EXHIBIT 13

GULF REGIONAL HEALTH OUTREACH PROGRAM
PRIMARY CARE CAPACITY PROJECT

I. EXECUTIVE SUMMARY

A. Purpose

The purpose of the Primary Care Capacity Project ("PCCP" or the "Project") of the Gulf Regional Health Outreach Program (the "Outreach Program") is to expand access to integrated high quality, sustainable, community-based primary care with linkages to specialty mental and behavioral health, and environmental and occupational health services in coastal Alabama, the Florida panhandle, Louisiana, and Mississippi. To achieve this purpose, the Project will establish a regional health partnership across coastal counties in these four states that aims to improve the capacity and infrastructure for delivering quality health care to the residents of this region.

Gulf Coast residents face health care challenges that are severe and specific to the particular geography, demography, and economy of this region. In recent years, vulnerability of this region to natural and man-made disasters has exposed the lack of an adequate healthcare infrastructure. For rural residents in particular, proximity to facilities, cost of treatment, and lack of insurance and transportation make access to quality primary care, behavioral and mental health services, and environmental medical services an ongoing problem. Cultural and language barriers also impact health seeking behavior across these communities. Access is further compromised because existing community health clinics are often overburdened and experience difficulty hiring and retaining health care providers. These challenges were exacerbated following the hurricanes over the last two decades, and the recent Deepwater Horizon oil spill, and have never been fully addressed.

B. Sustainability

From this five-year investment in the regional primary care health system, participating coastal communities will have greater prospect for sustainable community health centers with expanded capacity and a regional health information infrastructure to support them into the future. Community Health Centers ("CHCs") will advance towards becoming more efficient and financially sustainable through: 1) using the "patient centered medical home" ("PCMH") "whole person" approach to delivering integrated services; 2) improving quality of care and business operations; and 3) enhancing patient-referral relationships with specialty and social services providers.

Coastal communities will have an unusually comprehensive assessment of health needs and assets and CHCs will also be better prepared for disasters, have improved resiliency and be able to align their efforts around health and safety priorities,

to enhance the prospects for thriving, healthy and sustainable communities over the long term.

C. Target Populations

The target population of the PCCP is residents, especially the uninsured and medically underserved, of the 17 coastal counties and parishes in Alabama (Mobile, Baldwin), Florida (Escambia, Santa Rosa, Walton, Okaloosa, Bay), Louisiana (Orleans, Jefferson, St. Bernard, Plaquemines, Lafourche, Terrebonne, Cameron) and Mississippi (Hancock, Harrison, Jackson).

D. Partnerships and Collaborations

As the hub for the Outreach Program, the PCCP will be directed by the Louisiana Public Health Institute ("LPHI"), with support from the Alliance Institute. LPHI will work closely with the other Outreach Program participants — the University of South Alabama, The University of Southern Mississippi, the University of West Florida, Louisiana State University Health Sciences Center ("LSU") and Tulane University School of Public Health and Tropical Medicine ("Tulane") — to ensure that the PCCP, Community Health Worker Training Project ("CHWTP"), Environmental Health Capacity and Literacy Project ("EHCLP"), and Mental and Behavioral Health Capacity Project ("MBHCP") are integrated into the facilities funded by the PCCP. The PCCP will have as one of its goals ensuring coordination and integration of these various projects.

To facilitate the integration and coordination of the Outreach Program projects, the Outreach Program Coordinating Committee has been established. This Committee, with members jointly appointed by BP and Medical Benefits Class Counsel, will consist of representatives from each of the Outreach Program projects, as well as other representatives from the Gulf region and national public health leaders. The PCCP will have up to three representatives on the Committee.

For all components of the PCCP, LPHI will also identify and collaborate with key state level and local community-based organizations in all four states and subcontract when appropriate. This will ensure that regional health interests and needs unique to Gulf Coast communities and Outreach Program activities are aligned and integrated.

