



Inspiring Change Through Integration, Innovation and Inclusion

2020-2021 BIENNIAL REPORT



Archstone Foundation
is a private grantmaking
organization whose mission
is to improve the health and
well-being of older Californians
and their caregivers.

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A Warm Welcome

FROM OUR BOARD OF DIRECTORS

So many things have changed since our last biennial report in 2019. We are still in the midst of a global pandemic which has killed over 700,000 Americans, 80% of whom were over 65 and some 40% of those living in nursing homes. Of all the inequities that COVID-19 revealed, ageism is still one of the least appreciated. COVID-19 has also affected Black and Hispanic communities disproportionately, demonstrating how disparities in wealth, education, and occupation can become matters of life and death. Simultaneously, the public murder of George Floyd by police abusing their authority galvanized the nation to a deeper examination of racism and inequality. Hate crimes against Asians rose along with fear about the pandemic, leading in many cases to attacks and even murder of older adults of Asian descent. We have come away from these experiences with a renewed commitment to our mission, to living up to our nation's ideals, and to reducing disparities that contradict those ideals.

Archstone Foundation responded to these events with immediate grants and by assuring our strategic plan reflects and responds to this dynamic environment. At the height of the pandemic, Archstone Foundation provided

a series of emergency grants to address the COVID crisis among older adults. In our new strategic plan, we intentionally focus on the needs of diverse groups of older adults and redoubled our commitment to reducing health and other disparities. We continue to grapple with how we will live up to the ideals of diversity, equity, and inclusion in our organization and grantmaking every day.

In our new strategic plan, we have shifted from a focus on discrete problem areas (family caregiving, depression, and aging in community) to an emphasis on solutions that we see as transcending particular challenges of aging. Going forward, our grantmaking will focus on creating greater integration of and coordination between health and social services. For too long, these sectors have worked in silos and failed to meet the needs of older adults in California and around the country. Thus, our Three Ts strategy will advance effective care **TEAMS** that bridge these critically needed services, fill gaps in **TRAINING** around teamwork and the needs of older adults, and deploy health information and personal **TECHNOLOGY** needed for effective and efficient care that puts the person and family at the center

of the team. We believe that by advancing these three strategies, we will improve the health, well-being, and health equity of older Californians. You will read more about our new Three Ts and some of our first grants later in this report.

As we grappled with the tumultuous events of 2020, we conducted a national search for a new investment advisory company to act as our Out-sourced Chief Investment Officer (OCIO). At the end of the year, we thanked Russell Investments for their many years of dedicated service and welcomed Cambridge Associates to the role. In the market crash following COVID-19 lockdowns, our endowment hit a low of \$83 million early in 2020 but recovered to just over \$120 million by June of 2021. We are grateful for the wisdom of our Finance and Investment Committee and advisors who remained focused on our long-term financial strategy and board policies, maintained the discipline of our asset allocation and bought into the falling market. With an overall goal to sustain the Foundation’s grantmaking power into the future, we will work with Cambridge Associates to assure our investment policies foster a broadly diversified portfolio with additional emphasis on private equity opportunities for enhanced returns.

Over the last two years we have also carried out our planned changes in board composition and leadership.

Since our last report, we have recognized the long-standing contributions of and bid farewell to Diana M. Bontá, Hon. Renee B. Simon, and Hon. Lynn Daucher, who served terms of 11, 30, and 11 years respectively. We have welcomed six new directors — Heather M. Young, Theresa J. Marino, Cynthia D. Banks, Angela Coron, Tammy Funasaki, and John Feather. Dr. Young became Board Chair in July 2021, and Ms. Marino and Mrs. Banks serve as chairs of our Proposal Review and Finance & Investment committees, respectively.

The final group of our three long-serving directors, Rocky (Rahamin) Soares, Peter C. Szutu, and Amye L. Leong, will complete their board terms in June 2022. To fill their large shoes, we are actively recruiting new members to provide vision and expert advice for the Foundation. Together, we look forward to pursuing our new strategic direction and doing the hard but critically important work of improving the health and well-being of older Californians and their caregivers.

On behalf of the Board of Directors,



Heather M. Young, PhD, RN, FAAN
Board Chair



Christopher A. Langston, PhD
President and CEO

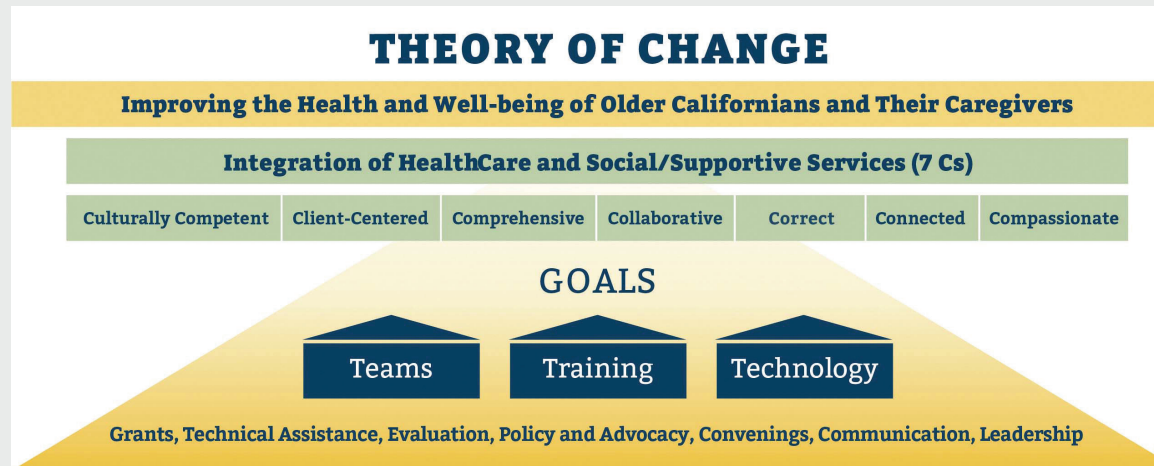
Pursuing a New Strategic Direction

THE THREE Ts - TEAMS, TRAINING, AND TECHNOLOGY

In 2019, Archstone Foundation staff began a strategic planning process to review our work to better understand and respond to the most pressing issues facing older adults' health and well-being. Stakeholders throughout Southern California and a wide range of regional and national experts identified long-standing systemic inequities and the lack of coordination between health care and social services as fundamental challenges. In response to these gaps, the Foundation began shifting its grantmaking

from its long-standing support of distinct issue areas to funding three new core strategies—"The Three Ts" – Teams, Training, and Technology.

