



# **KNOWING OUR HISTORY: LISTENING TO OUR ELDERS**

**A Project of the Master Plan for Aging Historian**

Fitzpatrick Consulting  
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*“This project was prepared independently by Fitzpatrick Consulting, and does not necessarily state or reflect the views of the Administration.”*

# Knowing Our History: Project Overview

*“In order to move forward, you have to look back” - Matt Maher*

On June 10, 2019, Governor Gavin Newsom signed an Executive Order calling for the creation of a Master Plan for Aging (MPA). The MPA is set to be released in December 2020. As the MPA process unfolded, Kim McCoy Wade, Director, California Department of Aging (CDA) saw the importance of a “step back look” and determined that a historical narrative should be prepared to chronicle the development of aging and disability services in California in order to inform future planning. Materials from this project will be included in the MPA.

Sandra Fitzpatrick, the MPA Historian, has over thirty-six years in both local level and state level advocacy, policy work, and program development. Prior to her retirement in 2018, she served as the Executive Director at the California Commission on Aging.

For this project, historical data from a multitude of sources was reviewed and phone interviews were held with retired and long-serving leaders of California’s aging policy and programs. Data sources describing the history of independent living were also analyzed and interviews with people familiar with that history were conducted.

The objectives of this project included:

- Gathering and analyzing sources of historical information;
- Developing comprehensive annotated chronology of aging policy and program development;
- Using the chronology to provide CDA with data points for the creation of a high level timeline; and
- Conducting interviews with retired and long-serving leaders to gain historical context and capture their experiences, perspectives and insight.

## Knowing Our History: Acknowledgments

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# Knowing Our History: The Chronology

This Section, *Knowing Our History: The Chronology*, details the chronological sequence of the evolving aging and disability services array in California and highlights the major strategies that California, as home to the largest number and most diverse older population, has adopted to serve older adults and persons with disabilities.

Developing the chronology included research and analysis of archival documents within government and outside government from organizations that retained their history on-line. In addition interviews were conducted with retired influencers, policy makers, long-serving leaders, and on-the-ground service providers. The contributions of the interviewees are reflected in the chronology and also are captured in the Recollections Section of this document.

While the focus for the MPA Historian was on governmental influences; an inclusive approach was taken for the chronology which includes developments outside government that had significance to service and program development in California.

This Section includes the following:

- A comprehensive chronology;
- MPA Historian Observations; and
- Final Comments by Lora Connolly, Director, California Department of Aging, retired.

NOTE: The shaded portion on the following chronology indicate national items of significance.

## 1900 – 1959

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*This time in history is remembered for the Progressive Era, World Wars, San Francisco Earthquake, Great Depression and the Peanuts Comic Strip.*

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There was not a concentrated focus on older adult issues prior to the 1960s. The most impactful federal action of this time, was the Social Security Act, signed into law by President Franklin Roosevelt in 1935.

The initial activities in California can be traced to 1948 when Governor Earl Warren appointed an Interdepartmental Coordinating Committee on Aging. Eight years later the first Governor's Conference on Aging was held and a Citizens' Advisory Committee on Aging was formed. One might assume that the 1956 Conference was in preparation for the first White House Conference on Aging to be held in 1961.

After World War II ended, the birth rate in the United States increased significantly, creating the cohort known as the baby boomers. Between 1946 and 1964 when the birth rate finally tapered off, there were 76.4 million baby boomers, representing nearly 40% of the nation's population.

<b>1903</b>	The <b>California Department of Social Services (CDSS)</b> began humbly as a six-member Board of Charities and Corrections in 1903. The Board evaluated and reported on charitable and correctional institutions.
<b>1908</b>	It is likely that the first senior center in California was founded in 1908 by the Episcopal Diocese of Los Angeles. The center is now operated by St. Barnabas Senior Services.
<b>1926</b>	The Association of California's Executives of Public Welfare was established at the 1926 California Conference of Social Work. The name was changed to the <b>County Welfare Directors Association (CWDA)</b> in 1943. CWDA's mission is to promote a human services system that encourages self-sufficiency of families and communities, and protects vulnerable children and adults from abuse and neglect.
<b>1935</b>	In 1935, the <b>Social Security Act</b> was signed into law by President Roosevelt. The Act created a social insurance program designed to pay retired workers age 65 or older a continuing income after retirement.
<b>1948</b>	A review of state archives and historical documents indicates that California's initial activities in aging programs can be traced to 1948 when

	Governor Warren, created an exploratory advisory body entitled the Interdepartmental Coordinating Committee on Aging.
<b>1950s</b>	In the 1950s, California established the <b>Attendant Care Program</b> to enable income eligible adults with a disability, who require assistance to remain safely in their own homes. This program provided grants to consumers so they could contract with providers to deliver various domestic services. The program, administered by CDSS, was funded by the counties, state government and federal government.
<b>1956</b>	In 1956, the Governor Knight convened California’s first Governor's Conference on Aging and created a <b>Citizens’ Advisory Committee on Aging</b> (AB 1682). The committee had four objectives: <ul style="list-style-type: none"> <li>• Study problems of aging and recommend action to the Governor;</li> <li>• Give guidance and consultation for the development of programs for senior citizens;</li> <li>• Act as an information clearinghouse for issues concerning aging; and</li> <li>• Consult with the California departments and agencies in developing programs for the elderly.</li> </ul>

## 1960 - 1969

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*The 1960s were dominated by the Vietnam War, the Great Society, Civil Rights Protests, the assassination of a U.S. President, the March on Washington and first man to land on the moon.*

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President Lyndon Johnson’s vision for the Great Society included establishing Medicare and Medicaid and creating the Older Americans Act (OAA).

The OAA delineated that there would be an Administration on Aging at the federal level and a State Unit on Aging (SUA) in every state. The SUA would be responsible for the administration and oversight of the OAA funds and requirements.

The first White House Conference on Aging, held in 1961, brought together three thousand delegates, from across the nation, to discuss and propose solutions to the “unique problems facing the elderly.” These Conferences, held every ten years, have traditionally set in motion subsequent federal action to augment the OAA.

The California Department of Rehabilitation and California Commission on Aging (CCoA) were established during this decade. The CCoA was initially created within the Health and Human Welfare Agency (now known as California Health and Human Services Agency) as the designated SUA to receive OAA funds. The Lanterman Developmental Disabilities Act was enacted in 1969.

Even though national aging programs were not yet fully established; there was evidence of services, activities, clubs and faith-based programs for older adults starting at the local level during this decade.

<b>1961</b>	National attention focused on the older adult population in the 1960s. <b>The first White House Conference on Aging (WHCoA) was held in Washington D.C. in 1961 and laid the groundwork for how the nation would respond to the aging population. The Conferences, sponsored by the President of the United States, were intended to be held every decade to develop a blueprint for national aging policy for the next ten years. A historical review indicates federal legislation followed each of the WHCoAs.</b>
<b>1963</b>	The <b>California Department of Rehabilitation (DOR)</b> , an employment and independent living resource for persons with a disability, was established in 1963. DOR has the responsibility and authority for the encouragement of the planning, development, and funding of independent living centers.



<p><b>1964</b></p>	<p>The <b>Older Americans Act (OAA)</b> set in motion the creation of the federal aging network. <b>In 1964, President Johnson laid out his vision of the Great Society which included a series of policy initiatives to end poverty, reduce crime, abolish inequality and improve the environment. What followed in 1965 was the signing of the Social Security Act amendments establishing both Medicare and Medicaid and creating the OAA.</b></p> <p><i>“Under this program every state and every community can now move toward a coordinated program of services and opportunities for our older citizens.”</i></p> <p>President Lyndon Johnson on signing the OAA, July 14, 1965</p> <p>It should be noted that age (60 and older) was the only eligibility criteria for participation in the OAA.</p> <p>The OAA created the <b>Administration on Aging (AoA)</b> at the federal level and called for the creation of <b>State Units on Aging (SUA)</b>. The law mandated a minimum series of benefits to be administered by the states, and funded and monitored by the federal government.</p>
<p><b>1966</b></p>	<p>In 1966, the <b>California Commission on Aging (CCoA)</b> was established within the Health and Human Welfare Agency as the designated SUA to receive OAA funds (AB166). California became the second state to qualify for OAA funds receiving an initial allocation of \$7 million for demonstration grants.</p>
<p><b>1967</b></p>	<p>The <b>Age Discrimination in Employment Act of 1967</b> is a labor law that forbids employment discrimination against anyone at least 40 years of age in the United States. The Act has undergone several revisions. In 1975 for instance, amendments prohibited discrimination on the basis of age in programs and activities that receive federal financial assistance.</p>
<p><b>1969</b></p>	<p>Authored by Senator Lanterman, the <b>Lanterman Developmental Disabilities Act</b>, originally enacted in 1969, defined the structure and principles of California’s service system for individuals with developmental disabilities. The Lanterman Act established the right of qualified individuals to receive treatment, rehabilitation services, and supports in the least restrictive environment as well as to be involved in the planning of how those services were delivered and by whom. The Lanterman Act also provided an entitlement to home and community-based services for those qualified as having a developmental disability.</p>
<p><b>1969</b></p>	<p>The 1969 OAA amendments introduced the concept of older adult volunteerism by providing federal grants to establish <b>Foster Grandparent</b></p>

**(FG) and Retired Senior Volunteer Programs.** California was not awarded grants in the 1969 round of funding. However, the rollout of these programs in California occurred later in the mid-70s. The **Senior Companion Program (SC)** was established in California a few years later. These three programs were initially established under the federally designated Senior Corp. Today the federal program is known as **AmeriCorps Seniors.** The FG and SC programs include modest financial support for low-income, at-risk Americans age 55 or older as they make a difference in their communities.

In 1984, FG and SC were added, via legislation, to the Community Based Services Program menu included in the Older Californians Act.

## 1970 - 1979

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*The late 1960s and the 1970s were a turbulent time – women’s rights, civil rights, demands for equality, the environmental movement, Gray Panthers, and anti-war protests. The independent living movement began against this backdrop.*

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The Center for Independent Living in Berkeley was established as the first Independent Living Center in the nation. The Rehabilitation Act of 1973 gave protections to people with disabilities.

This decade brought clarification to the roles of the Area Agencies on Aging (AAA) and authorized new appropriations. New programs within the Older Americans Act (OAA) included Nutrition and Supportive Services for Native Americans and the Senior Community Service Employment Program. OAA grants were authorized for senior centers and California’s multi-purpose senior center designations began. With the OAA requirement that AAAs form advisory councils to ensure the inclusion of consumer voices in the planning of services for their communities, the state-wide Area Agency on Aging Advisory Council, better known as the Triple-A Council of California, was formed.

In California, the Department of Aging was established along with the Long-Term Care Ombudsman Program. There were a range of new programs introduced outside of the OAA service array including Homemaker Chore Program (now known as the In-Home Supportive Services Program) and Adult Protective Services. California’s initial comprehensive care models for older adults were also under development including the On Lok Demonstration Project, Adult Day Health Care pilots, and Multipurpose Senior Services Project, a four-year research and demonstration project. Another pilot program, the Family Survival Project, was enacted in 1979 to support caregivers in the Bay Area.

The California Foundation for Independent Living Centers and the California Associations of Area Agencies on Aging were both established in this decade.

