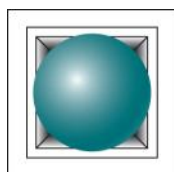




Improving Connections to **Care & Coverage** for Healthy Futures

1615 M Street, NW
Suite 290
Washington, DC 20036
(202) 223-1500



*THE NATIONAL ALLIANCE
TO ADVANCE ADOLESCENT HEALTH*

WWW.THENATIONALALLIANCE.ORG



The National Alliance to Advance Adolescent Health was formed in 2006, with a mission to achieve long-term, systemic improvements in comprehensive health care and insurance coverage for adolescents.



THE NEED.



THE HEALTH OF AMERICA'S ADOLESCENTS IS THE KEY TO THEIR **future success.**



There are over 39 million adolescents, ages 13 through 21, in the United States. **An estimated 20% of those adolescents live in families whose income is below 100% of the federal poverty level.** A sizeable proportion of adolescents, especially low income adolescents, have limited or no access to health and mental health care. At a time when behavioral risk, onset of mental health conditions, and prevalence of chronic conditions dramatically increases, all too often adolescents, particularly males, are disconnected from needed care.





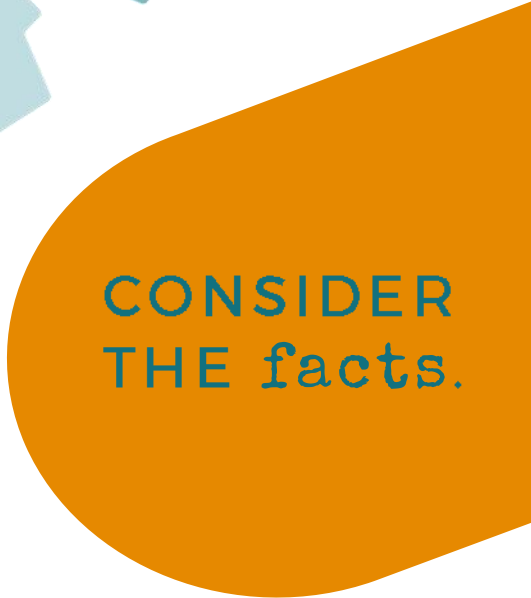
65% of adolescents made no preventive care visits last year. Many simply stop going until acute or chronic problems emerge.

75% of adolescents with mental health conditions receive no treatment.

25% of adolescents have not seen a doctor in the past year.

90% of adolescents with chronic conditions report receiving no assistance in transitioning from pediatric to adult health care.

The consequences of delayed and inadequate care play out for decades, affecting adult health and overall productivity. Leaders in medicine, business, higher education, and the military agree: our adolescents are seriously underperforming because of health problems.



**CONSIDER
THE facts.**

OUR MISSION & APPROACH.



To accomplish our mission, we work nationally and locally to improve:

- widespread availability of adolescent-centered health care;
- expanded access to mental health services;
- adequate and affordable health insurance protection; and
- effective transition from pediatric to adult health care.



Ten years ago, our founders – Harriette Fox and Peggy McManus – recognized that there were too many underserved adolescents, too little attention to policy and practice innovations, and too few champions to advance their cause. Moreover, most organizations working to address adolescent needs focused on single issues – teen pregnancy, suicide, bullying, substance abuse, obesity.

Thus, The National Alliance to Advance Adolescent Health was formed as a 501c3 nonprofit in 2006, with a **mission to achieve long-term, systemic improvements in comprehensive health care and insurance coverage for adolescents.**

We are uniquely positioned as the only national nonprofit dedicated solely to advancing adolescent health care delivery and financing system changes through education, policy analysis, technical assistance, and advocacy. As a national alliance, we work in collaboration with federal and state agencies, academic institutions, health professional organizations, health care systems, public and private payers/plans, and consumer and disability groups. Headquartered in the nation's capital, our location allows for close working relations with both public and private sector leaders.

