THE ARCHSTONE FOUNDATION

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

Our resources are used to help all
generations plan for the aging process and
support programs addressing the needs of
the elderly in three areas:
1 healthy aging and independence,
2 quality of life within institutional
   settings, and
3 issues at the end-of-life.
Five years ago the Board decided to redirect the funding priorities of the foundation from health concerns in the entire life cycle to those in the later stages of life. Our vision was to prepare society for the aging process. During those five years, Archstone has become recognized as a grantmaking leader in the field of aging. We are one of the few foundations that direct all of our grantmaking resources to aging concerns.

In 1995, 12.76% of the United States population was age 65 and over. That figure will grow to 20% by 2030. By 2040, according to the Census Bureau, there will be over 26.3 million Americans age 80 or over. These demographic trends will place unprecedented demands on the nation's caregivers.

In fiscal year 2000 Archstone awarded 50 new grants and provided over $4.5 million in support of our mission to contribute toward the preparation of society in meeting the needs of an aging population.

In awarding our grants, we recognize that aging is intergenerational and is experienced by the young, the middle-aged, the old and the very old alike. Therefore, our grants support:

1. professional training in gerontology;
2. education for caregivers to the elderly;
3. public policy information;
4. community programs on aging;
5. conferences on key issues in aging; and,
6. the systems needed to support an aging population. We also continue to support Grantmakers in Aging to raise awareness among our colleagues in the field of philanthropy.

However, our focus is on the ultimate beneficiaries of our aging programs—the elderly themselves, and in particular, those elders in need. This annual report exemplifies that focus. Archstone continues to seek new and innovative programs, as well as collaborating with other foundations, to meet the needs of the elderly. But, we are also committed to doing our part to help meet the basic needs of our seniors and to galvanize our grant making efforts to address those needs.

Therefore, the Board of Directors and Staff of Archstone are committed to funding proposals to:

1. Keep the frail elderly in their own homes and communities for as long as possible,
2. Improve their quality of life once institutionalized, and
3. Address end of life issues.

We also recognize that the critical issues and process of aging in California and the nation are changing, and we are committed to making that change better.

John T. Knox
Chairman
Joseph F. Prevratil
President and Chief Executive Officer

STAFF
Mary Ellen Kullman Courtright, M.P.H.
Vice President and Program Officer
Herman Atienza
Program Assistant
Karla De La Torre
Communications and Research Associate
Denise Schulz
Office Supervisor
Tiffany Pinkelman
Administrative Assistant

ADVISORS
Lawrence H. Nagler, J.D.
General Counsel
Nagler & Associates
Ken Cecil, C.P.A.
Accountant
Murchison & Marek
KPMG LLP
Auditors
FUNDING PRIORITIES AND APPLICATION PROCEDURES

THE ARCHSTONE FOUNDATION was created in 1985 as a private grantmaking foundation with a focus on the broad issues of health. The Foundation directs its grantmaking activities toward programs which improve the health and well being of the elderly and their caregivers, in particular maintaining independence in the community for as long as possible, improving the quality of life when in an institutional setting, and improving the end-of-life experience.

The majority of the foundation’s funds are directed to programs in the Southern California region. Demonstration projects and programs with regional or national impact will be considered from other parts of the country. Proposals are accepted throughout the year, with funding decisions being made by the Board in September, December, March and June.

APPLICATION PROCEDURE FOR UNSOLICITED PROPOSALS

Initial contact with the Foundation should be in the form of a short proposal, which should include:

• Contact information and a descriptive project title;
• A brief executive summary;
• Background on the issue or need to be addressed;
• Background of the organization and its capacity to undertake the work;
• A project description, including the goals, objectives, timeline and specific activities to be funded;
• A plan for evaluation and the anticipated outcomes of the project;
• A plan for continuance or self-sufficiency for the project upon the completion of the proposed grant (if appropriate);
• Detailed budgets for the proposed grant and the project overall. Multi-year grants should include annual budgets. Please round requests to the nearest hundred.

One master copy should be submitted with a copy of the organization’s most recent IRS determination letter showing the 501(c)(3) status. The most recent 990 return and audit should also be included. A copy on a disk readable in MSWord or Word Perfect is requested. Faxed or e-mailed proposals will not be accepted. The narrative of the proposal should not exceed eight pages.

