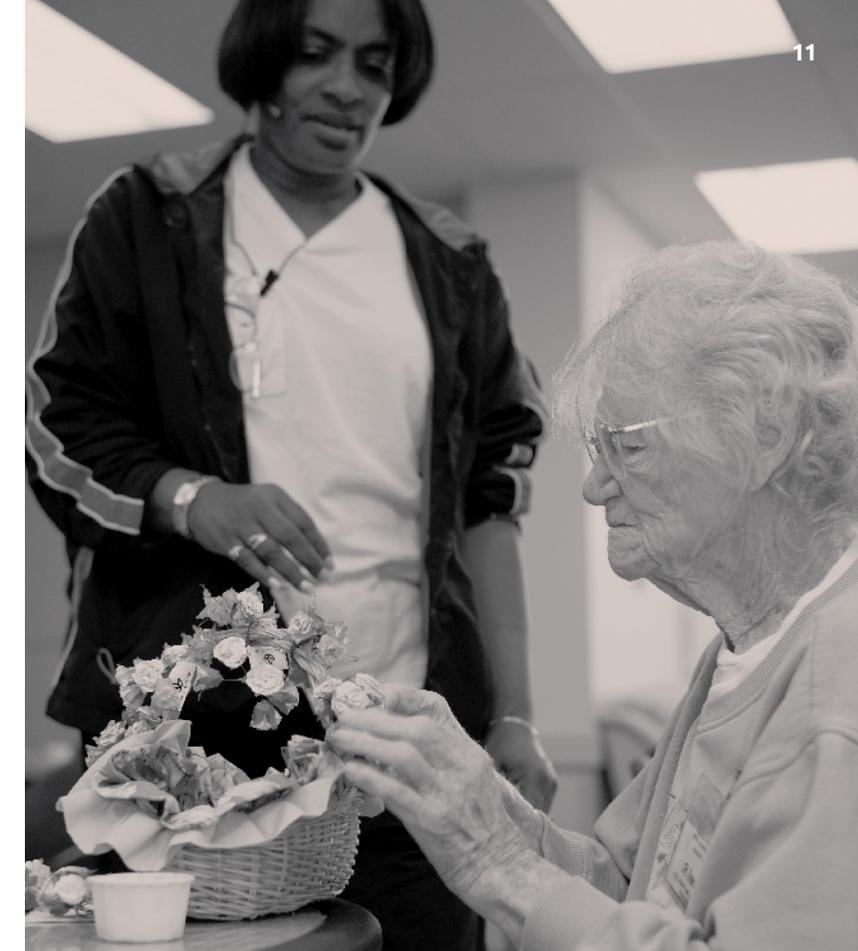
the Board identified two areas of targeted support – building supportive communities for aging in place and expanding access to evidence-based mental health services.

SUPPORTIVE COMMUNITIES FOR AGING

Research shows that seniors prefer to age in place and remain in their homes. Many communities are not prepared for the impact of a growing older adult population. A community that supports older adults encompasses basic needs; promotes community engagement; provides accessible wellness, prevention, and health services; and supports maintenance of independence in the home and community. In 2010, as part of Archstone Foundation's responsive grantmaking process, the Board of Directors set

aside funding to target the need for building comprehensive and coordinated systems of care for older adults to ensure their safety and ability to dwell in the community.

This effort, *Supportive Communities for Aging*, was the first round of targeted funding under the Foundation's responsive grantmaking program. The goal of the *Supportive Communities for Aging* program is to support and enhance the integration of aging services in southern California communities in ways that will increase the quality of life for those aged 65 and older living independently in the community. Under the *Supportive Communities for Aging* program, a total of \$916,323 was awarded to twelve projects.



Mrs. Williams' Story

AGE WELL SENIOR SERVICES

Case Management –
WrapAround Support
for Families

Mrs. Williams is an 80-year old woman who lived on the streets for many years. Local church members helped her move into a small office space in a vacant, commercial building and contacted a case manager at Age Well Senior Services. Due to the intervention of the case manager, Mrs. Williams now lives in a small studio, receives home delivered meals, and attends the adult day care program. While Mrs. Williams was homeless, she lost contact with

her family and friends. Age Well Senior Services' case management team diligently searched and located Mrs. Williams relatives. The case manager facilitated a meeting of Mrs. Williams with her family. Because Mrs. Williams suffers from dementia, she was not fully aware of the reunion, though she was happy to have visitors. Family relatives now serve as Mrs. Williams emergency contact and have a peace of mind about her safety and wellbeing. Time, love and forgiveness will help heal the past, and isolation, depression and lack of purpose can be replaced with company, communication and a new motivation. The vision of Age Well Senior Services' case management program is to preserve the dignity of older adults and to improve the quality of their life, as was achieved in the case of Mrs. Williams.

Expanding Mental Health Services

Mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning. According to the American Psychological Association, it is estimated that 15% to 25% of people age 65 and older in the United States suffer from significant symptoms of mental illness. Although up to 25% of elderly persons suffer from symptoms of mental illness, they often do not seek care; only 4% of the patients in community mental health centers are older adults.