Each strategy is part of a larger whole working in tandem to create better health outcomes for California's older adults and their caregivers. Care coordination will offer more, and better-connected, resources to populations that historically have had fewer available to them.



We look forward to joining with a wide range of thought partners and turning these plans into programs and initiatives that can dramatically improve care coordination, reduce health disparities, and make a measurable difference to the health and well-being of older adults and their caregivers in California.

**ADVANCING
OUR MISSION**

Improving the Health and Well-being of Older Californians and Their Caregivers Through Our Grantmaking

Older adults are challenged by a health care system that is poorly designed to meet their needs and promote their health, well-being, and independence. Health and social services operate in silos and too often fail to connect, plan, and work together. Medical, and public health providers are not well connected to programs and services that address social determinants of health such as housing, food insecurity, transportation, and public safety, among others. Structural racism, social inequities, and a lack of cultural congruence make it even harder, particularly for older diverse groups of people in lower-income communities to navigate these systems.

With support and direction, we believe that health care and social service providers can come together to better plan and implement new and innovative approaches that will benefit all older Californians. To this end, Archstone Foundation will advance its mission by focusing its grantmaking in the years ahead on the Three Ts; Diversity, Equity, and Inclusion; and Capacity Building and Innovations, a new program that began in 2020 to replace the Foundation's small grants program (see more on page 16).



Integrating Social Care into the Delivery of Health Care

**THREE NEW
STRATEGIC AREAS**

The integration of healthcare and properly targeted social/supportive services is the hallmark of Archstone Foundation's new strategic plan.

Integrated care, however, calls out the need to build a skilled workforce capable of integrating social care into the delivery of healthcare. It also requires a commitment to changing long-established policies and practices – those that have siloed health care from social care, placed the patient outside of the care team, and lacked in understanding the true value of all team members.

We believe that healthcare, social services, and related systems can and should work together to provide better care. The Three Ts are intended to promote more equitable, high-quality, coordinated care for older adults, and to further Archstone Foundation's mission, to improve the health and well-being of older Californians and their caregivers. To further support integration, the Foundation has also developed new cross-cutting grant types that may include technical assistance, evaluation, policy, advocacy, convenings, communications, and leadership, all focused on the Three Ts.

TEAMS

No single health or social service professional has all the skills essential in meeting the needs of older adults and their caregivers.

Silos of care need to be reinvented as models of care teams that can be structured to achieve more cost-effective care. Current workforce shortages make it essential that all team members contribute at their highest value possible. Teams must also place older adults and their family at the center of the team to ensure that their care preferences and goals are met.

With Teams, Archstone Foundation will focus its grantmaking on spreading affordable person- and family-centered team care models that demonstrate improved outcomes for older adults and their families. The Foundation will particularly focus on adapting tested models to ensure that they respond to the needs of diverse older adults and communities underserved by traditional care systems.

Examples of previously funded projects that focus on the person- and family-centered team care model include Elder Abuse Forensic Centers with the use of multidisciplinary teams, the Alzheimer's and Dementia Care program, and the CAPABLE model, which improves safety and independence in older adults living in the community.



We have also seen that well-trained teams that integrate social supportive services with health care can deliver better care at lower cost, such as the Collaborative Care model in treating depression in primary care or community settings, and Programs of All-Inclusive Care for the Elderly (PACE) which provides comprehensive medical and social services to frail, community-dwelling older people through an interdisciplinary team of health professionals.

Team care can also be financially viable, especially with the Centers for Medicare & Medicaid Services Collaborative Care and Care Management Codes, and through the Chronic Care Act expansion of benefits. Others such as Partners in Care Foundation have successfully managed care contracting and show how social supportive care can be integrated into healthcare settings.

Future grants in Teams could help to build understanding and promote best practices in team care, utilize team care innovations and provide additional resources to incorporate prior learnings, and speed the development and spread of effective and affordable person-centered team care models. Given the high costs and long timelines of model development and testing, we will look for opportunities to partner with on-going efforts rather than funding de novo efforts.

TRAINING

Social services and health care cannot collaborate effectively without learning from and about each other, the formal processes of teamwork, and client-centered care.

Our strategic planning process helped us to understand the important role training plays for teams to better address the complex care needs of older people. It also helped us understand the value of the entire care team and the need to support all members to be able to perform at the top of their position. Effective team care requires training.

Through our past grantmaking we have learned that interprofessional and interdisciplinary care teams must work together with a common purpose, to set patient goals, make decisions, and share knowledge, resources, and responsibilities. Care teams must also include paraprofessionals, and when possible, they should include the patient and the patient's family.

With this understanding, Archstone Foundation will focus its Training grants on training health care and social service providers on effective, evidence-based team care models, with an effort to improve teamwork and enhance the expertise and skills needed to provide quality care for older adults. Training grants will focus on enhancing

geriatrics and gerontological expertise and skills. They will also help to develop the capacity of team members to better understand issues of race, class, gender, and sexual orientation, all essential components to providing care that meets the holistic needs of older adults' and links to Archstone Foundation's Seven Cs of Care (*See Theory of Change, Page 3*).

Archstone Foundation will look for opportunities to ensure that newer team members who are taking on more care coordination and navigation responsibilities to fill gaps



in traditional healthcare receive appropriate training for their new roles and responsibilities and are able to work as an effective part of the healthcare team.

One of those opportunities includes a grant to Partners in Care Foundation (*Partners*) to redesign and scale an effective Community Health Worker (CHW) training curriculum, created and previously pilot-tested in partnership with Blue Shield California, to prepare CHWs to work in community-based organizations, physician offices, and other settings serving older adults. The new training will be designed and delivered in collaboration with Los Angeles Valley College, which will use its government workforce development funding to provide free training to students. This training will build capacity for an integrated health and social care system to ensure older people who are chronically ill and frail are at the core of that integration, and that they are being supported to navigate these two systems. This work also targets a critical workforce gap by training CHWs to serve as effective extenders of the health care team.

Archstone Foundation will also draw on our emerging learning in models of team care to support the translation of that knowledge into training programs for current practitioners in health care and social services to provide better care.