The National Alliance has access to state-of-the-art meeting and teleconferencing capabilities and information technology support. We have an extensive library on adolescent health, mental health and primary care, and transition from pediatric to adult care. The National Alliance operates two websites, which offer excellent vehicles for dissemination:

www.TheNationalAlliance.org &
www.GotTransition.org.



EDUCATION

EMPLOYMENT

Health

RELATIONSHIPS

INDEPENDENT LIVING



OUR IMPACT.

THE NATIONAL ALLIANCE IS VIEWED BY CONGRESS AS A LEADING RESOURCE ON ADOLES- CENT HEALTH.



From the start, The National Alliance recognized the value of consumer and provider voices to guide its approach. We began our work obtaining the perspectives of key stakeholders about the best ways to improve health care for adolescents. Focus groups, surveys, and interviews were conducted with adolescents and parents as well as with health care professionals and opinion leaders from businesses, colleges, and the military.

Building on this foundational work, The National Alliance published numerous research and policy reports highlighting gaps in access to care and insurance coverage among poor, minority, and special-needs adolescents in order to increase awareness and adoption of effective strategies for reducing disparities.

The National Alliance is viewed by Congress as a leading resource on adolescent health. When invited by the U.S. House Appropriations Committee to identify legislative options for strengthening adolescent health, The National Alliance's recommendations were instrumental in establishing the federal Office of Adolescent Health, authorized to coordinate the Department of Health and Human Services' adolescent efforts and to carry out demonstration projects to improve the health of adolescents. The National Alliance has also sponsored Congressional briefings on adolescent-centered primary care.

Through partnerships and coalition-building, The National Alliance has developed and disseminated: an adolescent-centered research agenda for funding agencies and researchers; models of innovative adolescent-centered primary care in office, clinic, school, and hospital settings; policy and advocacy strategies for expanding access to mental health services for children and adolescents; and health insurance benefit and payment options to align with needed care delivery improvements.

Further, The National Alliance has been recognized as a leader nationally and in the District of Columbia in the field of transition from pediatric to adult health care. As the national resource center on transition (Got Transition), we developed an evidence-based transition model called the "Six Core Elements of Health Care Transition," which is being implemented in pediatric and adult sites across the country. We have been actively working with 32 states to implement statewide health care transition action plans. In addition, we are involved in health professional training and quality improvement efforts with large systems of care in D.C., Maryland, Michigan, New York, Ohio, and South Carolina. Looking ahead, we have formed a National Young Adult Transition Advisory Group to identify effective ways to reach youth and young adults about staying connected to care and coverage.



JOIN US IN
STRENGTHENING
THE CONNECTION
OF ADOLESCENTS TO
**needed health
care and coverage.**



○ Please consider participating in our efforts to scale our work to achieve long-term systemic improvements in comprehensive health care and coverage for adolescents. An investment in the health of our nation's adolescents is an investment in their success and in ours.

To further the mission of The National Alliance to Advance Adolescent Health, we must now EXPAND and EXTEND our early progress. Therefore, our four goals for the next decade are as follows:

1.

EXPAND AVAILABILITY OF ADOLESCENT-CENTERED CARE

Promote expansion of state adolescent health leadership initiatives to equip primary care sites to help make their services, space, and policies more adolescent-centered, partnering with adolescent leaders in California, Michigan, Minnesota, Rhode Island, and Vermont.

Expand collaboration with the Society for Adolescent Health and Medicine, the American Academy of Pediatrics, the American Academy of Family Physicians, the National Association of Nurse Practitioners, the School-Based Health Alliance, and the National Association of Community Health Centers to promote innovations in adolescent care delivery and payment.

Continue to identify comprehensive adolescent-centered models of primary care to ensure that all health care practices promote healthy lifestyles and intervene early and effectively to treat the range of physical, behavioral, and emotional needs of adolescents.

2.

