



ANNUAL REPORT 2010

AGING WITH DIGNITY: INITIATING CHANGE



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MISSION

THE SCAN FOUNDATION'S MISSION IS TO ADVANCE THE DEVELOPMENT OF A SUSTAINABLE CONTINUUM OF QUALITY CARE FOR SENIORS.

VISION

THE SCAN FOUNDATION'S VISION IS A SOCIETY WHERE SENIORS RECEIVE MEDICAL TREATMENT AND HUMAN SERVICES THAT ARE INTEGRATED IN THE SETTING MOST APPROPRIATE TO THEIR NEEDS AND WITH THE GREATEST LIKELIHOOD OF A HEALTHY, INDEPENDENT LIFE.

THE PASSAGE OF THE *PATIENT PROTECTION AND AFFORDABLE CARE ACT* IN MARCH 2010 FUNDAMENTALLY CHANGED THE LANDSCAPE FOR MEETING THE NEEDS OF VULNERABLE AMERICANS.



MESSAGE FROM THE CHAIRMAN OF THE BOARD & PRESIDENT AND CEO



Tom Higgins,
Chairman of the Board



Bruce A. Chernof, MD,
President and Chief Executive Officer

AGING WITH DIGNITY: INITIATING CHANGE

Welcome to The SCAN Foundation's 2010 Annual Report. The past year has seen momentous changes in California and across the country. The passage of the Patient Protection and Affordable Care Act (ACA) in March 2010 fundamentally changed the landscape for meeting the needs of vulnerable older Americans. Embedded within the ACA are a range of new opportunities that, when taken together, provide the foundation for a more comprehensive, person-centered approach to long-term services and supports. California has led the way as the first state in the country to pass enabling legislation to fully implement the ACA, and is moving forward swiftly to operationalize many aspects of this new law. Despite these important new opportunities, 2010 was also a year of critical challenges, as almost every state in the nation faced significant budget deficits and substantial pressure on public programs serving vulnerable adults, particularly seniors.

CALIFORNIA: FACING CHALLENGES AND SEIZING OPPORTUNITIES

For California, 2010 was a year with enormous challenges driven by a \$24 billion budget deficit. A deficit of this size leaves no program untouched, and community-based care programs certainly have felt the effects. For The SCAN Foundation, creating a better understanding of the impacts of proposed solutions on the lives of vulnerable Californians was a critical part of the year's work. Early in 2010, the Foundation commissioned a major statewide poll that documented how little Californians really know about how long-term services and supports are paid for and provided. The poll also demonstrated how financially ill-prepared most California families are, should they need to purchase services out of pocket. Significant majorities could afford no more than three months of skilled nursing facility costs or six months of home-and community based care. Finally, majorities of Californians across the political spectrum believe this is an issue that needs to be addressed by elected officials.

Another important body of work in California has been our effort to put a human face on aging programs and the people who depend on them. Last year, the Foundation launched a major endeavor with the UCLA Center for Health Policy Research to track individuals and families who use In-Home Supportive Services (IHSS) and other community-based programs. What is already clear from the first findings of this work is that most vulnerable Californians with functional limitations use a system or network of care that is more implicit than explicit, including a mix of public programs, insurance, and personal or family resources. The network is implicit because these programs and services operate almost entirely in silos with little coordination or understanding of what else is being provided. The full impact of proposed cuts is hard to understand because of this lack of meaningful coordination.

Despite these serious challenges, California has key opportunities to improve systems of care and The SCAN Foundation dedicated significant resources towards helping the state realize these opportunities. Our work emphasized improving care for individuals dually eligible for both Medicare and Medicaid. A major area of focus, together with other policy-oriented foundations, was the successful renewal of the state's 1115 Medicaid waiver. Our extensive work with



Photo by Cynthia August Images

the Center for Health Care Strategies to outline options for better serving dually eligible Californians, provide technical assistance in developing the waiver itself, and bring stakeholders together to inform the process played an important role in helping the state succeed in its negotiations with the Centers for Medicare and Medicaid Services (CMS). This work defined opportunities to try new models and take down traditional barriers that have constrained person-centered care coordination. While these pilots to improve care will ultimately occur outside the 1115 waiver, the waiver work laid the platform for new opportunities to further integrate care.

On the heels of the successful 1115 waiver application, The SCAN Foundation provided critical technical assistance to help the state pursue another important opportunity that resulted directly from the ACA. The newly formed Medicare and Medicaid Coordination Office (sometimes referred to as the “Office of the Duals”) ran a competitive process for states to receive planning contracts for new models of care for dual eligibles. Despite the state’s significant budget challenges and in the face of competition from many other states, California was awarded one of 15 planning contracts in 2011 of \$1 million.

