

EXHIBIT 15

GULF REGION HEALTH OUTREACH PROGRAM COMMUNITY HEALTH WORKERS TRAINING PROJECT

I. EXECUTIVE SUMMARY

A. Purpose

The Community Health Workers Training Project (“CHWTP”) of the Gulf Regional Health Outreach Program (the “Outreach Program”) will establish a Community Health Workers Training Institute run by the University of South Alabama that will provide five training sessions for Community Health Workers (“CHWs”) over a five-year period (two in years one and two, and one each in years three through five). These efforts will expand traditional health capacity by actively engaging community residents as participants to strengthen community resilience, build social capital, and improve overall health literacy.

Building on empirical data collected by Dr. J. Steven Picou (Professor of Sociology at the University of South Alabama) in Alaska following the Exxon Valdez oil spill, the CHWTP is designed to provide local residents with the counseling skills necessary to assist their community members who are at higher risk for environmental and technological disasters. The focus of the CHWTP is on communities that are dependent on Gulf of Mexico resources. Each CHW, also referred to as a “peer listener,” will act as an advisor, friend, and referral agent for individuals within the worker’s community. The CHW will act as a bridge or “navigator” to help connect residents in need with professional health services. CHWs will be individuals within a community who are highly trusted, dependable, and discrete. For example, CHWs would be drawn from police, schools, civic groups, religious organizations, and other similar community groups and should represent all dimensions of the social fabric of a community, including different cultural, ethnic, and age groups.

CHWs will be trained in communication skills and educated regarding the community, the personal impacts of disasters and the health resources available in each of their communities. Trained CHWs do not provide medical advice or mental health therapy; they are not a substitute for professional care. Rather, CHWs augment traditional health resources. Trained CHWs learn to identify and have the ability to maintain regular contact with individuals who may exhibit symptoms that warrant referral for professional mental, environmental and other health services. They also maintain and share knowledge of networks of professional resources to facilitate efficient access to appropriate care and to help reduce the stigma or other difficulties associated with seeking such care.

B. Sustainability

As a result of this five-year investment, the Gulf region will develop a network of trained local residents, who will help strengthen the health foundation of the community

and will serve as a community resource for years to come. This will help improve the resiliency of the Gulf communities and enhance the prospects for thriving, healthy, and sustainable communities over the long term.

The CHWTP requires participatory action from community residents and equal-status relationships among researchers, health care specialists, professional counselors and the health workers themselves. The implementation of the peer listening program following the Exxon Valdez oil spill resulted in reduced levels of psychological stress, improved social relationships and trust within the community, and high levels of community participation and interest by community residents. (Picou 2009).

Potential impacts of the Project in the Gulf of Mexico include:

- Reduction of the potential for “corrosive communities” to develop:
 - The emergence of “corrosive communities” after technological disasters, such as the Deepwater Horizon oil spill, reflects on-going damage to the social fabric and the production of continuing secondary disasters, such as ancillary litigation, that preclude timely community recovery. (Picou, J.S., *et al.*, “Disaster, Litigation and the Corrosive Community.” *Social Forces*. June 2004, 82(4):1493-1522); and
 - Community health workers form an extension of and resource for traditional mental health providers and help build a permanent element of social capital in all communities. Trusted social networks become a permanent characteristic of the community, responding to the social fragmentation produced by corrosive communities (Picou, J.S., *et al.*, “Disaster, Litigation and the Corrosive Community.” *Social Forces*. June 2004, 82(4):1493-1522).
- Improvement of community social capital through:
 - Strengthening of social networks, community trust, and cooperation among neighbors, friends and groups, and community participation;
 - Strengthening the social context for families;
 - Increasing ability to mitigate systemic issues in the community (e.g., domestic abuse, substance abuse);
 - Cross-sectional community participation by addressing diverse elements of community that might be excluded or underrepresented by conventional mental health treatment providers; and
- Improving preventative capacity to respond to future environmental and technological disasters:

- Community health workers increase capability to mobilize embedded community resources to restore and maintain the well-being of the community.

