



# 2013 ANNUAL REPORT

AGING WITH DIGNITY:  
REFLECTING ON FIVE YEARS OF WORKING  
TO IMPROVE THE LIVES OF OLDER ADULTS



## OUR MISSION

To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

## OUR VISION

A society where older adults can access health and supportive services of their choosing to meet their needs.





# ANNUAL REPORT 2013

## TABLE OF CONTENTS

A Letter from the Board Chair & President/CEO .....	4
Funding Priority 1: Public Engagement .....	7
Funding Priority 2: Policy Solutions .....	8
Funding Priority 3: Promising Programs.....	9
Long-Term Services and Supports Summit .....	10
Funding Priority 1 Grants .....	11
Funding Priority 2 Grants .....	14
Funding Priority 3 Grants .....	20
Financial Statements.....	23
Board of Directors and Staff.....	26

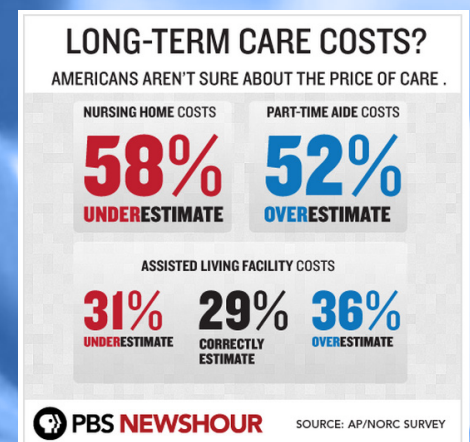


## A LETTER FROM THE BOARD CHAIR AND PRESIDENT/CEO

**This 2013 Annual Report celebrates The SCAN Foundation's fifth year of work to advance aging with dignity and independence.** This anniversary also marks an inflection point where we begin the transition from our founding strategic plan to a more focused framework that defines the next phase of our endeavors. When we started in 2008, there was an important void in philanthropy that we hoped to fill—the need for a forward-looking agenda to address substantial deficits in public awareness, a lack of realistic policy choices, and the absence of substantive delivery system reforms to meet the needs of older individuals with serious chronic illness and functional limitations. Below we point to major accomplishments in these areas, which led us to a new set of goals for the future.

### A QUICK LOOK BACK

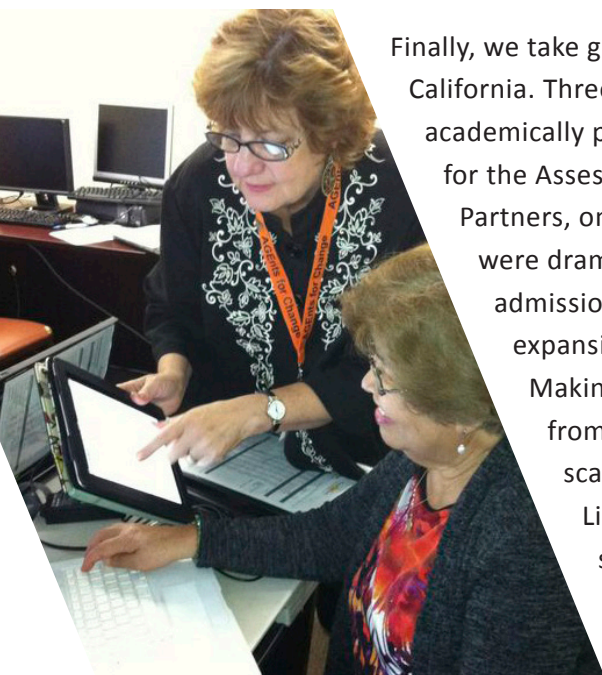
The last five years have seen enormous change in the health care landscape, and we have worked diligently to leverage the opportunities created to improve the lives of vulnerable older adults, particularly here in California. When we started our work, we quickly realized that little current information existed about the public's knowledge or understanding of the needs we will all face as we grow older. Early on, the Foundation's polling work helped raise visibility about what mattered to older adults in the health reform debate. It showed that Americans are not prepared for their likely long-term care needs and confused about whether Medicare pays for





these services, and that Californians are more worried than the rest of the country about this issue. This polling work has been used countless times by various high-impact individuals and organizations to help make the case that long-term care is a growing crisis.