LPHI's senior leadership has long-standing close relationships with public health officials and experts in Alabama, Louisiana, Mississippi, and Florida, each of whom will be instrumental in identifying and recruiting other key state and local organizations to participate in the PCCP. LPHI will partner with state organizations whose mission, competencies and organizational relationships are aligned with the goals of this project and will collaborate with these partner organizations on planning and implementation of various aspects of the PCCP, such as: 1) conducting the regional community health assessment; and 2) providing technical assistance and consultation to the CHCs, brokering linkages to other partners and aligning with existing state and community

resources. In addition, at the local level, the Alliance Institute, under direction from LPHI, will contract with community-based organizations to assure community participation in the regional health assessment and to build local coalitions in support of the CHCs.

II. BACKGROUND AND RATIONALE

Gulf coastal communities are distinctive in many ways when compared to their inland counterparts. These distinctions relate to the demographics, economies, employment patterns, infrastructure, services capacity and hazards to community safety and welfare. In addition, much of the central Gulf coastal region is rural in make-up, with transportation issues related to distance, back roads and bridges or ferries, which can create barriers to accessing health services. Also, a significant proportion of people are employed at low wages, without benefits, in service support roles for the coastal tourism and hospitality industry.

With regard to community hazards, when compared to their inland counterparts, coastal communities face a significant risk profile for both natural and man-made perils. Natural risks relate in great part to those posed by severe tropical weather. Man-made risks relate to explosion, fire and toxic exposure to the environment from petrochemical activities and commerce, which are common to coastal communities.

The existing regional infrastructure of community health centers plays a critical role in addressing health care inequalities, but current limited resources cannot meet the widespread needs of the Gulf Coast. Building and expanding this infrastructure by using the Federally Qualified Health Center ("FQHC") model has many advantages for communities and the long-term viability of health centers. FQHCs are non-profit entities that provide high-quality primary, behavioral, preventive, dental, and pharmacy services to more than 23 million people nationwide at 8,000 sites. In addition, they must function as PCMHs, deliver care in a culturally competent manner and provide enabling services such as transportation, translation, case management, and other support services. They are regulated and funded by the federal government, required by law to provide care to anyone regardless of their ability to pay, governed by community boards, and must report regularly on finances, quality of care, and operations.

III. OBJECTIVES AND KEY COMPONENTS

I. Objectives

These are the Objectives and Key Components of the Project:

- Regional Community Health Assessment
  - ➢ Comprehensive regional assessment of community health needs to inform priority-setting, policy-making, assets cataloguing, health

strategy development and baseline for setting community health objectives and measuring change over time.

- Community Health Clinic Capacity Building

  - Expanded access to integrated, sustainable community-based primary care and linkages to specialty mental and behavioral health, and environmental and occupational health services.
  - Improved quality and effectiveness of health care services consistent with evidence-based practice and PCMH model.
  - Improved sustainability of community health clinics as business entities and increased organizational capacity based on the FQHC and PCMH models.
  - Establishment of a regional care collaborative that supports integration of services, sustainability of systematic changes and collaboration among providers as a group.
  - Improved community disaster preparedness and resilience.

- Community Engagement

  - Increased community engagement and resident participation in local community health planning efforts.
  - Enhanced understanding by residents and leaders about the health of the community, services integration for "whole person" approach to health care and environmental health dynamics and services.

II. Key Project Components

- Regional Community Health Assessment ("CHA")

  - Rapid Local CHAs
  - Comprehensive Regional CHA

- Building Community Health Clinic Capacity

  - Primary Care Clinics as the PCHM
    - Integrated Primary Care Behavioral Health Services
    - Bi-directional Specialty Referral and Consultation
    - Collaboration with the EHCLP Community Health Worker Network
  - Regional Care Collaborative
  - Technical Assistance and Training ("TAT")
    - Quality Improvement and Financial Management TAT
    - Health Information Technology TAT

- Community Engagement
  - Local Community Participation in Regional CHA and Feedback to CHCs
  - Funding and Technical Assistance to Community-Based Organizations ("CBO")
    - Outreach and Engagement
    - Coalition Development
    - Local Support for CHC Sustainability
  - Health Literacy
    - Health Literacy Materials Related to Primary Care
    - Community Health Worker Recruitment and Coordination with CBOs

IV. PROJECT ACTIVITIES

A. Regional Community Health Assessment

I. Rapid Local Community Health Assessments

Prior to awarding funding in the three pre-identified communities in Alabama, Louisiana and Mississippi and a yet to be determined community in the Florida panhandle, LPHI will work with state partner organizations to conduct rapid local CHAs. The purpose of this rapid CHA is to further define and verify community health needs and gaps in health care services that will inform specific funding priorities in those communities.