Unsolicited proposals are accepted on an ongoing basis. The review process is completed once a quarter and generally requires four months from receipt of the proposal to funding. An initial review is made by staff at which time additional information may be requested. Proposals meeting the guidelines and focus of the Foundation are then reviewed by a Proposal Review Committee, which meets once a quarter. This committee will then refer a slate of proposals to the Board of Directors for consideration. The Board meets in September, December, March and June to make funding decisions. The Foundation will also periodically issue Requests for Proposals (RFP) on specific topics. These RFPs have a separate review process and timeline.

GEOGRAPHICAL FOCUS

In recognition of the source of the Foundation’s endowment, priority is given to proposals serving the Southern California region. Proposals from other areas are considered if they serve the state as a whole, are demonstration projects with potential for replication in California, or have a regional or national impact. Projects which have the potential to improve practice in the field will also be considered.

EXCLUSIONS

Support will not be granted for:

• Organizations without a 501(c)(3) designation or individuals (although some government-sponsored projects may be considered);
• Biomedical research;
• Capital expenditures, “bricks and mortar” or building campaigns;
• Endowments or fundraising events.

Proposals should be directed to:
Mary Ellen Kullman Courtright, M.P.H.
Vice President and Program Officer
Archstone Foundation
401 E. Ocean Blvd., Suite 1000
Long Beach, CA 90802
Telephone: (562) 590-8655
Facsimile: (562) 495-0317
E-mail: archstone@archstone.org
ADULT DAY SERVICES OF ORANGE COUNTY

When I get to the center, Judy has coffee and juice ready – and we all visit. At first I didn’t know anybody. Now I consider them all my interesting friends. We talk about everything – our lives, our families, the news – and about what’s happening to our brains. I can’t totally believe I have Alzheimer’s disease. I know I’m forgetful, but I don’t feel any different.

I want to fight my disease. Judy gets us involved in activities that help our memory. I’ve learned cues to help me remember the names of my friends at the center. Sometimes we practice the names of famous faces and places; other times we play games like Password. We use a trivia game to help people remember words. If a tool isn’t used, it gets rusty. If the mind isn’t used, it decays. This program puts ideas under your ken.

I must admit it’s hard to practice things that came automatically before. After class, Judy changes the pace, taking us out for a walk at a park or the beach. One of the best parts of the day is going to the Blue Water Grill in Newport Beach or one of our other favorite restaurants. When we get back to the center, we are ready for another class, art therapy or a group discussion. It just seems that everyone has an interesting story to tell. When I go home, now I have something to share.

I feel the best when I do come because of the activities and the companionship. I realize I’m not alone in this Alzheimer’s disease thing and that everyone here is caring. There is no pressure.”

“Now that I have Alzheimer’s disease, most people talk about me, not with me. It’s rare that I get a chance to let others know what life is really like for me. Since my diagnosis, I’ve had to give up driving and hardly see my old friends any more. If someone’s not telling me what to do, they’re trying to do it for me.

But not at the center . . . My wife reminds me I’ve been coming for six months. When I first came, I was reluctant in the morning, but by the end of the day I was loving it.

Alzheimer’s is a progressive disease. At first, families try to handle full-time caregiving on their own. As dementia progresses, caregivers find themselves sandwiched between jobs, their families and the demands of caring for a frail elder. Every day families trust the Adult Day Services of Orange County (ADSOC) with their most treasured possessions . . . their loved ones.

ADSOC provides hope for persons in the earliest stages of dementia through the Adult Activities Center (AAC). With funding from The Archstone Foundation, ADSOC created the AAC to fill the gap in services for early stage individuals and their families.

AAC programs help to combat two symptoms that have been identified as early indicators of Alzheimer’s disease. The AAC programs help to combat two symptoms that have been identified as early indicators of Alzheimer’s disease and may precede memory and other cognitive problems by two to three years — apathy and social withdrawal. Having seen the benefits of specialized activities for persons with dementia, ADSOC knew more could be done for those in the early stages of Alzheimer’s disease and proposed to develop the AAC.

These early stage individuals are not looking for recreational activities, but for ways that they can fight the disease. As a result, this project developed a two-tier program where participants in the earliest stages receive specific, non-pharmacological, interventions to enhance their cognitive functioning. When these participants are no longer able to benefit from these interventions, they are shifted to the second tier. At this level, participants are losing the verbal and cognitive abilities needed in the first tier, but remain relatively independent.

These participants, while growing increasingly impaired, do not yet require the high level of supervision or assistance provided in ADSOC’s traditional social day care and adult day health care programs.