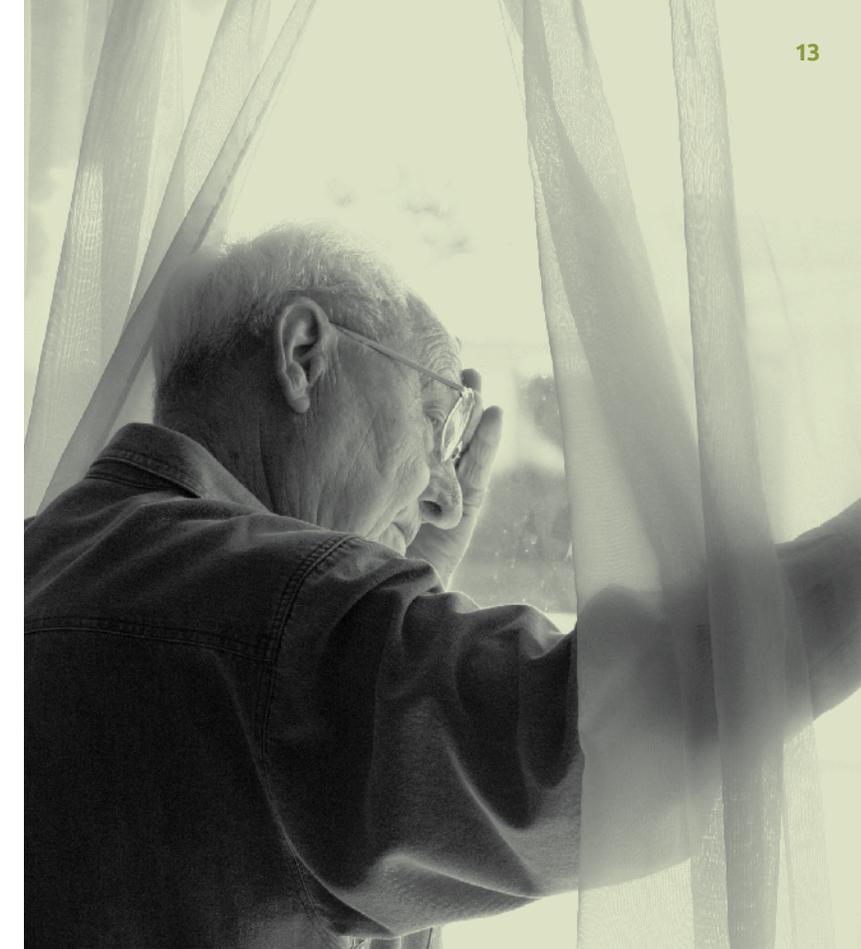
The *Expanding Mental Health Services* projects seek to replicate evidence-based models of care that expand mental health services for community dwelling older

adults. Nine projects, representing a total investment of \$838,709, will expand mental health service programs by identifying and treating depression in older adults in southern California. The projects supported build upon the following models:

- Evidence-based programs to treat depression in older adult caregivers;
- The Healthy IDEAS Program (Identifying Depression, Empowering Activities for Seniors);
- The Improving Mood – Promoting Access to Collaborative Treatment (IMPACT) program; and
- The Program to Encourage Active and Rewarding Lives for Seniors (PEARLS).

“*There is no illness of the body apart from the mind.*”

— Socrates



Mrs. Mendoza's Story

ALZHEIMER'S FAMILY SERVICES CENTER

Depression Screening & Counseling for Families Facing Dementia Program

Six years ago, Mrs. Mendoza's husband of forty-five years was diagnosed with Alzheimer's disease. Together, they sought services at Alzheimer's Family Services Center, which provides dementia-specific adult day health care, a variety of support services to help caregivers manage the day-to-day challenges of care, and community dementia education and outreach services. As the disease progressed, the staff noticed

that Mrs. Mendoza was no longer her usual, upbeat self and referred her to the Depression Screening & Counseling for Families Facing Dementia Program, which is based on the evidence-based Illness Management and Recovery program. Through working one-on-one with a dedicated social worker, who also knew her husband, and the unique challenges of caring for a loved one with Alzheimer's disease, Mrs. Mendoza was able to address her symptoms of depression and return to the activities she once enjoyed, although with a new perspective. Mrs. Mendoza was grateful for the support both she and her husband received. "This program empowered us to make the best of our 'new normal.' Thank you for providing this positive program – it has reinforced what we have to do to stay healthy even in the face of dementia."

Listing of Organizations Receiving Grants

Archstone Foundation awarded a total of sixty-one new grants during fiscal years 2010 and 2011. In addition, the Foundation continued to support multi-year grants awarded in prior fiscal years represented here as Continuing Grants.