EXPAND ACCESS TO MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

Strengthen the Child and Adolescent Mental Health Coalition, formed by the American Academy of Pediatrics and The National Alliance, to implement a shared policy agenda focused on the mental health workforce, integration of mental health and primary care, early identification and intervention, mental health parity, and juvenile justice reform. This coalition currently has over 20 primary care, mental/behavioral, and consumer organizations.

Develop administrative and legislative recommendations to establish statewide networks of child and adolescent mental health specialists across the U.S. to expand the capacity of pediatric primary care providers to deliver evidence-based mental health care.

Build public and private leadership support for increasing the child and adolescent mental health workforce in the U.S., drawing on the successful experience of the Robert Wood Johnson Foundation to reduce nursing shortages.

3.

ENSURE ADEQUATE AND AFFORDABLE HEALTH INSURANCE COVERAGE FOR ADOLESCENTS AND YOUNG ADULTS

Participate in health coalitions to represent the interests of adolescents and young adults in proposed health insurance reforms related to the Affordable Care Act, Medicaid, and the Children Health Insurance Program (CHIP).

Develop policy recommendations to address needed improvements in access to insurance coverage for poor and near-poor adolescents and young adults and for those with chronic physical, mental, and intellectual/developmental conditions.

Partner with state Medicaid and CHIP programs to ensure a planned transition for young adults losing public insurance eligibility at age 18 or 21.

4.

PROMOTE EFFECTIVE TRANSITIONS FROM PEDIATRIC TO ADULT HEALTH CARE



Expand the capacity of The National Alliance's national transition center (Got Transition) to reach more health care systems, health care professionals, public programs, and youth, young adults, and families in making evidence-based transition improvements.

Partner with community colleges and universities to strengthen the orientation of incoming students to prepare for adult-centered care on and off campus and to ensure that students stay connected to care and coverage when they leave school.

Develop a new foster care transition initiative with selected state Medicaid, child welfare, and public health programs to implement The National Alliance's nationally recognized transition model, "Six Core Elements," which can eventually be replicated nationwide for youth in foster care.



“With smarter strategies in how we finance and provide health care, our adolescents will have the opportunity to grow up happier, healthier, and contributing members to our society.”

— PEGGY MCMANUS
PRESIDENT





APPENDIX A: OUR LEADERSHIP

STAFF LEADERSHIP: The National Alliance's early progress was made possible by dedicated, experienced leadership. Fortunately, the two founders of The National Alliance are continuing to serve: Harriette Fox as Chair of the Board and Peggy McManus as President. Since the early 1980s, Ms. Fox and Ms. McManus have together administered numerous multi-year projects for a diverse array of clients.

The founding CEO of The National Alliance is **Harriette Fox**, a nationally recognized expert in child and adolescent health policy. Her work has focused on access to care for low-income youth, federal and state health insurance reforms, and the design of public programs serving children. Ms. Fox has been instrumental in guiding the federal government and state health, education, and welfare agencies in payment and delivery system improvements for Medicaid, the Children's Health Insurance Program (CHIP), and maternal and child health, early intervention, special education, and children's mental health programs. Ms. Fox earned a Master of Social Services degree from Bryn Mawr Graduate School of Social Work and Social Research.

Peggy McManus serves as the founding President of The National Alliance and co-director of Got Transition. She has led numerous national and state-based projects to improve health care for children and adolescents, focusing special attention on low-income youth and those with special needs. She has published extensively on transition, adolescent-centered care, public and private health insurance, and preventive care. Since the early 1980s, she has worked as a consultant with the American Academy of Pediatrics helping to shape their policies on Medicaid, CHIP, and private health insurance. Ms. McManus has a Masters of Health Sciences from Johns Hopkins School of Public Health.