Pragmatic, implementable public policy has been a centerpiece of the Foundation's work over the past five years. With the passage of the *Patient Protection and Affordable Care Act*, we set our sights on those elements of the law that focus on improving the effectiveness and efficiency of care for older adults, and—most important—on putting individuals and their families at the center of the decision-making process. Since 70 cents of each health care dollar spent on older adults flows through Medicare or Medicaid, we knew that making meaningful change in a state such as California required attention to the critical opportunities and challenges created by the new law in these programs. The Foundation is particularly proud of our work with the Center for Health Care Strategies (CHCS), which has provided technical assistance and a learning community for states implementing integrated care demonstration pilots for Medicare-Medicaid beneficiaries. The State of California has benefited tremendously from its work with CHCS as it prepares to implement its demonstration in 2014. Another critical element of public policy is that the advocacy and stakeholder community have the means to speak clearly and effectively about potential change, so the Foundation made substantial investments in creating a Sacramento-based California Collaborative and county-based Regional Coalitions, which now cover over 96 percent of the state's population. These groups helped lead the charge in building a better system of care for all Californians. Our concern about the importance of public policy culminated with Foundation leadership chairing the 2013 federal Commission on Long-Term Care, whose final report to Congress delivered 28 bipartisan recommendations to improve the system of long-term services and supports (LTSS).



Finally, we take great pride in supporting efforts to advance promising programs in California. Three successes stand out. First, one of our earliest grants brought an academically proven care coordination model known as GRACE (Geriatric Resources for the Assessment and Care of Elders) and tested its scalability at Health Care Partners, one of the largest medical groups in the United States. The results were dramatic, with substantial decreases in emergency room visits, hospital admissions, and nursing home stays, and these outcomes supported GRACE expansion across the country. Second, as part of our Dignity-Driven Decision-Making initiative, Sutter Health was awarded a \$13 million innovation grant from the Centers for Medicare and Medicaid Innovation to dramatically scale up its Advanced Illness Management (AIM) Program. And third, our Linkage Lab program has helped community-based organizations build sustainable business relationships with health care providers. The success of Linkage Lab here in California contributed to the federal Administration for Community Living creating a national program based largely on our model.

## OUR PASSION FOR THE NEXT STEPS

We are grateful to have worked with a superb array of organizations and partners over our first five years. Building on successes and lessons learned, we developed a new strategic framework that provides a fresh sense of clarity about where we see the levers of change over the next few years – the places where we as a small foundation have the greatest likelihood of promoting bold, catalytic, and impact-oriented change. We will focus on three goals: integrating care for those eligible for Medicare and Medicaid, bringing to scale person-centered models of care coordination for older adults with serious chronic illness and functional limitation, and championing new tools that help working families plan for long-term care needs.

We enter this next phase of work invigorated and more focused than ever. If we reach our goals, all older Californians will have access to improved and more coordinated care, quality measures focused on both life and health outcomes will be available to support better decision-making, and working adults will have innovative new tools to help them prepare and pay for their future needs. We look forward to this exciting work and welcome you to be a part of it.

Sincerely,



**COLLEEN CAIN**  
CHAIRMAN OF THE BOARD



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







# GRANTS AND INITIATIVES

## FUNDING PRIORITY 1: PUBLIC ENGAGEMENT

In 2013, The SCAN Foundation continued to engage the policy community as well as the general public to garner support for the improvement of long-term care (LTC) in California and nationally by engaging in a number of strategic partnerships and initiatives. The Foundation released its first national poll in collaboration with the Associated Press (AP)-NORC Center for Public Affairs Research to gauge awareness and attitudes around aging and long-term care issues. The Foundation also held its third annual Long-Term Services and Supports (LTSS) Summit in Sacramento, which attracted more than 300 attendees from across the state representing stakeholders, advocates, legislative staff, administration staff, and media. PBS NewsHour became a new media partner in 2013 through a body of work that highlighted aging and LTC issues.

## NEW PARTNERSHIP: AP-NORC CENTER FOR PUBLIC AFFAIRS RESEARCH

Findings from the AP-NORC national poll on aging and long-term care were released in April 2013 and immediately achieved 900 million impressions; ongoing use of the findings over the course of the year by media extended the life and reach of the poll.





## FUNDING PRIORITY 2: POLICY SOLUTIONS

At the national level, the Foundation began to make new investments to shape a policy dialogue around LTC financing following the completion of the 2013 Federal LTC Commission's critical work. The Foundation engaged the Bipartisan Policy Center to begin to build a strategy to advance the national conversation around LTC financing with the goal of gaining bipartisan support. Further, the Foundation provided technical assistance to those states pursuing models of integration for those dually eligible for both Medicare and Medicaid. The Foundation also supported the development of a quality framework to evaluate integrated models of care with the National Committee for Quality Assurance.

