

EXHIBIT 14

**GULF REGION HEALTH OUTREACH PROGRAM
MENTAL AND BEHAVIORAL HEALTH CAPACITY PROJECT**

I. EXECUTIVE SUMMARY

A. Purpose

The Mental and Behavioral Health Capacity Project (“MBHCP” or the “Project”) of the Gulf Region Health Outreach Program (“Outreach Program”) will provide much needed mental and behavioral health treatment and longer-term supportive services to improve the overall well-being of individuals, families and communities affected by the Deepwater Horizon oil spill in Alabama, the Florida panhandle, Louisiana, and Mississippi.

Based on data gathered by the Directors of the Project from Louisiana State University Health Sciences Center Departments of Psychiatry and Pediatrics, the University of Southern Mississippi, School of Social Work and the University of South Alabama Department of Psychology, there are significant mental and behavioral health needs directly attributable to the Deepwater Horizon oil spill. This Project will address these immediate needs and help build mental and behavioral health treatment capacity and literacy to help the communities along the Gulf Coast prepare for future man-made and natural disasters.

B. Sustainability

Early provision of high quality mental and behavioral health services following disasters is a sustainable and cost effective way to prevent the development of long-term mental health problems, promote well-being for individuals and strengthen communities. In the Project, sustainability will be accomplished by raising awareness, providing education and training about mental health needs, and demonstrating the effectiveness of interventions and services in order to raise local agency, school district, county, state, foundation, and federal funds. The Project will establish a Quad-State Consortium designed to coordinate and promote mental and behavioral health efforts within each state. In addition, regular meetings with stakeholders in each state will be held to identify mental and behavioral health needs and to help shape ongoing programs. One of the goals of the Project is to strengthen the connections among the Gulf States and within individual communities that will remain in place and serve as a foundation for identifying and treating mental and behavioral health needs long after the funding for this particular Project is over.

C. Target Populations

The target population will include adults, children and families who were affected by the Deepwater Horizon oil spill. Proposed services will be directed to the following parishes and counties: Mobile and Baldwin in Alabama; Escambia, Santa Rosa, Okaloosa, Walton and Bay in Florida; Lafourche, Cameron, Terrebonne, Jefferson, St. Bernard, Orleans, and Plaquemines in Louisiana; and Jackson, Hancock, and Harrison in Mississippi.

D. Partnerships and Collaborations

As part of the State Emergency Response Grant Tri-State Consortium (2011-2012) funded by the Substance Abuse and Mental Health Services Administration, the Director and Co-Director from the Louisiana State University Health Sciences Center Departments of Psychiatry and Pediatrics, the University of Southern Mississippi School of Social Work and the University of South Alabama Department of Psychology have worked together collaboratively doing behavioral health surveillance in areas heavily impacted by the oil spill in Louisiana, Alabama, and Mississippi for over a year. These departments and institutions, with the addition of the West Florida University School of Social Work, will continue to work together in conducting the MBHCP. Given that these institutions are located in areas most affected by the Deepwater Horizon oil spill and have strong existing relationships with community partners and agencies, they are, in fact, uniquely qualified and able to develop and implement this Project and to ensure that the best and most effective services reach the people with greatest needs.

The MBHCP will work closely with the other Outreach Program projects, as mental and behavioral health component activities are imperative to their success. Specifically, the Project will provide the immediate and critical mental and behavioral health services that are needed while the Primary Care Capacity Project ("PCCP") of the Outreach Program is planning and implementing its efforts to increase mental and behavioral health capacity of Federally Qualified Health Centers ("FQHC") and community health clinics. The MBHCP's efforts during this period will also provide data and other relevant information to the PCCP to assist it in identifying local communities which lack sufficient mental and behavioral health services.

Once the short-term supplemental treatment services are completed, the newly developed FQHCs and community clinics will serve as a "one stop shop" for primary care and mental and behavioral health care. The MBHCP will provide assessment, consultation, training, prevention, and education services to the FQHCs and community clinics, as well as accept referrals from such clinics. The MBHCP will work with FQHCs and community clinics to provide public education and community training programs on mental and behavioral health issues. The MBHCP will also assist in the training of community health workers, through the Community Health Workers Training Program ("CHWTP"), on mental and behavioral health resources and issues, including indications for referral to the MBHCP.