By developing this two-tier model program for early stage participants, ADSOC has been able to provide a full continuum of care from the earliest to the latest stages of dementia. This is a model of older adult care that has gone far to provide the flexible programs needed to address the progressive nature of Alzheimer’s disease.

In Orange County, over 40,000 older adults have dementia. Projections have the number of persons affected by Alzheimer’s disease quadrupling by the year 2040. These families need help.

Resources:
For more information, contact:
Cordula Dick-Muehlke, Ph.D., Executive Director
Adult Day Services of Orange County
9451 Indianapolis Avenue
Huntington Beach, CA 92646
(714) 593-9630
(714) 593-9632 Fax
www.adultdayservoc.org
Lydia Missaelides, M.H.A.
Executive Director
California Association for Adult Day Services
921 N. 11th Street, Suite 701
Sacramento, CA 95814
(916) 441-5844
www.caads.org

By developing this two-tier model program for early stage participants, ADSOC has been able to provide a full continuum of care from the earliest to the latest stages of dementia. This is a model of older adult care that has gone far to provide the flexible programs needed to address the progressive nature of Alzheimer's disease.

In Orange County, over 40,000 older adults have dementia. Projections have the number of persons affected by Alzheimer’s disease quadrupling by the year 2040. These families need help.

Resources:
For more information, contact:
Cordula Dick-Muehlke, Ph.D., Executive Director
Adult Day Services of Orange County
9451 Indianapolis Avenue
Huntington Beach, CA 92646
(714) 593-9630
(714) 593-9632 Fax
www.adultdayservoc.org
Lydia Missaelides, M.H.A.
Executive Director
California Association for Adult Day Services
921 N. 11th Street, Suite 701
Sacramento, CA 95814
(916) 441-5844
www.caads.org
In an effort to address one of the more serious and costly health problems that currently exists in the United States due to the rapidly expanding older adult population, researchers at the Center for Successful Aging at California State University, Fullerton developed an innovative program designed to reduce the prevalence of fall-related injuries and accidental deaths among the older adult population. With the assistance of a three-year grant in the amount of $309,000 from the Archstone Foundation, Drs. Debra J. Rose and Jessie Jones were able to implement balance and mobility training programs in 18 senior centers throughout Orange County. Much needed programming has been provided to over 1,000 older adults identified at moderate to high risk for falls due to impairments of balance and mobility.

These no-cost programs are staffed by specially trained allied health care professionals who are ably assisted by healthy, older adults recruited from each of the senior centers and subsequently trained to serve as peer mentors in the program. The wonderful group of peer mentors that currently staff the programs adds a unique and vital dimension to the programming. They inspire participants in the program with their enthusiasm and supportive feedback and are often heard to say that they derive almost as much benefit from the training program as the participants themselves.

As the three-year project draws to a close, it is evident that the programs have produced very positive and quantifiable outcomes. Not only are the older adults who complete the program more able to perform a number of balance-related activities they may have previously avoided because of their fear-of-falling level (e.g., negotiating curbs and/or stairs, standing and/or moving on even or, moving surfaces), their level of confidence in their ability to maintain balance in a variety of different environments has also improved considerably. Despite the completion of the research phase of the project, programs continue to operate in 13 senior centers, with multiple weekly classes being offered at some sites. Long waiting lists for entry into some programs further indicate how valuable this specialized programming is perceived to be among the large community of older adults residing in Orange County. In Fall of 2001, a specialist instructor and peer mentor training program will begin at Cal State Fullerton, thanks to a second grant provided by the Archstone Foundation. We look forward to expanding this effective program well beyond the boundaries of Orange County within the next three years.
Henrietta Serra is an 83 year-old woman who came to the Senior Outreach Program. She and her son were homeless and living in a broken down van in Venice. Mrs. Serra had been diagnosed with Alzheimer’s Disease and her son could no longer care for her on the streets. The Senior Outreach Program helped her apply for affordable housing through the St. Joseph Center Housing Program. She lived in her apartment for two years and eventually needed assisted living. She is now in a safe and warm environment and her son visits her several times a week.

Mr. Williams is a 69 year-old man who was homeless for years and living in Palisades Park in Santa Monica. A concerned citizen called the Senior Outreach Program. Care Coordinators in the Senior Outreach Program applied for social security benefits for him. After several months, Mr. Williams is now living in an assisted living retirement community. The Senior Outreach Program continues to provide care coordination of services since Mr. Williams has no family to advocate in his behalf.

Dee, an 83 year-old woman, lives in senior housing. She regularly plants vegetables in the community garden. Unable to carry bags of groceries or shop for herself due to her arthritis and medication to control her chronic case of vertigo, Dee relies on the weekly bag of groceries provided by the Senior Outreach Program.