<b>1970s</b>	The Gray Panthers (an intentional reference to the Black Panthers) were founded in 1970 by Maggie Kuhn in response to her forced retirement at the age of 65.
<b>1970</b>	In the 1970s, the <b>Homemaker Chore Program</b> was added to the Attendant Care Program to provide personal care services. This addition also enabled those consumers who could not hire or supervise their own providers the opportunity to receive services through county employees or contract with an outside agency. California established the Homemaker Chore Program (now the In-Home Supportive Services

	Program) which was funded by State General Funds, limited federal funds, and county share-of-cost.
<b>1971</b>	The 1971 WHCoA announced a five-fold funding increase to the OAA program which included in the following year, the authorization of \$100 million for a <b>national nutrition program for the elderly</b> .
<b>1971</b>	The <b>Assembly Committee on Aging and Long Term Care</b> has undergone many name changes since it was created in 1971. Originally called the Joint Committee on Aging, it was finally renamed in 1983. The Committee’s primary jurisdiction includes state aging programs and services, senior citizen advocacy activities, services for seniors in residential settings and long-term services and supports. Despite requests from advocates, providers and even some legislators, the Senate has never established a similar body.
<b>1972</b>	<b>The Center for Independent Living (TheCIL)</b> emerged from the independent living movement of the 1960s, as a powerful social catalyst on the University of California at Berkeley campus. There, Ed Roberts, Hale Zukas, and Jan McEwan Brown joined forces to ensure the “full academic and social life of the university” was accessible to all. In 1972, these students and community members formed TheCIL , the first independent living center in the nation.
<b>1973</b>	The <b>Rehabilitation Act of 1973</b> was one of the first US laws giving protection to people with disabilities. It gives civil rights protection to federal employees, federal contractor employees and people participating in programs receiving federal money.
<b>1973</b>	The federal OAA <i>Comprehensive Services Amendments of 1973</i> , significantly expanded the development of California’s service system for older adults, including: <ul style="list-style-type: none"> <li>• Creating the <b>Area Agencies on Aging (AAA)</b> “model” to provide everyone with the opportunity to participate in the planning of services for older adults in their community;</li> <li>• Changing the direction and emphasis of service delivery from one of direct service provision to the development of a comprehensive and coordinated system of service delivery;</li> <li>• Creating <b>Advisory Councils</b> at national, state and local levels;</li> <li>• Establishing the <b>Native American Aging Program</b>;</li> </ul>

	<ul style="list-style-type: none"> <li>• Authorizing grants to local communities for <b>multi-purpose senior centers</b>; and</li> <li>• Creating the <b>Community Service Employment</b> program for low-income persons age 55 and older.</li> </ul>
<b>1973</b>	During the early 1970s (prior to the establishment of the California Department of Aging), California communities were submitting applications directly to the federal government to receive federal designation as an Area Agency on Aging. San Diego County, for example submitted their application in December of 1973.
<b>1974</b>	<p>The <b>Burton Act for Aging</b> (AB 2263) assigned policy making and administrative responsibility for the federal OAA programs and funding to a new State Office on Aging. Established in 1974, the Office was renamed the <b>California Department of Aging (CDA)</b> in 1976. Janet Levy was confirmed as the first CDA Director in 1975.</p> <p>Concurrently, in 1974, the CCoA was reconstituted, as a state agency, to serve as an advisory body to CDA, other departments, the Governor and the Legislature on the problems, needs and concerns of the elderly.</p>
<b>1974</b>	<b>On Lok Demonstration Project</b> (Program of All Inclusive Care for the Elderly/PACE) was authorized under Medicare as a federal Section 1115 pilot project in 1974.
<b>1975</b>	In 1975, the <b>National Association of Area Agencies on Aging (n4a)</b> was formed to build the capacity of its members so they could help older adults and people with disabilities live with dignity and choices in their homes and communities for as long as possible.
<b>1975</b>	In 1975, <b>Adult Protective Services (APS)</b> was authorized under Title XX of the Social Security Act and funded from the County Services Block Grant (CSBG). Six years later, the Title XX Block Grant was cut by 25%. Faced with reduced funding, California revised its detailed regulations governing the APS Program, replacing them with a brief one-page statement of program requirements.
<b>1975</b>	In 1975, AB 1810 (McCarthy) authorized <b>Adult Day Health Care (ADHC)</b> pilot projects that were administered by the <b>California Department of Health Services (CDHS)</b> . Five pilot ADHC sites were launched in Sacramento, San Francisco, and San Diego counties between 1975 and 1978 using state funded start-up grants. These pilot sites formed the <b>California Association for Adult Day Health Care Services (CAADS)</b> . Today CAADS is a nonprofit organization that supports the development

	<p>of adult day services as an alternative to institutional care. CAADS was the first state association for adult day services in the nation.</p> <p>California was the first state to offer ADHC as a Medicaid benefit. The California Adult Day Health Care Act made ADHC a specific licensure category and a Medi-Cal benefit effective January 1, 1978.</p>
<b>1975</b>	<p>California's <b>Long-Term Care Ombudsman Program</b> had its roots in a 1975 discretionary grant from the AoA. OAA amendments of 1978 required each state to create a Nursing Home Ombudsman program, which was renamed three years later to the Long-Term Care Ombudsman Program. Later amendments added board and care facilities to the Ombudsman purview. The development of local ombudsman programs was the major focus in those early years. By the end of 1981, there were twenty-nine local programs. Today there are thirty-five programs.</p>
<b>1976</b>	<p>The <b>California Foundation for Independent Living Centers (CFILC)</b> started as a peer support association for executive directors of the Independent Living Centers in 1976 and incorporated in 1982.</p>
<b>1977</b>	<p><b>The Multipurpose Senior Services Project (MSSP)</b> was legislatively authorized in 1977 as a federal four-year research and demonstration project. The objective was to test new methods of alternatives to more costly nursing home placement. The Torres-Felando Long-Term Care Reform Act of 1982 provided for the conditional continuation of MSSP beyond its sunset in June 1983. MSSP began operating under a federal Medicaid HCBS 1915(c) waiver in 1983 to provide home and community-based services to Medi-Cal eligible individuals who are age 65 or older and disabled as an alternative to nursing facility placement.</p>
<b>1977</b>	<p>With the recognition that a supporting organization would be beneficial to the new AAA Directors, the <b>California Association of Area Agencies on Aging (C4A)</b> was incorporated as a non-profit in 1977. The purpose of C4A is to advocate on behalf of older persons, persons with disabilities, their caregivers and families, to provide leadership within the aging and disability communities, and promote a service delivery system that provides individual choice.</p>
<b>1977</b>	<p>Also in 1977, a small group of AAA Advisory Council members began the formation of the <b>Area Agency on Aging Advisory Council</b>, better known as the <b>Triple-A Council of California (TACC)</b>. TACC eventually became the statewide organization whose members are the designated Presidents of the thirty-three Area Agency on Aging Advisory Councils.</p>

<b>1978</b>	In 1978, Governor Jerry Brown designated <b>Disability Rights California (DRC)</b> , then known as Protection & Advocacy, Inc., as the organization within California to advocate for the rights of people with developmental disabilities. DRC advocates for the rights of Californians with disabilities by litigating, legislating, investigating, educating and representing clients.
<b>1978</b>	In 1978, the OAA was amended to include a new title, Title VI, which established nutrition and supportive services for Native Americans (American Indians, Alaska Natives and Native Hawaiians). The program has since expanded to include caregiver support services.
<b>1978</b>	The 1978 OAA amendments also included language to further delineate California's AAA infrastructure with the requirement that all <b>Planning and Service Areas (PSAs)</b> within a state have an AAA. A fledging CDA established parameters that created PSAs based on population and issued request for proposals to procure an AAA in the other fifteen PSAs.
<b>1979</b>	Founded in 1979, <b>Services &amp; Advocacy for LGBT Elders (SAGE)</b> , is a national advocacy and service organization to support LGBT elder issues.
<b>1979</b>	In 1979, the <b>California Long-Term Care Ombudsman Association (CLTCOA)</b> was formed to improve the accessibility and quality of long-term care ombudsman services for elders and dependent adults in their communities.
<b>1979</b>	In 1979 Assembly member Agnos introduced legislation that established a demonstration pilot project, <b>Family Survival Project</b> , to provide family support services for caregivers of brain-impaired adults in the San Francisco Bay Area. This pilot eventually led to a state-wide network of Caregiver Resource Centers.

## 1980 - 1989

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*Former California Governor Ronald Reagan was elected President of the United States in 1980. The Cold War continued. 'Hands Across America' brought attention to hunger and homelessness.*

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The concerns about the level of care in nursing homes found attention and solutions at the state and federal levels. In California, the Little Hoover Commission raised awareness of “far too many” quality of care concerns in nursing homes and in 1985, the Nursing Home Patients Protection Act was signed into law. The experience in California was mirrored at the federal level with the passage in 1987 of the Nursing Home Reform Act.

The Older Californians Act was enacted in 1980 to comply with evolving federal mandates found in the Older Americans Act and to allow for service expansion.

By the mid-1980s there was vitality in the aging network as a plethora of new programs and funding was beginning under the leadership of Governor George Deukmejian and California Department of Aging Director Alice Gonzales. Nine new aging programs, collectively known as Community Based Services Programs, were introduced in the Governor’s Senior’s Initiative for California to augment the OAA programs. Also created in 1984 were the Caregiver Resource Centers and the California Alzheimer’s Disease Centers.

The Senior Center Bond Act (California Proposition 30) appeared on the statewide general election ballot in 1984 as a legislatively referred bond act. Nearly 76% of voters approved Proposition 30 which authorized CDA to make awards for the acquisition, construction or renovation of senior centers.

<b>1980s</b>	The <b>In-Home Supportive Services (IHSS)</b> Program went through a tremendous caseload growth in the 1980s which led to statutory monthly caps placed on a participant’s authorized service hours.
<b>1980</b>	The 1980s resulted in service expansion at the national and state levels. The <b>Older Californians Act of 1980 (OCA)</b> was enacted to comply with evolving federal OAA mandated changes. It also expanded services provided by the aging network. Among other things, the OCA redefined duties and functions of the CDA and the thirty-three AAAs and gave the AAA Advisory Councils the role of “principal advocate” for seniors at the local level.
<b>1980</b>	In 1980, Senator Mello requested the CCoA convene a session of the Silver-Haired Legislature, a forum through which older Californians could



	develop their legislative priorities. In 1982, the Silver-Haired Legislature became the <b>California Senior Legislature (CSL)</b> .
<b>1980</b>	Around 1980, a small task force of families and community leaders in San Francisco came together to “create support services for those struggling to provide long-term care for a loved one with adult onset cognitive impairments such as dementia, stroke, or head injury - who did not ‘fit’ into traditional health systems.” The diagnoses were different, but the families shared common challenges: isolation, lack of information, few community resources, and changes in family roles. The early efforts of the task force resulted in the formation of <b>Family Caregiver Alliance</b> , and the genesis of California's statewide network of Caregiver Resource Centers.
<b>1981</b>	The third WHCoA was held in 1981. The two OAA Reauthorizations that followed the Conference included: <ul style="list-style-type: none"> <li>• Reaffirming the role of State and AAAs in coordinating community-based services;</li> <li>• Establishing legal, access and in-home services as national priority services;</li> <li>• Creating distinct appropriations for the following services: in-home services for the frail elderly; long-term care ombudsman; assistance for special needs; health education and promotion; prevention of elder abuse, neglect, and exploitation; and outreach activities for persons who may be eligible for benefits under the Supplemental Security Income (SSI), Medicaid, and/or Food Stamp programs; and</li> <li>• Directing additional emphasis towards serving those older adults in the greatest economic and social need, including low-income minorities.</li> </ul>
<b>1982</b>	The Legislature passed AB 1805 (1982) and SB1210 (1983) which established a <b>mandated reporting law</b> for APS, effective January 1, 1984. The law was later expanded to include dependent adults.
<b>1982</b>	Founded in 1982, the <b>National Council on Independent Living (NCIL)</b> is a national cross-disability, grassroots organization run by and for people with disabilities.
<b>1982</b>	In 1982, the <b>Little Hoover Commission (LHC)</b> conducted surprise visits and received testimony that identified serious quality of care concerns in “far too many” California nursing homes. As a result, the LHC appointed

	<p>a Blue Ribbon Advisory Committee chaired by Lieutenant Governor Leo McCarthy that included representatives from all key interested parties to review the conditions in these facilities and develop a broad-based set of recommendations for reform. Based upon the work of the Blue Ribbon Advisory Committee, the LHC issued a report in 1983, entitled "<i>The Bureaucracy of Care.</i>" Over 75% of the report's recommendations were incorporated into the <b>Nursing Home Patients Protection Act (NHPPA)</b> and signed into law in 1985.</p>
<b>1983</b>	<p>In 1983, <b>California Advocates for Nursing Home Reform (CANHR)</b>, was founded to improve the choices, care and quality of life for California's long-term care consumers.</p>
<b>1984</b>	<p>In 1984, State funding for new older adult services was authorized and funded when Governor George Deukmejian signed the <b>Senior's Initiative for California</b>. The Governor charged the California Legislature to design paradigms that taken together, would create a system of community-based long-term care services to augment the OAA programs. The following OCA services/programs were established as a result: <b>Linkages, Alzheimer's Disease Day Care Resource Centers (ADCRC), Alzheimer's Task Force, Respite, Foster Grandparent, Senior Companion, Brown Bag and Health Insurance Counseling and Advocacy Program (HICAP)</b>. A few years later, the <b>Respite Purchase of Service Program</b> was established under the OCA. Collectively these are known as the <b>Community Based Services Programs (CBSP)</b>.</p> <p>The Governor's Initiative also included legislation that would ask the electorate to support senior centers:</p> <p><i>"California's senior citizens also deserve our respect and our support and the opportunity to live with dignity and independence. To further this goal we will spend \$50 million additional dollars in 1984-85 on programs which emphasize service to the elderly – particularly, those programs that help seniors maintain their independence."</i></p> <p style="text-align: center;">Governor George Deukmejian, State of the State Address, January 10, 1983</p>
<b>1984</b>	<p>Another first in the 1980s was the approval of California Proposition 30, or the <b>Senior Center Bond Act of 1984</b>, which appeared on the November 6, 1984 statewide general election ballot as a legislatively referred bond act. Proposition 30 was approved by nearly 76% of the voters and authorized the CDA to make awards to public or private nonprofit agencies for the purpose of acquiring, renovating, constructing, and purchasing of equipment for senior centers, or funding</p>