In California, the Foundation continued to provide technical assistance to back the successful implementation of the Coordinated Care Initiative (CCI) through a grant to the Center for Health Care Strategies (CHCS), which supported the state's efforts through the readiness review process required to begin the demonstration. The Foundation supported stakeholder engagement on a number of fronts to ensure the many voices of the consumer and provider communities were present as California begins to develop a universal assessment tool for home- and community-based services, as well as reshape the Community Based Adult Services (CBAS) program in California to ensure its continued presence as part of the LTSS safety net.

## POLICY SPOTLIGHT: SHAPING AFFORDABLE PATHWAYS FOR AGING WITH DIGNITY

TSF developed a policy brief series outlining next steps for long-term care financing titled "Shaping Affordable Pathways for Aging with Dignity." Released at Washington's National Press Club in March, the papers represented an opportunity to reset the long-term care financing policy discussion after the Obama Administration halted implementation of the Community Living Assistance Supports and Services (CLASS) program. Over 200 individuals attended the briefing, representing Congressional staff, state policymakers, insurance industry officials, consumer advocates, service providers, and the media. Since release, these papers catalyzed energy among long-time policy elites as well as brought new political players into this critical dialogue – all in search of affordable, accessible, and comprehensive solutions so American families can better plan for their future care needs.





## FUNDING PRIORITY 3: PROMISING PROGRAMS

In 2013, the Foundation continued to invest in understanding how older adults and their families participate in person-centered models of care and how they impact their quality of life as they live with chronic illnesses and functional impairments. The Foundation also launched its Linkage Lab Initiative, which built the business acumen of Community-Based Organizations to prepare for contractual partnerships with the health care sector. The initiative resulted from increased pressures from federal and state governments on the health care sector to provide better quality care, including linkages to community-based services, while at the same time reducing costs. Furthermore, the Foundation provided technical support to a broader group of CBOs by developing business plan templates and service pricing tools that prepare these organizations to partner with the health care sector.

### PROGRAMMATIC SPOTLIGHT: LINKAGE LAB

In 2013, the Foundation launched the Linkage Lab Initiative. The goal of the Linkage Lab initiative is to prepare community-based organizations by building their business acumen, to be contractual partners with the health care sector in response to the federal and state governments' increased pressure on the health care sector to provide better quality care while reducing costs. The Foundation selected six organizations to participate in the 24-month initiative: Bay Area Community Services in Alameda County, Institute on Aging in San Francisco County, Silicon Valley Independent Living Center in Santa Clara County, Camarillo Health District in Ventura County, Jewish Family Service in Los Angeles County and St. Paul's PACE in San Diego County.

In order to assist these organizations in establishing contractual relationships with health care providers in their community, the Linkage Lab program is providing these six organizations with capacity-building support delivered by Victor Tabbush and Lori Anderson, renowned experts in the field.





## INITIATIVE: LONG-TERM SERVICES AND SUPPORTS SUMMIT

More than 300 stakeholders attended the 2013 Summit, coming together to build a deeper understanding of the policies affecting LTSS transformation and the skills needed to advocate for a service system that promotes dignity, choice, and independence. Stakeholders heard from leaders in the federal government, state legislature and administration, the media, academia, and community members who provided an overview of the political, financial, and environmental realities of LTSS in California.



## FUNDING PRIORITY 1 GRANTS

### **“10 THINGS YOU SHOULD KNOW”: VIDEOS WITH DR. BRUCE CHERNOF (ENGLISH) AND VICTORIA BALLESTEROS (SPANISH)**

MEDIA 360

\$41,000

4 months

Media 360 produced a series of 20, 60-second “10 Things You Should Know” videos that brought to life the Foundation’s successful “10 Things You Should Know About Aging with Dignity and Independence” series of publications. The videos were produced in both English and Spanish, and were distributed to more than 200 media outlets for airing.

### **AGING WITH DIGNITY BEAT – PHASE III**

HEALTHYCAL.ORG (THE TIDES CENTER)

\$180,000

24 months

HealthyCal.org continued media coverage of aging issues and LTC system transformation through its “Aging with Dignity” beat in California.