C. Target Population

The implementation of the CHWTP will be prioritized to focus initially on communities that lack sufficient mental health services and environmental health expertise and that were most directly affected by the Deepwater Horizon oil spill because of their dependence on the Gulf of Mexico resources (e.g. renewal resource communities and tourism). The targeted communities could be expanded based on a combination of demonstrated needs, lack of existing services, potential impact, and sustainability. The target population of the CHWTP 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

The CHWTP will work closely with each of the other projects in the Gulf Region Health Outreach Program, implementing specialty training modules for primary care (provided by the Primary Care Capacity Project ("PCCP")), environmental health (provided by the Environmental Health Capacity and Literacy Project ("EHCLP")) and behavioral and mental health (provided by the Mental and Behavioral Health Capacity Project ("MBHCP")). The CHWs will be employed by, and receive benefits from, the EHCLP-funded health clinics in their local communities. Each CHW, trained by the CHWTP, will receive training on mental and behavioral health capacity and skills (including "peer listening" techniques), environmental health networking issues and primary care capacity. In total, with this funding, 40 CHWs will be trained and deployed into the federally qualified health clinics ("FQHCs") and other health clinics across the Gulf coast region most impacted by the Deepwater Horizon oil spill.

II. BACKGROUND AND RATIONALE

Traditional health resources are an important component of a community's social capital. Some communities are economically advantaged and the collective health resources provided by both the public and private sectors allow for a higher standard of living and an improved quality of life. However, the concept of social capital fundamentally recognizes that an individual's family, neighbors, friends and work associates comprise a most significant asset that can be enjoyed, leveraged for social gain and, most importantly, relied upon in a crisis. (Woodcock, M. and D. Narayan, "Social Capital: Implications for Development Theory." The World Bank Observer. 2000, 15(2): 2-26). Indeed, combined with mutual trust, strong individual and collective

networks, and the ability to participate in positive community action, social capital is a critical element for disaster resiliency and recovery. (Nakagawa, Y. and R. Shaw, "Social Capital: A Missing Link to Disaster Recovery." *International Journal of Mass Emergencies and Disasters*. March 2004, 22(1): 5- 34). Sociological research after the Exxon Valdez oil spill and Hurricane Katrina shows that the loss of social capital can be the source of long-term community conflict, social pathology, and severe mental and even physical health problems.

Conceptually framing the building of community resilience and community recovery from disasters in terms of social capital theory has proven to be an innovative and effective model for intervention and prevention. The basis for this claim comes directly from the empirical evaluation of an educational program developed six years after the Exxon Valdez oil spill in Prince William Sound, Alaska, and subsequent revisions and applications of the peer listening training in this Project. (Picou, J. S., "Disaster Recovery as Translational Applied Sociology." *Humboldt Journal of Social Relations*. 2009, 32(1): 123-157). The most recent revision of the peer listening training module occurred in the months following the Deepwater Horizon incident. (Picou, J. S., *et al.* 2011, available at <http://www.masqc.org/pdf/masqp/11-006.pdf>). This module of the larger program developed in Alaska is highly portable and amenable to redesign in terms of geographic and cultural differences.

Dr. Picou will be building on the core training program that he used after the Deepwater Horizon incident and expanding it to other communities in the Gulf Coast. He will also tailor his peer listening training module to these communities, integrating the training with local community behavioral health resources to provide both prevention and intervention services. The objectives of peer listening is to reduce the potential for "corrosive communities" to develop; to improve communities' social capital; and to improve community resiliency for responding to future environmental and technological disasters. To achieve these goals, the CHWs who receive peer listening training will help residents in the community to reconnect and improve their social support networks, establish emotional balance, improve coping skills and develop the social capital necessary to respond proactively to future challenges. The training will directly facilitate information sharing, education, support services and referrals to medical and mental health treatment facilities.

Recruitment strategies will focus on outreach to longstanding community partnerships, including faith-based organizations, teachers, not-for-profit community organizations, frontline health care providers, and well-recognized community leaders. To promote sustainability, the CHWs will be hired and supervised by, and based in, community clinics in the affected parishes and counties, with salary and benefits funded by the Outreach Program's Environmental Health Capacity and Literacy Project. The CHWs will be the "go-to" assets for connecting community members with environmental health information, and will serve as the link between the local health care system and the Tulane/AOEC team in the EHCLP.