	<p>startup costs of programs or program expansion of senior center programs. For example, the El Monte Senior Center used the funds to repair earthquake damage to the roof and in Del Norte County, and the funds were used to make a Native American nutrition site more accessible.</p>
<b>1984</b>	<p>In 1984, Governor George Deukmejian signed the <b>Comprehensive Act for Family Caregivers of Brain-Impaired Adults</b> to establish the statewide network of <b>Caregiver Resource Centers (CRC)</b> under the direction of the California Department of Mental Health. The CRCs are currently administered by the DHCS. There are 11 CRCs throughout California which serve family caregivers who are providing support for someone affected by chronic and debilitating health conditions.</p>
<b>1984</b>	<p>In 1984, the CDA implemented an <b>Intrastate Funding Formula (IFF)</b> to distribute federal OAA and OCA funding to the AAAs. The IFF was initially modeled after the formula used by Washington State and codified in the OCA. A lawsuit ensued (Martinez vs Martinez) alleging that some of the factors in the IFF were discriminatory. The 9<sup>th</sup> Circuit Court of Appeals ruled in favor of the formula. In 1992 a new federally approved IFF was implemented for the federal and state matching funds.</p>
<b>1984</b>	<p>Also in 1984, the <b>California Alzheimer's Disease Centers (CADC)</b>, a network of ten Dementia Care Centers of Excellence at California university medical schools was established. The CADCs were funded to improve dementia health care delivery, provide specialized training and education to health care professionals, and advance the diagnosis and treatment of Alzheimer's disease and dementia.</p>
<b>1985</b>	<p>In 1985, AB 2226 established the <b>Long-Term Care Division</b> within the CDA, and gave the Department principal responsibility for the State's home and community-based long-term care policy development. Subsequently the administrative responsibility for ADHC centers and MSSP were transferred from other State entities to CDA.</p>
<b>1987</b>	<p>The <b>Nursing Home Reform Act of 1987</b> created guidelines for long-term care nursing homes that received federal Medicaid and Medicare funding. The Act also mandated changes to the Long-Term Care Ombudsman Program requiring that nursing facility residents have "direct and immediate access to ombudspersons when protection and advocacy services become necessary." Simultaneously, the OAA Reauthorization required States to guarantee ombudsman access to facilities and patient records, provide important legal protections, authorize the state ombudsman to designate local programs and require ombudsman programs to have adequate legal counsel.</p>

<b>1988</b>	The first <b>Alzheimer’s Disease and Related Disorders Advisory Committee</b> was established in 1988, within the <b>California Health and Human Services Agency (CHHS)</b> , to provide ongoing advice and assistance on program needs and priorities of persons impacted by Alzheimer’s disease and related dementia disorders.
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## 1990 - 1999

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*Though the 1990s started with the Gulf War, this decade has been described as one of “relative peace and prosperity.” Bill Clinton became the first baby boomer to be elected President. The newly developed internet was about to change everything.*

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This decade brought a transformation in the treatment of and assumptions about disability. The Americans with Disabilities Act (ADA), was cited in the Olmstead Decision, where the Supreme Court held that people with disabilities have a “qualified right to receive state-funded supports and services in the community rather than institutions.”

In 1993, Fernando Torres-Gil, from California, became the first Assistant Secretary for Aging after the office was elevated from “Aging Commissioner.”

The Mello-Granlund Older Californians Act (1996) created system change when it transferred administrative oversight responsibility for the Community-Based Services Program, from the California Department of Aging to the Area Agencies on Aging. As discussions ensued around aging baby boomers, SB910 laid out a vision for the development of a Statewide Long Range Strategic Plan for Aging.

Adult Protective Services was established as a statewide 24/7 emergency response program and Public Authorities were mandated in each county. In response to federal Rehabilitation Act amendments, Governor Pete Wilson issued an Executive Order establishing the State Independent Living Council as an “independent California state agency” in 1996.

The Little Hoover Commission conducted a study of California’s long-term care system. Their recommendations for improvement included long-term care program consolidation, revenue enhancement and improving consumer complaint systems.

<b>1990</b>	The <b>Americans with Disabilities Act (ADA)</b> in 1990 established a clear and comprehensive prohibition of discrimination on the basis of disability.
<b>1991</b>	The <b>Eldercare Locator</b> , a nationwide toll-free phone or web-based service was started in 1991 by AoA to connect older adults and their caregivers with local support resources.
<b>1992</b>	The 1992 OAA Reauthorization placed increased focus on caregivers, intergenerational programs, and the protection of vulnerable elder rights. It also elevated the position of Aging Commissioner to Assistant Secretary for Aging. In 1993, Fernando Torres-Gil, from California,

1992	became the first Assistant Secretary for Aging in the Department of Health and Human Services.
1992	<p>There were two legislative changes to the ADHC program in the 1990s:</p> <ul style="list-style-type: none"> <li>• SB 2429 authorized a rural alternative ADHC program and in 1992, CDA approved the first ADHC rural satellite.</li> <li>• SB 1492 authorized for-profit organizations to become providers. The first for-profit ADHCs were licensed and Medi-Cal certified in 1994.</li> </ul>
1993	<p>The 1990s brought significant changes to the IHSS Program which is administered by CDSS:</p> <ul style="list-style-type: none"> <li>• The federal government began funding 50% of the cost of the IHSS program under the <b>Personal Care Services Program</b>, a Medicaid Waiver Program.</li> <li>• Legislation in 1993 allowed counties to establish a <b>Public Authority (PA)</b> or non-profit consortium and by the end of the decade, AB 1682 required each county to establish a PA by January 2003. PA's were mandated to establish a registry to help consumers find workers, investigate the background and qualifications of the workers, provide for training and serve as the employer of record for collective bargaining. San Mateo, Alameda and San Francisco were the first counties to set up PAs.</li> </ul>
1995	<p>In 1995, AB 1040 was enacted into law to create the <b>Long-Term Care Integration Pilot Project</b> within DHCS. Five demonstration sites were selected to integrate the financing and administration of Medicare and Medi-Cal long-term care services. The Project was to develop a model integrated service delivery system that met the needs of all beneficiaries, with an emphasis on supporting services in the most integrated setting possible.</p>
1995	<p>One of the first policy guides (adopted by the leadership of six aging and disability advocacy organizations) was called <i>The Challenge is Clear. The Time is Now. A Call for the Development and Restructuring of California's Long Term Care System</i>. Published in 1995, the guide called for a "guarantee that by the 21<sup>st</sup> century all Californians who are functionally disabled will have access to a wide range of options for community-based long-term care services enabling them to live in their local community with independence and dignity."</p>

<p><b>1995</b></p>	<p>The 1995 WHCoA was convened by President Bill Clinton who instructed the Conference delegates to not only focus on older adults, but on the aging process that impacts all generations. The major resolutions approved by the delegates called for the protection of the Social Security, Medicare and Medicaid programs.</p>
<p><b>1996</b></p>	<p>In California, a system change was underway with the passage of the <b>Mello-Granlund Older Californians Act (AB 2800)</b> in 1996. The direct administrative and oversight responsibility for several programs that had been overseen by CDA were transferred to the local AAAs. These programs included HICAP, Alzheimer’s Day Care Resource Centers, Brown Bag, Foster Grandparent, Linkages and Senior Companion Program. While supported by some as increasing local planning and decision making; others felt the action destabilized the service delivery network.</p>
<p><b>1996</b></p>	<p>The <b>California State Independent Living Council (SILC)</b> was originally established as an Independent Living Advisory Council to the DOR. That role changed in 1992, when amendments to the federal Rehabilitation Act required states to establish autonomous Statewide Independent Living Councils in order to retain federal funding for independent living services. In July of 1996, Governor Pete Wilson signed an executive order which established the SILC as an independent California state agency.</p>
<p><b>1996</b></p>	<p>About twenty years after the inception of aging and disability services in California, the LHC issued a report, <i>Long-Term Care: Providing Compassion Without Confusion</i> in 1996. LHC’s eleven-month study of long-term care indicated that the State’s oversight structure was fragmented and that State policies favor institutionalization at the expense of home and community-based services. The LHC recommendations for long-term care included “consolidating long-term care into a single state agency, increasing resources for programs that delay institutionalization, and strengthening the consumer complaint systems now in place for skilled nursing facilities and residential care facilities.”</p>
<p><b>1996</b></p>	<p>In 1996, CDA established the <b>Aging and Adult Information Line</b>, a toll free number (1-800-510-2020) to assist people with accessing needed services and information by encouraging the use of a standardized number for all AAAs. A call to the toll free number automatically routed the caller to their nearest AAA.</p>
<p><b>1997</b></p>	<p>Founded in 1997, <b>California Health Advocates (CHA)</b> was initially known as the HICAP Association and provided professional education to the HICAP staff. Today CHA serves as the lead Medicare advocacy and education non-profit in California. CHA also holds the <b>Senior Medicare</b></p>

	<p><b>Patrol (SMP)</b> contract for the State of California. SMP is an AoA funded program that empowers and assists Medicare beneficiaries, their families and caregivers to prevent, detect and report health care fraud and abuse.</p>
1998	<p>In 1998 Governor Pete Wilson introduced the <b>California Seniors In-Home Care and Protective Services Initiative</b> to enable more Californians to avoid institutional care by living independently, safely and securely in their own homes. In addition to the Governor’s proposal, the Legislature added further augmentations, resulting in an additional \$13.8 million for OCA programs.</p>
1998	<p>A decade-long series of conferences for older adults and persons with disabilities (providers and consumers) began in 1998 with an <b>Integrated Advocacy Conference</b> sponsored by CWDA and C4A. The name was changed in 1999 to <b>Coordinated Leadership Conference</b> and the list of organizing partners expanded. The conferences provided the venue for shared-interest topics to be discussed and fostered the development of relationships.</p>
1998	<p><b>Adult Protective Services</b> was established as a statewide 24/7 emergency response program in 1998 by Senator Lockyer’s SB 2199. When the program began, the State provided \$55 million in funding. The program, now part of 2011 Realignment where the funding responsibility falls on the counties, has since grown to \$138 million due to increases in Realignment revenues. The APS program is administered by CDSS. Currently, there is no dedicated federal funding to operate the APS program in California.</p>
1999	<p>Senator Vasconcellos laid out the first vision for a California Strategic Plan for Aging. SB 910 (Statues of 1999) directed the University of California to develop a <b>Statewide Long Range Strategic Plan for Aging (LRSPA)</b>. The Plan required The University of California to compile information and make projections that addressed the impending demographic, economic and social changes that would be triggered by an increasing aging population. The CHSS Agency approved the LRSPA in 2003 and submitted the Plan to the Legislature.</p>
1999	<p>In 1999, in the <b>Olmstead Decision</b>, the United States Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions. The decision represented a federal Medicaid policy shift towards community-based long- term services and supports (LTSS) options to avoid unnecessary institutionalization.</p>



<b>1999</b>	AB 452 established the <b>Long Term Care Council</b> within CHHS Agency in 1999. The Council served as an interdepartmental, interagency council to coordinate long-term care policy development and it was charged with developing the <b>California Olmstead Plan</b> which was released in 2003.
<b>1999</b>	In 1999, California's Attorney General established a <b>Prosecuting Elder Abuse Bureau</b> to increase accountability and to prosecute those who abuse California's elderly population.
<b>1999</b>	<b>The Association of California Caregiver Resource Centers (ACCRC)</b> was formed in 1999 to coordinate and support the capacity of the CRCs.