### **COVERAGE OF LTC**

PBS NEWSHOUR

\$350,000

12 months

PBS NewsHour produced a body of work across multiple platforms to highlight important LTC issues. A series of ‘mini-documentaries’ were produced for the program, as well as infographics and a Washington, DC-based briefing to explore current LTC issues and policy perspectives.

### **DEVELOPMENT OF LTC CAMPAIGN MATERIALS**

PRAXIS INTEGRATED COMMUNICATIONS

\$25,000

6 months

Praxis Integrated Communications developed creative materials for a LTC public awareness campaign.

### **DEVELOPMENT OF LTC CAMPAIGN PITCH KIT**

ROGERS FINN PARTNERS

\$65,000

8 months

Rogers Finn facilitated the creation of various media materials to frame the development of a public awareness campaign on LTC.

### **FOCUS GROUPS TO TEST LTC CAMPAIGN MATERIALS**

PERRYUNDEM, LLC

\$59,929

3.5 months

PerryUndem, LLC conducted six focus groups in California to test a series of creative marketing materials being developed as part of a potential LTC public engagement campaign.

### **IMPROVED POLICYMAKING ON AGING AND LTSS: EDUCATION FOR FEDERAL HEALTH POLICYMAKERS**

NATIONAL HEALTH POLICY FORUM (NHPF)

\$368,985

12 months

NHPF at George Washington University developed a series of educational sessions and associated written products to educate, inform, and initiate an active dialogue among the Washington, DC-based policy community of the current and potential future landscape of home- and community-based LTSS for older adults with functional impairments.

### **INFOGRAPHICS DEVELOPMENT AND COMMUNICATIONS SUPPORT**

GYMR PUBLIC RELATIONS, LLC

\$50,000

6 months

GYMR collaborated with the Foundation to design a series of infographics to help raise awareness of LTC and raise visibility of important related issues.



### **NATIONAL SURVEY ON AGING AND LTC**

AP-NORC CENTER FOR PUBLIC AFFAIRS RESEARCH

\$165,109

10 months

The AP-NORC Center for Public Affairs Research conducted a national poll on aging and LTC of 1,200 individuals age 40 and over, including an oversample of Californians. AP-NORC also produced a comprehensive report of the findings for wide public distribution.

### **PUBLIC POLICY & AGING REPORT (PP&AR): FEDERAL COMMISSION ON LTC - FINAL REPORT**

NATIONAL ACADEMY ON AN AGING SOCIETY

\$24,291

7 months

The National Academy on an Aging Society devoted an issue of PP&AR to analyzing the federal 2013 LTC Commission's final recommendations.

### **SYMPOSIUM AND SITE VISIT - DUAL-ELIGIBLES: NATIONAL, STATE, AND LOCAL IMPLEMENTATION**

GRANTMAKERS IN AGING (GIA)

\$30,000

12 months

GIA planned a half-day symposium at its 2014 Annual Conference in San Francisco to educate foundation representatives about individuals who qualify for both Medicare and Medicaid (dual eligibles), pathways to integrate their care, and highlight the potential opportunities for funders to explore in their own communities.

## FUNDING PRIORITY 2 GRANTS

### **2013 CALIFORNIA LTSS SYSTEM TRANSFORMATION SUMMIT**

GOVERNMENT ACTION COMMUNICATIONS INSTITUTE (GACI)

\$59,946

8 months

GACI served as the Foundation's logistics partner for its California-based 2013 LTSS System Transformation Summit by providing support and expertise in planning and coordinating the event.

### **BENDING THE COST CURVE: IDENTIFYING, TARGETING, AND SERVING HIGH COST MEDICARE BENEFICIARIES**

AVALERE HEALTH, LLC

\$240,000

8 months

Avalere Health produced a series of papers and supported the creation of *DataBriefs* that offered new insights into the assessment and identification of high-risk Medicare beneficiaries.

### **BIPARTISAN STRATEGIES FOR SUSTAINABLE LTC FINANCING**

BIPARTISAN POLICY CENTER (BPC)

\$72,619

6 months

BPC held a briefing and produced a brief to help bridge the divide between different policy and advocacy groups working on LTC policy. The goal of this work was to create a strategy to advance national LTC financing and delivery reforms that have bipartisan support.

### **BUILDING THE BUSINESS CAPACITY OF REGIONAL AGING AND DISABILITY COMMUNITY-BASED NETWORKS FOR MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS (MMLTSS)**

NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITIES (NASUAD)

\$25,000

6 months

NASUAD convened a two-day forum for state aging and disability officials of the Western U.S. The primary objective of this convening was to provide an opportunity for peer-to-peer regional discussions on MMLTSS among state agencies on aging and disability.