TECHNOLOGY

Health care and social services silos create barriers that prevent the exchange of information and limit data sharing, which are critical building blocks to improving care.

Removing these barriers are necessary steps to improving care coordination. Professionals working to support older adults and their families should have 24 -7 access to care plans across all settings, where possible. At the same time, privacy concerns must be addressed.

Team care is most effective when all members of a care team, including older people and their caregivers, have real-time notice of important changes of health status, such as a hospitalization or emergency department visits. Similarly, as we have learned from our past work in end of life and palliative care, goals of care and end-of-life wishes must also be immediately available to health care providers if they are to act upon those stated desires. Technology grantmaking will focus on promoting the adoption of technologies that facilitate teamwork and empower older adults and their families to direct their own care.

As an independent party, we think that Archstone Foundation is well positioned to use advocacy, standard setting, convening, and public communication as tools to advance the technological infrastructure to achieve better care. In conjunction with our teams and training strategies, we can demonstrate the cost and quality benefits of appropriate technology use to various stakeholders.

We envision future grants within this strategic funding area may include:

- Developing ways for different systems and devices to communicate with one another — interoperability
- Advocating for better regulatory frameworks
- Promoting affordable technological devices and services that enable lower-income older adults and their families to realize the benefits of team care; and
- Demonstrating technology's benefits to all stakeholders.

Technology is the piece of our new strategic grantmaking approach that can help get care right for older adults. It is the element that can help bring ideas to scale to make sure that communication happens in a timely and coordinated manner.





Incorporating Diversity, Equity and Inclusion into our Grantmaking

Age is a justice issue. Older adults are among the most stigmatized people in the U.S. and yet, health and social services are poorly designed for the people who need them most.

And within the broad category of older adults, there are many who suffer from disadvantages due to inadequate systems, unfair policies, and unmet social determinants of health (e.g., access to food, safe housing, transportation, education, and income).

Archstone Foundation recognizes the appalling impact that structural racism has had and continues to have on older people. Accordingly, the Foundation has spoken out against hate, violence, and racism and we have begun to review our own internal Diversity, Equity, and Inclusion (DEI) policies and practices. We recognize, however, that speaking out and examining our own policies are only first steps.

Through our work, we also see that the added barriers of poverty, language, and racial or ethnic discrimination can make the challenges of aging even harder. Ongoing engagement and grantmaking with a specific purpose of advancing racial and health equity are both needed

as a dedicated funding opportunity and as a cross-cutting strategy throughout the Foundation's grantmaking.

To address these inequities, Archstone Foundation is looking for ways to include diverse groups of elders and reduce health disparities throughout all our grantmaking. Our Board of Directors have made a commitment to focus an explicit share (10% for now) of our grantmaking on organizations serving diverse older people and working to reduce disparities in their outcomes. The first dedicated DEI grants were awarded in June 2021 to the American Society on Aging for their ASA Rise, a social justice and leadership program highlighted on page 15.

Within our recently launched Capacity Building and Innovations (CBI) program, Archstone Foundation has structured one of our two funding opportunities for organizations targeting racial and health equities and working explicitly to reduce health disparities in their outcomes for persons of color. The first CBI grants in the "Supporting Diverse Communities and Advancing Racial and Health Equity for Older Adults through Capacity Building and Innovations" program were awarded in February and March 2021 to Downtown Women's Center, Somang Society, and Little Tokyo Service Community Development Corporation. To learn more about our CBI program refer to page 16.



The Foundation's initial steps to incorporate DEI practices into our own internal operations include conducting a demographic survey of staff and board members, and reporting those data on GuideStar, which offers the most complete, up-to-date nonprofit data available. Members of Archstone Foundation's board are 27% Asian/Asian Americans/Pacific Islanders, 9% Black/African American/African, 18% Hispanic/Latino/Latina/Latinx, 36% White/Caucasian/European, and 9% Unknown/Decline to state. We also conducted a vendor audit to ensure that new organizations that might not have had a level playing field in the past are given a fair shot.

Although we have a long way to go toward building a more just and equitable future, diversity-focused, targeted grantmaking marks a beginning step in addressing racial and health disparities. We are committed to measuring our outcomes separately across racial and ethnic groups, looking for disparities, learning what works, and to changing our approach as we go. We will continue to listen and learn from the organizations doing this important work, and to incorporate those lessons into changing the way we conduct our work.

GRANTEE HIGHLIGHT

ASA RISE



In June 2021, Archstone Foundation awarded a three-year \$150,000 grant to American Society on Aging (ASA) to support ASA Rise, a social justice and leadership program for Black, Indigenous, People of Color (BIPOC) leaders in the field of aging.

ASA is a membership association that brings together leaders from the business, academic, government, and nonprofit communities in aging. ASA will use its membership, experience, and deep commitment to DEI to drive a long-term, focused effort to develop BIPOC leaders in the field of aging. ASA Rise is a 20-week program that will train and mentor 60 BIPOC rising leaders on fundamental principles of advocacy, social justice, and leadership development. Archstone Foundation funds support 8 to 12 California-based fellows to participate in ASA Rise.



Building Capacity and Inspiring Innovation for California Nonprofits

In August 2020, Archstone Foundation launched its new “Capacity Building and Innovations” (CBI) program. The CBI program focuses on organizations serving ethnically diverse and LGBTQ adults, aged 65 and older, and whose work aligns with the Foundation’s mission.

Two Request for Proposals (RFP) opportunities are offered annually for California nonprofits to request organizational capacity building or innovation support up to \$50,000.

Capacity Building Grants are to assist nonprofits in achieving new levels of effectiveness by helping them build systems and find resources to facilitate progress in achieving their goals. Examples of capacity building activities may include, but are not limited to planning activities, board and leadership development, technology improvements, or developing new sources of earned revenue.

Innovations Grants support the implementation, customization/modification, and/or expansion of programs that already have evidence. They are not intended to develop a new program or service from scratch.

Archstone Foundation hopes to stimulate innovation by supporting California nonprofits to:

- Explore a new idea to improve or enhance a program in a creative way
- Create a new service line that leads to potential new growth and impact
- Implement an already developed evidence-based program or explore an evidence-informed solution
- Customize an already existing innovation with reasonable evidence of its benefits
- Reach out to a new underserved population; or
- Substantially modify existing services.

Since launching the program, 10 grants totaling nearly \$465,000 were funded.