## 2000 - 2009

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*January 1, 2000 started a new millennium. This decade is remembered for the 2001 terrorist attacks, the housing and credit crisis, and the launch of Facebook. In 2006, the oldest of the baby boomers reached 60 years of age. Arnold Schwarzenegger was California's Governor for most of the 2000s and presided over California's "decade of deficits."*

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The 2000s started promising when Governor Gray Davis's Aging with Dignity Senior's Initiative committed over \$271 million to help older Californians remain at home; \$14 million was included for Long Term Care Innovation Grants, administered by the California Department of Aging. The first two Aging and Disability Resource Connection programs were started in California with more programs receiving designation in subsequent years. The Assisted Living Waiver Program was operational.

Beginning in 2004, the growth cycle for aging programs took a downturn. The California Performance Review was released, which called for, among so many other things, the elimination of the California Commission on Aging and the State Independent Living Council. The calls for a restructure of aging programs administration and long-term care grew more frequent. In 2009, California faced a \$26 billion budget deficit. The budget for that year included a 32% reduction in state general funds. These reductions resulted in the elimination of essentially all Older Californians Act programs. Restoration of these programs has yet to occur.

Following the Olmsted Decision, a series of federal initiatives began to streamline processes and implement consumer-friendly systems making it easier for consumers to learn about and access services they need in home and community-based settings. California received funding to implement these initiatives which included California Community Choices, Money Follows the Person, and California Community Transitions Program. Other federal actions in the 2000s included the National Family Caregiver Support Program under the Older Americans Act, the Medicare Modernization Act including the prescription drug program, and the Healthy Brain Initiative within the Centers for Disease Control and Prevention.

<b>2000</b>	Following the Olmstead Decision, a series of federal initiatives were initiated by either the <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> or AoA. The initiatives were intended to streamline various processes and implement consumer-friendly systems that made it easier for consumers and their families to learn about and access the services they need in home and community-based settings. The initiatives that most impacted California included: Real Choice Systems Change, Aging and Disability Resource Center Initiative, and Money Follows the Person.
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2000	California’s implementation of these federal initiatives will follow in chronological order.
2000	The <b>National Family Caregiver Support Program (NFCSP)</b> was established in 2000 under the federal OAA, to provide a range of supports that assist family and informal caregivers in assisting their loved ones to remain at home for as long as possible. The 2016 OAA Reauthorization clarified the specific populations of caregivers eligible to receive services under the NFCSP.
2000	The <b>Assisted Living Waiver Program (ALWP)</b> is a Home and Community-Based Services (HCBS) waiver that was created by legislation in 2000. AB 499 directed the DHCS to develop and implement the program to test the efficacy of assisted living as a Medi-Cal benefit. The ALWP is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a licensed health care facility. Participation levels in the program are capped and wait lists exist.
2000	CDA conducted a pilot test of the <b>Senior Farmer’s Market Nutrition Program (SFMNP)</b> in 2000 and began administration of the program in 2003. The SFMNP, is a federally funded program which provides low-income seniors with “check booklets” that can be used to purchase fruits and vegetables from Certified Farmers’ Markets. Administration of the SFMNP was later transferred to the California Department of Food and Agriculture and is currently implemented in partnership with the AAAs.
2000	The <b>MSSP Site Association (MSA)</b> was incorporated in 2000. MSA serves to support the intent, goals and direction of the Multipurpose Senior Services Program.
2000-2001	<p>The <b>Aging With Dignity Seniors Initiative</b> proposed by Governor Gray Davis in his 2000-2001 budget committed \$271.5 million (\$140.4 million from the General Fund) to help older Californians remain at home. There were many components to the Initiative including: adding more community-based alternatives to nursing-home care; improving quality of nursing homes; providing caregiver training; and extending tax credit for families caring for seniors at home.</p> <p>In 2001, as part of the Initiative, the Governor announced grant awards totaling nearly \$14.3 million to public and private organizations to expand “in-home and community-based options for elderly and disabled Californians,” through the <b>Long-Term Care Innovation Grants Program</b>. This program was administered by CDA. Examples of these innovative grant awards included: C4A received funding to purchase “Info Vans” for each AAA to augment outreach efforts; Trilogy Integrated Resources received funding to launch the Network of Care; and CAADS received</p>

<p><b>2000-2001</b></p>	<p>funding to create the <i>Long-Term Care County Data Book</i>. This book was the first effort to detail county level data on long-term services and supports alongside demographic, housing, transportation and political jurisdiction data in one document.</p> <p style="text-align: center;">"Our approach, consistent with our values, should be to keep families together by providing the services older Californians need to remain in their own homes."</p> <p style="text-align: center;">Governor Gray Davis, 2000</p>
<p><b>2000-2001</b></p>	<p>Two bills related to the Aging with Dignity Seniors Initiative implementation were enacted in 2000 and 2001 to create new programs within the CDA.</p> <p>In 2000, AB 1846 (Lowenthal) established the <b>Senior Housing Information and Support Center</b> to provide information on housing options and home modification alternatives. The bill also required CDA, in consultation with the CCoA, to develop information relating to the concept of aging in place.</p> <p>In 2001, SB 370 (Ortiz) established the <b>Stay Well Program</b>, to provide information on a healthy lifestyle and to promote education and training for professionals and caregivers who work directly with older persons.</p> <p>The bill also established the <b>Program for Injury Prevention in the Home Environment</b> to award grants to eligible local level entities for injury prevention information and educational programs and services.</p>
<p><b>2003</b></p>	<p>The Medicare Prescription Drug, Improvement, and Modernization Act, also called the <b>Medicare Modernization Act (MMA)</b> was enacted in 2003 by President George W. Bush. The MMA represented the largest overhaul of Medicare in the program's history and included the Medicare Part D Prescription Drug program.</p>
<p><b>2003</b></p>	<p>The <b>California Association of Public Authorities for IHSS (CAPA)</b> was incorporated in 2003. CAPA provides proactive leadership to improve the IHSS programs in California.</p>
<p><b>2003-2004</b></p>	<p>Recommendations that encouraged consolidation of aging and/or long-term care services occurred often in the 2000s, along with several failed legislative efforts.</p> <ul style="list-style-type: none"> <li>• The 1996 LHC recommendations were echoed by the Legislative Analyst's Office (LAO) in their analysis of the 2003-04 budget bill. The LAO recommended the consolidation of all aging programs into the CDSS.</li> </ul>

<p><b>2003-2004</b></p>	<ul style="list-style-type: none"> <li>• Another LHC report in 2004, <i>Real Lives: Real Reforms</i>, called for a reorganization of CHHS Agency. The recommendations proposed moving departmental administrative resources to Agency and revising the departments focus to support local agencies through leadership, planning, research and capacity building.</li> <li>• CHHS Agency released a White Paper calling for reorganization after Governor Arnold Schwarzenegger released the California Performance Review. (See more under the year 2004.)</li> <li>• Assembly member Berg’s 2004 report, <i>Restructuring the California Department of Aging and Long-Term Care in California</i>, presented options for a new state paradigm of long-term care programs. (See more under the year 2004.)</li> </ul>
<p><b>2004</b></p>	<p>In 2004, Governor Arnold Schwarzenegger released the <b>California Performance Review (CPR)</b>, a 2,500 page report that aimed to save \$32 billion over five years by eliminating or consolidating more than 100 boards and commissions and modifying state business practices. Almost \$5 billion of the cuts were proposed changes to CHSS Agency including elimination of CCoA and SILC. The CHHS Agency released a White Paper that recommended creating the Division of Adult and Community Living responsible for policy and budget development and program planning for home, community, and institutional long-term care programs.</p> <p>Most recommendations from the CPR Task Force were eventually shelved.</p>
<p><b>2004</b></p>	<p>Through Executive Order S-18-04, Governor Arnold Schwarzenegger directed the Secretary of CHHS Agency to establish the <b>Olmstead Advisory Committee</b>, consisting of long-term care consumers and other stakeholders to inform the Administration’s understanding of the current LTC system and future opportunities. The Committee was intended to provide recommendations to the Secretary on the implementation of the State’s 2003 Olmstead Plan and ways to improve long-term care in California to meet the intent of the Olmstead Decision.</p>
<p><b>2004</b></p>	<p>From 2004 - 2006, Assembly member Berg, Chair of the Assembly Committee on Aging and Long Term Care, convened three committees to develop a Master Plan on Aging that would “help guide policymakers and stakeholders as they develop comprehensive and meaningful legislative, grassroots and policy agendas to address the issues surrounding the aging of California baby boomers.”</p> <ul style="list-style-type: none"> <li>• In May 2004, <i>Preparing for the Aging Baby Boomers</i> refined the priorities outlined in the LRSPA and focused on those areas that would most likely result in fundamental systemic reform.</li> </ul>

<p><b>2004</b></p>	<ul style="list-style-type: none"> <li>• In September 2004, a second report, <i>Restructuring the California Department of Aging and Long-Term Care Services in California</i> was released.</li> <li>• The final report, <i>Building an Aging Agenda for the 21<sup>st</sup> Century</i> was completed in 2006.</li> </ul> <p><i>“This report is only the first step in developing solutions to the problems California faces. With leadership and shared vision, the state can move bravely into the future in which older adults and adults with disabilities can live longer, healthier and more dignified lives, and do so in their own homes.”</i></p> <p>Assembly member Berg’s statement in the release of the <i>Building an Aging Agenda Report 2006</i>.</p>
<p><b>2004</b></p>	<p>CMS and AoA launched the <b>Aging and Disability Resource Center (ADRC) Initiative</b> in 2003 to streamline access to long-term services and supports for older adults and people with disabilities. ADRC’s are considered a “No Wrong Door” system which enables people of all ages, incomes, and disabilities to access a wide array of <b>long-term services and support (LTSS)</b> options in the community. ADRCs are required to involve the collaboration of both the local AAA and the ILC.</p> <p>CDA applied for and administered a series of these discretionary federal grants and in 2004 the first two ADRCs were started in San Diego and Del Norte Counties. In California, ‘Aging and Disability Resource Connection’ is used in place of Aging and Disability Resource Center.</p>
<p><b>2005</b></p>	<p>The <i>Booming Dynamics of Change</i> was the theme selected for the 2005 WHCoA reflecting the approaching age of the “baby boomers.” The CCoA took the lead in coordinating delegate training prior to the Conference and in sponsoring a post-Conference convening. The 2006 OAA Reauthorization, following the 2005 Conference, provided the following guidance:</p> <ul style="list-style-type: none"> <li>• Required evidence-based prevention programs;</li> <li>• Embedded the principle of providing consumer information for long-term care planning;</li> <li>• Promoted self-directed community-based services to older individuals at risk of institutionalization;</li> <li>• Strengthened the Act’s elder justice functions; and</li> <li>• Established funding for ADRCs.</li> </ul>

<p><b>2005</b></p>	<p><b>Money Follows the Person (MFP)</b> is a Medicaid program, originally authorized in 2005 and extended in 2010 by the Patient Protection and Affordable Care Act. MFP is designed to identify and help move nursing home residents who are able and want to live in a community setting in that transition process. The program does not provide direct grants to individuals. Instead the program funding goes to states so they can develop MFP programs.</p>
<p><b>2006</b></p>	<p>In 2006, CHHS Agency received five-year funding to establish <b>California Community Choices</b> program under CMS’s Real Choice System Change Grant. The program funded an environmental scan of LTSS programs and financing in California, launched six ADRC pilots, developed a consumer-facing, searchable LTSS website and developed policy recommendations.</p>
<p><b>2006</b></p>	<p>The Centers for Disease Control and Prevention established the <b>Healthy Brain Initiative (HBI)</b> in 2006. The HBI in California began in earnest with a one-time general fund expenditure authority of \$4.5 million to <b>California Department of Public Health (CDPH)</b> in the SF Y2019-20 budget. CDPH will allocate grants to local health jurisdictions over a three-year period to promote cognitive health, address cognitive impairment for people living in the community and help meet caregiver needs. The jurisdictions selected to be part of the <i>California Healthy Brain Initiative State and Local Public Health Partnerships</i> were Los Angeles, Placer, Sacramento, Shasta, San Diego and Santa Clara counties.</p>
<p><b>2007</b></p>	<p>The <b>California PACE Association (CalPACE)</b> was incorporated in 2007 and works towards the expansion of comprehensive health care services to the frail elderly through the <b>Program of All-inclusive Care for Elderly (PACE)</b>.</p>
<p><b>2007</b></p>	<p>In 2007, DHCS received Medicaid financing to implement the <b>California Community Transitions Program (CCT)</b>. In 2019 the grant was extended to 2021 with additional funding appropriated. DHCS works with the CCT Lead Organizations to identify and assist eligible Medi-Cal beneficiaries who have continuously resided in a state-licensed health care facility for a period of ninety consecutive days or longer, who are able to and wish to transition to a community setting.</p>
<p><b>2008</b></p>	<p>To promote shared understanding and enhance advocacy the first-of-three biennial joint meetings/public hearings were coordinated by SILC and CCoA beginning in 2008.</p>
<p><b>2008</b></p>	<p>The Veterans Health Administration began to adopt the ADRC Initiative in 2008.</p>