At the program level, our California grantees continued to make important strides toward improving the systems and processes of care for vulnerable older Americans. Our efforts to improve care coordination at discharge for those with serious illness and/or functional limitation through implementing the *Geriatric Resources for Assessment and Care of Elders* or GRACE program in California showed success marked by reduced emergency room visits. We are also pleased to see rural communities seeking to expand the *Program of All-Inclusive Care for the Elderly* (PACE) program. We see the Village movement expanding across the state, with other foundations joining in this work. Our five grantees developing continuing education curricula for Certified Nursing Attendants and Home Health aides based on a geriatric framework is nearing completion, with public roll-outs of these terrific programs occurring early in 2011. Also in 2010, The SCAN Foundation released a series of grants to support the development of social action programs among volunteers in community-based organizations geared toward senior services. Finally, the Center for Technology and Aging, incubated at the Public Health Institute in Oakland, began a critical partnership with CMS and the federal Administration on Aging to support Aging and Disability Resource Centers' efforts to use technology as a tool to improve care transitions.

FEDERAL: IMPROVING CARE COORDINATION THROUGH THE ACA

At the federal level, The SCAN Foundation focused on a select list of ACA opportunities that have the potential to transform care for vulnerable older Americans. High on this list is the Community Living Assistance Services and Supports (CLASS) Plan, a new voluntary, publicly-administered long-term care insurance program that is completely funded through enrollee premiums. CLASS represents a fundamental shift from the current poverty driven paradigm in which individuals spend down their personal resources to the point that they qualify for Medicaid, where they will remain for the rest of their lives. CLASS will provide all working Americans a new resource to plan for their needs as they age. The ACA opens further opportunities to improve care coordination through the new CMS Innovations Center and Medicaid home-and community-based services. The SCAN Foundation commissioned and disseminated a series of three roadmaps to help states consider their options for improving their long-term services and supports programs. Why are these federal opportunities important to California? The

reality is that roughly 70 cents of every dollar spent at the state level on vulnerable older Americans comes through federal programs. ACA implementation matters to Californians and Americans in every other state.

Looking toward 2011, many of the 2010 challenges and opportunities will persist. California and other states will continue to grapple with budgetary challenges and at the federal level, important implementation work and policy debates await. For The SCAN Foundation, our focus remains on seniors and their families who face daily living with significant limitations while caught in a broad, complex, and minimally responsive menagerie of medical and social services. The language these medical and social service organizations use to talk to one another and to people who require care needs to be improved so that providers and consumers can work together to offer optimal support. We acknowledge the needs and hopes of older persons, while championing the expectation that they are recognized for their role in society and can live with dignity and independence rather than being labeled by medical diagnoses and other problems. We thank the Foundation Board for their time and effort to help grow our young organization. Finally, we recognize and thank all of our grantees for their outstanding work – it is their passion, intellect, and dedication to addressing tough issues that will change way they we approach aging in America.

Sincerely,

THOMAS HIGGINS
CHAIRMAN OF THE BOARD



BRUCE A. CHERNOF, M.D.
PRESIDENT AND CEO



THE SCAN FOUNDATION'S WORK IN 2010 FOCUSED ON RAISING LONG-TERM SERVICES AND SUPPORTS AS A PUBLIC PRIORITY, AND TO INFORM AND MOBILIZE POLICYMAKERS AND THE PUBLIC. PART OF THE SCAN FOUNDATION'S MEDIA STRATEGY FOCUSED ON LEVERAGING THE BRAND REPUTATION OF SEVERAL PROVEN MEDIA OUTLETS.



GRANTS AND INITIATIVES

FUNDING PRIORITY 1:

Elevate the establishment of a comprehensive continuum of care for seniors as a national priority, and as a state priority for California.

The SCAN Foundation's work in 2010 focused on raising long-term services and supports as a public priority, and to inform and mobilize policymakers and the public. This work was accomplished through message development, policy convenings, and media outreach.

At the federal level, in early 2010 the Foundation commissioned several polls to raise the importance of long-term services and supports in the context of the health care reform debate, and to understand how to talk with seniors about aging issues and long-term care. In California, the Foundation worked to raise public awareness through polling and a series of policy analyses developed by Foundation staff examining the potential impacts of proposed budget cuts on vulnerable Californians. The poll, conducted in partnership with the UCLA Center for Health Policy Research, gauged Californians' attitudes towards financial preparedness for long-term services and supports. Results, which were widely disseminated throughout the state, showed that people across the political spectrum were largely unprepared to pay for these services and wanted their elected officials to address the issue.

Part of the Foundation's media strategy focused on leveraging the brand reputation of several proven media outlets. The continuation of a three-year grant to Kaiser Health News increased the stream of coverage given to aging issues. Grants to the University of California, San Francisco for the production of articles for the *Journal of the American Medical Association (JAMA)* engaged the physician community through a new section titled, "Care of the Aging Patient: From Evidence to Action." Similarly, a

Health Affairs themed issue released in January 2010 helped solidify the need to keep long-term care provisions as part of health reform. Building The SCAN Foundation brand on a national level was also a priority. Stories generated from within the Foundation and through grantees were picked up in the New York Times, Los Angeles Times, NPR, MSNBC, Sacramento Bee, San Francisco Chronicle, and USA Today.

Funding Priority 1 has a significant body of work still in progress, such as exploring innovative media partnerships and programs that will continue to build the Foundation's presence as a trusted source of information on long-term services and supports in 2011 and beyond.