II. Comprehensive Regional Community Health Assessment

LPHI will coordinate with state public health and community-based organizations across all four states to conduct a comprehensive community health assessment during the first program year. Working closely with these groups, LPHI will bring together residents, local community leaders and health professionals and the coordinators of the other Outreach Program projects to understand the health needs and existing capacities of communities across the region.

This assessment is essential to targeting the highest need communities and informing subsequent funding of healthcare organizations and community-based organizations in the region. The specific goals of the CHA include identifying:

- Community health assets, needs, and challenges across the region;
- Current capacity and gaps of the region's health care delivery system; and

- Key community health issues and concerns of residents regarding health and well-being.

LPHI proposes a two-level approach for community health assessment. This systematic and comprehensive approach will assess the existing capacity of the health system and the broader social context for health in order to lay the foundation of a thoughtful, community-focused, evidence-based, and integrated plan of action. The assessment will also establish baseline data for participating Outreach Program communities and clinics and increase community engagement.

The first level of assessment will consist of a comprehensive quantitative analysis of existing (secondary) data sources related to population and demographic trends, existing health outcome and disparities data, community health care needs, barriers to care, and environmental health issues, based on indicators developed by the Catholic Health Association. Wherever possible, GIS mapping will be used to produce thematic and/or point maps. Potential datasets to be analyzed include: Gulf States Population Survey[1] (results to be available February, 2012); Behavioral Risk Factor Surveillance System ("BRFSS"); vital statistics; FQHC, clinic, and hospital data as available; other state and local datasets, to be identified by the state partner organizations.

The second level of assessment will focus on the health delivery system characteristics, such as number and location of primary care and behavioral health clinics, type of health care professionals at each location, inventory of available health services, hours of operation, linkages to other social services, and information technology capacity. LPHI may also employ established PCMH and clinical transformation assessment tools currently being used in a learning collaborative with primary care practices in the Greater New Orleans area as part of the Crescent City Beacon Community.

Primary, qualitative data collection will be conducted regionally and at the community level in order to supplement, validate, and prioritize the quantitative analysis. State and local organizations will be key partners in completing primary data collection. Special attention will be given to vulnerable and/or underserved populations. Potential methods to be used include key informant interviews, focus groups, and town hall/community meetings. LPHI will work with the Alliance Institute and other community-based organizations to ensure local community participation and input into LPHI's efforts. Through this community engagement and outreach process, the Alliance

[1] "…telephone survey to be conducted monthly for a one-year period, from December 15, 2010 to December 15, 2011, in selected Gulf coast counties affected by the oil spill. The survey includes questions taken from the ongoing BRFSS as well as additional questions taken from standardized scales or from other surveys designed to measure anxiety, depression, and potential stress-associated physical health effects." - http://www.cdc.gov/OSELS/ph_surveillance/gsps.html

Institute and other community groups, working under the coordinating efforts of LPHI, will directly support the overall goals of the Project.

The final component of primary data collection will be a survey or similar assessment of all local health service providers to determine patient population, catchment area, gaps in services and population, and workforce density. The results of the CHA will be disseminated widely among the Outreach Program partners and coastal communities. This evidence-based data will be useful not only in implementing the Outreach Program, but also in formulating additional health-related projects that will attract other funding to the region.

B. Building Community Health Clinic Capacity

After meeting with coastal communities in 2011, the Alliance Institute and the Robert F. Kennedy Center for Justice and Human Rights identified four Gulf Coast communities experiencing significant barriers to accessing primary and behavioral health services. Representing coastal Louisiana, Mississippi, Alabama, and the New Orleans Vietnamese community, along with a yet-to-be-determined Florida panhandle community, these communities can be fast-tracked for assessment and funding. Prior to awarding funds to community health centers in these communities, LPHI will work with state partner organizations to conduct rapid local CHAs to further define and verify community health needs and gaps in health care services that will inform specific funding priorities in those communities.