<b>2008</b>	In 2008, SB 491 required the California Alzheimer’s Disease and Related Disorders Advisory Committee to develop a state plan. Three years later, the CHHS Agency, in partnership with external stakeholders, released the <b>California State Plan for Alzheimer’s Disease</b> which provided a set of goals, recommendations and strategies to reduce the risk of dementia through the promotion of brain health and to improve care and support for all who are affected.
<b>2008</b>	The <b>California Elder Justice Coalition (CEJC)</b> , was launched in 2008 by participants in the Archstone Foundation’s Elder Abuse and Neglect Initiative. CEJC works <b>to address systemic barriers to elder justice.</b>
<b>2009</b>	<p>California faced a \$26 billion budget deficit in 2009. The enacted 2009 budget included a 32 % reduction in state general funds. These general fund reductions resulted in the elimination of all OCA programs including, ADCRC, Linkages, Brown Bag, Respite and Respite Purchase of Service, and Senior Companion. Funding for these programs has not been restored. Though funding was eliminated, statutory program language still exists in the OCA.</p> <p>State general funds for the CRCs were significantly reduced and Senior Legal Hotline funding was eliminated in 2009. The Foster Grandparent program was previously eliminated in 2004 due to budget deficits.</p>
<b>2009</b>	SILC received a grant from AoA in 2009 to expand and support ADRCs. The funding allowed FREED Center for Independent Living to develop the infrastructure and business plan necessary to become a state designated ADRC. FREED’s program is the first ADRC in California where the Independent Living Center is the fiscal lead agency.



## 2010 - 2019

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*This decade brought new activism, spurred on by the growing use of social media - Black Lives Matter, Me Too Movement, LGBT equality and Global Warming. The first iPad was on the market and the Ice Bucket Challenge was sweeping the nation. The divisive 2016 Presidential election contributed to the political polarization in Washington D.C.*

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The Patient Protection and Affordable Care Act (ACA) was signed by President Barack Obama on March 23, 2010. The Elder Justice Act was enacted the same day, as part of the ACA. The Secretary of Health and Human Services announced the creation of the Administration for Community Living (ACL) to support the needs of the aging and disability populations and improve access to health care and long-term services and supports. Three distinct federal entities were brought together as the new ACL.

Adult Day Health Care Centers (ADHC) in California were facing closure after Governor Jerry Brown “blue-penciled” a \$60 million budget appropriation for transitioning ADHC to a new waiver program. A lawsuit ensued. The lawsuit settlement resulted in the creation of Community-Based Adult Services allowing centers to remain open. In 2012, California’s Coordinated Care Initiative changed the way some people received their health care and long-term services and supports.

The California Task Force on Family Caregiving identified recommendations and policy changes to strengthen and support California’s 4.45 million family caregivers, in their 2018 report, “Picking up the Pace of Change in California.” A new program, Home Safe, was established by California Department of Social Services to support the safety and housing stability of individuals who are referred to the Adult Protective Services Program.

Two non-governmental collaborative entities were established this decade to focus on long term services and supports policy development and financing.

The end of the decade brought a renewed commitment to help guide California towards taking “better care of older Californians.” Governor Gavin Newsom signed an Executive Order calling for the creation of a Master Plan for Aging and announced the formation of an Alzheimer’s Prevention and Preparedness Task Force to be led by Maria Shriver.

<b>2010</b>	The <b>Patient Protection and Affordable Care Act</b> , also known as the ACA, was signed by President Barack Obama on March 23, 2010.  Included within the ACA, <b>Elder Justice Act (EJA)</b> was also passed on March 23, 2010. The EJA is the first comprehensive legislation to address the abuse, neglect and exploitation of older adults at the federal level.
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	The law authorized a variety of programs and initiatives to better coordinate federal response to elder abuse, promote elder justice research and innovation, support APS systems, and provide additional protections for residents in long-term care facilities. An Elder Justice Coordinating Committee was established in 2017 to coordinate activities related to abuse, neglect, and exploitation across the federal government.
<b>2010</b>	In 2010 the CDA was awarded a <b>New Freedom Grant</b> from the California Department of Transportation to improve mobility management for older adults and people with disabilities.
<b>2011</b>	The AoA designated 2011 as The Year of the Family Caregiver to commemorate the tenth anniversary of the NFCSP. The CCoA held the “first in the nation” caregiver event at ACC Senior Services in Sacramento.
<b>2011</b>	In 2011, the ADHC program was threatened with elimination when Governor Jerry Brown vetoed AB 1415 and “blue penciled” a \$60 million budget appropriation for transitioning ADHC to a new waiver program. After the veto, an existing ADHC beneficiary federal lawsuit, brought by DRC, was amended to seek a temporary injunction that would stop center closures. DRC and DHCS reached a legal settlement on December 1, 2011.  The settlement resulted in a new Medi-Cal program under California’s Bridge to Reform 1115 waiver, to be called <b>Community- Based Adult Services (CBAS)</b> which would be available to beneficiaries only through enrollment into Medi-Cal Managed Care Organizations.
<b>2011</b>	“California’s long-term care system is broken” said the LHC in a 2011 report, <i>A Long-Term Strategy for Long-Term Care</i> which cited the baby boomer population as the reason California needs to develop a more comprehensive strategy for long-term care delivery. LHC recommended “the state create a single point of contact, name a leader for long-term care, and develop a strategy for a seamless continuum of care.”
<b>2011</b>	Founded in 2011, the <b>California Collaborative for Long Term Services and Supports (CCLTSS)</b> is a statewide coalition of aging and disability organizations that advance policy around long-term services and supports.
<b>2012</b>	In 2012, the Secretary of Health and Human Services announced the creation of the new <b>Administration for Community Living (ACL)</b> at the federal level which brought together the Administration on Aging, the Office on Disability and the Administration on Development Disabilities

<b>2012</b>	into a single agency. The ACL was created around the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities.
<b>2012</b>	California’s <b>Coordinated Care Initiative (CCI)</b> in 2012 changed the way certain people received their health care and long-term services and supports. The CCI integrates the delivery of medical, behavioral, and long-term services and supports for people who receive Medi-Cal only and people who are eligible for both Medi-Cal and Medicare. The CCI also called for the expansion of Medi-Cal managed care to twenty-eight rural counties that had traditionally been fee-for-service counties.
<b>2013</b>	The first significant reduction in federal OAA funds to the states occurred in 2013 with sequestration. Approximately \$9.8 million in reduced OAA funding negatively impacted California’s AAAs, service providers, and those who received services.
<b>2014</b>	There are 4.45 million caregivers in California. In 2014, ACR 38 (Brown) established the <b>Caregiver Task Force on Family Caregiving</b> to “examine issues relative to the challenges faced by family caregivers and opportunities to improve caregiver support, review the current network and the services and supports available to caregivers, and develop policy recommendations.” A stipulation of the ACR was that funding for the Task Force had to come from non-state resources. The Task Force was convened with financial and professional resources from USC Leonard Davis School of Gerontology, AARP California, and the Archstone Foundation. The work of the Task Force was completed in 2018 upon submission of the final report, <i>Picking up the Pace of Change in California</i> ” to the State Legislature.
<b>2014</b>	Eight of the nation’s leading aging-focused organizations formed a partnership in 2014 with FrameWorks Institute to create a <b>Reframing Aging Initiative</b> . The Initiative is a long-term social endeavor designed to improve the public’s understanding of what aging means and the many ways that older people contribute to society. A sister project, <b>Reframing Elder Abuse</b> , aimed to demonstrate how elder abuse can be put on the public agenda, generate a sense of collective responsibility, and boost support for systemic solutions to address elder abuse.
<b>2014</b>	In early 2014, the California Senate established a <b>Senate Select Committee on Aging and Long-Term Care</b> to develop recommendations for an effective and efficient long-term care system. The Committee, chaired by Senator Liu released its report, <i>A Shattered System: Reforming Long-Term Care in California</i> , in 2015.

<p><b>2014</b></p>	<p>AARP California initiated its <b>Livable Communities</b> program in 2014. San Francisco received the first designation. AARP Livable Communities “support the efforts of neighborhoods, towns, cities and rural areas to be great places for people of all ages and abilities to live.” AARP believes “that communities should provide safe, walkable streets; age-friendly housing and transportation options; access to needed services; and opportunities for residents of all ages to participate in community life.” Currently there are 50 AARP California designated livable communities representative of over 20 million Californians.</p>
<p><b>2015</b></p>	<p>Though much smaller than previous efforts, President Barack Obama convened the <b>2015 WHCoA</b> at the White House. Recommendations from this Conference led to OAA amendments in 2017 that included provisions to: protect vulnerable elders by strengthening the Long-Term Care Ombudsman Program; enact elder abuse screenings and prevention efforts; and promote the use of evidence-based programs for falls prevention and chronic disease self-management.</p>
<p><b>2016</b></p>	<p>In 2016, CDSS utilized state and federal funds to contract with Regional Training Academies, from three California Universities, to develop core competency and advanced APS training across the state. Funding for the academies has been extended to 2022.</p>
<p><b>2017</b></p>	<p><b>Meals on Wheels California (MOWCA)</b> was formed in 2017 to create a unified voice for nutrition providers and broaden the impact of nutrition programs across the state to improve the lives of seniors, adults with disabilities and their families.</p>
<p><b>2017</b></p>	<p>In 2017, AB 1200 (Cervantes) added language to the W&amp;I Code (Section 9120), establishing an <b>ADRC program in California</b> to provide information to consumers and their families on available long-term services and supports. While this legislation defined ADRCs, it did not provide additional funding to support these services.</p>
<p><b>2017</b></p>	<p><b>The California Aging and Disability Alliance (CADA)</b>, formerly referred to as the LTSS Exploratory Coalition, began meeting in 2017 and incorporated a year later. CADA is comprised of twenty diverse organizations sharing a common commitment to create affordable financing solutions to address the need of the population now and into the future.</p>
<p><b>2018</b></p>	<p>The OCA was amended in 2018 to add ‘LGBT older adults’ as a targeted group (at risk of greatest social need) to receive program and services under the Act.</p>

<b>2018</b>	In 2018, West Health and The SCAN Foundation launched <b>We Stand With Seniors. Will You?</b> a nonpartisan, public awareness and education campaign focused on raising awareness and calling for the development of a Master Plan for Aging.
<b>2018 - 2019</b>	The <b>Home Safe Program</b> , created by AB 1811, supports the safety and housing stability of individuals who are referred to the APS program. The program, administered by CDSS, provides housing-related assistance, using evidence-based practices, for homeless assistance and prevention. The SFY 2018-19 budget included a one-time allocation of \$15 million General Fund for the program. Home Safe requires a dollar-for-dollar county match, bringing the total budget to \$30 million over a three-year period, which ends June 30, 2021. Twenty-four counties are participating in the program.
<b>2019</b>	On February 13, 2019, Governor Gavin Newsom called for a Master Plan for Aging during his first State of the State address. The Governor also announced the formation of an <b>Alzheimer’s Prevention and Preparedness Task Force</b> to be led by Maria Shriver.
<b>2019</b>	<p>Governor Gavin Newsom signed <a href="#">Executive Order N-14-19</a> which called for the creation of a <b>Master Plan for Aging (MPA)</b> to be developed by October 1, 2020. The Executive Order also called for the establishment of a cabinet-level Workgroup and a Stakeholder Advisory Committee. The Master Plan will serve as a blueprint that can be used by state government, local communities, private organizations and philanthropy to build environments that promote healthy aging.</p> <p><i>“The Golden State is getting grayer and we need to be ready for the major population changes headed our way. An aging population will introduce new opportunities for economic and community growth but also drive increased health and long-term care costs. We need a plan that brings everyone to the table – local communities, labor, private sector and philanthropy – to help us understand what’s coming and guide us toward taking better care of older Californians.”</i></p> <p>Governor Gavin Newsom statement, in media release, announcing the signing of Executive Order N-14-19, June 10, 2019</p>
<b>2019</b>	The first meeting of MPA Stakeholder Advisory Committee was held in September, 2019 and the Alzheimer’s Prevention and preparedness Task Force began meeting in November, 2019. The MPA’s original release date was October 2020. However, due to a pause on MPA activities to focus on COVID-19 response efforts, the MPA will be released December 2020.