Joining the senior leadership team in 2013 was **Dr. Patience White**, who co-directs The National Alliance's Got Transition program. She is a pediatric and adult-trained rheumatologist and professor of pediatrics and medicine at the George Washington University School of Medicine and Health Sciences. Dr. White is a national expert on transition and responsible for directing several quality improvement projects with large health care systems and health professional training programs. Dr. White received her medical training at Harvard Medical School and also holds a master's degree in education from George Washington University.

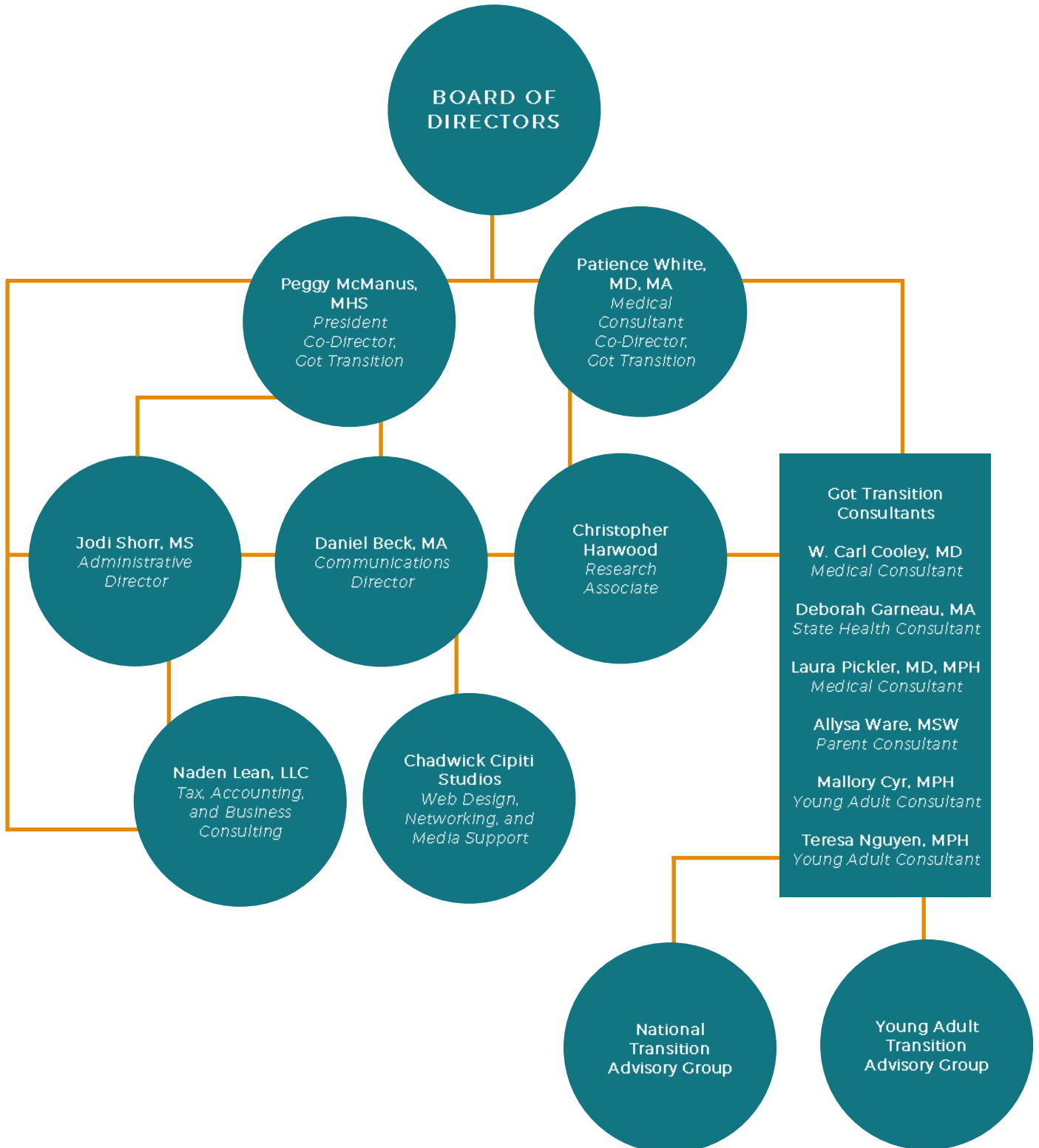
BOARD LEADERSHIP: The original Board of Directors of The National Alliance is an impressive group with diverse experience in law, health policy, research, communications, and adolescent health. Also included has been a sitting member of Congress who is a family medicine physician with long-standing interest in adolescents. These expert connections have helped form many of the alliances that led to early program success.