Subsequent to the comprehensive regional CHA and input from key stakeholders across the region, LPHI will award funds to eligible health care providers in target high need communities to provide primary and behavioral and mental health services, to address health needs identified by the CHA. LPHI will also develop specific program goals, design concepts, priority funding areas, provider eligibility criteria, allowable expenditures (i.e., technology, staffing, capital improvements), and award requirements.

Equitable geographic distribution of funding across the region with input from the state partner organizations will be a key guiding principle. In target communities where there is community consensus around which specific service provider can best address the unmet need and the provider meets the program eligibility requirements, grants will be fast-tracked for funding. In those communities where multiple eligible providers exist, LPHI will select a service provider through a facilitated community dialogue or another mechanism, for transparent and effective allocation of funds, which may include an open Request for Proposal (RFP) process.

Potentially eligible clinic/sub-awardees may include, but are not limited to: 1) not-for-profit primary care clinics; 2) community health centers; 3) FQHC and FQHC look-alikes; 4) outpatient clinics of hospitals and universities established specifically for the purpose of providing primary care in the context of PCMH; 5) National Health Service Corps sites in Federally-designated Health Professional Shortage Areas

("HPSAs"); 6) primary care clinics operated by charitable organizations, including faith-based organizations; 7) other clinic entities (faith-based or otherwise) and primary care providers whose specific mission is to provide primary care, but that do not formally fall within the more discrete and identifiable categories mentioned above. In such case where no viable not-for-profit candidate is available, then a for-profit primary care provider may be considered for funding, upon agreement of the terms of the Outreach Program.

1. Primary Care Clinics as Patient Centered Medical Homes

The PCMH model is a patient-driven, team-based approach that delivers efficient, comprehensive and continuous care through active communication and coordination of health care services and patient engagement. It focuses on prevention, comprehensive care, chronic disease management and close coordination with specialty care providers. In demonstration projects around the country, it has been associated with improved health outcomes, high quality of care, better efficiency, and lower costs. This model has been widely endorsed by providers, policy-makers, purchasers, payers, and consumer groups as vital to healthcare transformation efforts in our country and will contribute to improved population health. Aligning care delivery to the PCHM model is vital towards improving the overall health of the residents of the Gulf Coast, and will contribute greatly to the long-term sustainability of primary care providers by enabling them to transition to more performance-based payment systems. It will also serve as a model for other medically underserved regions of the country.

Services provided by PCMH CHCs may include: 1) family medicine, internal medicine, general practice, pediatrics, obstetrics, gynecology and occupational and environmental medicine; 2) diagnostic laboratory and radiological services; 3) preventive health services, including: prenatal and perinatal services; appropriate cancer screening; well-child services; immunizations; screenings for elevated blood lead levels, communicable diseases and cholesterol; pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care; mental health prevention and screening services; and voluntary family planning services; 4) dental services; 5) optometric services; 6) psychiatry, mental health and/or substance abuse screening, assessment, counseling, referral, treatment, follow-up services and consultation; and 7) other services provided directly or paid for by the primary care clinic setting, such as emergency medical or mental health services, pharmacy services, patient care and case coordination/management services.

PCCP funding to community health centers will emphasize strategic investments in clinical systems and technology enhancements (i.e., HIT, tele-health) that contribute to centers performing as a high-functioning PCMH. Funds may also be used for building renovations although not for new construction. In addition, LPHI, state partner organizations and consultants will provide technical assistance, training and peer-to-peer learning through the PCCP regional partnership to assist CHCs in these efforts. In further defining the PCCP, consideration will also be given to including funding

incentives to CHCs who achieve recognition by the National Committee for Quality Assurance ("NCQA") as a PCMH.

2. Integrated Primary Care Behavioral Health

Several studies have shown the devastating effect of recent disasters on the mental and behavioral health of populations living in and around the Gulf Coast region and the lack of behavioral health services available to meet that need. Often, the presence of co-occurring physical and behavioral health conditions such as depression work to aggravate chronic diseases such as diabetes. The majority of individuals with a behavioral health condition first present or seek treatment in the primary care setting. Nationwide, there is a growing movement to integrate general medical and behavioral health services in order to treat patients with co-morbid physical and behavioral health conditions, which typically account for higher medical costs.

