



# Aging with Dignity: Advancing Person-Centered Care Models



# ANNUAL REPORT 2016

## TABLE OF CONTENTS

| The SCAN Foundation's Strategic Framework    |  |
|--|--|
| Message from the President and Board Chair 4 |  |
| Advancing Person-Centered Care Models 6      |  |
| Grants List for Thematic Goal 1              |  |
| Grants List for Thematic Goal 215            |  |
| Grants List for Thematic Goal 3              |  |
| Financial Statements                         |  |
| Board of Directors and Staff                 |  |
|  |  |

- **OUR VISION:** A society where older adults can access health and supportive services of their choosing to meet their needs.
- **OUR MISSION:** To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

## OUR THEMATIC GOALS:



Medicare-Medicaid Integration: Integrate care and financing for vulnerable, low-income older adults.

Person-Centered Care: Support models of care that value dignity, choice, and independence by putting individuals and their families at the center of the decision-making process.

Long-Term Care Financing: Provide working families with tools to help pay for their future care needs. This 2016 Annual Report celebrates The SCAN Foundation's eighth year of work to advance aging with dignity and independence. It also marks the halfway point in our current strategic framework—a natural time for recognition and reflection.

The health care landscape has evolved significantly in the past eight years and will continue to face enormous pressures. The Foundation's core concerns, older adults with chronic illness and functional needs, have been at the center of much of this discussion. How do we spread more person-centered models of care that better link medical and community-based services? How do we drive the health care system and those who pay for it to take into account and place value on the outcomes that matter to people and their families? How do we break down longstanding historical policy barriers and create a new set of policy solutions that reflect the needs of individuals and families today, as well as tomorrow? We are proud of our efforts this year to create greater visibility and engagement for these fundamental questions as we push toward our vision where all older Californians, and all older Americans, can access health and supportive services of their choosing to meet their needs.

We are grateful and honored to have worked with outstanding organizations and partners during the last eight years. In this annual report (pages 6-8), we have chosen to highlight a range of efforts to ultimately scale person-centered care models. Yet outstanding work continues in all our goals.

Below are additional areas of how our expert grantees are putting the Foundation's dollars to work:

- Continuous rapid-cycle polling and quality improvement efforts to foster integrated care for people with both Medicare and Medicaid in California and nationally.
- Helping vanguard community-based organizations reimagine their services as product lines and in turn, develop contracts with the health care sector to make these products part of regular health care.
- Championing innovative policy options to implementing person-centered care for high-need, older adults who only have access to Medicare (and not Medicaid).
- Creating more rational and tailored quality measurement to focus on what older adults with complex care needs actually want from care providers, finding the balance between technical quality of care and self-defined quality of life to really get at value.
- Developing a viable set of long-term care financing reforms and products that are politically realistic, economically sustainable, and within reach of most working adults.
- Increasing public awareness of aging and long-term care issues.

Here in California, we continued to encourage policymakers and elected officials to develop a more comprehensive and organized approach to identify the needs of vulnerable older Californians and reorganize the many siloed aging services programs to meet these needs more responsively. At the federal level, we challenged the incoming Administration and Congress to champion policy ideas and actions toward aging and health care, so that older Americans can get the right care at the right time for the right cost. We listed five action items to lead the way on making America great for older citizens.

- 1. Name and give authority to a national leader who will build solutions for older Americans across all domestic policy areas.
- 2. Protect older Americans and their families from financial bankruptcy when long-term care needs strike.
- 3. Modernize Medicare to pay for team-based, organized care to get more value for older Americans with complex care needs.
- 4. Accelerate federal and state efforts to integrate Medicare and Medicaid.
- 5. Build new ways to measure health care quality based on what older Americans want.