CAPACITY BUILDING

1. California Coalition for Compassionate Care – Customer Relations Management for Greater Mission Impact - \$43,494
2. Downtown Women’s Center – Closing the Healthcare Gap: Disparities in Healthcare for Women Experiencing Homelessness - \$50,000
3. Little Tokyo Service Center Community Development Corporation – Senior Services Case Management Software Project - \$50,000
4. OPICA – Capacity Building Through Technology - \$50,000
5. ONEgeneration – Intellectual/Developmental Disability (I/DD) – Alzheimer’s Disease Related Dementias Workgroup Collaborative and Training - \$50,000
6. Project Angel Food – Facilities Planning to Expand Medically Tailored Meals - \$50,000
7. Somang Society – Staff Development for Serving Korean American Older Adults During COVID-19 - \$50,000
8. Saint Barnabas Senior Center of Los Angeles – Sustainable Leadership: Board and Staff Development - \$27,390



INNOVATIONS

9. Saddleback Memorial Foundation – Hospital Elder Life Program - \$44,000
10. Via Care – Medication Therapy Management Program - \$50,000

CAPACITY BUILDING - GRANTEE HIGHLIGHT

Coalition for Compassionate Care of California

Coalition for Compassionate Care of California (CCCC) received a capacity building grant to implement a new Customer Relationship Management (CRM) system. With Archstone Foundation support, CCCC purchased and implemented iMIS Cloud, which allows CCCC to engage with their consumers, funders, members, and stakeholders, while streamlining administrative functions and enhancing engagement activities. iMIS also allows CCCC to create a website that is fully integrated with the new CRM system, including automated event registration and an online store. CCCC will also be able to automate online donations and product sales in one seamless system.

INNOVATIONS - GRANTEE HIGHLIGHT

Via Care Community Health Center, Inc.

Via Care Community Health Center (Via Care), Inc. received an innovations grant to expand its Medication Therapy Management (MTM) program to low-income Latino older-adult patients with multiple chronic diseases. MTM is an evidence-based, patient-focused care management program that incorporates a clinical pharmacist as a key component to the medical care team to reduce the risk of poor health outcomes and negative medication reactions due to inappropriate prescribing and polypharmacy. The MTM program is tailored to address the unique needs of Latino older adult patients through cultural and linguistic competency, caregiver support, at-home visits through telehealth, medication delivery to the patient's home, and referrals to a myriad of services. The overall goal of the program is to improve the quality of life of low-income Latino older adults by helping them and their caregivers make the best use of medications. Start-up funds support the Clinical Pharmacist while earned revenue can support the program.



Addressing Emerging and Unmet Needs

**A BOLD BLUEPRINT
FOR AGING**

Archstone Foundation integrated Responsive Grantmaking as an important strategy to meet the emerging and unmet needs of California’s aging population and those who serve them.

Over the past two years, Responsive Grantmaking focused primarily on the California Master Plan for Aging and COVID-19.

MASTER PLAN FOR AGING

In June 2019, Governor Gavin Newsom issued an Executive Order that affirmed his priority of the health and well-being of older Californians and the need for policies that promote healthy aging. It also called for a blueprint for state and local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and to continue California’s leadership in aging, disability, and equity. Following an 18-month planning process, California’s Master Plan for Aging was released January 6, 2021.

The Plan represents a 10-year commitment to improving how we all age in California. It identifies goals, strategies, and action ready initiatives to ensure that the changing landscape for California’s 10.8 million older adults in

2030, and their caregivers, is planned for in partnership, and with older adults’ well-being in mind. It also includes a Local Playbook to drive collaboration that will help us meet these goals together.

Archstone Foundation is one of eight foundations to sign a Memorandum of Understanding with the state to support the development and implementation of the Master Plan. Others include include Gary and Mary West Foundation, Irvine Health Foundation, Metta Fund, Rosalinde and Arthur Gilbert Foundation, The SCAN Foundation, The San Diego Foundation, and May and Stanley Smith Charitable Trust.

To begin moving toward the vision of improving aging in California over the next decade, the Plan proposes 132 initiatives for leaders in government, business, philanthropy, and community-based organizations to collaborate on creating age-friendly communities for all Californians. These initiatives have been further specified and supported in the FY 2021-2022 budget approved in June 2021. The Governor’s approved budget also includes infrastructure support for aging to expand at the state level. This support includes \$602,000 for the creation of an Office of Medicare Innovation and Integration within the Department of Health Care Services and \$3.3 million for the Department of Aging to provide management and information technology support to implement the Master Plan for Aging.



COVID-19

Since March 2020, the COVID-19 pandemic has highlighted gaps that have long existed in our health and social care systems, and in particular, gaps that impact older people, people of color, and those who are poor. When the pandemic hit, community-based organizations were forced to pivot to meet the shifting health, social, and economic needs of the older people they serve. Those shifts included moving from in-person to virtual programs, changing the way meals are provided, altering how health care is delivered, and a new reliance on technology to name a few. For older adults, some of their highest priority needs included staying socially connected, affording and access to basic needs (e.g., food, housing, transportation, medication) and access to and support with technology.

To meet those needs, Archstone Foundation shifted how we work and what we fund to better support our partners and those they care for. Early on, program officers contacted grantees to offer the option to convert a portion of their budget to general operating support so they could respond to their immediate needs. Few organizations converted funds; however, some did need to sacrifice long-term activities for short-term needs. For example, one grantee was awarded a grant a week prior to the start of the Safer at Home ordinance. Their programmatic goals included caregiver outreach and education, and to begin working with a healthcare consultant to develop greater organizational capacity for data sharing, pricing of services, and invoicing, all of which were unlikely to be completed. Much of their funding was converted to general operating support and programs.

The Foundation also consolidated reporting requirements to lessen the administrative burden on grantees, a practice that will continue post-COVID. Grantees now report on their progress at six-months instead of quarterly intervals. Archstone Foundation's Board of Directors also approved four COVID response grants totaling nearly \$260,000. Grants were awarded to California State University Los Angeles, LA Net, Alliance for Leadership and Education, and Leading Age.