Integrated primary care and behavioral health services in the PCMH model are critical to addressing the region's unmet mental and behavioral health needs in a sustainable way. The PCCP seeks to assist CHCs to build more capacity to screen, treat, diagnose and follow-up with patients with behavioral (mental health and/or substance abuse) conditions in an integrated fashion within the primary care setting. Through the PCCP regional partnership, LPHI, state partner organizations, and consultants will provide technical assistance, training and peer-to-peer learning to assist CHCs in these efforts. In implementing the PCCP, LPHI will also consider including funding incentives to reward CHCs which achieve certain levels of onsite or tele-health primary care behavioral health integration.

3. Bi-Directional Specialty Referral and Consultation

Another key aspect of the PCMH model is bi-directional specialty referral and consultation. LPHI will coordinate closely with the two separately funded Outreach Program projects, Mental and Behavioral Health Capacity Project ("MBHCP") and Environmental Health Capacity and Literacy Project ("EHCLP"), to facilitate bi-directional referrals and consultation between CHC providers and specialists in the behavioral health and environmental health specialty networks, respectively.

As proposed by Mental and Behavioral Health Capacity Project, while integrated primary care behavioral health services are being established and expanded in CHCs, primary care providers will be able to refer patients in need of behavioral health to the MBHCP behavioral health specialty network. During the first two years, supplemental therapeutic treatment services will be provided by the MBHCP network to address the immediate mental and behavioral health needs indicated by psychosocial assessments. Supplemental treatment services include supportive strength based services, consultation, training, education, counseling, psychotherapeutic, tele-psychiatry and psychiatric treatment. Over all five years of the Outreach Program, the MBHCP network will provide longer-term supportive services including assessments, school-based

programs, resilience building, time limited interventions, support groups for residents and consultations, trainings, and education for clinical providers.

The Environmental Health Capacity and Literacy Project's regional environmental health specialty network of occupational/environmental physicians will provide peer consultation to the primary care providers regarding individual patients presenting with conditions potentially related to environmental exposure. When indicated, specialists will provide an environmental health clinical evaluation in consultation with the primary care provider to develop a patient-tailored trajectory of care through referral back into the patient's PCMH.

4. Collaboration with EHCLP Community Health Worker Network

The PCCP will work closely with the other Outreach Program partners to ensure that the community health workers ("CHWs") trained by the Community Health Worker Training Project ("CHWTP") will serve as the bridge linking residents to the community health clinics and behavioral and environmental specialty networks. LPHI will collaborate with the CHWTP to develop the primary care module for the CHW training curriculum. The Alliance Institute will coordinate with environmental health and other community partners to identify community members in each health center "footprint" for recruitment into Community Health Worker Program. Where appropriate and feasible, CHWs will be based out of CHCs, with their salaries and benefits paid for by the EHCLP.

5. Regional Care Collaborative

LPHI is committed to enhancing the quality, efficiency, and sustainability of healthcare services provided by a wide array of Gulf Coast health care providers across the continuum of care. To that end, LPHI proposes to develop a cross-sector partnership across coastal Louisiana, Mississippi, Alabama and the Florida panhandle that aims to improve the capacity and infrastructure for delivering quality healthcare to the residents of this entire region. Based on the PCMH model of providing integrated primary care and behavioral health services, the Gulf Health Care Collaboration ("GHCC") will be formed with representation from health care providers in the region, including the Outreach Program-funded clinics. LPHI and state partner organizations will convene GHCC to establish strategic priorities and an action plan to implement comprehensive, far-reaching, and sustainable improvements in the healthcare delivery system for the residents of this region. LPHI and state partner organizations will facilitate regular communications among GHCC participants, developing communication tools (e.g., a website, "listserv," et cetera), hosting periodic meetings and joint training and continuing education sessions, and encouraging other opportunities to interact and collaborate with each other. Technical assistance will play an essential role in these efforts. These activities will also be integrated with broader community development actions related to behavioral and environmental health and other social services.