We enter the second half of our strategic framework invigorated, challenged, and more focused than ever, ready to serve as innovators, collaborators, and funders of impactful ideas. Reaching our goals means that 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,

Jennie Chin Hansen

Jennie Chin Hansen, RN, MS, FAAN Board Chair, 2017



Bruce A. Chernof, MD President & CEO



In 2016, The SCAN Foundation celebrated its eighth year of working to improve the lives of older adults and their families. Through the steadfast efforts of our grantees, we made significant progress toward our overall strategic vision. One area with particular success was the Person-Centered Care Initiative, our second thematic goal. This body of work is focused on advancing services and supports based on the needs and preferences of the person, and placing quality of life on a level playing field with quality of care. It puts older adults who have Medicare at the center of the decision-making process.

Building on the work of the American Geriatrics Society and the University of Southern California to develop the definition of person-centered care, we expanded our personcentered care portfolio by creating a suite of business case materials, including a Return on Investment (ROI) Calculator, and presenting this powerful work at Spotlight Health as part of the Aspen Ideas Festival. We also partnered with four other foundations -The Commonwealth Fund, The John A. Hartford Foundation, Peterson Center on Healthcare, and the Robert Wood Johnson Foundation – to improve the health outcomes and daily lives of Americans with complex care needs by accelerating health care transformation.



#### BUSINESS CASE FOR PERSON-CENTERED CARE

Health system leaders must have tools to determine a person-centered care model's applicability and sustainability within their organization. The Foundation's business case <u>brief</u> outlines how person-centered care can result in fewer hospitalizations and emergency room visits and improve overall quality of life. Our <u>ROI Calculator</u> is designed to help health care organizations construct a comprehensive, individualized financial analysis (watch the <u>tutorial</u>). This companion video (right) describes the basics of Person-Centered Care and the need for a business case.



#### SPOTLIGHT HEALTH

Coined "the cutting edge of health and medicine," the pre-conference to Aspen Ideas Festival features panels, exhibits, and networking opportunities to foster learning and solutions for some of the most pressing health care challenges. Health system leaders and media descend on Aspen every June to engage in panel discussions.

The Foundation raised the visibility of personcentered care as both a philosophy and a model to operationalize and, in turn, connected with thought leaders capable of effecting health systems delivery change. Approximately 1,000 experts were exposed to our initiative through multiple activities: a panel titled "<u>Getting Person-Centered to Get</u> <u>Results</u>" featuring Drs. Chernof and Mark McClellan and moderated by New York Times correspondent Margot Sanger-Katz; an exhibit that encouraged people to think about what person-centered care means for themselves and their families; and attending our invitation-only dinner moderated by The Atlantic and titled "Personalized Care in an Aging Society."



# THE PLAYBOOK

The Five Foundations Collaborative aims to help health care organizations participating in valuebased payment models adopt evidence-based interventions improve outcomes and lower overall costs of care. They partnered with the Institute for Healthcare Improvement to create a dynamic, curated website – <u>The Playbook: Better Care for People with Complex Needs</u> – that highlights the challenges facing adults with complex health and social needs and provides direction on how to meet those needs through a variety of resources that detail care models, policies, and more. Click below to watch a video about the Playbook.

| åPlaybook Key Questions ∨ I Am A ∨  | I Want Better Care For  | ✓ About Q                                  |  |  |  |
|---|---|--|--|--|--|
| Welcome to The Playbook: Better Care for People with Complex Needs.<br>Five foundations have partnered with the Institute for Healthcare Improvement to develop this resource<br>for health system leaders, payers, and policy makers who are seeking to learn more about high-need<br>individuals and promising care approaches. Read more » |   |  |  |  |  |
| Key Questions<br>Find curated resources about promising approaches to<br>improving care for people with complex needs.  |   |  |  |  |  |
|   | Why invest in redesigning care for people with complex needs? | Who are people with complex needs?         |  |  |  |
| ANT   | 33 Resources  | 24 Resources                               |  |  |  |
| ALA   | What care models are promising?                               | What are key elements to redesigning care? |  |  |  |
| Same /  | 41 Resources  | 13 Resources                               |  |  |  |
|   |   |  |  |  |  |



# Improving the Health of Older Adults using Integrated Networks for Medical Care and Social Services

AMERICAN SOCIETY ON AGING \$360,256 36 months

This project is part of a multi-funder, multi-grantee effort that established the Aging and Disability Business Institute. In connection with the institute, ASA provides training and technical assistance to community-based organizations to build business skills for developing new payer relationships with the health care sector.