There will be up to three members of the MBHCP Project Leaders (including the Louisiana Co-Leaders) who will serve, if requested, as a member of the Outreach Program Coordinating Committee to facilitate collaboration among the Outreach Program projects.

II. BACKGROUND AND RATIONALE

The Louisiana State University Health Sciences Center Department of Psychiatry has conducted two phases of psychosocial assessments in Louisiana Gulf Coast communities since the oil spill. The purpose of the assessments was to improve understanding of mental and behavioral health needs following the Deepwater Horizon oil spill. Over 2000 surveys were collected since August 2010;

683 individuals completed the assessment in Phase I and 1,393 completed the assessment in Phase II, which ran through December 2011. Based on the results of these assessments, and the results from similar studies in Alabama, Florida and Mississippi, it is established that negative mental health symptoms were higher for those individuals reporting to have been affected by the oil spill. (See Table 1). Further, screening assessments of children and adolescents impacted by the Deepwater Horizon oil spill have demonstrated increased symptoms of posttraumatic stress and depression with parents, teachers, and students requesting professional consultations and therapeutic and supportive services. These findings present the rationale for immediate mental and behavioral health treatment and longer-term supportive services by skilled psychiatrists, psychologists and social workers to improve the overall well-being and health of individuals, families and communities affected by the Deepwater Horizon oil spill.

Table 1. Louisiana Sample Mental Health Indicators by Oil Spill Status

Mental Health Indicators	Not Affected by Oil Spill %	Affected by Oil Spill %
Serious Mental Illness	4%	20%
PTSD	3%	19%
Substance Abuse	5%	14%
Depression	10%	37%
General Anxiety Disorder	8%	34%
Suicide Ideation	2%	4%
Somatic Indicators	64%	83%
Aggression Conflict	24%	42%
Poor Quality of Life	6%	20%
Counselor Request	22%	34%

III. OBJECTIVES AND KEY COMPONENTS

A. Objectives

Two categories of services will address mental and behavioral health needs and well-being following the Deepwater Horizon oil spill, both of which have flexible components available to meet the unique needs of each state and community. The two categories are:

1. **Supplemental therapeutic treatment**
2. **Supportive strength-based services**

Each state's programmatic team, along with community stakeholders, will tailor state plans to meet their specific community needs. Mental and behavioral health services will be made available to children and families in locations where needs are the most immediate and pressing, for example, in school settings to

specifically address the needs of children and families. These services will also be made available to children and families with severity of problems that exceed the limits of services provided by the Community Health Workers Training Project.

Efforts also need to be undertaken to develop skills in trauma and disaster response and recovery among medical students, psychology, psychiatry, and social work graduate and professional school training programs in order to place, and subsequently hire, mental and behavioral health professionals within primary care settings.

The primary outcomes of the MBHCP will be improved overall well-being of adults, children and families and strengthened communities affected by the Deepwater Horizon oil spill. Services that will be provided may include: consultation; training; education; counseling; psychotherapeutic services; psychiatric treatment; assessments; prevention services; resilience building; brief interventions; and support groups.

IV. PROJECT ACTIVITIES

A. Supplemental Therapeutic Treatment

Supplemental therapeutic treatment extends existing mental and behavioral health services in each state by providing psychosocial and mental health assessments, consultations, and direct services – either in person or combined with telemedicine – to clients seeking primary care primarily, but not exclusively, through FQHCs. These therapeutic services will be provided by skilled psychiatrists, psychologists and social workers.

These services will be emphasized in the first 2 years of the initiative and will be supportive of the PCCP, while mental and behavioral health components are being developed in FQHCs and other clinical care centers. They will be continued, as needed, in subsequent years.