6. Technical Assistance and Training

LPHI has proven experience in providing technical assistance to primary care practices to improve clinical and operational processes and received a National Quality Award by NCQA in 2010. Based on the strategic priorities established collectively by the GHCC, LPHI and state partner organizations will coordinate and/or provide an ongoing continuum of technical assistance and training ("TAT") tailored to each clinic and the specific community it serves. The broad technical assistance goals are to build organizational capacity, to improve the quality and efficiency service delivery, and to plan for sustainability. TAT will include, but is not limited to: quality improvement; finance and operations; using health information technology to enable clinical transformation for improved population management; data collection and analytics to inform continuous quality improvement; and community health assessment and planning.

7. Quality Improvement and Financial Management Technical Assistance

For this project, PCCP seeks to increase capacity for clinics to provide high quality care by offering a full range of technical assistance in the areas of: primary care transformation, PCMH, primary care behavioral health integration, workflow redesign, chronic care management, standardized, evidence-based care, innovative technologies, population management, care teams and care coordination, patient self-management, cultural competency, and performance monitoring through measurement.

Many health centers struggle with sustainability and capacity for expansion due to operational inefficiencies, staffing and facility constraints, and poor financial management and internal controls. Technical assistance in the area of finance and operations is vital for creating a network of stable, sustainable and responsive health care entities across the Gulf Coast. Specific areas of technical assistance may include: financial and operational management, revenue cycle, billing and collections, ICD-10 procedure codes, recruitment and retention, credentialing, operational budgeting, grants management and compliance, contractual/affiliation agreements, financial performance reporting, strategic planning and preparation for health care financing reform and insurance expansion. The intended outcomes include: stronger more diverse revenue streams, lower costs, increased efficiency, and improved quality of care.

8. Technology-enabled Coordination

LPHI has experience in helping providers, particularly community health clinics, with care coordination and referrals through the adoption and optimization of electronic medical records ("EMR") systems and connecting hospitals and clinics through health information technology ("HIT"). In collaboration with designated state HIT Regional

Extension Centers in Alabama, Florida, Louisiana, and Mississippi, LPHI will provide technical assistance on adoption and optimum use of electronic medical records in primary clinics to help them manage their patient populations effectively, use their resources efficiently, and employ clinical decision support systems in the electronic medical record systems. Technical assistance will also be available to primary clinics that do not have electronic records, to select, adopt, and test implementation of EMRs. Primary care physicians will also benefit from the use of Direct Project, which allows for secure, standards-based exchange of clinical summaries between trusted entities. LPHI will work with each of the primary clinics to help them use PCCP grant funds to develop interfaces and design workflows with local hospitals or health information exchange ("HIE") for care coordination and patient referral. Clinics that do not have such options will be offered to connect to the Greater New Orleans Health Information Exchange to benefit from services available through the HIE which includes an extensive disease management component.

C. Community Engagement

1. Local Community Participation in Regional CHA and Feedback to CHCs

Through community engagement and outreach efforts, the Alliance Institute and other community-based organizations ("CBOs"), working with the Alliance Institute, under the direction of LPHI or through one of its state partner organizations, will support LPHI's efforts by directing local community participation and input into the Regional CHA and health planning process. Special attention will be given to engaging vulnerable and/or underserved populations in surveys, key informant interviews, focus groups, and town hall/community meetings. CBOs will also facilitate ongoing dialogue between health care providers and local community partners to encourage greater participation of marginalized communities in the current and future decisions regarding access to health care.

2. Funding and Technical Assistance to Community-Based Organizations

The Alliance Institute and other partner organizations throughout the region, under the direction of LPHI, will provide funding and technical assistance to CBOs, to build local capacity, identified initially in the community health assessment process, and to support health-related outreach and engagement efforts in the Outreach Program projects. Closely coordinated with LPHI and the other Outreach Program project leaders, the Alliance Institute will provide technical assistance and training to CBOs on outreach and community engagement methodologies, coalition development and maintenance, and engagement of key decision makers, all for the purposes of collecting information about the health needs of their communities and disseminating information about the local health centers and other health-related issues.