Care Coordinator Training

#### CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION \$150,000 15 months

This project, co-funded with the California Health Care Foundation, developed and implemented a web-based and in-person training curricula for care coordinators working with complex populations across health plans and delivery systems.

#### Project Coordination of CCI Polling and Evaluation

PUBLIC CONSULTING GROUP \$148,501 12 months

This project provided coordination between the Department of Health Care Services, the University of California, and Field Research Corporation for the evaluation of California's dual eligible pilot program.

#### 2016 LTSS Summit

GOVERNMENT ACTION COMMUNICATION INSTITUTE (GACI) \$74,974 10 months

This project provided logistic and vendor support for the California Summit on Long-Term Services and Supports held in Sacramento on September 13, 2016.

Implementing New Systems of Integration for Dually Eligible Enrollees (INSIDE) Phase III

CENTER FOR HEALTH CARE STRATEGIES \$74,665 12 months

Co-funded with The Commonwealth Fund, the Center for Health Care Strategies provided national technical assistance to nine states that are implementing integrated dual eligible pilot programs.

## Laying the Groundwork for Measures that Matter for Adults with Complex Needs NATIONAL QUALITY FORUM \$60,000 4 months

This project produced a series of case studies identifying how communities collect, analyze, and combine health system and social services system data to support one of the Essential Attributes of a high-quality system of care for adults with complex care needs.

## **GRANTS LIST: THEMATIC GOAL 1**

#### Community of Constituents Initiative

ALAMEDA COUNTY MEALS ON WHEELS (Alameda County) \$44,200

ALZHEIMERS ORANGE COUNTY (Orange County) \$45,000

AREA 4 AGENCY ON AGING (Placer County) \$10,000

CAMARILLO HEALTH CARE DISTRICT (Ventura County) \$10,000

CASTLE KEEP (Fresno, Kings, Madera, Tulare counties) \$10,000

COMMUNITY ACCESS CENTER (Riverside and San Bernardino counties) \$35,000

DEPARTMENT OF AGING AND ADULT SERVICES (San Francisco County) \$10,000

DISABILITY ACTION CENTER (Butte, Colusa, Glenn, Modoc, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity counties) \$25,240

DISABILITY SERVICES AND LEGAL CENTER (Lake and Mendocino counties) \$10,000

FREED CENTER FOR INDEPENDENT LIVING (Nevada, Sutter, Sierra, Yuba counties) \$45,000

HEALTHY AGING ASSOCIATION (Stanislaus County) \$45,000

INDEPENDENT LIVING CENTER OF KERN COUNTY (Kern County) \$10,000

## **GRANTS LIST: THEMATIC GOAL 1**

INDEPENDENT LIVING RESOURCE CENTER, INC (Ventura, Santa Barbara, San Luis Obispo counties) \$10,000

ON LOK, INC. (San Francisco, Alameda, Santa Clara, San Mateo, Contra Costa, Marin, Napa, Solano, Sonoma counties) \$10,000

REHABILITATION SERVICES OF NORTHERN CALIFORNIA (Contra Costa County) \$45,000

RIVERSIDE COUNTY OFFICE ON AGING (Riverside and San Bernardino counties) \$10,000

SAN DIEGO COUNTY, HEALTH AND HUMAN SERVICES AGENCY, AGING & INDEPENDENCE SERVICES (San Diego and Imperial counties) \$35,000

SAN MATEO COUNTY AGING AND ADULT SERVICES (San Mateo County) \$10,000

SENIORS COUNCIL OF SANTA CRUZ & SAN BENITO COUNTIES (Santa Cruz, San Benito, Monterey counties) \$45,000

SILICON VALLEY COUNCIL OF NONPROFITS (Santa Clara County) \$45,000

LOS ANGELES AGING ADVOCACY COALITION - ST. BARNABAS SENIOR CENTER (Los Angeles County) \$45,000

YOLO HEALTHY AGING ALLIANCE (Yolo County) \$45,000

#### 12 months

The Community of Constituents Initiative is a statewide movement made up of the Sacramentobased California Collaborative on Long-Term Services and Supports and 21 Regional Coalitions. With over 700 member organizations and 850 affiliated members, the Initiative worked to transform the system of care so that all Californians can age with dignity, choice, and independence.