**ADDING TO
OUR LEGACY**

Winding Down Our Long-Standing Issue Areas

Aging in Community



Exploring New Approaches and Partnerships to Enable Older People to Remain in their Homes and Communities

California is home to over 8.6 million adults 60 and older. By 2030, when all the Baby Boomers have reached age 60, there will be an estimated 10.8 million older Californians. California's demographics are also changing – they are becoming more racially and ethnically diverse, and food insecurity is also on the rise for older Californians. Nearly 40 percent of low-income Californians over the age of 60 are food insecure. The confluence of these trends encouraged Archstone Foundation to think more intentionally about how to enable older adults to remain in their homes and communities. Intentional projects funded focused on social determinants of health; in particular, food insecurity. A few of these projects include:

Increasing Food Resources for Older California's Through Policy and Advocacy

According to a 2021 report from the California Policy Lab at UC Berkeley, people are six times more likely to leave CalFresh in months they are required to complete the paperwork to confirm their eligibility, and an estimated 500,000 income-eligible households leave the CalFresh program every year. With support from Archstone Foundation, California Food Policy Advocates (CFPA), now Nourish California made significant progress in their approaches to simplifying the CalFresh application process for newly

eligible older adults. Through their work, CFPA learned that the CalFresh application length and complexity was a leading reason why older people do not complete the application process. Applications are 18 pages in length. Other states like Massachusetts have a three-to-four-page application for older adults. CFPA succeeded in simplifying the application process for older adults at the start of the pandemic and continued their advocacy efforts to create a simplified application for older adults and people with disabilities. In July 2021, the Governor approved \$100,000 in the state budget for one-time spending on automation that will support a simplified CalFresh application and telephonic access. CFPA's advocacy efforts also led to the removal of the CalFresh Annual Report requirement for 600,000 CalFresh recipients and all future older adult enrollees who have no earned income.

Impact of SNAP on Health Outcomes in a High-Risk Older Adult Population

University of California San Francisco's Center for Vulnerable Populations continues their evaluation work examining the extent to which SNAP benefits improve health outcomes, reduce health care expenditures, and improve the capacity to age in place among older adults. This evaluation examines the impact of the end

of California's Cash Out policy in 2019, resulting in over 400,000 older adults being newly eligible to receive CalFresh benefits and requires the merging of data from the Department of Health Care and Social Services. When Archstone Foundation funded this project, data access and sharing was not commonplace among state departments and with outside organizations. Two years later, the California Health and Human Services Agency has launched a new center, the Center for Data Insights and Innovation that is looking at how data can be shared in a more systematic and effective way. UCSF's SNAP evaluation is being used as one of the two pilot projects selected to test the states new data integration efforts.

Medi-Cal Medically Tailored Meals Pilot Program

With Archstone Foundation support, and \$6 million in approved funding through Senate Bill 97, Project Open Hand managed the launch of the first-in-the-nation, Medi-Cal Medically Tailored Meals (MTM) Pilot Program to address the nutritional needs of California's critically ill, high-health care utilizers. The MTM Pilot is implemented by the California Food is Medicine Coalition (CalFIMC) and is overseen by the Department of Health Care Services. The Pilot serves as a demonstration of benefits aimed at

reducing hospital readmissions, decreasing emergency department utilization, and improving medication adherence for Medi-Cal recipients. Results could be used by decisionmakers to continue and expand the MTM benefit within the Medi-Cal program, and perhaps even encourage other healthcare stakeholders to undertake similar measures. CalFIMC has exceeded their goal of enrolling 1000 participants and ensuring that the California Advancing and Innovating Medi-Cal multi-year initiative, CalAIM, includes MTM and Medically Supportive Food as an in-lieu of service Community Benefit.

GRANTEE STORY

California Food is Medicine Coalition

California Food is Medicine Coalition is an advocacy and policy coalition of six statewide agencies across eight counties: 1.) Project Open Hand (San Francisco, Alameda, and San Mateo County); 2.) Ceres Community Project (Sonoma County); 3.) Mama's Kitchen (San Diego County); 4.) Food For Thought (Marin County); 5.) The Health Trust (Santa Clara County); and 6.) Project Angel Food (Los Angeles County).

PROJECT OPEN HAND

Medically Tailored Meals Pilot Program

Mr. Moser lives in Los Angeles County and is one of the over 1000 low-income Californians who participated in the Medical Medically Tailored Meals (MTM) Pilot Program at no cost to him. As a participant in the Pilot, he received three meals a day from Project Angel Food, one of the six CalFIMC agencies participating in the pilot. In addition to receiving three MTM a day delivered to his home, Mr. Moser also received a nutritional guide for every meal. This helped Mr. Moser understand portion control so when he transitions off the program, he knows how to shop and cook for himself. As a participant in the pilot, Mr. Moser also received four nutrition therapy sessions over the 12-week pilot from a Registered Dietician (RD). This helps the RD understand Mr. Moser's dietary habits and to track his progress. Through these sessions, Mr. Moser learns how to manage his diet and dietary restrictions for his congestive heart failure.



Depression in Late-Life



Advancing Collaborative Care Approaches to Improve the Quality of Life of Older Adults Suffering from Depression

The growing number of older people in the United States continue to make critically needed contributions to, and serve as essential parts of, our families and communities. Unfortunately, many of us face significant mental health challenges that limit our ability to live full and meaningful lives. Major depression affects up to 10% of older adults seen in primary care clinics, and up to 30% of older adults with chronic medical illnesses. This past year has shown the essential role that caregivers provide and the need to address the difficult caregiving-related issues facing society, especially as our population continues to grow and become more racially and ethnically diverse.

With the knowledge and experience that primary care is the right place to address and treat depression, Archstone Foundation launched its “Depression in Late-Life Initiative.” The goal is to improve the quality of life for older adults suffering from depression by supporting pilot projects that seek to partner primary care health clinics with community-based organizations and/or family members to deliver improved depression care, known as Care Partners.

Since 2015, seven Care Partners project sites have enrolled more than 1000 older adults in partnered collaborative care for depression. Of these older adults enrolled in the treatment program, approximately half have achieved a clinically significant improvement in their depression score

(greater than 5-point improvement). These improvements result in care that is roughly two times better than usual depression care in the United States.

Guiding this work is our belief that involving community partners in depression care has the promise to improve:

- Access to care
- Engagement in treatment
- The patient experience
- Care quality; and
- Addressing social determinants of health.