ADVANCE CLASS, INC.

FOLEY-HOAG, LLP

\$660,000 over 12 months

This grant provided start-up funding for the Advance CLASS Coalition, a non-governmental advocacy coalition. The purpose of this project was two-fold: 1) to promote the successful and timely implementation and the widespread adoption of the CLASS Plan as part of the Affordable Care Act; and 2) to facilitate integration of CLASS and other long-term care initiatives into a more comprehensive system of long-term services and supports for those with functional limitations.

BUILDING THE CONTINUUM OF CARE IN THE CONTEXT OF HEALTH REFORM: EDUCATING FEDERAL HEALTH POLICY MAKERS

NATIONAL HEALTH POLICY FORUM/GEORGE WASHINGTON UNIVERSITY

\$1,024,940 over 24 months

The National Health Policy Forum was given two grants in 2010 towards educating federal health policy makers on building the continuum of care for older adults in the context of health reform.

**CALIFORNIA STATEWIDE 40+ VOTER SURVEY/NATIONAL FOCUS
GROUPS/NATIONAL POLLING WORK**

LAKE RESEARCH PARTNERS

\$296,575 over 12 months

Lake Research Partners completed a series of polls and focus group work intended to examine Americans' views toward aging, health and long-term care, and develop a framework of language and messaging to engage the public on these issues.

CLASS TECHNICAL ASSISTANCE BRIEF SERIES

TRUSTEES OF BOSTON COLLEGE, UNIVITA, JOHNS HOPKINS, HEALTH
MANAGEMENT ASSOCIATES, LIFEPLANS, INC.

\$276,424 over 5 months

The CLASS Technical Assistance Brief Series is a comprehensive body of work that makes a major contribution to the design and workability of the CLASS Plan. These in-depth analyses from a broad set of industry and academic experts shed light on critical issues that will make CLASS work for real people and are pivotal for successful marketing and uptake of the program.

DATABRIEFS

AVALERE HEALTH, LLC.

\$150,000 over 15 months

Avalere Health, LLC. produced a series of *DataBriefs* for The SCAN Foundation, which are descriptive statistics that each focus on a single aspect of the continuum of care for seniors. Paired with each statistic is a description of the policy context, interpretation, and the implications for policymakers.

HEALTH AFFAIRS -- THE CARE SPAN

PROJECT HOPE: THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.

\$328,240 over 24 months

Through this grant, Health Affairs began the publication of a new ongoing series titled, "The Care Span," exploring long-term care issues over a 24-month period, and hosted a Washington, DC-based briefing. Articles are available to the public free of charge via links on The SCAN Foundation Web site.

PUBLIC POLICY & AGING REPORT

GERONTOLOGY SOCIETY OF AMERICA/THE NATIONAL ACADEMY ON AN AGING SOCIETY

\$20,000 over 5 months

This project produced the Spring/Summer 2010 issue of Public Policy & Aging Report to review and analyze the CLASS Plan and other important provisions related to long-term care as part of the recently enacted health care reform legislation.

STATE LONG-TERM SERVICES AND SUPPORTS SCORECARD -- PHASE II

AARP FOUNDATION

\$334,654 over 14 months

The Long-Term Services and Supports Scorecard project, co-funded by The Commonwealth Fund, collected and analyzed data in order to create a national scorecard built on indicators that reflect a high-performing long-term care system with each state.



Photo by Cynthia August Images

FUNDING PRIORITY 2:

Advance realistic policy options to establish and finance a comprehensive continuum of care for seniors.

The Foundation's 2010 work in this funding priority contributed to the creation of financially viable options for long-term services and supports reform, including cost estimates of existing proposals, feasibility analyses of various financing options, and review of delivery system issues.

Selected highlights on the federal level include support for the *Friday Morning Collaborative*, led by the National Council on Aging, which made strides in educating policy makers about long-term services and supports, sending a unified message that it was important to move toward a comprehensive continuum of care. Likewise, the Foundation released the *Long-Term Care Policy Simulator* through a project with Avalere Health, which helped answer the fundamental

question of how much a public long-term services and supports benefit would cost. Although not originally designed to mimic the CLASS Plan, this model was released shortly after passage of the Affordable Care Act, and is helping guide actuarial solvency modeling for the CLASS Plan.

Addressing cost and financing reform, in 2010 the Center for Health Care Strategies completed its “Profiles of State Innovations” project that produced a series of three roadmaps for transforming long-term services and supports delivery across states. The project’s goal was to highlight state efforts to advance transformation themes such as the integration of long-term services and supports through managed care or rebalancing and fully integrating the continuum of care (acute, primary, behavioral, and long-term services and supports) for individuals who are dually eligible for Medicare and Medicaid. On the state level, several technical assistance grants to the Center for Health Care Strategies helped support planning and public engagement in California resulting in the successful negotiation of a \$1 million design contract from the federal government to improve care for those who are dually eligible for Medicare and Medicaid.