## COMMUNITY OF CONSTITUENTS CONSUMER OUTREACH WORKGROUP

ROGERS FINN PARTNERS

\$64,210

12 months

Rogers Finn Partners, a Los Angeles-based communications firm, supported the development of a two-sided fact sheet produced in collaboration with the Consumer Outreach Workgroup, made up of members from Foundation-supported Regional Coalitions. The fact sheets were distributed in the eight counties participating in California's dual eligible demonstration project, known as Cal MediConnect, and provided information about pending care choices.

## ESTIMATE THE IMPACT OF MEDICARE REFORM PROPOSALS FOR DUAL ELIGIBLE BENEFICIARIES ON STATE BUDGETS

THE URBAN INSTITUTE

\$74,985

9 months

The Urban Institute utilized Medicare and Medicaid data to evaluate the impact of raising the Medicare eligibility age from 65 to 67 on states' Medicaid budgets for those who are dually eligible for both programs.

## FRAMING PERSON-CENTERED DECISION-MAKING FOR FUTURE PERFORMANCE MEASUREMENT

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

\$425,928

17 months

With co-funding from the John A. Hartford Foundation, NCQA interviewed beneficiaries, providers, and delivery system/health plan staffs to 1) Learn how beneficiaries describe their personal care goals; 2) Learn how these person-centered goals are being documented in care plans; and 3) Identify best practices for utilizing this assessment and care plan information across diverse provider types, interdisciplinary care teams, and delivery system settings.

## FRIDAY MORNING COLLABORATIVE

NATIONAL COUNCIL ON AGING (NCOA)

\$200,000

13.5 months

NCOA convened and staffed a unique collaborative of aging and disability organizations with the goal of building consensus around federal LTSS policy options to jointly promote to lawmakers.



## **STAKEHOLDER WORKGROUP ON UNIVERSAL ASSESSMENT - PLANNING PHASE**

PACIFIC HEALTH CONSULTING GROUP

\$30,000

3 months

Pacific Health Consulting Group, along with Convergent Horizons, engaged the California Department of Social Services (CDSS), Department of Health Care Services (DHCS), and California Department of Aging (CDA) to develop a framework for stakeholder engagement around statutorily-mandated universal assessment for HCBS.

## **HOME- AND COMMUNITY-BASED SERVICES (HCBS) UNIVERSAL ASSESSMENT STAKEHOLDER WORKGROUP**

PACIFIC HEALTH CONSULTING GROUP

\$74,075

9.5 months

This project supported implementation of the HCBS Universal Assessment Stakeholder Workgroup meetings, as well as associated webinars for workgroup members and the public. The purpose of this effort was to engage stakeholder input to inform the California Departments of Social Services, Health Care Services, and Aging in the development of a statewide uniform approach to HCBS. This effort was guided by legislation that established the Coordinated Care Initiative (SB 1036).

## **HCBS UNIVERSAL ASSESSMENT STAKEHOLDER WORKGROUP**

CONVERGENT HORIZONS

\$106,300

9.5 months

Convergent Horizons provided planning and expert facilitation to the HCBS Universal Assessment Stakeholder Workgroup, convened by CDSS, DHCS, and CDA. This project supported the workgroup meetings and webinars for workgroup members and the public. The purpose of this effort was to engage stakeholder input to inform CDSS, DHCS, and CDA in their development of a statewide approach to HCBS assessment. This effort was guided by legislation that established the Coordinated Care Initiative (SB 1036).

## **IMPLEMENTING NEW SYSTEMS OF INTEGRATION FOR DUAL ELIGIBLES (INSIDE)**

CENTER FOR HEALTH CARE STRATEGIES (CHCS)

\$531,216

15 months

With co-funding from The Commonwealth Fund, CHCS assisted 18 states, including California, to successfully implement integrated dual eligible programs. INSIDE was the third and final phase of the Profiles in State Innovation Series. CHCS created opportunities for 18 states to engage in peer-to-peer learning and consultation with federal officials (i.e., Centers for Medicare and Medicaid Services), and created issue briefs and other practical tools about emerging federal policies that provided states with needed analysis and guidance.