The overall aim for the Initiative is to produce innovative approaches to late-life depression care that can be replicated in similar sites in California, and beyond. Sites are working to actively engage either a community-based organization or a family-member care partner in improving depression care at a primary care clinic. To provide expert technical assistance, planning, and evaluation, Archstone Foundation has partnered with the University of Washington (UW) and UC Davis. During the past two years, Archstone Foundation has continued to provide support for innovative partnerships across California to address and treat depression.

COVID-19 Response – Stay Connected

In response to COVID-19, the Care Partners Depression in Late-Life project sites across California rapidly re-tooled their responses and approaches to make sure that clients and patients are receiving the support they need. Once shelter in place orders took effect in California, each of the seven Care Partners sites immediately began to provide telephone and other telemedicine outreach to currently enrolled patients.

In addition, technical assistance experts from the University of Washington quickly developed and launched the Stay Connected program, which involves outreach and support to older adults experiencing greater isolation due to the COVID-19 pandemic. During the outreach call, providers are especially listening for: concerns about finances, food, medication, and/or supplies; increased isolation and loneliness; and emotional distress, depression, and/or anxiety. Providers then address urgent patient concerns, using local resource lists. Urgent concerns may include requests for help finding food (for example, grocery delivery for older adults who relied on the bus to get groceries), obtaining or taking medication, supplies, or housing.

Model Dissemination through a Learning Collaborative

In January 2021, Archstone Foundation partnered with University of Washington and UC Davis to launch a Learning Collaborative. The objective of the Learning Collaborative is to support other clinics in California and beyond interested in implementing effective late-life depression care based on the innovative models that have been developed through the Care Partners project. Four sites were selected for one-year seed funding of \$30,000, beginning in July 2021, to launch new collaborations in their communities.

GRANTEE STORY

Neighborhood Healthcare

Partnering to address depression and social determinants of health among older adults

Neighborhood Healthcare (NHcare) is a private, non-profit Federally Qualified Health Center that has been providing health care services since 1969 in San Diego and Riverside Counties to those who are low-income, medically underserved, and un/underinsured. In their Care Partners project, they partnered with Interfaith Community Services (Interfaith). Together, NHcare and Interfaith worked collaboratively to actively address social determinants of health for patients with depression.

NEIGHBORHOOD HEALTHCARE AND INTERFAITH COMMUNITY SERVICES

Care Partners Project Sites

Mr. Pérez, a 72-year-old living in Escondido, says he will never forget the day he went to the hospital complaining of abdominal pain. After several tests, he was diagnosed with renal failure and multiple myeloma. He says that hearing the news felt like being punched in the stomach and having the wind knocked out of him. It was almost too much to take in.

Mr. Pérez was in the hospital for over a month. After he was discharged, he needed dialysis three times per week and chemotherapy once per week. He was also facing medical financial hardship because of the cost of his cancer diagnosis and treatment, and was forced to move out of his apartment, leaving him devastated and deeply depressed.

The care coordinator began meeting with him weekly to help him search for affordable housing, while providing bags of food, and working to treat his depression. After several months he was approved at a new affordable housing



building. Today, he is living safely in his new home and his depression has been addressed. Mr. Pérez says, “now I can live in peace, knowing that I have a safe place to live for the rest of my life.”

Family Caregiving



*Developing Innovative Responses to the
Family Caregiving Needs of Elders*

Caregiving is an issue that continues to touch almost every life in America and is unique to one's own personal journey. In California, there are 4.5 million family caregivers aiding family members with disabilities or other care needs.

Although family caregivers play an integral role in health, home, and community care for older adults, family caregiving has not been effectively addressed in public and private sector initiatives to improve care. Issues in family caregiving are often an afterthought when it comes to planning and implementing new delivery systems for health care and long-term services and supports. This past year has shown the essential role that caregivers provide and the need to address the difficult caregiving-related issues facing society, especially as our population continues to grow and become more racially and ethnically diverse.

Archstone Foundation has a long history of supporting family caregiving programs by funding policy and program development, respite services, and training programs. In understanding the vitally important role of family caregivers, Archstone Foundation provided support for several continuing grants to build upon prior efforts. Grants include continued support for the addition of a family caregiver module for the 2019-2020 California Health Interview Survey (CHIS) administered by the UCLA Center for Health Policy Research. The inclusion of a family caregiver module in the CHIS 2019-2020 survey

provided a timely response for the current and ongoing need for statewide caregiver data in the Data Dashboard for Aging. With Archstone Foundation's support, caregiver questions will also be included in the CHIS 2023-2024 survey.

With the understanding that family caregivers need support and resources to provide care, the Foundation continues to fund the Palliative Care Quality Collaborative (PCQC) in their efforts to improve the supports provided to family caregivers of the patients served by palliative care member teams. PCQC member sites have refined, and tested family caregiver needs assessments and have updated the caregiver resource, "Essential Tips for Caregiving" with versions in Spanish and Chinese. As this resource and caregiver assessments are utilized throughout the PCQC, these resources align with one of the Master Plan for Aging's caregiver strategies, to increase caregiving support, specifically through the palliative care team's interactions with caregivers.

Archstone Foundation continues to support the caregiver training and education component of the Alzheimer's and Dementia Care program, the Improving Caregiving for Dementia (I-CareD) project, where caregivers are triaged into individually tailored training paths that include one or more components, depending upon the caregivers' needs. The primary focus is on caregivers who



are unable to attend in-person programs and caregivers who speak Spanish in their homes. A program offering I-CareD is the Caregiver Bootcamp, an intensive one-day training led by UCLA experts in dementia care and supplemented by skill-based, interactive standardized patient stations with an on-site support group. As a result of the COVID-19 Pandemic Stay-at-Home order, the Caregiver Bootcamp for Spanish-speaking caregivers was provided through an online Zoom platform with an optional add-on opportunity for a caregiver support group after the training.

GRANTEE STORY

Alzheimer's Family Center

Caregivers often experience burden, stress, and depression from the responsibilities encountered in caring for older adults with functional, cognitive, and sensory impairments. Adult Day Services provide safe, stimulating, and therapeutic environments for those needing care, while their caregivers work or tend to other responsibilities. Alzheimer's Family Center, funded through the Foundation's *Supporting Family Caregivers of Older Adults through Adult Day Services Initiative*, provided counseling for family caregivers to increase their knowledge on the disease process of their family member, strategies to cope with stress and anxiety, and it provided self-awareness of their own caregiving journey.