EAN = ELDER ABUSE AND NEGLECT
EOL = END-OF-LIFE
FP = FALL PREVENTION
RGM = RESPONSIVE GRANTMAKING
FY = FISCAL YEAR

	Continuing Grants	FY 2010	FY 2011
		New Grants	
Acacia Adult Day Health Services	RGM		
Age Well Senior Services		RGM	
Alzheimer’s Association, California Southland Chapter		RGM	RGM
Alzheimer’s Disease and Related Disorders Association, Northern California	RGM		
Alzheimer’s Family Services Center	FP		RGM (2)
American Bar Association on Law and Aging			EOL
American Society on Aging	EAN	EOL	RGM
Area 4 Agency on Aging	FP		
Area Agency on Aging Serving Napa and Solano	EAN		
Bet Tzedek	EAN		EAN
Brentwood Biomedical Research Institute (Veterans Affairs)	EOL		EOL & RGM
California Commission on Aging	RGM		
California Dental Association Foundation			RGM
California District Attorneys Association		EAN (2)	
California State University, Bakersfield Foundation			RGM
California State University, Fullerton			FP
Caring Choices	FP		
Cedars-Sinai Medical Center			EOL
Center for Community Solutions			EAN
Central Coast Commission for Senior Citizens	EAN	EAN	EAN
City College of San Francisco	EAN		

	Continuing Grants	FY 2010	FY 2011
		New Grants	
City of Hope National Medical Center	EOL (2)	EOL	EOL
City of Long Beach	EAN		
Coalition for Compassionate Care in California		EOL	
Conejo Valley Senior Concerns	EAN		
Council on Aging Silicon Valley	EAN		
County of Mendocino, California	FP		
County of San Bernardino, California	EAN		
County of San Diego, California	FP		
County of Santa Clara, California	EAN		
County of Ventura, California			EAN
ElderHelp of San Diego		RGM	
Family Service Agency of Santa Barbara		RGM	
Friendship Adult Day Care Center		RGM	
Gay & Lesbian Elder Housing		RGM	
Grantmakers in Aging			RGM
Golden Rainbow Center – SAGE			RGM
Health Research and Educational Trust	EOL	EOL	EOL
Healthy Aging Association	FP		
Heart Touch Project			EOL
Help of Ojai			RGM
Hospital Consortium of San Mateo County	FP		
Institute on Aging	EAN		EAN
International City Theatre		RGM	
Jamboree Housing Corporation			RGM
Jewish Family and Children’s Service, Long Beach		RGM	
Jewish Family Service of Greater Santa Barbara		RGM	
Jewish Family Service of Palm Springs and Desert Area			RGM
Judicial Council of the California Administrative Office of the Courts	EAN		
Kaiser Permanente, Bellflower	EOL		
Legal Assistance for Seniors	EAN		
Little Tokyo Service Center			RGM

	Continuing Grants	FY 2010	FY 2011
		New Grants	
Los Angeles Regional Foodbank		RGM	
Menorah Housing Foundation		RGM	
Mount Sinai School of Medicine	EOL		
National Adult Protective Services Foundation		EAN (2)	
National Council on the Aging	FP	FP	
National Health Foundation		EOL	
OPICA Adult Day Care Center, Inc.		RGM	
Orange County Human Relations Council		RGM	
Palomar Pomerado North County Health Development, Inc.			EOL
Rebuilding Together Orange County	FP		
Saint Barnabas Senior Center of Los Angeles		FP, RGM	RGM
Saint Joseph Hospital of Orange			EOL
Saint Mary Medical Center Foundation	EOL	RGM	
San Diego County District Attorney's Office	EAN		
San Diego State University Foundation	EAN		
Scripps Health			EOL
Sepulveda Research Corporation (Veterans Affairs)	EOL	EOL	EOL
Southern California Cancer Pain Initiative	EOL	EOL	
Stanford University			RGM
St. Johns Healthcare Foundation	EOL		EOL
St. Paul's Retirement Homes Foundation	RGM		
The Center for Aging Resources			EAN
The Saban Free Clinic		RGM	RGM
United Seniors of Oakland and Alameda County	FP		
University of California, Irvine	EAN (3)	EAN	EAN, RGM
University of California, Los Angeles	EAN, EOL (2), FP		EOL, FP
University of California, San Francisco	EOL (3)		
University of Southern California, School of Gerontology		FP	FP
University of Southern California, Keck School of Medicine	EAN		EAN, EOL
Westchester Village Network Corporation		RGM	
WISE & Healthy Aging	EAN	RGM	EAN

The Foundation's audited financials and funding guidelines may be viewed at www.archstone.org.

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listening presence preparing innovation creativity
choice translating **collaboration**
supportive
preventing elder abuse & neglect choice
innovation building knowledge dying well preventing falls
sharing **dignity** awareness responsive protecting
demonstration
compassion listening dignity respect
proactive spirituality awareness **dying well**
collaboration counseling creativity respect spirituality
honoring wishes supportive
preparing
advocating addressing emerging needs



401 E. OCEAN BOULEVARD, SUITE 1000, LONG BEACH, CA 90802
PHONE: (562) 590-8655 WWW.ARCHSTONE.ORG