### **IMPLEMENTING THE PROFILES OF STATE INNOVATION ROADMAPS: EXTENDING INNOVATIONS IN LTSS**

CENTER FOR HEALTH CARE STRATEGIES (CHCS)

\$74,926

6 months

In 2010, CHCS was funded to develop three Profiles of State Innovation roadmaps to help states explore and understand emerging options, best practices, and proven models of success in transforming systems of long-term care. Through this project, CHCS continued to assist a group of “shovel-ready” states to implement reforms as outlined in two of the three roadmaps: rebalancing LTSS care options toward HCBS care, and the development and implementation of MLTSS.

### **COLLABORATIVE MEETINGS FOR CAL MEDICONNECT**

CENTER FOR HEALTH CARE STRATEGIES (CHCS)

\$49,915

2 months

CHCS brought together health plans and community-based organizations in the eight counties implementing California’s dual eligible demonstration project to support activities connected to Cal MediConnect.

### **LTSS EDUCATION FOR STATE LEGISLATURES**

NATIONAL CONFERENCE OF STATE LEGISLATURES (NCSL)

\$64,210

6 months

NCSL conducted a national webinar and a half-day preconference at their Fall Forum focused on educating legislators from all 50 states and the District of Columbia, as well as their staffs on the states’ role in a changing LTSS landscape.

### **LTSS EDUCATION FOR THE ELDER JUSTICE NETWORK**

CALIFORNIA ELDER JUSTICE COALITION (COMMUNITY PARTNERS)

\$15,000

5 months

The California Elder Justice Coalition (with Community Partners as the fiscal intermediary) developed an LTSS plenary session as part of its annual Elder Justice Summit. The plenary educated its membership on the basics of the Coordinated Care Initiative and Cal MediConnect, as well as their role in system change.

### **NEW ROLES - NEW RULES: HELPING STATES AND COMMUNITY-BASED AGENCIES ADJUST, EVOLVE, AND ADAPT TO MANAGED LTSS**

NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITY (NASUAD)

\$75,000

6 months

NASUAD conducted a day-long preconference and produced a white paper as part of its annual HCBS Conference. The purpose of this work was to increase the technical expertise and adaptive capacity of both state and community-based agencies to adjust their business models and organizational mission to fit the new MLTSS environment.

### **PREPARING FOR CALIFORNIA'S DUAL ELIGIBLES' TRANSITION TO MANAGED CARE: AN OUTREACH AND EDUCATION PROJECT**

NATIONAL SENIOR CITIZENS LAW CENTER (NSCLC)

\$75,000

11 months

NSCLC developed and implemented a consumer outreach and education initiative in the eight counties engaged in the Dual Eligibles Integration Demonstration in California.

### **PROMOTING CONSUMER-FOCUSED MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS (MMLTSS)**

COMMUNITY CATALYST

\$15,000

3 months

Community Catalyst developed a web-based version of their checklist "How Consumer-Focused are Your State's MMLTSS?" This tool provided an accessible way for consumers and advocates to review their state's plan to implement MMLTSS.

### **ROUNDTABLE DISCUSSION - MEASURING AND DELIVERING QUALITY FOR DUAL ELIGIBLES**

ALLIANCE FOR HEALTH REFORM

\$28,009

5.5 months

The Alliance for Health Reform conducted a half-day round-table discussion on the subject of how to assure the highest possible quality of care for dual-eligible beneficiaries, with an emphasis on measuring quality in integrated systems of care.



## **TASK FORCE ON THE FUTURE OF DEVELOPMENTAL CENTERS**

CONVERGENT HORIZONS

\$50,000

4 months

In June 2013, Diana Dooley, Secretary of the California Health and Human Services Agency, announced the formation of a Task Force to consider the future of the state's Developmental Centers. Convergent Horizons supported a stakeholder effort to develop a plan that assures quality and delivery of integrated services to meet the special needs of current residents living in the developmental centers. This work resulted in recommendations that were incorporated into a report for the legislature.

## **UNIVERSAL ASSESSMENTS IN MANAGED LONG-TERM SERVICES AND SUPPORTS**

CENTER FOR HEALTH CARE STRATEGIES (CHCS)

\$59,300

5 months

CHCS provided technical assistance to CDSS, DHCS, and CDA in implementing a universal assessment process. This project support development of a paper distributed to state officials in California and other states implementing LTSS system change activities.