3. Health Literacy

The Alliance Institute will work with LPHI and the other Outreach Program projects to develop health literacy materials to be used by other Outreach Program projects, including CHWs, to educate residents and community leaders about the health of their community, services integration for "whole person" approach to care and environmental health dynamics and services. In addition, the Alliance Institute will coordinate with the project leaders at Tulane and the University of South Alabama to identify and recruit community members into the Community Health Worker Training Project and EHCLP.

V. PROJECT ASSESSMENT

LPHI will develop and implement a comprehensive monitoring system to ensure that the PCCP program operates according to plan and that information is disseminated back to partners for continuous quality improvement. Monitoring activities will focus primarily on PCCP program objectives and activities. Specifically, evaluation will focus on: 1) building capacity in community health clinics, and 2) community engagement. Measures will be developed around program activities including the PCMH implementation, regional care collaborative, technical assistance and training, and community engagement activities.

LPHI will work closely with state and local partners, as well as with funded CHCs, to establish baseline measures and feasible data collection methodologies. We propose piloting and establishing these methods in year one, with the first group of funded clinics in order to streamline processes for years two through five. In addition, the LPHI team will conduct an initial assessment of data collection and reporting capacity of clinics. This will partly be completed through the regional CHA, and will be expanded upon with selected clinics. Additionally, LPHI has experience with web-based reporting systems and intends to implement such a system with the funded clinics. Web-based reporting will facilitate both timely collection of data, and reporting to stakeholders and funders.

VI. PROJECT MANAGEMENT AND ORGANIZATIONAL BACKGROUND

A. Project Management

LPHI will serve as the lead entity and administrative and programmatic home for PCCP. It will provide overall direction and will be responsible for the day-to-day grants management, and communication and coordination among grantees, communities, state partners, community-based organizations (including the Alliance Institute), consultants and other key stakeholders. In consultation with key partners, LPHI will establish a strong grant monitoring and program evaluation system with protocols to ensure that LPHI personnel, the Alliance Institute and other subcontractors and grantees are accountable through periodic financial and programmatic reports to

document grant-related expenditures and demonstrate achievement of project deliverables and milestones. In addition, LPHI will work with the Outreach Program state partners to develop an information technology infrastructure to facilitate capture of clinical data, quality data reporting and future tele-health applications.

LPHI will develop the necessary program elements to implement the project effectively and accountably, to administer the grants and to manage the overall grant activities, including: hiring staff and purchasing equipment; developing and monitoring contracts with the individual CHCs and project partners (including state partner organizations, the Alliance Institute, other CBOs, et cetera), and implementing a periodic cost reimbursement process to pay grantees; and developing and implementing programmatic and financial monitoring processes to track information for grant reporting purposes for all participants in the Project.

LPHI will implement an appropriate financial monitoring plan to provide reasonable assurance that grant funds are spent by LPHI, the Alliance Institute and other sub-grantees and contractors in accordance with the agreed upon grant terms and conditions. While not limited to the following, this plan will, at a minimum, require recipient clinics to submit the following documents, which will be reviewed and audited by LPHI staff on an on-going basis:

- Budget outlining proposed uses of grant funds
- Periodic “Budget vs. Actual” reports
- Detailed General Ledger Reports
- Supporting documentation for charges selected for testing
- A copy of its annual independent audit report

Additionally, LPHI will implement a formal approval process to ensure that large equipment items and/or expenditures related to capital projects are procured in a manner which is in keeping with business best practices.

Finally, LPHI will facilitate regular communication among its state partner organizations. LPHI and its state partners will collaborate on their Project-related efforts, providing information, assistance and support, as needed, to each other, as well as to other Outreach Program participants. As noted above, the director of each state partner will be available to participate, if asked, in the Outreach Program Coordinating Committee. LPHI and each state partner organization will prepare quarterly and annual reports on the Project, tailor proposed program activities to meet the needs of their states and local communities, identify programmatic changes required to address changing community needs, identify concerns that should be discussed and reviewed by the Outreach Program Coordinating Committee, and ensure that the Project is meeting the needs of the communities affected by the Deepwater Horizon incident.