For seniors, simple tasks such as getting to medical appointments, buying groceries, and performing household chores become obstacles to living in their own homes. For homeless seniors, finding shelter, a nutritious meal and support services is a daily challenge. To prevent homelessness among homebound older adults and to transition homeless seniors into permanent housing, Archstone Foundation, funded the Senior Outreach Program at St. Joseph Center in Venice, California.

The Senior Outreach Program currently coordinates services for a caseload of 108 homebound and 350 homeless clients.

Senior Outreach Staff work to prevent homelessness and premature institutionalization by conducting weekly case management and by coordinating services for their clients.

For Homeless Seniors: Program staff perform street outreach by bringing food, toiletries, blankets and conversation to seniors on the streets where they live. These casual encounters allow staff to build trust with clients and refer them to emergency services like hot meal programs, medical care and free showers. When the client appears ready, the staff outreach person begins to work with him or her on finding and maintaining permanent housing.

A total of 28 seniors were placed in permanent housing in the year 2000, which is nearly three times the number housed the previous year. Staff conduct outreach to homeless seniors by going out to the alleys, parks and underpasses where they reside. In the year 2000, staff made 979 outreach contacts with homeless older adults.

The Senior Outreach Program provides vital services for homeless and low-income older adults on the westside of Los Angeles. The program meets the special needs of aging adults who are frail, vulnerable and often targets of crime in their own communities and are often the forgotten population.

“I haven’t had to buy rice, potatoes, beans, onions and eggs lately . . . Food from St. Joseph makes it possible for me to buy other needs. Teardrops for my eyes, denture powders and foot care products, all are very expensive. These are just a few. We oldsters need more reinforcements as time goes on.”

Dee (Senior Outreach Program Client)
Rose, an 88 year old woman, has lived with her son (John) since she was widowed some 19 years ago. Rose was relatively healthy but suffered from memory loss. She did not know who was president or what year it was. She thought she was a visitor in her own home.

While she could not or would not tell law enforcement or Adult Protective Services (APS) how she sustained various injuries, she remained consistent in stating that her son had a temper and that she was afraid of him.

Four incidents had been documented by police which suggested that Rose had been directly injured by John. In one incident, Rose sustained a broken wrist, a black eye and a cut above her eye. John said she tripped over a sprinkler, but she made no statement regarding the injury. There was no evidence to refute or corroborate his explanation.

APS requested that VAST (Vulnerable Adult Specialist Team) examine the case and provide medical expertise to determine the origins of the injuries. Physical and mental status examinations were performed by the physician and psychologist on the VAST. Subsequently, in a multi-agency meeting VAST team members met with APS, the District Attorney, the investigating officer and a Victim Services Advocate to establish John’s pattern of physical abuse.

It was evident to VAST medical experts that John was remorseful, angry and under stress. It was also evident that Rose’s injuries were not caused by falling or from being “lightly pushed.” John was likely suffering from caregiver stress and was acting out physically against Rose out of frustration and lack of understanding of how to care for her.

Information provided by the VAST team gave the investigating officer and the District Attorney enough evidence to pursue a case against John for abusing his mother. VAST’s ultimate goal was not to prosecute John, but to provide medical expertise to facilitate necessary intervention for Rose and John. To that end, the judge mandated adult day care for Rose and anger management classes for John. The VAST also connected John with the Alzheimer’s Association for support.

The Vulnerable Adult Specialist Team (VAST) is a multidisciplinary medical response team designed to assist in cases of elder and dependent adult abuse. In working with Adult Protective Services (APS), law enforcement, the district attorney, the public guardian and other social service agencies serving abused elder and dependent adults, VAST provides critical medical expertise.

VAST is administered through the Program in Geriatrics at the University of California, Irvine College of Medicine in partnership with numerous Orange County agencies.

VAST goals expand medical response and intervention in cases of elder and dependent adult abuse. Team goals include:

- Creating a medical elder and dependent adult abuse response team that provides medical and psychological assessment of victims for mandated victim services agencies;
- Assessing the necessity and effectiveness of having a multidisciplinary medical response team available to the elder and dependent adult abuse service network;
- Advancing the field of elder abuse by creating a practical, replicable approach in which social, medical, and legal services coordinate efforts in order to successfully recognize, report, examine/document, and prosecute elder abuse and neglect;
- Obtaining legislative mandate and funding for the continuation of the program by providing state lawmakers with sufficient and compelling information to enact legislation based upon the outcomes of the project.