## **UNIVERSAL ASSESSMENT PLANNING GRANT**

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA: DRS. SALIBA & NEWCOMER

UNIVERSITY OF SOUTHERN CALIFORNIA: DR. WILBER

\$87,099

6 months

Dr. Debra Saliba of the University of California, Los Angeles (UCLA), Dr. Kate Wilber of the University of Southern California, and Dr. Robert Newcomer of the University of California, San Francisco, provided technical assistance to the state of California as it developed its plans to implement a universal assessment instrument for HCBS. This project produced background materials that supported stakeholder engagement around universal assessment.

## FUNDING PRIORITY 3 GRANTS

### **EXPANDING ACCESS TO THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) THROUGH NEW PAYER RELATIONSHIPS**

NATIONAL PACE ASSOCIATION

\$34,934

12 months

The National PACE Association worked with local PACE organizations and potential new payer sources, such as Managed Care Organizations and Accountable Care Organizations, to define a range of new innovative service relationships. These relationships have the potential to develop into partnerships that capitalize on trends in comprehensive care offering both social and medical services for vulnerable older adults.

### **DEVELOP A BUSINESS MODEL AND SUSTAINABILITY PLAN FOR CALIFORNIA'S AGING AND DISABILITY RESOURCE CENTERS (ADRC) PHASE I & PHASE II**

MERCER HEALTH & BENEFITS, LLC

\$97,969

10.5 months

Mercer reviewed funding models of ADRCs throughout the United States and subsequently worked with two California ADRCs on providing financial sustainability plans. Mercer developed a business planning template for use by ADRCs in California and other states.

### **DIGNITY-DRIVEN DECISION-MAKING (DDDM): EVALUATING THE PATIENT AND FAMILY EXPERIENCE**

ELIZA CORP

\$52,500

UCLA CENTER FOR HEALTH POLICY RESEARCH

\$166,313

12 months

The Foundation's DDDM Initiative defined and evaluated the financial sustainability of models of care for people with advanced illness that improve their quality of care and life. In order to demonstrate that older adults and their families value DDDM models, the Foundation created a framework for effectively measuring patient experience and satisfaction through qualitative evaluations. Eliza tested a telephonic survey method that engaged patients of DDDM programs in regular intervals over a three-month period. The UCLA Center for Health Policy Research tested an in-person interview method with patients of DDDM programs over a six-month period.

## **LINKAGE LAB INITIATIVE**

BAY AREA COMMUNITY SERVICES

\$93,057

CAMARILLO HEALTH DISTRICT

\$100,000

INSTITUTE ON AGING

\$100,000

JEWISH FAMILY SERVICES OF LOS ANGELES

\$99,863

SILICON VALLEY INDEPENDENT LIVING CENTER

\$100,000

ST. PAUL'S RETIREMENT FOUNDATION

\$99,720

VICTOR TABBUSH

\$79,087

COLLABORATIVE CONSULTING

\$205,200

24 months

The Linkage Lab initiative provided six community-based organizations across California with training and technical assistance to develop contractual partnerships with health care providers in order to deliver community-based LTSS. The initiative helped these organizations work with health plans to provide care transitions and care coordination for individuals eligible for both Medicare and Medicaid.

## **EVALUATION OF LINKAGE LAB INITIATIVE**

J. SOLOMON CONSULTING, LLC

\$17,580

17 months

J. Solomon Consulting, LLC conducted an evaluation of the Foundation's Linkage Lab initiative, which



prepared community-based organizations to develop contractual partnerships with the health care sector.

### **RURAL PLACER TRANSPORTATION REIMBURSEMENT AND INFORMATION PROGRAM (TRIP)**

SENIORS FIRST

\$73,178

12 months

Seniors First, in partnership with Western Placer Consolidation Transportation Services Agency and Placer First 5 Children & Families Commission, replicated the volunteer-based TRIP model in rural Placer County. TRIP is a transportation program for seniors in which volunteer drivers are recruited by the seniors.

### **TECHNICAL ASSISTANCE AND SUPPORT TO COMPLETE A GRANT APPLICATION FOR NEW FEDERAL HEALTH CARE INNOVATION AWARDS: ROUND 2**

AVALERE HEALTH, LLC

\$20,000

2 months

In an effort to implement compelling ideas that deliver better health, improved care, and lower costs for seniors, Avalere Health assisted Jewish Family Service of Los Angeles in developing a competitive grant application to the federal Center for Medicare and Medicaid Innovations.

### **VILLAGE MODEL SUSTAINABILITY RESEARCH**

NCB CAPITAL IMPACT

\$20,000

12 months

NCB Capital examined the types of budgetary structures and processes of existing Villages to determine if this model is financially sustainable. Villages are consumer-driven, self-governing, non-profit organizations that coordinate programs and offer affordable services for members who wish to stay in their homes and communities as they age.