B. Supportive Strength-Based Services

To improve overall well-being of these populations over the 5-year project, MBHCP will provide high quality, evidence-based and strength-based supportive services, including assessments, consultation, training, education, counseling, and will serve as a resource for referral for psychotherapeutic and psychiatric treatment. The Project will also provide school-based services, including assessment, consultation, prevention and resilience building programs, time-limited interventions, and support groups. The Project will target adults, children and families who were directly affected by the Deepwater Horizon oil spill.

V. PROJECT ASSESSMENT

The Quad-State Consortium will be used to assess and monitor progress of community indicators. The consortium will be responsible for, at a minimum, convening quarterly conference calls/meetings for collaboration, problem solving,

resource/knowledge sharing, and data development/dissemination for each state-level mental and behavioral health component of the Project.

Quarterly and annual reports will be required from each state component. These reports will be provided to the Outreach Program Coordinating Committee. Indicators of program success will be determined by the state-level Project Leaders and, at a minimum, will include: the number and types of mental and behavioral health services provided; number of individuals and programs receiving these services; collaborations with other Outreach Program projects; number of information and education campaigns conducted; and number of communities, clinics, and agencies being served. Outcome measures will also be utilized, and all aspects of the Project will be evaluated.

VI. PROJECT MANAGEMENT

Programmatic oversight is the key to ensuring that services are available and accessible to those with mental health needs due to the Deepwater Horizon oil spill. The programmatic component will consist of State Leadership Teams that are each represented on the Quad-State Consortium. The directors (and co-directors for Louisiana) for each state will be available to be standing members of the overall Outreach Program Coordinating Committee. The leadership team from each state will oversee and provide direct services and monitor these services. The leadership teams will collaborate with those from other states; they will provide information, assistance and support, and collaborative data management and evaluation as needed, to the Quad-State Consortium and the Outreach Program Steering Committee.

The State Leadership Teams will be responsible for preparing quarterly and annual reports, tailoring proposed programs to meet the needs of their states and local communities, identifying programmatic changes required to address changing community needs, and ensuring that services are meeting the mental and behavioral health needs of individuals affected by the Deepwater Horizon oil spill.

The State Leadership Teams consist of:

Howard J. Osofsky, M.D., Ph.D.
Kathleen and John Bricker Chair and Professor of Psychiatry
Louisiana State University, School of Medicine

Howard J. Osofsky, M.D., Ph.D. is the Chair of the Department of Psychiatry at Louisiana State University, School of Medicine. He is a fellow of the American Psychiatric Association ("APA") and a Diplomat of the American Board of Psychiatry and Neurology, and is also certified by the American Psychoanalytic Association. He is the author or editor of several books and has written or co-authored more than 90 papers. He is nationally and internationally recognized as a leader for his efforts to help children and families exposed to violence, terrorism, and warfare. The American Academy of Child and Adolescent Psychiatry honored him with their first award for the Best Chair of a Department of Psychiatry because of his numerous efforts on behalf of children and adolescents.

Joy Osofsky , Ph.D.,
Professor of Pediatrics and Psychiatry, and Public Health
Head, Division of Pediatric Mental Health
Louisiana State University, School of Medicine

Dr. Osofsky is editor of *Children in a Violent Society*, two editions of the *Handbook of Infant Development*, and co-editor of the four volume *WAIMH Handbook of Infant Mental Health*. Dr. Osofsky edited *Young Children and Trauma: Intervention and Treatment*. She was recognized in 2007 by Family Service of Greater New Orleans for outstanding service to the community.

Timothy A. Rehner, Ph.D.
The University of Southern Mississippi, School of Social Work

Timothy A. Rehner, Ph.D. is the Director of the School of Social Work at the University of Southern Mississippi. Dr. Rehner has written numerous articles and received numerous grants to fund his work. Dr. Rehner is the co-founder and director of Family Network Partnership, a community-based delinquency prevention agency affiliated with the University of Southern Mississippi.