<b>2019</b>	The SFY 2019-20 budget included a one-time \$30 million appropriation to the CRCs to be allocated \$10 million each year over the next three years.
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## Knowing Our History: Observations

In 2014, Sandra Fitzpatrick, then Executive Director of the California Commission on Aging, delivered testimony on the *Evolution of Long-Term Services and Supports (LTSS) in California* to the Senate Select Committee on Aging and Long Term Care. Her testimony reads in part,

*From robust service initiation in the 70s, to expansion in the 80s, to heart-breaking reductions in the past decade, the LTSS system in California evolved and then literally fell apart.*

*California was once known as an ‘innovative-rich’ state. The 70’s brought the establishment of the aging infrastructure; and the first ILC in the nation started in Berkeley. Many of the services we know today started as pilots or demonstrations with one-time funding. In 1980 the Older Californians Act redefined the duties of state entities and State General Fund dollars were used to build a system of home and community-based services.*

*Unfortunately, the economic downturn and recurring deficits have resulted in service elimination; many of the services have yet to be re-established.”*

The trajectory of services for older adults has not been smooth. Since the 1960s a confluence of variables and resources has resulted in a complex patchwork of services with different funding, eligibility, and duration. A sixty-year look back, however, provides many points in time to identify some observations about the influences that have shaped the services we have in California today. What follows is the identification of federal, state and cross-cutting influences; perhaps to serve as lessons to be learned as the evolution of services continues.

### Federal Influences

The impetus for aging and disability services began at the national level in the 1960s, with the nexus of the civil rights movements and President Lyndon Johnson’s Great Society provisions. The Gray Panthers (an intentional nod to the Black Panthers) and the independent living movement started against this backdrop.

The federal government’s role in the on-going development of aging, disability, and long-term services and supports across the states cannot be overstated. Many of California’s programs are the direct result of governmental laws, initiatives and funding.

The Older Americans Act (OAA) has been the backbone of aging services nationwide since its passage in 1965. The Act’s purpose is to help people age 60 and older maintain maximum independence in their homes and communities. The mission is expansive. Frequent reauthorizations, attempting to address competing needs, has made the focus seem

fragmented. Nevertheless, the OAA has encouraged the development and provision of multiple and varied services for older individuals.

OAA resources are relatively limited. Funding of the Act has failed to keep up with inflation and the increasing demand created by a rapidly aging population. Older Americans Act funding has increased 1.1% annually, on average, from FY 2001-FY 2009. One long-time Area Agency on Aging Director said *“We really don’t have any more money than we did in the beginning.”*

The eligibility age for participation in the OAA has remained constant. An individual’s income is not counted towards eligibility for participation in the OAA programs unlike other state administered programs for older adults. Population increases, without commensurate resource increases, will continue to be a challenge for aging service providers.

The decennial White House Conferences on Aging (WHCoA) provide excitement and anticipation for the aging network, along with the opportunity to influence a policy road map for the next ten years. The Conferences have had political overtones since delegates are selected by Governors, Congress and the President. History shows that the WHCoAs do lead to subsequent legislative initiatives. Bob Blancato, Chair of the 1995 WHCoA, recounts *“Some of the Affordable Care Act’s improvements in Medicare, especially for expanded preventive benefits, were outgrowths of the 1995 conference.”*

Following the Olmstead Decision, a series of federal Initiatives began to streamline processes and implement consumer-friendly systems making it easier for consumers to learn about and access the long-term services and supports they need and prefer in home and community-based settings. As a result, California Health and Human Services Agency, along with State Departments and local partner aging and disability organizations, began the administration and management of Medicaid LTSS programs.

## State Influences

The core purpose and functions of California’s 33 Area Agencies on Aging (AAA) as determined in the Older Americans Act, have remained constant: planning, needs assessment, program development and advocacy. Different organizational structures and fluctuating access to additional resources have led to variable program implementation. Some federal programs, administered by the Area Agencies on Aging, have grown very slowly over time, or have not been brought to scale. The ability of the AAAs to pivot and respond to COVID-19 reaffirms the important role they play in community planning and service delivery

The 1980 Older Californians Act was passed initially to respond to evolving federal mandates. The Act was amended in the mid-90s to include nine new community-based service programs funded exclusively with State General Funds. Funding for these programs was eliminated in 2009 due to California’s budget deficit, and has yet to be restored. Ed Walsh, Director of the Riverside County Office on Aging in 2009, responded to the cuts by saying *“That’s how it is for seniors, the last to be served and the first to be cut.”* However, the enabling language for these



programs remains in the Older Californians Act. Several legislative efforts in recent years to “modernize” the Older Californians Act were not successful.

Futuristic strategic planning started in the 1990s. Several reports highlighted the changes anticipated with the baby boomers – diversity, geography and longevity. Other reports called for the restructuring of the Long-Term Care System (now referred to as Long-Term Services and Supports) or changing administrative paradigms. These reports have not achieved system transformation.

A look at history will identify the “good budget years” in California by program expansion, often led by Governor’s Initiatives, and often with short-term, general fund appropriations. California faced budget deficits in 2003, 2009, 2011, and most recently, in 2020. *“Policy development and direction have always been driven by improvement or innovation, but it is also always affected by budgetary constraints. Program progress and loss of services have fluctuated over the years”* states Rita Saenz, Director, California Department of Social Services, retired. Economic downturns over the past two decades have shrunk the service array. One Information and Referral Specialist reported *“once the cuts from 2009 went into effect, we had no programs in our rural area to refer clients with Alzheimer’s disease to.”*

Federal Medicaid waiver programs, to support community living, are an area of recent service growth in our state, though not all are available statewide. Where available, these programs have augmented the traditional Older Americans Act services. The nature of waiver and demonstration programs means they are limited in duration.

The beginnings of the AAAs and the Independent Living Centers (ILCs) occurred almost simultaneously in California between 1970 and 1980, though the designation process was more formalized for the AAAs. The AAAs started as the result of governmental regulations. Creation of the ILCs was personally motivated. The ILCs were formed to ensure that people with a disability were entitled to civil rights, options and control over choices in their own lives. There are 33 AAAs in California and 28 operating ILCs. Their respective member associations were formed in the 1970s. Collaborative ventures started in 1995 and have increased in recent years.

### **Cross Over Influences**

One area that has undergone significant change over the years, has been the way older adults and people with disabilities are perceived by others and by themselves. Building traction for successfully combating the “isms” around disability and aging is critical to how services are funded, promoted and utilized in the future.

Fernando Torres-Gil, was appointed by President Bill Clinton to be the first-ever U.S. Assistant Secretary on Aging in the U.S. Department of Health and Human Services. Torres-Gil describes how changes in attitudes impacted the government’s reaction to older adults. *“Initially, services under the OAA were based on the assumption that older persons were the “deserving poor.” That opinion shifted when there was a decline in the poverty level of older adults and a*

*proliferation of services had been developed. Soon older adults were being called “greedy geezers”; then the notion of “personal responsibility for one’s own health and welfare” became prevalent.*

The Reframing Aging Project by Frameworks Institute was launched to counter “widespread misunderstanding about the aging process and lack of information about how older people contribute to society have led to pervasive ageism.” The Institute’s research found “that the public believes aging is synonymous with decline and dependency.”

The treatment and perceptions of disability have also undergone changes. This change has happened largely because people with disabilities have demanded and created those changes. David Wilder, blind and physically disabled, was elected Chair, State Independent Living Council in 2006. Wilder shares how he was able to become engaged in governmental advocacy, “[The President signed the ADA into law. The Brown Act and Public Records Act gave me the ability to observe and participate in decisions. The County floundered at first with how to accommodate me, but the law was my shield against exclusion.](#)”

More than perceptions, the language that is used to talk about aging and disability has also changed. An older adult is no longer “aged.” Aging is a verb not a noun. The descriptor “person with a disability” has replaced “handicapped.” The term “elder justice” is used instead of elder abuse. Long-Term Care has been replaced with Long-Term Services and Supports. A Master Plan on Aging became the Master Plan for Aging. Accurate perceptions and effective language can enhance the advocacy work and public impression of both networks.

Changing demographics and preparing for the baby boomers, have been the rallying calls for aging advocates, and others for many years. There is no doubt that California’s older adult population is entering a period of rapid growth. By 2030, as more adults reach retirement age, the over-age 65 population will grow by 4 million people and become more racially and ethnically diverse. Older adults comprise 42% of the disability population. The intersection of demographics, disability and longevity has never been never more apparent.

While the Chronology focused on governmental programs, the successful implementation of most state administered programs rests with the many community-based service agencies and providers who day after day deliver consumer-friendly information, care and support with sincerity, passion and kindness.

# Knowing Our History: Final Thoughts

## Submitted by Lora Connolly

Upon her retirement in 1998, Lora Connolly became the longest tenured Director of the California Department of Aging. She agreed to provide some final thoughts and context to this historical review.

This document highlights the major strategies that California, as home to the largest number and most diverse older adult population, has tested and adopted to better serve older adults and persons with disabilities.

It is important to note the funding sources for these programs has also evolved over time. Older Americans Act programs continue to require a 25% State Match for federal funding states received. That funding is based on the federal allocation from Congress and is allocated to the states based on a funding formula that includes a number of factors. Medicaid funding requires a 50% State Match. To maximize those federal funds, California has sought to align the requirements of some programs that had previously been paid for completely with State General Funds and/or county funding to draw down those federal Medicaid funds. IHSS is one major example.

Economic downturns over the past two decades have resulted in cuts (and often proposed elimination) to several of these programs in California when the State could not meet those matching requirements. Optional Medi-Cal services were eliminated; and other programs had hours of service cut, provider cuts, caps on enrollment, etc. Other innovative demonstration programs to expand services that support community living have been implemented using time limited federal demonstration grant funding that focus on pilot programs in a few geographic areas. But the funding to fully implement and sustain these programs statewide has generally not been forthcoming. Many of the Medi-Cal funded home and community based programs have yet to fully recover financially from the funding cuts that began during the 2012 recession.

This remains an ongoing but also growing challenge California faces as the population in need of these services continues to grow, the number of available family caregivers decreases, and only individuals with significant private resources can afford to purchase needed ongoing supportive services independently.

## Knowing Our History: The Recollections

This Section, *Knowing Our History: The Recollections*, contains an assortment of vignettes and short stories, gleaned from interviews with retired and long-serving leaders in aging policy, advocates, providers and people familiar with the history of the independent living movement.

Each vignette is a brief account of one situation or experience that has significance to the interviewee and adds personalized context to understanding the historical development of disability and aging services in California.

In all, eighteen individuals agreed to “take a trip down memory lane” in order to recall those moments, events or defining details that have influenced their lives, and in turn, the lives of others. Separately, the recollections are a thoughtful reminder of the passion and commitment of those who work in this discipline. Taken together they provide context to and understanding of the long road we have all been on and inform the forward path California is about to embark on with the Master Plan for Aging.