“VAST shows us the benefits of formal systems of collaboration between health care providers, social services agencies and the criminal justice system. I believe this model will, someday, be mandated in many states across the country.”

Laura Mosqueda, M.D.
Director of Geriatrics

Resources:
For more information, contact:
Laura Mosqueda, M.D.
Director of Geriatrics and Associate Clinical Professor of Family Medicine, UCI
101 The City Drive, Pavilion III
Orange, CA 92868
(714) 456-5530
(714) 456-7933 Fax
http://www.com.uci.edu/geriatrics

National Center on Elder Abuse
1225 I Street, NW, Suite 725
Washington, DC 20005
(202) 898-2586
www.gwjapan.com/NCEA

Administration on Aging
330 Independence Avenue, SW
Washington, DC 20201
(202) 619-7501
www.aoa.gov
FEATURED PROJECTS FUNDED FOR 2000

ZEN HOSPICE PROJECT

familiar feeling comes over me, a feeling I often have when I read poetry. I realize I must proceed not by logic, but by some other, deeper sense. And so, I gently enter the stream of his thoughts, the fragmented images of his past, the silence between words. In this space, Brian and I have met each other in a place beyond language.

Erin Tribble
Zen Hospice Project Volunteer

Founded in 1987, Zen Hospice Project (ZHP) volunteers have been compassionate companions to people dying of cancer, AIDS, and other illnesses. It was clear from the beginning that a strong educational component would eventually emerge from this hospice experience.

Inspired by a 2,500-year old Spiritual tradition, ZHP encourages and supports a mutually beneficial relationship among volunteer caregivers seeking to cultivate wisdom and compassion through service and people who are dying and need to have someone listen. Zen Hospice Project is non-sectarian and delivers its services primarily to the elderly.

In June 2000, ZHP established the Institute on Dying. Its overarching goal is to foster more transformative approaches to end-of-life issues. Three streams converge to accomplish this goal: public dialogue, community training, and professional development.

When Bill Moyers featured ZHP in his groundbreaking PBS series “On Our Own Terms,” the unique approach of ZHP reached 12 million Americans. This national conversation was furthered by helping San Francisco’s PBS affiliate KQED-TV develop “With Eyes Open.” The first episode, “Grief & Healing” was hosted by the founder of ZHP, Frank Ostaseski and aired in over 100 television markets.

Strategically leveraging this exposure ZHP launched an innovative lecture and workshop series titled “Conversations on Death.” This seven-month program has been an in-depth exploration and re-visioning of dying in America. Jungian and metaphysical scholars have discussed the importance of cultural myths, stories, dreams and visions about death, as valuable conduits of information into our modern, waking lives.

ZHP has developed a well-earned reputation for presenting comprehensive trainings. They created a curriculum and offer a spectrum of community workshops and retreats such as “Being a Compassionate Companion.” These programs offer participants opportunities for personal and professional development through experiential learning. Programs are sponsored by hospices, faith communities and major medical centers across the United States and Europe.

ZHP is initiating a program to train a new kind of end of life practitioner: a “midwife to the dying.” The first of its kind, this pilot program will prepare individuals to be educators, advocates and guides. It will encourage a conscious exploration of dying. The yearlong training will include coursework, retreats, mentorship, long distance learning portfolio development and fieldwork. The intent is to promote our approach by developing a national network of these practitioners. The first training begins in January 2002.

ZHP was founded on the principal that dying is much more than a medical event. It is a time for important psychological, emotional and spiritual work and a time for transition. It is their belief that to a large extent the way we meet death is shaped by our habitual response to suffering and our relationship to ourselves, to those we love and to whatever image of ultimate kindness we hold.

“...American people want to reclaim and reassert the spiritual dimensions of dying.”

1997 Gallup Study
Spiritual Beliefs and the Dying Process

Resources:
Zen Hospice Project
Institute on Dying
273 Page Street
San Francisco, CA 94102-5616
(415) 863-2910
www.zenhospice.org

Growth House, Inc.
San Francisco, CA
(415) 255-8045
www.growthhouse.org

Last Acts: A National Coalition to Improve Care and Caring at the End of Life
The Robert Wood Johnson Foundation
P. O. Box 2316
Princeton, NJ 08543-2316
(609) 243-5951
www.lastacts.org

“On Our Own Terms: Moyers on Dying”
http://www.pbs.org/wnet/onourownterms/