For The National Alliance's next phase of development, new members of the Board of Directors are being sought with the specific expertise and connections—professionally and nationally to expand and extend progress toward fulfilling our mission. These selected leaders can help The National Alliance create a multi-year plan to expand adolescent-centered care to be the norm, not the exception, available to all youth, but especially to those who are from low income families and who have special needs.

New leadership can help guide our expansion to ensure that mental health is well integrated into primary care with a sustainable financial infrastructure and with an adequate supply of mental health professionals able to meet the needs of adolescents.

Selected new leaders can also help to guide the expansion of our successful transition model to vulnerable adolescent populations, including those in foster care. With a new U.S. President and administration, efforts to expand our advocacy and partnerships around adolescent health care and coverage will be essential.

APPENDIX B: ORGANIZATIONAL CHART



APPENDIX C: OUR FUNDERS

Early progress toward the goals of The National Alliance has been made possible by these noted funding sources:

DHHS Maternal and Child Health Bureau (MCHB)

DHHS Agency for Healthcare Research and Quality

DHHS Assistant Secretary for Planning and Evaluation

D.C. Department of Health

Altarum Institute

American Academy of Pediatrics

Crotched Mountain Rehabilitation Center (in NH)

Evergreen Foundation

HSC Foundation

Johns Hopkins Hospital and School of Public Health

Lucile Packard Foundation for Children's Health

Morningstar Foundation

National Committee on Quality Assurance

National Health Foundation

Summit Fund

University of California San Francisco

Individual gifts

Since 2009, The National Alliance has received annual grant awards from the D.C. Department of Health, and since 2013, HHS' MCHB has renewed its funding support for The National Alliance's transition efforts.



FURTHER FINANCIAL NEEDS

The National Alliance continues to make careful and effective use of its finances – as can be seen in the annual operating account (See Appendix D). Naden/Lean, a firm of certified public accountants and business consultants, provides ongoing accounting and tax consulting services to The National Alliance.

To support the new goals to extend and expand previous progress – nationally and locally – The National Alliance will need to enlist additional support from government grants, foundations, corporations, and individuals who recognize the importance of developing healthy and productive adolescents and young adults for the future of our country. Financial goals are being set as our Fundraising Plan develops.

APPENDIX D: FINANCIAL HIGHLIGHTS

REVENUE*	FY 2015	FY 2016
Federal Grants	\$429,257	\$443,000
State Grants	220,370	166,832
Contracts/Consulting	0	39,139
Contributions	25,000	30,000
<i>TOTAL REVENUE</i>	<i>674,627</i>	<i>678,971</i>

EXPENSES		
Salaries and Fringe Benefits	320,769	322,876
Consultants	262,118	215,278
Office Rent	59,800	61,250
Phones/Internet	3,840	2,880
Copying and Postage	2,154	1,193
Supplies and Equipment	7,459	9,566
Technology (Websites)	9,963	5,226
Travel	18,804	10,932
Memberships (Orgs + Journals)/Meeting Registrations	7,782	6,798
Other (Insurance, Depreciation, Interest)	16,131	8,268
<i>TOTAL EXPENSES</i>	<i>\$708,820</i>	<i>\$644,267</i>

EXPENSE BREAKDOWN		
Total Program Expenses	\$545,791/77%	\$495,338/77%
Total Administrative Expenses	\$163,029/23%	\$148,929/23%

*Revenue does not reflect anticipated funds that had been invoiced but not received as of 12/31/16.