## *INDEPENDENT LIVING 2.0*

### ***Recollections by Ana Acton***

*In 2009 the State Independent Living Council (SILC) received a federal grant, to accomplish, among other activities, the formation of an Aging and Disability Resource Connection (ADRC). After a competitive process, SILC awarded the funding to FREED Center for Independent Living, located in Grass Valley. Ana recounts that the funding “allowed FREED to develop the infrastructure, including policies and procedure, to become a state designated ADRC.”*

*Working with a consulting group, FREED also created a business model that included developing a relationship with the local hospital to provide hospital to home transition services utilizing the Care Transition Intervention model. FREED was designated as an ADRC in 2014.*

*Proud to be the first California ADRC with an Independent Living Center (ILC) as the fiscal lead agency and also the first operational in a rural area, Ana describes the work of the ADRC as IL 2.0 because it “drives us to provide more comprehensive services. When I started, many aging and disability programs did not work well together. We had different views. However, the process of collaborating on the ADRC got us to shared values.”*

## *THE DREAM WAS ALWAYS ABOUT BUILDING HOUSING*

### *Recollections by Marcy Adleman*

*Marcy, as a psychologist in San Francisco, knew in the late 1990s that for many LGBT elders there wasn't a safe place to live as they aged. There was a need for housing free from discrimination where LGBT elders would be welcomed and honored. Marcy also knew that providing LGBT-friendly housing would address the need she saw in her practice. Little did she know, it would take almost two decades, and a few "twists and turns," to realize the dream?*

*In 1998, Marcy and her partner Jeanette, created Openhouse as a nonprofit advocacy group intent on providing LGBT senior housing. In 2004 Openhouse offered cultural awareness and sensitivity training for senior housing and health care providers. It wasn't long before Openhouse became a recognized leader in educating service providers and other stakeholders about the needs and concerns of the LGBT senior population. In 2008 Openhouse initiated education and outreach programs in neighborhood and senior centers. They were also poised to deliver on the initial goal of housing.*

*"It took a long time – almost twenty years" said Marcy. "I didn't know housing when I started. I learned it by 'doing it', along with committed board members and good partnerships." She worked tirelessly through the process, and persevered despite the recession. The original dream finally became a reality in 2016 at 55 Laguna Street. Home to 40 apartments, the building also includes a service center for both residents and LGBT older adults city-wide. The Openhouse campus was completed in 2019 with the addition of 78 units and a senior activity center.*

*Marcy described how she felt at the opening of 55 Laguna, "What was the moment I knew Openhouse had realized its dream of building housing and services? It was when I spoke with one of the new residents, a trans woman, at 55 Laguna. She told me that living in Openhouse was a chance to start over in a place where she felt safe and cared for. We both cried."*

*THAT'S WHAT FRIENDS ARE FOR*

***Recollections from Joaquin Anguera***

*In the 1970s when Older Americans Act nutrition funds were first released it was sometimes a challenge for the just-established Area Agency on Aging (AAA) to find a provider. Joaquin who authored the successful application for San Diego County to become a federally designated AAA was hired as its first planner/contracts manager and used his ingenuity and familiarity to find nutrition providers.*

*Joaquin was seeking a nutrition provider in a low-income neighborhood. It just so happened that Joaquin, a former minister, came up with the idea to approach the priest at a Catholic Church to ask (convince) him to open the church hall as a nutrition program for the aged. The “ask” was successful.*

*In a few months Joaquin was seeking another site, this time at the southern end of the County near the border. He was not having any success when he decided to try the approach that worked before. He set an appointment with the pastor from a local church and asked the priest from the first site to go with him on the visit. The priest agreed to accompany Joaquin and said “Do not worry Joaquin, over a couple of glasses of scotch we will be able to convince him.”*

*Joaquin does not drink scotch, but on this day, he did. The meeting was successful and the second nutrition site continues to this day.*

## *HER PASSION SUSTAINS HER*

### ***Recollections from Donna Benton***

*You won't miss the passion in her voice as Donna speaks of family caregivers. She joined the USC Family Caregiver Support Center in 1997 and was fortunate in her first year to oversee the program expand to three additional locations with a state general fund augmentation. Her program was stable for nearly a decade until recurring budget deficits ultimately reduced funding to the state network of Caregiver Resource Centers (CRC) by 70%.*

*Donna was encouraged in 2015, when ACR 38 (Brown), created a Family Caregiver Task Force. The work of the Task Force, which she chaired, resulted in the report "Picking up the Pace of Change in California" and a 2019, three-year state general fund augmentation of \$30 million for California's CRCs. When thinking back about the Task Force, Donna said "I got to work with people I admire, to take something I was passionate about, and to learn what it takes how to move it through the legislative process."*

*Through good years and bad, Donna has shepherd the USC Family Caregiver Support Center to expand programs to target ethnic populations and advocate for inclusion of more family caregivers in the paid family leave program. When asked what motivates her, Donna replied, "One in every four households includes a family caregiver. Working to support family caregivers – who are often invisible – invigorates me!"*



## *STARTING FROM SCRATCH*

### ***Recollections from Patty Berg***

*Patty worked at Humboldt State University in the early 1970s in the community development department where she wrote the first grant to bring the nutrition and senior information and referral programs to Humboldt County. She was instrumental in establishing the local senior center in 1974. Little did she know, these experiences would ultimately lead her to a long and successful career as an aging advocate.*

*As she is fond of saying, "I was hired in 1980 to essentially start an Area Agency on Aging from scratch! No staff, no Advisory Council, no furniture with the exception of one desk and an empty four-drawer file cabinet, no written policies, no area plan, truly nothing but a Board of Directors." Patty was the founding Executive Director of the Area Agency on Aging serving Humboldt and Del Norte Counties, a position she held for nineteen years. While there, she grew the agency "from a staff of 4 and a budget of \$300,000 to 25 employees and a multimillion dollar budget."*

*Shortly after retiring from the Area 1 Agency on Aging, Patty was elected to the California Assembly and chaired the Assembly Aging and Long-Term Care Committee.*

*Despite the sparse start, she had a great run for twenty-six year!*

## *A CONFERENCE ON AGING, NOT THE AGED*

### *Recollections from Robert Blancato*

*Bob is a long time Washington DC insider and a well-respected policy expert on aging. It was an honor for him to be appointed by President Bill Clinton to serve as the Executive Director of the 1995 White House Conference on Aging. What follows is his reflection about that Conference.*

*“Though required by law to be bipartisan, the 1995 Conference was held at a politically-charged time where the President was a Democrat and the Republicans controlled the House and Senate for the first time in 40 years. The Republican leadership called for reforms to Social Security and Medicare in their election platform, also known as the Contract with America.*

*The top resolutions approved by the delegates rejected the Contract positions and instead called for protections to the Social Security, Medicare and Medicaid programs. The Conference also introduced new issues in aging policy including grandparents raising grandchildren, LGBTQ older adults, caregivers, and expanded funding for Alzheimer’s research. Some of the Affordable Care Act’s improvements in Medicare, especially for expanded preventive benefits, were outgrowths of the 1995 conference. It was by design **a White House Conference on aging, not the aged!**”*

## *A DAUGHTER'S STORY*

### ***Recollections from Betsy Butler***

*My father was diagnosed with Alzheimer's Disease when he was 67 years old and died from the disease when he was 83, just three weeks shy of my parents' 50<sup>th</sup> wedding anniversary. During those sixteen years that he struggled the disease, we as a family struggled too. But no one was more impacted by my father's disease than my mother. My mom, who was two years older than my father, became his full-time guardian and caregiver throughout the progression of the disease. Fiercely independent and loyal, my mother did not want outside help nor did she want to put my dad in a nursing home. In fact, my mother did not place him in a facility until he was incapable of doing anything for himself and long after he had forgotten who any of us were.*

*My primary concern was that my father's disease would take my mom too. Caregivers bear an incredible burden and practically everything my mom learned about Alzheimer's and potential benefits or options to alleviate her responsibility were not readily available or easy to access. When my father's disease had progressed to the stage that he was up for 15-20 minutes every hour of every day, a relative suggested my mom look into an Adult Day Health Care Centers. My mother was beyond exhausted and she needed help. To this day, I am convinced that the ADHC positively saved my mom's life.*

*I was a freshman Member of the California Assembly the year my father passed. The experience of living through the decline and ultimate death of my dad from Alzheimer's gave me a perspective on the aging process in California that horrified me. My parents were able to afford full-time care for my dad in a nursing facility, but what if they didn't have the money to cover his care, and how many others are not able to afford the level of care their loved ones need? What if my mom did not have an ADHC to take my dad to so she could literally go home and sleep? My father was abused and neglected in the nursing facility he was in, what can be done to prevent this negligence in the future? These were just a few of the concerns I hoped to address while I was in the Assembly and what motivated me to want to be a Commissioner on the California Commission on Aging. Being able to age with dignity in California is a goal everyone should be working to achieve.*

## ANTICIPATE AND FILL THE NEED

### Recollections from Anni Chung

*To tell the story of Anni, is to tell the story of Self-Help for the Elderly. The person and the organization have been intertwined since the 1970s. Anni's first exposure to Self-Help for the Elderly was as a college intern, after which time she returned to Hong Kong. Unrest in Hong Kong resulted in Anni and her family moving to the United States, where she began working at Self Help for the Elderly.*

*Originally created as a "War on Poverty" program, Self-Help for the Elderly began serving seniors in San Francisco's Chinatown community in 1966. Sam Yuen was the first Director, and it was his participation in the 1971 White House Conference on Aging that brought many opportunities for service expansion. Anni recalls that "Self-Help for the Elderly was the only ethnic Chinese model at the Conference that catered to low-income monolingual immigrants."*

*Immigration laws changed in 1965 after which there was an influx of immigrants from China and Hong Kong that settled in the San Francisco area. It was obvious that these immigrants weren't going to have funds for retirement. To fill that need, Self-Help for the Elderly started a licensed home care training class in 1972, so that the immigrants would be able to have a job and qualify for Social Security.*

*In 1981 Anni became the President and CEO of Self-Help for the Elderly, a position she has held for nearly 40 years. She recalls "I was pretty young, around age 30, when I began overseeing an elder agency. Many older Chinese men were wondering why the agency would send such a young person to help." In the end they recognized that Anni works tirelessly to "empower seniors to help themselves."*

*Throughout her career, her motto has been "anticipate the need, and fill the need" and that's what she has done by creating employment training programs; along with a range of services spanning housing, home care, activity centers and hospice. Anni's enthusiasm and vision are very much alive today. The Agency has expanded under her leadership – it now serves over 40,000 adults across five counties.*

## *GUIDED BY MY HEART*

### *Recollections from Julie Damron*

*Julie was a nurse working on the medical surgical floor in the early 1980s when she first learned of the Adult Day Health Care (ADHC) Program. From that moment on, she knew in her heart that starting a program in northern California was what she had to do!*

*For over a year, she led the process to incorporate ADHC of Mad River and what a process it was – everything from remodeling the facility, developing protocols, hiring and training staff, clearing licensing, purchasing a van and enrolling participants - all made even more difficult, in a rural community.*

*She became the founding Executive Director in 1985 and retired in 2013. When asked how she felt when the first participants arrived, she said “I was excited to give the participants something to look forward to each day and to offer respite for family members. It was so special to see the joy on their faces. We had a married couple, both in the nineties, who attended together. He turned 100 with us. It was really a fun time!”*

## *A RELUCANT VOLUNTEER BECOMES LIFETIME ADVOCATE*

### *Recollections from Paul Downey*

*Paul became the Press Secretary for the Mayor of San Diego in 1986. The Mayor announced one day that the entire staff had “volunteered” to serve lunch once a month at the local senior center operated by Serving Seniors. At 27-years old, Paul was less than enthusiastic about the prospect, thinking what would he have in common with all those “old people.” Fortunately, he was smart enough not to say that out loud and reluctantly went to serve meals.*

*During that first volunteer experience, he did a very poor job delivering lunch but an excellent job chatting with the seniors. Paul quickly realized that they represented living history with experiences very different than his middle-class upbringing. He received a graduate course in life that day and it changed his life. He became an energetic volunteer at Serving Seniors and was hired as the organization’s President/CEO shortly after the Mayor’s term ended. Always striving to meet the needs of older adults, Paul’s leadership led to the establishment of over 500 low-income senior housing units, a national model for service provision and collaborations that include the first dental office located inside a senior center.*

*From a reluctant beginning, Paul became a respected local, state and national advocate for older persons. In 2020, Serving Seniors -- San Diego’s first senior nutrition program -- celebrated its 50<sup>th</sup> anniversary. Paul celebrated his 25<sup>th</sup> year as its leader.*

## *LET'S START ONE ANYWAY*

### ***Recollections from Eli Gelardin and Lee Pullen***

*When they first met over client rights, it could have been adversarial. Instead, it was the start of a respectful relationship between Eli and Lee. Building on the trust that emerged, the two have taught each other and developed a shared vision to transform adult and disability services in Marin County.*

*In 2014, with a small grant and strong desire, the two leaders embarked on a deliberate collaboration to create an Aging & Disability Resource Connection (ADRC) at a time where there were no earmarked resources and no opportunities for designation. "Let's start one anyway" they said. After pooling limited resources and two years of planning, they did!*

*Lee and Eli credit "our and our staff's deep commitment to the work and cause(s) that have made things happen." The collaboration of the two organizations resulted in receiving an ADRC designation in 2019. "We received our first round of funding in early 2020 thanks to recent legislation and state budget action."*

## *A \$10 MILLION IDEA*

### *Recollections from Alice Gonzales*

*Alice was appointed Director of the California Department of Aging (CDA) by Governor George Deukmejian in 1983 and served in that position until 1990. In 1984, their combined leadership resulted in a plethora of new programs and funding, to support older Californians. Recalling that time, Alice said, "We were always looking at what we could do."*