#### Administration for Community Living Network Development

TIMOTHY MCNEILL \$35,000 9 months

In partnership with The John A. Hartford Foundation and the Administration for Community Living, who supported the second cohort of a national Learning Collaborative of 11 community-based organization networks, this project provided specific technical assistance to the four West Coast CBO networks. The goal for these long-term care service networks is to gain the necessary acumen that enables them to enter into contracts with the health care sector.

#### DHCS Academy 2016

#### CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES \$30,000 18 months

This project, co-funded by the California Health Care Foundation and the Blue Shield of California Foundation, provided training to leaders and managers of the California Department of Health Care Services on topics such as policy improvement opportunities, value-based payment, and integration of Medicare and Medicaid.

#### **Convergent Horizons**

## UNIVERSAL ASSESSMENT FACILITATION \$27,205 12 months

This project provided facilitation support to state departments and stakeholders responsible for developing and piloting a universal assessment tool for CCI participants' need for long-term services and supports.

# **GRANTS LIST: THEMATIC GOAL 1**

#### CCI Health Plan Learning Collaborative

CALIFORNIA ASSOCIATION OF HEALTH PLANS \$21,000 15 months

This project provided support for the Coordinated Care Initiative (CCI) Learning Collaborative, which is represented by the 11 health plans participating in CCI.

Linkage Lab 2: Case Studies J. SOLOMON CONSULTING LLC \$6,600 COLLABORATIVE CONSULTING, INC. \$11,000 4 months

This project supported the development of six case studies, one for each of the organizations who participated in the Linkage Lab Academy second cohort. Additionally, briefs from the first cohort's contractual relationships will be developed.

#### Benefits of Care Coordination Fact Sheet

ST. BARNABAS SENIOR CENTER OF LOS ANGELES

\$2,500

1.5 months

This project produced a two-page flyer to elevate the benefits of care coordination in Cal MediConnect. The flyer was distributed in Los Angeles County through Meals on Wheels in six languages (English, Chinese, Spanish, Armenian, Korean, and Russian).

#### Spreading Person-Centered Care for Medically Complex Older Adults

PACIFIC BUSINESS GROUP ON HEALTH \$737,552 24 months

This project supported 21 West Coast health care organizations to implement the Intensive Outpatient Care Program (IOCP), a person-centered care model.

#### Person-Centered Care Pilot Initiative

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA \$549,182 36 months

This project supported four hospital systems in California to implement a sustainable personcentered care model for older adults with complex care needs.

#### Aging and Long-Term Care Coverage for Hispanic Community

UNIVISION NETWORK \$250,938 12 months

This project produced original editorial content on aging with dignity for Spanish-speaking audiences, through online and broadcast television mediums.

#### 2016 Spotlight Health

### ATLANTIC MEDIA COMPANY \$250,000 8 months

This project highlighted the Foundation's work on person-centered care at the 2016 Spotlight Health event held as a pre-conference to the Aspen Ideas Festival.

#### Aging and Long-Term Care Coverage for Next Avenue Readership

TWIN CITIES PUBLIC TELEVISION \$199,290 12 months

This project produced original news coverage on person-centered care, long-term care and the 2016 presidential election campaign for its online platform.

#### Improving Coordination of Care for Medicare Beneficiaries

BIPARTISAN POLICY CENTER INC.

\$75,000

12 months

This project, co-funded by The Commonwealth Fund, analyzed barriers to better coordination of care for high-need, high-cost Medicare beneficiaries. The final report recommended seven changes the Centers for Medicare & Medicaid Services could implement to improve care delivery and individuals' outcomes.