ALZHEIMER'S FAMILY CENTER Adult Day Services Initiative

According to **Mrs. Sanchez**, “My counselor is a remarkable asset to my own learning about Alzheimer’s in general and my understanding and dealing with my husband’s current condition. He introduced me to the concept of anticipatory grief, and how I can cope with it through personal resources and strengths I already possess and some I am developing through my own experience with the disease. He is an excellent counselor, and I am in a different frame of mind and heart as we end these counseling sessions. Having a solid, knowledgeable listener made a tremendous difference in my outlook and on my own coping and how to move forward as a more effective and aware care partner and wife.”





**OUR FUNDED
PARTNERS**

**Archstone Foundation
awarded a total of 30 new grants
during fiscal years
2020 and 2021**

Our Funded Partners

Archstone Foundation awarded a total of 30 new grants during fiscal years 2020 and 2021. In addition, the Foundation continued to support multi-year grants awarded in prior fiscal years, these organizations are listed below under continuing grants. | Audited financials and funding guidelines may be viewed at www.archstone.org.

NEW GRANTS

Alliance for Leadership and Education

COVID-19 Emergency Response
\$50,000

Alliance for Leadership and Education

Supporting Resilience and Building Community Through Educational Webinars
\$25,000

Alzheimer's Greater Los Angeles

Skills Training & Education for Underserved Caregivers: Expanding Capacity to Serve
\$204,981

American Society on Aging

Virtual AiA20
\$25,000

American Society on Aging

ASA Rise
\$150,000

California Food Policy Advocates

Moving to Yes: Removing Barriers to Data Sharing to Connect Older Adults with Food Resources
\$14,132

California Health and Human Services Office of Health Information Integrity

State Health Information Guidance (SHIG)
\$71,466

California State Los Angeles University Auxiliary Services

Developing and Integrating COVID-19 Content for a Health Communication App
\$57,174

Catchafire

Capacity Building Program for Grantee and Applicants
\$80,000

Coalition for Compassionate Care of California

CCCC's 12th Annual Summit
\$10,000

Coalition for Compassionate Care of California

New CRM for Greater Mission Impact
\$43,494

Downtown Women's Center

Addressing Age/Race Disparities in Health Care Provision for Women Experiencing Homelessness
\$50,000

Grantmakers In Health

Strengthening Healthy Aging Philanthropy
\$75,000

LA Net Community Health Resource Network

Supporting Virtual Communities of Care During COVID
\$100,000

LeadingAge California Foundation

COVID-19 Emergency Response
\$50,000

ITSC Community Development Corporation

Senior Services Case Management Software Project
\$50,000

ONEgeneration

ONEgeneration I/DD-ADRD Workgroup Collaborative and Training Program
\$50,000

OPICA Adult Day Program and Counsel

OPICA Capacity Building Through Technology
\$50,000

Partners in Care Foundation, Inc.

Developing a CHW Workforce to Address the Social Determinants of Health
\$480,000

Project Angel Food

Facilities Planning Project to Expand Home-Delivered Medically Tailored Meals Program
\$50,000

Saddleback Memorial Foundation

Saddleback Medical Center's Hospital Elder Life Program (HELP)
\$44,000

Saint Barnabas Senior Center of Los Angeles

2020 Summit on Aging
\$16,500

**Saint Barnabas Senior Center
Of Los Angeles**

Conference Grant - 2020 Aging
Into the Future Conference

\$15,000

**Saint Barnabas Senior Center
Of Los Angeles**

Sustainable Leadership: Board
and Staff Development

\$27,390

Somang Society

Staff Capacity Development for Better
Serving Korean American Older Adults
During COVID-19 Pandemic

\$50,000

**The Center for Effective
Philanthropy Inc**

20th Anniversary Virtual Speaker Series

\$25,000

The SCAN Foundation

California Master Plan for Aging

\$350,000

UCSF Foundation

GeriPal: A Geriatrics and Palliative
Care Podcast and Blog

\$165,000

University of Southern California

Elder Abuse Curriculum for Medical
Residents

\$401,970

**Via Care Community Health
Center, Inc.**

Medication Therapy Management
for Older Adults

\$50,000

CONTINUING GRANTS

AbilityFirst

Warm Water Aquatics Program

\$15,000

Alzheimer's Family Services Center

Adult Evening Health Services &
Caregiver Counseling

\$300,000

Alzheimer's Orange County

Building Family Caregiver Support

\$300,000

Benjamin Rose Institute on Aging

Online Resource for Comparing
Evidence-Based Dementia
Caregiving Programs

\$200,000

Bet Tzedek

Family Caregiver Project Expansion

\$525,000

California Food Policy Advocates

Increasing Food Security for
California's Older Adults Through
Policy Connections

\$350,000

**California State University,
Long Beach Research Foundation**

Systematic Innovations in Serving
the Needs of Older Adults at
American Gold Star Manor

\$52,500

Catholic Charities of Los Angeles, Inc.

OASIS Program Expansion

\$149,995

Community SeniorServ

Family Caregiver Support

\$300,000

Conejo Free Clinic

Senior Dentistry Program

\$15,000

**County of Sonoma, Human
Services Department**

Care Partners, Phase II: Sonoma Care
Collaborative Continuation Project

\$250,000

**County of Sonoma, Human
Services Department**

Sonoma Care Collaborative
Expansion Project

\$375,000

**Depression and Bipolar Support
Alliance**

Care Partners, Phase II: Senior
Strength - Peer Support Services
in Collaborative Care

\$375,000

**El Sol Neighborhood
Educational Center**

Care Partners, Phase II: San Bernardino
Depression in Late-Life Program II

\$250,000

Family Health Centers of San Diego

Care Partners, Phase II: Community
Collaborative Care Program - Logan
Heights Family Health Center

\$250,000

Grantmakers In Aging, Inc.

Engaging Philanthropy in Aging

\$150,000

Grantmakers In Aging, Inc.