The Foundation also had outcomes at the local level in California during 2010. Highlights include a small co-funded grant to St. Barnabas Senior Services that supported a convening of stakeholders in Los Angeles. This gathering resulted in the birth of a new aging coalition, which has been active in addressing aging issues locally.

ADVANCING LONG-TERM SERVICES AND SUPPORTS PUBLIC POLICY CONSENSUS: BUILDING THE SUCCESS OF THE FRIDAY MORNING COLLABORATIVE

NATIONAL COUNCIL ON AGING

\$246,500 over 12 months

The National Council on Aging convened and staffed a unique collaborative of aging and disability organizations to build consensus around long-term services and supports policy options. This collaborative, informally known as the Friday Morning Collaborative, made strides in educating policy makers about long-term services and supports, sending a unified message that it is important to move toward a

comprehensive continuum of care.

**AN ANALYSIS OF THE CALIFORNIA GOVERNOR'S 2010-2011 BUDGET:
IMPACT ON SENIORS AND LONG-TERM CARE**

UCLA CENTER FOR HEALTH POLICY RESEARCH

\$20,000 over 2 months

The UCLA Center for Health Policy Research produced a Policy Note, which analyzed the impact of proposed budget cuts in the 2010-2011 budget prepared by Governor Schwarzenegger of California for low-income seniors and adults with disabilities.

**BUILDING A LOS ANGELES COALITION TO PRESERVE QUALITY CARE FOR
OLDER ADULTS AND THEIR FAMILIES**

ST. BARNABAS SENIOR SERVICES

\$5,000 over 4 months

This grant supported a one-time convening of aging and disability organizations in the greater Los Angeles area to set the framework for building the Los Angeles Aging Advocacy Coalition.

CALIFORNIA COLLABORATIVE

AARP CALIFORNIA

\$48,250 over 4 months

In partnership with AARP California, this development grant sought input on how to approach a collaborative effort and engage stakeholders in policy development, political strategy, and communications. Titled the California Collaborative, the development phase determined interest in a state collaborative, how to structure an active advocacy coalition in California, whom to engage in this process, and what challenges may prevent the project from achieving success.

HOME-AND COMMUNITY-BASED SERVICES ROLE IN KEEPING MEDICARE/MEDI-CAL (DUAL) ELDERS AT HOME SAFELY

UCLA CENTER FOR HEALTH POLICY RESEARCH

\$190,333 over 12 months

This grant supported a one-year qualitative study to understand how vulnerable older adults and their families construct community-based care networks in light of potential service reductions or eliminations resulting from the California budget crisis. Participants included dually eligible older adults using In-Home Support Services and family members responsible for assisting the older adults in constructing their care network.

INFORMAL CAREGIVING IN CALIFORNIA: THE HEALTH PROFILE OF CAREGIVERS AND THE RISK ASSOCIATED WITH CAREGIVING

UCLA CENTER FOR HEALTH POLICY RESEARCH

\$69,787 over 9 months

For the first time since its inception, the California Health Interview Survey (CHIS) included a long-term care module that focused on informal caregiving. This project, which provided the analysis of the collected data, offered an overview of caregiving and caregiver health status in California and highlighted sub-groups at greatest risk of poor health due to caregiving responsibilities.

INNOVATIVE COMMUNITIES SUMMIT

LONG-TERM QUALITY ALLIANCE

\$11,000 over 3 months

Long-Term Quality Alliance hosted a one-day Innovative Communities Summit on December 10, 2010, in Washington, DC to bring together leaders from across the country and showcase groundbreaking models of community engagement toward improving care across the continuum.

**PLANNING, FACILITATION AND DEVELOPMENT OF THE DUAL ELIGIBLES
TECHNICAL WORK GROUP FOR THE DHCS 1115 WAIVER RENEWAL**

PACIFIC HEALTH CONSULTING GROUP

\$58,150 over 4 months

The Pacific Health Consulting Group provided technical and facilitation support to the California Department of Health Care Services for the Dual Eligibles Technical Workgroup in connection with the state's 1115 Medicaid Waiver renewal application.

**POLICY ACTION RESEARCH: INFORMING ADVOCACY TO IMPROVE
DIRECT CARE JOBS**

PARAPROFESSIONAL HEALTHCARE INSTITUTE (PHI)

\$110,000 over 12 months

This grant provided support to the Paraprofessional Healthcare Institute to complete the following products: 1) a fact sheet on California's Certified Direct-Care Workforce; 2) two national fact sheets on health insurance coverage for this workforce and the scope and role of the Direct-Care Workforce in the health-care system; 3) a 50-state, web-based resource with key information on each state's Direct-Care Workforce; and 4) a policy brief on labor market intermediaries.

POLICY BRIEFING: CALIFORNIA LONG-TERM CARE POLICY FORUM
AMERICAN SOCIETY ON AGING

\$10,052 over 7.5 months

The American Society on Aging developed and hosted a special briefing on the impact of the Affordable Care Act on long-term care policy during its 2011 Annual Conference in San Francisco. This three-hour briefing focused specifically on the impact of the ACA in California.