#### The Playbook: Better Care for People with Complex Needs

INSTITUTE FOR HEALTHCARE IMPROVEMENT \$75,000

*ç*7*3*,000

#### 17 months

This project, co-funded by the Commonwealth Fund, The John A. Hartford Foundation, Peterson Center on Healthcare, and Robert Wood Johnson Foundation, developed The Playbook: Better Care for People with Complex Needs. The Playbook is a curated set of resources that explore how to provide and sustain care for a complex population.

#### Long-Term Services and Supports Systems Change Award

ELLEN O'BRIEN, INDEPENDENT CONSULTANT \$39,200 12 months

This project analyzed the results of the third Long-Term Services and Supports State Scorecard to determine which states made the most progress in each measurement domain.

#### Business Case for Person-Centered Care: Dissemination

VICTOR TABBUSH CONSULTING \$20,125 15 months

This project supported the dissemination of the business case and Return on Investment Calculator to the health care sector as well as provided assistance in using the Calculator to assess the financial sustainability of person-centered models of care.

#### Instructions for Return on Investment Tool

MARQUANT ANALYTICS, LLC

\$17,985

2 months

This project developed the technical programming for the Foundation's Return on Investment Calculator.

#### 2017-18 Long-Term Care Public Opinion Research and Dissemination

#### ASSOCIATED PRESS/NATIONAL OPINION RESEARCH CENTER

\$586,850

24 months

This project extended national research, as well as product creation and dissemination, on the public's understanding, perceptions, and experiences with long-term care.

#### Bipartisan Strategies for Sustainable Long-Term Care Financing

BIPARTISAN POLICY CENTER \$550,000 12 months

This project produced a set of final recommendations to address the challenges working families face in financing needed long-term services and supports for the future.

#### Long-Term Care Financing Communications and Dissemination Support

ANNE TUMLINSON INNOVATIONS LLC

#### \$145,000

#### 8 months

This project provided technical assistance to the Bipartisan Policy Center for long-term care financing recommendations.

#### Long-Term Services and Supports Session at the National Health Policy Conference

ACADEMY HEALTH \$3,000

#### 2 months

This project disseminated policy options modeled by the Urban Institute for Long-Term Care Financing at AcademyHealth's National Health Policy Conference.

| As of December 31   | 2016  | 2015  |
|---|---|---|
| Assets  |   |   |
| CURRENT ASSETS:   |   |   |
| Cash and cash equivalents   | 3,519,183   | 2,564,851   |
| Investments   | 199,268,545                                       | 196,021,263   |
| Interest and dividends receivables  | 288,431   | 279,096   |
| Prepaid expenses and other current assets   | 34,080  | 6,591   |
| Total current assets  | 203,110,239                                       | 198,871,801   |
| PROPERTY AND EQUIPMENT, NET   | 138,783   | 146,053   |
| INVESTMENTS   | 747,344   | 622,133   |
| MISSION-IMPACT INVESTMENTS  | 999,998   | 0   |
| DEPOSITS AND OTHER ASSETS   | 18,072  | 18,072  |
| Total Assets  | 205,014,436                                       | 199,658,059   |
|   |   |   |
| Liabilities and Net Assets  |   |   |
| CURRENT LIABILITIES:  |   |   |
| Accounts payable and accrued expenses   | 68,491  | 190,599   |
| Accrued payroll and related benefits  | 746,622   | 716,601   |
|   |   | 710,001   |
| Grants payable  | 3,564,900   | 3,173,203   |
| Grants payable Due to parent and affiliates   | 3,564,900<br>0                                    |   |
|   |   | 3,173,203   |
| Due to parent and affiliates  | 0   | 3,173,203<br>83,350   |
| Due to parent and affiliates Total current liabilities  | 0<br>4,380,013                                    | 3,173,203<br>83,350<br>4,163,753                                    |
| Due to parent and affiliates Total current liabilities DEFERRED COMPENSATION  | 0<br>4,380,013<br>747,344                         | 3,173,203<br>83,350<br>4,163,753<br>622,133                         |
| Due to parent and affiliates Total current liabilities DEFERRED COMPENSATION DEFERRED RENT                            | 0<br>4,380,013<br>747,344<br>252,254              | 3,173,203<br>83,350<br>4,163,753<br>622,133<br>212,897              |
| Due to parent and affiliates<br>Total current liabilities<br>DEFERRED COMPENSATION<br>DEFERRED RENT<br>GRANTS PAYABLE | 0<br>4,380,013<br>747,344<br>252,254<br>1,078,547 | 3,173,203<br>83,350<br>4,163,753<br>622,133<br>212,897<br>1,832,167 |

# STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

| For the years ended December 31                       | 2016        | 2015         |
|---|-------------|--------------|
| NET REVENUES – Investment income                      | 9,023,436   | 16,891,517   |
| OPERATING EXPENSES:                                   |             |              |
| Grants donation expense                               | 3,985,256   | 5,911,750    |
| Program expense                                       | 4,572,675   | 5,669,992    |
| General and administrative expense                    | 1,369,646   | 1,327,995    |
| Depreciation and amortization                         | 15,472      | 60,412       |
| Total Operating Expenses                              | 9,943,049   | 12,970,149   |
| CHANGE IN NET ASSETS FROM OPERATIONS                  | (919,613)   | 3,921,368    |
| CHANGE IN UNREALIZED GAIN (LOSS) ON INVESTMENTS – NET | 6,648,782   | (18,761,936) |
| INCREASE (DECREASE) IN NET ASSETS                     | 5,729,169   | (14,840,568) |
| NET ASSETS – Beginning of year                        | 192,827,109 | 207,667,677  |
| Net Assets - End of Year                              | 198,556,278 | 192,827,109  |

# STATEMENTS OF CASH FLOW

| For the years ended December 31   | 2016         | 2015         |
|---|--------------|--------------|
| CASH FLOWS FROM OPERATING ACTIVITIES:   |              |              |
| Change in net assets  | 5,729,169    | (14,840,568) |
| Adjustments to reconcile change in net assets to net cash used in operating activities: |              |              |
| Depreciation and amortization   | 15,472       | 60,412       |
| Net realized and unrealized (gain) loss on investments                                  | (12,698,651) | 4,949,749    |
| Changes in operating assets and liabilities:  |              |              |
| Interest and dividend receivables   | (9,335)      | (80,291)     |
| Prepaid expenses and other current assets   | (27,489)     | 5            |
| Deposits and other assets   | -            | -            |
| Accounts payable and accrued expenses   | (122,108)    | 40,182       |
| Accrued payroll and related benefits  | 30,021       | 119,799      |
| Grants payable  | (361,923)    | 1,981,125    |
| Deferred compensation   | 125,211      | 80,745       |
| Due to parent and affiliates  | (83,350)     | 74,498       |
| Deferred rent   | 39,357       | 212,897      |
| Net cash used in operating activities   | (7,363,626)  | (7,401,447)  |
| CASH FLOWS FROM INVESTING ACTIVITIES:   |              |              |
| Payments for property and equipment   | (8,202)      | (141,629)    |
| Purchase of short-term investments  | (37,087,923) | (99,155,488) |
| Sales, maturities, and redemptions of short-term investments                            | 46,539,292   | 106,787,151  |
| Funding of mission-impact investments   | (999,998)    | 0            |
| Purchase of long-term investments   | (125,211)    | (80,745)     |
| Net cash provided by investing activities   | 8,317,958    | 7,409,289    |
| NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS                                    | 954,332      | 7,842        |
| CASH AND CASH EQUIVALENTS – beginning of year   | 2,564,851    | 2,557,009    |
| Cash and Cash Equivalents - End of Year   | 3,519,183    | 2,564,851    |

## **2016 BOARD OF DIRECTORS**

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