What we do works. Look what our partners say about us:

"As a parent with two adolescents with special health care leader and as a leader in the state of Michigan, I have greatly benefitted from the information and resources of The National Alliance to Advance Adolescent Health. This organization consistently emphasizes the role that parents play with their adolescents, while at the same time promoting ever-increasing independence and self-advocacy among youth. Important also to note, The National Alliance involves parents and youth in all of its work"

— Candida Bush, Parent Director of Family Center for Children and Youth with Special Needs, Michigan Department of Health and Human Services



"Instead of donating \$100 for the ALS research as part of the ice bucket challenge, I have chosen to donate to your organization. Keep up the hard work advocating for youth with special health care needs."

—Rachel Harris, medical student, Harvard University

APPENDIX E: TESTIMONIALS



"Our goal is to create a transition program system-wide. We are a large pediatric health care system that has recognized that training our patients and their families is done inconsistently at best. We have been tremendously impressed with Got Transition and are excited to utilize your model, valuable samples, and priceless templates. Thank you so very much for the time, dedication and wisdom that went into creating this transition process."

—Cook Children's Medical Center,
Fort Worth, TX

"The National Alliance is amazing! Their tireless work casts a national spotlight on the very important and under-appreciated issues of primary care and health policy for adolescents and spurs much-needed innovation. The National Alliance leaders provided critical support for Adolescent Medical Home Think Tank and Adolescent Medical Home Initiative in Rhode Island, fueling scholarly inquiry and an important community-based model for adolescent primary care delivery."

—Joanna Brown, MD, MPH, Assistant Professor of Family Medicine, Brown Medical School, Senior Transformation Advisory, Brown Primary Care Transformation Initiative Family & Adolescent Medicine, Tri-County Community Action, North Providence

Encouraging as these testimonials are, The National Alliance will need additional support to continue, expand, and extend resources to help health care professionals and community health organizations provide the most effective and engaging care supported by comprehensive health insurance coverage. America's adolescents are our future and providing whatever time, expertise, advocacy, and support we can, is a particularly fulfilling way to strengthen our families, our businesses, our communities, and in the long run, our country for years to come. To support the mission of The National Alliance, please visit www.TheNationalAlliance.org/Donate.



APPENDIX F:
NONPROFIT STATUS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Nonprofit Corporation Act have been complied with and accordingly, this **CERTIFICATE OF AMENDMENT** is hereby issued to:

INCENTER STRATEGIES, INC.

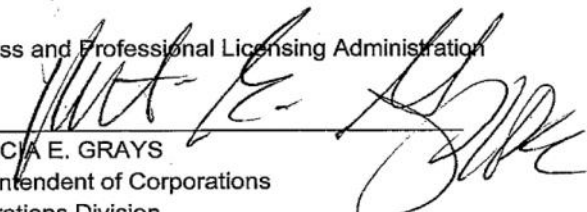
Name Changed To

THE NATIONAL ALLIANCE TO ADVANCE ADOLESCENT HEALTH

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **12th** day of **February, 2009**.

LINDA K. ARGO
Director

Business and Professional Licensing Administration



PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Adrian M. Fenty
Mayor

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: ~~DEC 05 2008~~

INCENTER STRATEGIES INC
C/O GERALD H LEAN
1966 GREENSPRING DR STE 405
TIMONIUM, MD 21093-0000

Employer Identification Number:
20-4145524
DLN:
17053059010016
Contact Person:
DONNA ELLIOT-MOORE ID# 50304
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
DECEMBER 28, 2005
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

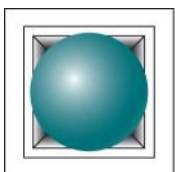
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.



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