POLICY CONSIDERATIONS FOR STATE ADOPTION OF HCBS AFFORDABLE CARE ACT PROVISIONS

NATIONAL ACADEMY OF STATE HEALTH POLICY

\$23,797 over 2.5 months

The National Academy for State Health Policy produced an issue brief providing a detailed account of opportunities to expand home-and community-based services (HCBS) in the states through the Affordable Care Act. This brief presented several scenarios that can be helpful as states assess their options, highlighting key considerations necessary when deciding whether to adopt these provisions.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) POLICY SUMMIT

NATIONAL PACE ASSOCIATION

\$35,000 over 5.5 months

The National PACE Association conducted a one-day interactive policy summit in Washington, D.C. focusing on how best to advance PACE in light of Affordable Care Act opportunities. The summit brought together experts in the areas of health care, long-term services and supports, aging, care management and coordination, quality measurement, and health services research to discuss the future of PACE in an evolving health care delivery system.

SUPPORTING INTEGRATION OF CARE FOR CALIFORNIA'S DUAL ELIGIBLES/ ENGAGING CALIFORNIA STAKEHOLDERS ON POLICY OPTIONS FOR DUALS

CENTER FOR HEALTH CARE STRATEGIES, INC.

\$138,375 over 10 months

This work was completed in the context of the state's 1115 Medicaid Waiver renewal application. Activities included conducting key stakeholder interviews, developing a summary of important themes from stakeholder feedback, and providing technical support and consultation to the State in regards to the 1115 Dual Eligibles Technical Work Group in connection with the state's renewal of its 1115 waiver.

A second project supported the execution of the California Department of Health Care Service's 1115 waiver renewal once it was approved. It helped the state move forward with its plans to pilot integrated models of care in four counties for individuals dually eligible for Medicare and Medicaid. In addition to developing the framework for the pilot projects, activities included the convening of a Technical Advisory Panel which, along with stakeholders, provided input during pilot development.

SUPPORTING INTEGRATION OF CARE FOR DUAL ELIGIBLES -- EVALUATION FRAMEWORK

GERALD KOMINSKI, PH.D.

\$15,150 over 9 months

Dr. Gerald Kominski developed the evaluation framework for up to four pilot demonstration sites within California designed to better integrate funding and services for those who are dually eligible for Medicare and Medicaid. The resulting framework established the data needed to conduct an evaluation of these pilot sites.

TECHNICAL ISSUE BRIEFS ON DUAL ELIGIBLES

NATIONAL SENIOR CITIZENS LAW CENTER

\$190,414 over 12 months

The National Senior Citizens Law Center produced and disseminated four technical assistance briefs addressing legal and regulatory inconsistencies between the Medicare and Medicaid programs. These briefs were designed to specifically address four priority areas related to program design and alignment: 1) ensuring consumer protections in integration models; 2) reconciling coverage standards between Medicare and Medicaid; 3) reconciling appeals procedures between Medicare and Medicaid; and 4) improving delivery of the Qualified Medicare Beneficiary Program.

TEN YEARS AFTER OLMSTEAD: PROBLEMS, PROGRESS AND OPPORTUNITIES FOR AMERICA'S OLDER ADULTS

NATIONAL SENIOR CITIZENS LAW CENTER

\$30,000 over 5.5 months

This project produced a report entitled, *10-Plus Years After the Olmstead Ruling: Progress, Problems and Opportunities*, which reviewed how the federal and state governments have responded to the 1999 *Olmstead* ruling, with a focus on whether older Americans are realistically able to receive necessary long-term care services in their homes and communities.

TRANSFORMING CARE FOR MEDICARE BENEFICIARIES WITH CHRONIC CONDITIONS AND FUNCTIONAL LIMITATIONS

GEORGETOWN UNIVERSITY

\$97,980 over 9 months

This project produced two related policy briefs, each aimed at promoting a major policy goal for future advances in long-term care policy. The first addressed transforming care for Medicare beneficiaries with chronic conditions and functional limitations. The second covered equitable and sustainable financing for the long-term care safety net in regards to policy options for federal-state financing.

WEST COAST INNOVATION COLLOQUIUM: STANDING UP PATIENT CENTERED CARE DELIVERY MODELS FOR THE INNOVATION CENTER -- DIGNITY DRIVEN DECISION-MAKING

GREATER NEW YORK HOSPITAL ASSOCIATION FOUNDATION

\$49,200 over 4 months

This grant funded the West Coast Innovation Colloquium. Its purpose was to better understand the array of promising delivery models that exist on the West Coast within health plans, medical groups and hospital systems that provide robust care coordination programs such as the Program of All-inclusive Care for the Elderly (PACE), and potentially Accountable Care Organizations or Medical Homes. The goal of the colloquium was to find models that advance the notion of Dignity-Driven Decision-Making that could serve as early opportunities for scaling by the Center for Medicare and Medicaid Innovations.



FUNDING PRIORITY 3:

Support the dissemination and assessment of promising new program models that could inform and strengthen long-term care policy development.