*Alice recounts the following exchange with the Governor, "I remember the day the Governor called me to his office. He asked what I would do with \$10 million. I told him to give me an hour and I'll be back." From that conversation the idea to fund California senior centers was born.*

*The Senior Center Bond Act (California Proposition 30) appeared on the statewide general election ballot in 1984 as a legislatively referred Bond Act. Nearly 76% of California voters approved Proposition 30 which authorized CDA to make awards for the acquisition, construction or renovation of senior centers.*

*"Passage of the Senior Center Bond Act made me proud," said Alice, "Cities like Lincoln and Rocklin in Placer County, got a senior center."*



## *DOING WHAT AN AREA AGENCY ON AGING IS SUPPOSED TO DO*

### *Recollections from joyce ellen lippman*

*joyce ellen joined Central Coast Commission for Senior Citizens, a designated Area Agency on Aging (AAA) in 1979 and soon after became the Director, a position she holds today; which has earned her the distinction of being the longest serving AAA Director in California. Everything was “new” in those early years – the needs assessment, area plans, public hearings and department-sponsored monthly trainings.*

*Looking back, she said “my work has always been in aging.” She earned a master’s degree in gerontology from USC and her volunteer work was on behalf of nursing home residents. When asked what maintains her in this work, she replied, “I feel comfortable with aging people. I can visit sites, talk to them and perhaps help them. I want to ensure that senior needs are met and that they live in a safe community. Isn’t that what an AAA is supposed to do?”*

*joyce ellen describes a local effort in response to COVID-19 that illustrates the important contribution of an AAA. She, along with twelve other agencies, were concerned about the older adults who did not have internet access and were fearful to leave their homes. The agencies met, created the isolated senior outreach project, and mapped out a contact strategy, using volunteers, who would go door-to-door in mobile home parks, senior housing and other locations. 1,100 older adults were found to be isolated and in need of services, particularly food. The identified seniors were linked to resources.*

*“The greatest roles of the AAA in the community are as true today, as they were in the mid-70s: influence, advocacy and program development,” said joyce ellen. “I’m proud to be able to pivot as needs are identified and then to work with community partners in collaboration to identify solutions that are responsive to the needs.” Every single day, joyce ellen embodies the original purpose of an AAA.*

## *SUPPORTING INDEPENDENCE*

### ***Recollections from Babbie Peterson***

*Babbie was in her early 40s, had three young children and was a caregiver for her father who lived in Karuk Tribe Senior Housing, when she started her job as the Senior Center Supervisor in 2000. The Center had just received Older American's Act federal funding for a Title VI (Native American) senior nutrition program. Without any food service background, she had a lot to learn to establish a meal program. She researched Title VI and Title III manuals, took food handler classes, visited other programs and remodeled the kitchen.*

*"As a new service in the Tribe, the meal program had a lot of rules that people were not used to," Babbie noted. For example, the program she was overseeing was limited to seniors only, whereas Tribal programs traditionally feed everyone. Babbie was able to overcome this by creating a welcoming program.*

*Upon reflecting on her work, Babbie said, "the program benefited our underserved area by bringing food for the soul as well as the body." She continued, "The program helped my father and me as the caregiver. He lived independently until he passed at 89, in his own home. He would not have been able to do that without the services offered by these programs. I will be forever thankful."*

## *AN ENERGETIC STRATEGIST*

### ***Recollections from Rigo Saborio***

*Rigo was selected to lead the St. Barnabas Senior Services in December 2008. Shortly thereafter, he saw the need for urgent advocacy when funding was threatened for programs serving older adults and people with disabilities in Los Angeles. In response, the Los Angeles Aging Advocacy Coalition (LAAAC) was formed to create a unified advocacy voice. Spearheaded by St. Barnabas Senior Services, Partners in Care Foundation and Alta Med Health Services Corporation, the LAAAC consisted of 19 advocacy groups and senior service organizations. About the work of LAAAC, which Rigo chairs, he said "LAAAC was founded to serve as a vehicle for unifying and lifting the voices of aging service providers and the older adults they served at a time when their voices were fragmented and muted. Without LAAAC the aging landscape in Los Angeles would not be as we know it today."*

*Rigo began his work in aging serving on the U.S. House Select Committee on Aging, under the leadership of former Congressman and icon Edward R. Roybal. He followed by helping family caregivers, as the Director of USC's Los Angeles Caregiver Resource Center. From there he joined AARP for eight years, culminating as director of diversity outreach and alliance for AARP's National Office before making the decision to return to direct service provision in a community-based organization.*

*He said, about his decision to lead St. Barnabas at such a challenging time "it was the most challenging time of my career as our country was in the midst of a recession and aging services in California were being cut or eliminated and yet it was the most gratifying period of my career as well because our work in direct service and advocacy was truly making a positive difference in the lives of older adults."*

*Rigo is known as an energetic strategist who uses his relationships and skills to bring others together to collaborate on community challenges. His work at St. Barnabas Senior Services is innovative, inspirational and transformative.*

## LESSONS FROM MY GRANDPARENTS

### **Recollections from Will H. Tift**

*What would draw a young person to seek a career in gerontology? Perhaps it was their life experiences at an early age.*

*Will first interviewed at Area 1 Agency on Aging (A1AA) in 2000. When asked “why do you want to work with older people?” he stumbled. The answer was too close; he’d never stepped back enough to see it.*

*Will’s story began in stereotypical fashion. His Greatest Generation grand-parents met at a WWII victory parade and married in 1946. His young Baby Boomer parents met while “cruising” classic cars and married in 1970, but the relationship did not last. So, like many first-born Gen X kids, Will (age 5) went to live with grandma and grandpa.*

*A doting, first-time “Na Na” instantly became the most cherished, influential figure in his life. “Pa Pa” was still working as a carpenter, and great grandma “Na Nee” (age 92) lived in a cottage out back. Later, Will spent most weekends with maternal grandmother “Na No” while his single mother worked. In 1982 Will’s mother took him and her new husband to Wisconsin. Seven years later, Will (age 18) returned to the grandparents he had missed so profoundly.*

*On the third try, Will was hired by A1AA in 2000. As Eldercare Coordinator he counseled working family caregivers by phone and did home visits with clients’ aging parents. The caregivers were always worried; the parents always thought their adult children were over-reacting; both were right. The job came easily to Will because he could relate to these families. In them, he caught glimpses of his own older relatives, and that was comforting.*

*In 2006, Will’s beloved Na Na died too soon (age 80) due to undiagnosed, untreated depression and dementia. Pa Pa lived three more years, sitting in his garage by himself, without purpose. Pneumonia took him at age 94.*

*Now an Assistant Director at A4AA in Sacramento, Will gets up every day more fully committed to improving the Aging Services Network because he believes his grandparents deserved better, and because he knows, soon enough, his aging Baby Boomer parents will demand better.*

## *FROM ACTIVIST TO GERONTOLOGIST*

### ***Recollections from Fernando Torres-Gil***

*Fernando's childhood was impacted by a diagnosis of polio. He received support from Shriners Hospital and the California Department of Rehabilitation which supplemented his academic costs at San Jose State. It is there that he became a disability activist, after meeting Ed Roberts and other pioneers of the disability movement. A few years later, when Fernando was in graduate school, his professor was assembling a team of students to evaluate the 1971 White House Conference on Aging (WHCoA). Fernando admits he had no idea what the conference was about, "but it offered pay and a trip to Washington D.C."*

*At the WHCoA, he noticed protestors gathering outside. "Being an activist, I gravitated to the protestors which were mostly people of color" Fernando said. The protestors, joined by Fernando, marched to the White House with Maggie Kuhn. Then as Fernando recalls, "we barged into the office of Arthur Flemming, Chairman of the WHCoA to request ethnic participation at the conference." Instead of ushering them out, The Chairman asked what the protestors wanted: inclusion of ethnic speakers, bi-lingual proceedings and minority delegates since no minority delegates were seated at the WHCoA.*

*A surprising turn of events occurred when Fleming announced to protestors, "I hereby appoint you to be delegates to the 1971 WHCoA." That is how, Fernando traveled to the conference as a student observer and left the conference as a seated delegate. A review of the 1971 WHCoA proceedings, which includes reports from ethnic groups, speaks to successful advocacy. More importantly, a few years after, the Older Americans Act was amended to include language stating that services were to be prioritized to older individuals in greatest economic and social need, with a particular attention to low income minority older individuals.*

*In Fernando's words, "My history starts with personal experiences. I was first introduced to disability rights before gerontology and now I am doing both!"*

## *MAKING A DIFFERENCE IN THE WILD WEST*

### ***Recollections from Lorna Van Ackeren***

*Lorna graduated from Chico State in 1978 earning a degree in Social Welfare with an emphasis in Gerontology, after which, she applied to USC to enroll in the gerontology master's program, but was told she was "too young." That didn't hold her back from finding a job at the newly formed California Department of Aging (CDA) in 1977. CDA had been established in 1974 so Lorna played an important role in the establishment of policies that were consistent with federal Older Americans Act guidance.*

*Lorna remembers that the team was young, but they eagerly embarked on the task to establish planning and service areas based on population and engage in a competitive procurement process to determine Area Agency on Aging designations. She described the situation as "fast paced, staff were somewhat renegade, policies were made as situations arose, and the challenges many." She also said, "Ah, those were the Wild West days at CDA!"*

*At first Lorna didn't realize CDA was setting up the system that would become California's aging network. Attending the 1981 White House Conference on Aging broadened her view of that potential. Lorna left CDA in 1984 and earned a master's degree in 1985. Upon reflection on her time at CDA, she said "I loved what I did. I felt very fortunate to be there, at that time, in an advocacy role, making a point of difference."*

## Knowing Our History: Acronym List

AAA	Area Agency on Aging
ACA	Affordable Care Act
ACCRC	Association of California Caregiver Resource Centers
ACL	Administration for Community Living
ADA	Americans with Disabilities Act
ADCRC	Alzheimer's Day Care Resource Center
ADHC	Adult Day Health Care
ADRC	Aging and Disability Resource Centers, (known in California as Aging and Disability Resource Connections)
ALWP	Assisted Living Waiver Program
AoA	Administration on Aging
APS	Adult Protective Services
C4A	California Association of Area Agencies on Aging
CAADS	California Association for Adult Day Health Care Services
CADA	California Aging and Disability Alliance
CADC	California Alzheimer's Disease Centers
CalPACE	California PACE Association
CANHR	California Advocates for Nursing Home Reform
CAPA	California Association of Public Authorities for IHSS
CBAS	Community-Based Adult Services
CBSP	Community-Based Service Programs
CCI	Coordinated Care Initiative
CCLTSS	California Collaborative for Long Term Services and Supports
CCoA	California Commission on Aging
CCT	California Community Transitions Program
CDA	California Department of Aging
CDHS	California Department of Health Services, now known as California Department of Health Care Services
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CEJC	California Elder Justice Coalition
CFILC	California Foundation for Independent Living Centers
CHA	California Health Advocates
CHHS	California Health and Human Services Agency
CLTCOA	California Long-Term Care Ombudsman Association
CMS	Centers for Medicare and Medicaid Services
CPR	California Performance Review
CSL	California Senior Legislature
CWDA	County Welfare Directors Association

DHCS	California Department of Health Care Services
DOR	California Department of Rehabilitation
DRC	Disability Rights California
EJA	Elder Justice Act
FG	Foster Grandparent
HBI	Healthy Brain Initiative
HICAP	Health Insurance Counseling and Advocacy Program
IFF	Intrastate Funding Formula
IHSS	In-Home Supportive Services
LHC	Little Hoover Commission
LRSPA	Statewide Long Range Strategic Plan for Aging
LTSS	Long Term Services and Supports
MFP	Money Follows the Person
MMA	Medicare Prescription Drug Improvement, and Modernization Act, also known as Medicare Modernization Act
MOWCA	Meals on Wheels California
MPA	Master Plan for Aging
MSA	Multipurpose Senior Services Project Site Association
MSSP	Multipurpose Senior Services Project
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
OCA	Older Californians Act of 1980
PA	Public Authorities
PACE	Program of All-inclusive Care for Elderly
PSA	Planning and Service Area
SC	Senior Companion
SFMNP	Senior Farmer's Market Nutrition Program
SILC	California State Independent Living Council
SUA	State Unit on Aging
TACC	Triple-A Council of California (known as Area Agency on Aging Advisory Council)
TheCIL	The Center for Independent Living
WHCoA	White House Conference on Aging