B. Organizational Background

LPHI is an independent, statewide 501(c)(3) nonprofit organization established in 1997. The mission of LPHI is to promote and improve health and quality of life in Louisiana through diverse public-private partnerships with government, foundations, community groups, academia, and private businesses at the community, parish, and state levels. LPHI designs and manages public health initiatives in the areas of health systems development, health promotion, and disease prevention and provides an array of services to help meet the needs of partner organizations. With a fiscal year 2011-2012 total portfolio of over $32 million in local, state, federal grants, and contracts, including private foundation awards, LPHI will re-grant or subcontract $17 million of that portfolio to external organizations.

LPHI has a demonstrated capability to work with multi-sector partners at many levels in complex health systems and with underserved populations to follow a systematic approach in building on community assets, identifying gaps, and prioritizing strategic technical assistance needs. In the aftermath of Hurricane Katrina, LPHI administered the $100 million federal Primary Care Access and Stabilization Grant to help restore and expand health care services in the Greater New Orleans region. LPHI is also leading the Crescent City Beacon Community Program – a federal initiative to improve quality of healthcare using health information technology. As one of only 17 communities selected by the Office of the National Coordinator for Health Information Technology, the Beacon Community is implementing strategic and transformative improvements in the healthcare delivery system using state-of-the-art quality improvement clinical programs and information technology solutions. These include interventions to improve chronic care management using PCMH models and optimization of EMR use in primary care practices and FQHCs, facilitating transitions of care with bi-directional exchange of information through an HIE, and broader consumer engagement efforts using innovative technologies like mobile health.

LPHI also has experience in designing and implementing learning collaboratives, training, consultation, and coaching programs, materials, tools and resources to improve clinical and operational processes for primary care practices. In addition, LPHI provides comprehensive monitoring and evaluation services, including community health assessments to inform public health and related programs and policies.

VII. *Project Timeline*

See detailed budget attachment

VIII. *Itemized Budget*

See detailed budget attachment

Gulf Regional Health Outreach Program
Primary Care Capacity Project

	Year 1		Year 2		Year 3		Year 4		Year 5		TOTAL	
Clinic Support	**Budget**	**Pct.**	**Budget**	**Pct.**	**Budget**	**Pct.**	**Budget**	**Pct.**	**Budget**	**Pct.**	**Budget**	**Pct.**
Direct Clinic Payments	$ 6,000,000	59%	$ 12,000,000	74%	$ 10,000,000	71%	$ 2,000,000	36%	$ 518,759	13%	$ 30,518,759	61%
Technical Assistance	650,000	6%	450,000	3%	250,000	2%	200,000	4%	100,000	2%	1,650,000	3%
Community Health Assessments	435,066	4%	-	0%	-	0%	-	0%	-	0%	435,066	1%
Monitoring	276,862	3%	541,106	3%	717,848	5%	540,678	10%	764,648	19%	2,841,142	6%
Project Management & Support	896,222	9%	1,250,337	8%	1,271,827	9%	1,320,893	24%	1,371,661	33%	6,110,940	12%
Clinic Support Sub-Total	8,258,149	82%	14,241,442	88%	12,239,676	87%	4,061,571	74%	2,755,068	67%	**41,555,907**	83%
Community Support												
Community Engagement	968,551	10%	795,045	5%	744,565	5%	740,085	13%	740,085	18%	3,988,331	8%
State Partner Organizations	300,000	3%	300,000	2%	300,000	2%	300,000	5%	300,000	7%	1,500,000	3%
Indirect*	572,105	6%	885,925	5%	788,439	6%	384,693	7%	324,599	8%	2,955,762	6%
Total	**$ 10,098,806**		**$ 16,222,413**		**$ 14,072,680**		**$ 5,486,348**		**$ 4,119,753**		**$ 50,000,000**	

* Indirect is calculated as 12% on direct costs and 5% on contracts and includes: executive oversight; finance, human resources, administrative and support staff; IT infrastructure, support and maintenance; non-direct rent, phone and supplies; office equipment and maintenance; insurance, audit fees

Required Seed Funding	
Community Health Assessment	$ 500,000
Payments to 4 Clinics - 6 months operations	1,250,000
Program Start Up	500,000
Total	$ 2,250,000