The Foundation's third funding priority focused on supporting the assessment and dissemination of promising program models of long-term care for seniors. This work was based on the premise that substantial philanthropic funding has already gone into service demonstration programs. The approach to efforts within this goal enabled the Foundation to work with both national and state funders in developing, extending, and/or evaluating promising models of delivering care. Projects that received funding have a connection to policy and/or systems change in California. The work in this priority can be described through its four funding streams:

1. Promising Programs
2. Themed Request for Proposals
3. Investment in Technology – Center for Technology and Aging
4. Collaboration with national or California foundations

Promising Programs: This element supported the assessment and dissemination of promising models that improved the delivery and outcomes of care for seniors. During 2010, four organizations received funding under Promising Programs. Two of the grants focused on evaluating a Housing with Services program and a California Village program. The other grants supported volunteers as caregivers and the dissemination of GRACE, a coordinated care model.

Themed Request for Proposals (RFP): In 2010, The SCAN Foundation selected five grantees as part of its AGENTS for Change Themed RFP with work to be carried out in 2011. Support was provided to organizations to advance the development or expansion of volunteer programs and the engagement of volunteers in social action. This RFP was part of a larger initiative by The SCAN Foundation to build a social movement in California with the goal of improving home- and community-based services for seniors and their caregivers. As part of this effort, The National Consumer Voice for Quality Long-Term Care, a leading national voice representing consumers in issues related to long-term care, received funding to partner with state and local aging and disability organizations in California to enable a strong consumer voice, and to develop strategies to address key public policy issues related to accessible, well-coordinated, quality care.

Investment in Technology: Started in 2009, the Center for Technology and Aging at the Public Health Institute, which serves as both a center of excellence and program office for the Foundation, leads the Foundation's investments in technology. While this project is ongoing, in 2010 the Center for Technology and Aging established itself as a national resource on technology and aging. RFPs in 2010 administered by the Center for Technology and Aging included five grants on remote patient monitoring and five grants on technology solutions for care transitions. The organization's work garnered interest from both the Administration on Aging and the federal Office of the National Coordinator for Health Information Technology.

Collaborative Grants with other Foundations: Relationships with other foundations serve to expand The SCAN Foundation's network as well as establish collaborative relationships with the aim of leveraging funding to more efficiently accomplish mutual goals. In 2010, The SCAN Foundation co-funded grants in its third funding priority to the following organizations: American Society on Aging, Families USA, Grantmakers in Health, Kelch Associates, Long-Term Quality Alliance and The National Consumer Voice for Quality Long-Term Care.

ADVANCING STATE EXPANSION OF HOME- AND COMMUNITY-BASED SERVICES IN MEDICAID

FAMILIES USA

\$10,000 over 7 months

This project, entitled "Advancing State Expansion of Home-and Community-Based Services in Medicaid," was part of a collaborative effort with other foundations to develop 50 state-level fact sheets to educate stakeholders in all states on how new provisions of the Affordable Care Act, specifically the Community First Choice Option and the State Balancing Incentive Payments Program, could be implemented in their state.

AGENTS FOR CHANGE TRAINING & TECHNICAL ASSISTANCE PARTNER CALIFORNIA ASSOCIATION OF RETIRED AMERICANS EDUCATION FUND

\$110,000 over 27 months

The California Association of Retired Americans Education Fund in partnership with the Community Living Campaign provided training and ongoing technical assistance to grantees in California who were selected as part of The SCAN Foundation's AGENTS for Change initiative, part of its 2010 Themed RFP.

CALIFORNIA BLUEPRINT PROJECT

KELCH ASSOCIATES

\$12,700 over 4.5 months

The California Blueprint Project was a coordinated effort by seven California foundations to highlight their work in aging and explore how they might collaborate and partner with state policymakers to respond to the challenges facing the aging and long-term care system in California.

CONSUMERS FOR QUALITY CARE -- NO MATTER WHERE

THE NATIONAL CONSUMER VOICE FOR QUALITY LONG-TERM CARE

\$51,744 over 36 months

Consumer Voice partnered with state and local aging and disability organizations in California to enable a strong consumer voice and develop strategies to address key public policy issues related to accessible, well-coordinated and quality care.

DISSEMINATION OF GRACE CARE MANAGEMENT TO HIGH-RISK SENIORS OF A MANAGED CARE MEDICAL GROUP

INDIANA UNIVERSITY

\$35,000 over 12 months

This award provided funding for the national dissemination of the *Geriatric Resources for Assessment and Care of Elders* (GRACE) model of care for low-income seniors. The model has been shown to improve health quality and outcomes while reducing costly hospitalizations among high-risk patients.

HEALTH REFORM IMPLEMENTATION PROJECTS

GRANTMAKERS IN HEALTH

\$35,000 over 12 months

The SCAN Foundation funded two projects with Grantmakers in Health. The first was a contribution of \$20,000 to a joint venture of several foundations with health care-related missions that have an interest in assisting with the implementation of the Affordable Care Act. The second was \$15,000 toward the establishment of a new Health Reform Resource Center Fund with Grantmakers in Health.