Leadership for the Future and Long
Beach Conference Grant

\$480,000

Grantmakers In Health

Continuation - Strengthening
Healthy Aging Philanthropy

\$199,023

HELP of Ojai

Isolated Senior Program

\$60,000

Hunger Action Los Angeles

Ending SSI Cash Out

\$26,364

Kaiser Foundation Hospitals

Care Partners, Phase II: Enhanced
Depression Care Management

\$374,852

**National Academy of Sciences,
Engineering and Medicine**

Integrating Social Needs Care into
the Delivery of Health Care to
Improve the Nation's Health

\$250,000

**National Center for Healthy
Housing Inc.**

Aging Gracefully

\$133,552

National Hispanic Council on Aging

California Regional Conference

\$10,000

Neighborhood Healthcare

Care Partners, Phase II: Depression
in Late-Life Project

\$375,000

ONEgeneration

Expanded Caregiver Support Program

\$300,000**OPICA Adult Day Care Center, Inc.**

Care for the Caring: Empowering the Caregiver

\$300,000**Pathways Volunteer Hospice**

Care Navigation Program Collaboration

\$404,634**Project Open Hand**

Medi-Cal Medically Tailored Meals Pilot Program

\$686,484**Rebuilding Together Mountain Communities**

Rebuilding Day 2020 and Emergency Home Repairs

\$15,000**Saint Barnabas Senior Center of Los Angeles**

Los Angeles Aging Advocacy Council Summit on Aging

\$15,000**San Francisco Village**

California Village Coalition - Phase Two

\$718,465**Somang Society**

Staff Capacity Development for Better Serving Korean American Older Adults During COVID-19 Pandemic

\$15,000**St. Paul's Retirement Homes Foundation**

St. Paul's PACE - East County Expansion

\$300,000**The Gerontological Society of America**

Sustaining the ReFraming Aging Initiative

\$160,000**The Los Angeles LGBT Center**

Supporting LGBT Seniors and Caregivers

\$25,000**The UCLA Foundation**

Archstone Foundation Endowed Chair Expansion in Geriatrics and Gerontology

\$1,000,000**University of California, Davis**

Supporting Family Caregivers of Persons with Dementia (Phase I)

\$224,902**University of California, Davis**

Care Partners, Phase II: Family Partnership Project

\$324,999**University of California, Los Angeles**

Older Adult Mental Health Workforce Policy Briefs

\$55,000**University of California, Los Angeles**

California Health Interview Survey: Family Caregiver Module

\$510,000**University of California, Los Angeles**

Improving Caregiving for Dementia II (I-CareD II)

\$200,000**University of California, San Francisco**

Improving Family Caregiver Support Through the Palliative Care Quality Network

\$270,000**University of California, San Francisco**

Impact of SNAP on Health Outcomes in a High-Risk Older Adult Population: A Study to Drive Advocacy Efforts

\$399,793**University of Southern California**

California Task Force on Family Caregiving

\$180,000**University of Southern California**

Adding a Service Advocate to the Elder Abuse Forensic Center Team: Implementation and Evaluation

\$70,000**University of Southern California**

Teaching Caregivers How to Prevent Elder Abuse via Technology (KINDER)

\$245,646**University of Southern California**

ReFraming Elder Abuse

\$432,147**University of Washington**

Care Partners, Phase II: Bridging Families, Clinics, and Communities to Advance Late-Life Depression

\$3,289,961

**OUR
LEADERSHIP**

A change is brought
about because ordinary people
do extraordinary things.

BARACK OBAMA

Honoring Long-Standing Leadership



Diana M. Bontá, RN, DrPH (Chair) served on Archstone Foundation's Board of Directors from 2010 – 2021 and as Chair from 2018 – 2021.



Hon. Lynn Daucher served on Archstone Foundation's Board of Directors from 2009 – 2020.



Hon. Renee B. Simon, MS, MLS served on Archstone Foundation's Board of Directors from 1991 – 2021 and as Chair of the Proposal Review Committee from 1995 – 2021.

Welcoming New Board Leadership



Angela Coron, MPH

Angela is the Managing Director of Community Benefit, Kaiser Permanente, and is responsible for improving the Community Benefit programs and services.



John Feather, PhD

John served as the Chief Executive Officer of Grantmakers In Aging, the national association of grantmaking foundations and organizations that work to improve the lives of older people.



Tammy Funasaki, MBA

Tammy is the Head of Investor Relations at Breakwater focused on managing all fundraising and investor relations activities relating to Breakwater's funds and co-investment efforts.

Our Board of Directors



**Diana M. Bontá,
RN, DrPH**

Board Chair
Board member since 2010
President and CEO
The Bontá Group
Term Ended: June 30, 2021



**Heather M. Young, PhD,
RN, FAAN**

Vice Chair
Board member since 2019
Professor and Dean Emerita
Betty Irene Moore School
of Nursing, University
of California, Davis



Hon. Lynn Daucher

Board member since 2009
Former Director
California Department
of Aging
Term Ended: June 30, 2020



Cynthia D. Banks

Board member since 2019
Former Director
Los Angeles
County Workforce
Development, Aging and
Community Services



Angela Coron, MPH

Board member since 2020
Managing Director
Community Benefit
Kaiser Permanente

Continued on next page



John Feather, PhD

Board member since 2020

Former Chief Executive
Officer, Grantmakers
In Aging



Tammy Funasaki, MBA

Board member since 2020

Head of Breakwater
Investor Relations



**Christopher A.
Langston, PhD**

Board member since 2019

President and CEO
Archstone Foundation
Ex-officio



Amye L. Leong, MBA

Board member since 2010

President and CEO
Healthy Motivation
Term Ending: June 30, 2022



Theresa J. Marino

Board member since 2019

Former Manager, Bureau
of Public Community Health
City of Long Beach Department
of Health and Human Services



**Hon. Renee B. Simon,
MS, MLS**

Board member since 1991

President, Institute for
Management Communications
Term Ended: June 30, 2021



Rocky Suarez, CFP®

Board member since 2002
Immediate Past Board Chair

Managing Partner
Pacific Coast Capital
Management

Term Ending: June 30, 2022



Peter C. Szutu, MPH

Board member since 2011

Former President and CEO
Center for Elders
Independence

Term Ending: June 30, 2022

Our Team



Tanisha Davis, MAG
Grants Manager



**Jolene Fassbinder,
MSG, MACM**
Program Officer



**Mary Ellen Kullman,
MPH**
Vice President



**Jasmine Lacsamana,
MPH**
Program Officer



**Christopher A.
Langston, PhD**
President and CEO



Connie Peña
*Bookkeeper / Executive
Assistant*



Laura Rath, PhD, MSG
Senior Program Officer



When we listen and celebrate
what is common and different,
we become a wiser, more inclusive,
and better organization.

PAT WADORS



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Point of View: <https://archstone.org/blog/>