Jennifer Langhinrichsen-Rohling, Ph.D.
University of South Alabama

Jennifer Langhinrichsen-Rohling, Ph.D. is a Professor in the Department of Psychology at the University of South Alabama. She serves on the editorial advisory boards of numerous professional publications, including the *Journal of Family Violence*. She was named USA's Youth Violence Research Scholar (2004-2007) and became Co-Principal Investigator of USA's Youth Violence Prevention Program in 2006.

Glenn Rohrer, Ph.D.
University of West Florida, School of Justice Studies and Social Work

Glenn Rohrer, Ph.D. is a Professor and Director of the School of Justice Studies and Social Work at the University of West Florida, where he developed Master's degree programs in both Criminal Justice and Social Work. Dr. Rohrer has served in various administrative and supervisory positions in mental health, criminal justice and substance abuse programs.

VII. PROJECT TIMELINE

Skilled professional services are needed for a minimum of 5 years to address the ongoing and long-term mental and behavioral health needs following the Deepwater Horizon oil spill. Gradient services are proposed to correspond to decreases in mental and behavioral health needs as a result of the Deepwater Horizon oil spill and effective treatment (See Table 1). The first year includes funds for the leadership team in each state to meet with community stakeholders, extend existing and develop new relationships in the community, and plan, develop and implement strategies to address unique mental and behavioral health needs.

Table 2. Service Level Program Gradient by Year

Year	Supportive Services	Supplemental Therapeutic Services	State Administration
1	25%	50%	100%
2	100%	100%	100%
3	100%	0%	100%
4	75%	0%	75%
5	50%	0%	50%

VIII. BUDGET**A. Total Budget**

Estimated costs were based on current mental health programs and service needs. They were further based on team unit principles which include adult and child psychiatrists, psychologists, social workers, counselors, and coordinators of services.

The types and numbers of mental and behavioral health professionals in each state will depend on local needs. The needs within each state were proportionately determined utilizing numbers of counties and parishes being served with consideration to available health care resources including FQHCs and clinical care centers, as well as economic need and disparities in behavioral and mental health care. Implementation of each aspect of the Project will be put in place with some flexibility for each state program depending on behavioral and mental health needs.

The total five-year budget for the MBHCP is \$36,000,000. State proportions based, in part, on numbers of counties or parishes being served, economic needs and current disparities in mental and behavioral health care are: Alabama 23%; Florida 14%; Louisiana 40%; Mississippi 23%.

Within the total budget, a proportion is allocated for state leadership costs described in the Project Management section. In addition, 10% is allocated to account for institutional and agency overhead. State totals for Project costs over 5 years are: \$8,280,000 for Alabama; \$5,040,000 for Florida; \$14,400,000 for Louisiana; and \$8,280,000 for Mississippi. Total costs by service type and year are presented in Table 2.

B. Initial Funding

Three months of the first year budget is requested in order to meet immediate mental and behavioral health needs, sustain services, and develop the collaborative four state initiatives. During the first three months, MBHCP will initiate meetings with community stakeholders, provide training, consultation and support to PCCP to provide supplemental therapeutic support, continue school-based and community trainings, consultation and services, and determine availability of services. The three month budget for the four states is approximately \$1,389,008.

Table 2. Mental and Behavioral Health Capacity Project Approximate Budget

Service	Year					Total
	1	2	3	4	5	
Supplemental Therapeutic Treatment	2,631,348	5,262,696				7,894,044
Supportive Services	1,294,136	5,176,544	5,176,544	3,882,408	2,588,597	18,118,229
Alabama Leadership Team	380,000	380,000	380,000	285,000	190,000	1,615,000
Florida Leadership Team	315,000	315,000	315,000	236,250	157,500	1,338,750
Louisiana Leadership Team	505,000	505,000	505,000	378,750	252,500	2,146,250
Mississippi Leadership Team	380,000	380,000	380,000	285,000	190,000	1,615,000
Subtotal	5,505,484	12,019,240	6,756,544	5,067,408	3,378,597	32,727,273
10% Institutional Overhead	550,548	1,201,294	675,654	506,741	337,859	3,272,727
Total						\$36,000,000