HEALTH TECHNOLOGY SUMMIT

PUBLIC HEALTH INSTITUTE

\$35,716 over 3.5 months

This grant provided funding for a Health Technology Summit in Oakland, CA to explore how emerging technologies can more effectively engage volunteers in social action at senior service organizations.

IT TAKES A VILLAGE

ELDERHELP

\$99,926 over 18 months

ElderHelp, in conjunction with UC Berkeley's Center for the Advanced Study of Aging Services, conducted an independent evaluation of its Concierge Club. The Concierge Club, a Village in San Diego operated by ElderHelp, is a model program with the goal of increasing the ability of older adults to age in place through a comprehensive package of services that is personalized to each member's health and social needs. Villages are membership-driven, nonprofit organizations designed to meet the needs and preferences of older adults at the neighborhood level.

PLANNING GRANT: LINKING AFFORDABLE HOUSING AND COMPREHENSIVE HEALTH CARE SERVICES

INSTITUTE ON AGING

\$20,281 over 3 months

This planning grant to the Institute on Aging began the preliminary work for developing the evaluation framework to study the Affordable Housing Plus Services model of its new Senior Campus, which opened in winter 2010.

STARTUP TOOLKIT FOR ESTABLISHING VOLUNTEER CAREGIVER PROGRAMS

FAITH IN ACTION NATIONAL NETWORK

\$26,807 over 9 months

Faith in Action National Network developed a toolkit for California communities to establish volunteer caregiving programs that support older adults who want to live independently, either in their homes or in a setting that is cost-effective and desirable.

2009 THEMED RFP: DIRECT-CARE WORKFORCE

Five projects resulted from the Foundation's 2009 themed request for proposals to provide Certified Nursing Assistants and Home Health Aides with high-quality geriatric-focused continuing education opportunities.

AGING SERVICES OF CALIFORNIA

\$100,000 over 12 months

Aging Services of California developed five training modules, each one-hour long, for the Direct-Care Workforce that focused on the topics of understanding and responding to behaviors of dementia along with pain management.

PARAPROFESSIONAL HEALTHCARE INSTITUTE, INC.

\$100,000 over 12 months

The Paraprofessional Healthcare Institute, Inc. developed three training modules, each two-hours long, for Direct-Care Workers in California. The topics included core competencies such as communication and problem solving.

UNIVERSITY OF CALIFORNIA, IRVINE

\$78,000 over 12 months

The University of California, Irvine developed four training modules, each one-hour long, focusing on communication between Direct-Care Workers and family members. Specific topics included: communication barriers, communication capacity and stress, recognizing communication problems and addressing solutions.

UNIVERSITY OF SOUTHERN CALIFORNIA

\$99,967 over 12 months

The University of Southern California developed four training modules, each three hours long, focusing on preventing falls by increasing Direct-Care Worker knowledge of how medications and the environment contribute to falls in older adults.

SAN DIEGO HOSPICE AND THE INSTITUTE FOR PALLIATIVE MEDICINE

\$98,823 over 12 months

The San Diego Hospice and the The Institute for Palliative Medicine developed three training modules, each one-hour long, focused on end-of-life care. Specific topics include: preparing the family, managing patient care during decline, and death care for families.

POLICY FRAMEWORK FOR 2009 THEMED RFP

LIFECOURSE STRATEGIES

\$16,419 over 3 months

This grant provided funding for a convening of stakeholders in November 2010 to identify priority policy issues and strategic opportunities to advance the Direct-Care Workforce.

FINANCIAL STATEMENTS

Statements of Financial Position as of December 31, 2010 and 2009

Assets

CURRENT ASSETS:

	2010	2009
Cash and cash equivalents	\$ 5,181,495	\$ 4,033,128
Investments	190,237,379	182,857,753
Interest and dividend receivables	462,629	668,971
Prepaid expenses & other current assets	70,810	12,401
TOTAL CURRENT ASSETS	195,952,313	187,572,253
PROPERTY AND EQUIPMENT—NET	562,163	687,882
INVESTMENTS	146,351	66,700
DEPOSITS AND OTHER ASSETS	16,191	30,176
TOTAL	\$196,677,018	\$188,357,011

Liabilities and Net Assets	2010	2009
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	\$ 468,444	\$ 755,394
Accrued payroll and related benefits	288,685	207,650
Grants payable	3,489,338	3,387,377
Due to parent and affiliates	65,148	110,681
TOTAL CURRENT LIABILITIES	4,311,615	4,461,102
COMMITMENTS AND CONTINGENCIES		
DEFERRED COMPENSATION	146,351	66,700
GRANTS PAYABLE	1,271,345	3,252,724
TOTAL LIABILITIES	5,729,311	7,780,526
NET ASSETS	190,947,707	180,576,485
TOTAL	\$196,677,018	\$188,357,011

Statements of Activities and Changes in Net Assets for the Years Ended December 31, 2010 and 2009