# FINANCIAL STATEMENTS

## Statements of Financial Position as of December 31, 2013 and 2012

<b>Assets</b>	<b>2013</b>	<b>2012</b>
<b>CURRENT ASSETS:</b>		
Cash and cash equivalents	\$ 6,127,160	\$ 5,874,064
Investments	202,326,596	183,280,109
Interest and dividend receivables	243,382	180,791
Prepaid expenses and other current assets	10,075	11,219
<b>Total current assets</b>	<b>208,707,213</b>	<b>189,346,183</b>
<b>PROPERTY AND EQUIPMENT — Net</b>	<b>175,654</b>	<b>301,627</b>
<b>INVESTMENTS</b>	<b>437,437</b>	<b>313,121</b>
<b>DEPOSITS AND OTHER ASSETS</b>	<b>16,191</b>	<b>16,191</b>
<b>TOTAL</b>	<b>\$209,336,495</b>	<b>\$189,977,122</b>
<b>Liabilities and Net Assets</b>		
<b>CURRENT LIABILITIES:</b>		
Accounts payable and accrued expenses	152,705	\$ 225,652
Accrued payroll and related benefits	612,745	503,012
Grants payable	1,726,671	2,204,602
Due to parent and affiliates	6,739	15,391
<b>Total current liabilities</b>	<b>2,498,860</b>	<b>2,948,657</b>
<b>COMMITMENTS AND CONTINGENCIES</b>		
<b>DEFERRED COMPENSATION</b>	<b>437,437</b>	<b>313,121</b>
<b>GRANTS PAYABLE</b>	<b>100,000</b>	<b>1,035,229</b>
<b>Total liabilities</b>	<b>3,036,297</b>	<b>4,297,007</b>
<b>Commitments and Contingencies</b>		
<b>NET ASSETS</b>	<b>206,300,198</b>	<b>185,680,115</b>
<b>TOTAL</b>	<b>\$209,336,495</b>	<b>\$189,977,122</b>

## Statements of Activities and Changes in Net Assets for the Years Ended December 31, 2013 and 2012

	2013	2012
NET REVENUES — Investment income	\$10,030,710	\$ 14,085,827
OPERATING EXPENSES:		
Grants donation expense	2,995,357	4,753,618
Program expense	4,498,084	4,129,596
General and administrative expense	1,457,504	1,282,323
Depreciation and amortization	125,971	131,083
Total operating expenses	9,076,916	10,296,620
CHANGE IN NET ASSETS FROM OPERATIONS	953,794	3,789,207
UNREALIZED GAIN (LOSS) ON INVESTMENTS — Net	19,666,289	3,723,591
INCREASE (DECREASE) IN NET ASSETS	20,620,083	7,512,798
NET ASSETS — Beginning of year	185,680,115	178,167,317
NET ASSETS — End of year	<b>\$206,300,198</b>	<b>\$185,680,115</b>



## Statements of Cash Flows for the Years Ended December 31, 2013 and 2012

	2013	2012
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Increase (decrease) in net assets	\$20,620,083	\$7,512,798
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities:		
Depreciation and amortization	125,971	131,083
Net realized and unrealized (gain) loss on investments	(24,631,097)	(13,641,442)
Changes in operating assets and liabilities:		
Interest and dividend receivables	(62,591)	244,678
Prepaid expenses and other current assets	1,144	15,883
Accounts payable and accrued expenses	(72,947)	43,676
Accrued payroll and related benefits	109,733	88,505
Grants payable	(1,413,160)	(1,059,391)
Deferred compensation	124,316	98,484
Due to parent and affiliates	(8,652)	(5,017,555)
Net cash used in operating activities	(5,207,200)	(11,583,281)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of short-term investments	(117,497,915)	(156,593,668)
Sales, maturities, and redemptions of current investments	123,032,615	166,545,425
Purchase of long-term investments	(74,404)	(98,484)
Net cash provided by investing activities	5,460,296	9,853,273
<b>NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS</b>	253,096	(1,730,008)
<b>CASH AND CASH EQUIVALENTS — Beginning of year</b>	5,874,064	7,604,072
<b>CASH AND CASH EQUIVALENTS — End of year</b>	<b>\$6,127,160</b>	<b>\$5,874,064</b>

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