Liabilities and Net Assets	2010	2009
NET REVENUES - INVESTED INCOME	\$ 8,606,832	\$ 1,975,728
OPERATING EXPENSES:		
Grants donation expense	3,771,040	9,606,047
Program expense	2,504,684	1,568,356
General and administrative expense	2,378,687	1,638,784
Depreciation and amortization	132,396	59,999
TOTAL OPERATING EXPENSES	8,786,807	12,873,186
CHANGE IN NET ASSETS FROM OPERATIONS	(179,975)	(10,897,458)
UNREALIZED GAIN ON INVESTMENTS—NET	10,551,197	25,221,598
INCREASE IN NET ASSETS	10,371,222	14,324,140
NET ASSETS—BEGINNING OF YEAR	180,576,485	166,252,345
TOTAL	\$190,947,707	\$180,576,485

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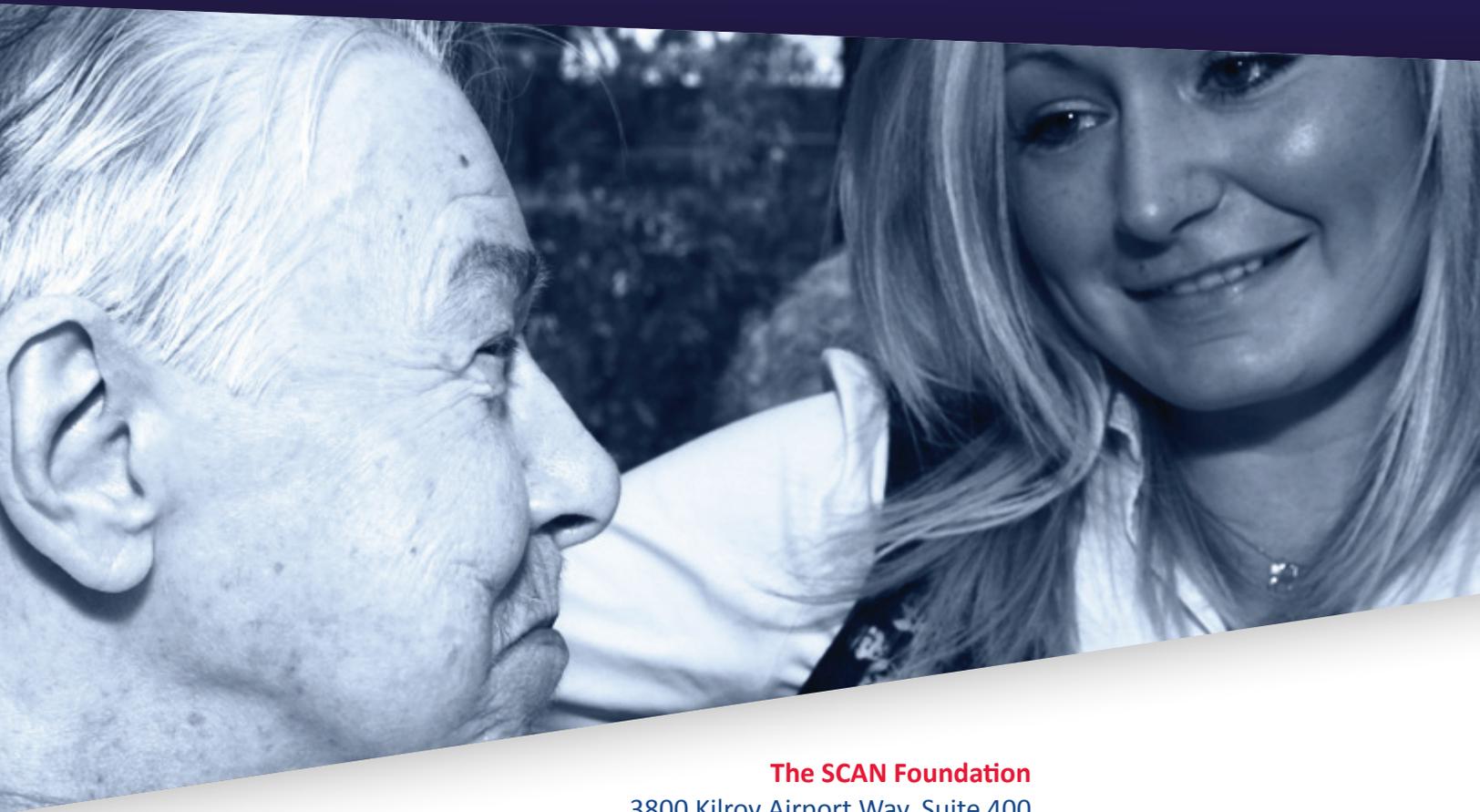


Susan Doles
Executive Assistant

"...The SCAN Foundation has created a Web applet that allows you to design your own version of the CLASS Act and see what the effect on the budget deficit, coverage of the disabled, premiums, and so forth would be. You can specify how much of the plan you want to fund through premiums, what subsidies you want the poor to receive, what average benefit you prefer and more. It's the sort of thing I wish existed for every Research Desk question, so check it out, play around and settle on your ideal proposal."

- **The Washington Post**

Research Desk Explains: What is the CLASS Act?
By Ezra Klein, July 29, 2010



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Thank you to all of our grantees for contributing images.