III. OBJECTIVES AND KEY COMPONENTS

A. Objectives

The primary goal of this proposal is to train approximately 40 CHWs (total) from across the Gulf Coast. These trained professionals will work in their home communities, helping members of those communities to find appropriate health resources. The CHWs will work in the counties, parishes, and other communities along the Gulf that have empirically documented environmental, behavioral and mental health problems following the Deepwater Horizon oil spill.

The training will include three modules:

- The “core” program module will teach CHWs the basic skills needed to communicate with neighbors and friends about sensitive behavioral, mental, and other health needs. It will provide them with information about local health capacity and how to access such care.
- The “specialty” module will include peer listening training focused on behavioral and mental health and environmental health, with the assistance of the EHCLP.
- Finally, the training will put learning into practice through role playing and practical application of what has been learned.

B. Key Project Components

These are the key project components.

- Provide assistance, as needed, to the Louisiana Public Health Institute (“LPHI”) in assessing the existence and capacity of available behavioral and mental health resources in the highest-need coastal parishes and counties along the Gulf Coast.
- In the communities in which training will be conducted, identify and engage local community organizations and leaders (police, clergy, teachers, residents) most connected to those community members who are likely to be experiencing behavioral and/or mental health problems, for collaborative development of CHWs training materials, including training videos.
- Coordinate and conduct research with organizations in these communities to design and tailor the local training program to county/community needs.

The CHWTP will be integrated within the outreach and education units of any or all of the organizations listed above.

- Work with the EHCLP to develop a protocol that establishes criteria for identifying, inviting and training CHWs. These would be tailored to the issues relevant to the counties/communities being served.
- Recruit and retain CHWs in the local communities identified through the needs assessment discussed above.
- Develop on-line CHWs contact and evaluation website that provides ongoing training among CHWs and provides ongoing data to help evaluate CHWs and refine the training program.

IV. PROJECT ACTIVITIES

- Identify coastal counties, parishes, and communities in Louisiana, Mississippi, Alabama, and the Florida panhandle that have documented behavioral and mental health problems resulting from the Deepwater Horizon oil spill. The Outreach Program's Mental and Behavioral Health Capacity Project will work with CHWTP in these efforts.
- Gather, review, and analyze peer-reviewed publications, reports, and other assessments of economic, social, and psychological impacts of the Deepwater Horizon oil spill to identify the most vulnerable counties, parishes, and communities, including the 2,076 surveys conducted by the Louisiana State University Health Sciences Center Department of Louisiana Gulf Coast Community.
- Provide assistance, as needed, to the LPHI in conducting an independent, up-to-date comprehensive needs assessment in coastal counties, parishes and communities affected by the Deepwater Horizon incident to quantify mental health impacts, community resiliency, and community building services.

Working with the Alliance Institute, the Project Leader will identify potential local organizations to help provide information regarding local health capacity, such as:

- Federally Qualified Health Centers;
- State Mental Health Centers;
- State Sea Grant Organizations;
- State Agricultural Extension Organizations; and
- National Network of Public Health Institutes (based in New Orleans).

As an example, the National Network of Public Health Institutes, an affiliate of the LPHI, with its substantive experience and ties to the Gulf Coast, engages in

collaborative partnerships to improve the quality of life and health of those served through a number of processes, including mental health delivery, operations management, translational and applied research, disaster recovery management, communication and other administrative activities. The utilization of such an organization, or any of the trusted intermediary organizations noted above, would provide an innovative strategy for implementing mental health delivery systems and a comprehensive referral system.

The Project will also include the following:

- In the communities in which research and training will be conducted, identify and engage local community organizations and leaders (police, clergy, teachers, residents) most connected to those community members who are likely to be experiencing behavioral and/or mental health problems, for collaborative development of CHWs training materials, including training videos.
- Coordinate with organizations in these communities to design and tailor the local training program to county/community needs. The Project will be integrated within the outreach and education units of any or all of the organizations listed above.
- Work with the EHCLP to develop a protocol that establishes criteria for identifying, inviting and training CHWs. These would be tailored to the issues relevant to the communities being served.
- Recruit and retain CHWs in the local communities identified through the needs assessment discussed above.
- Develop on-line CHWs contact and evaluation website that provides ongoing training among CHWs and provides ongoing data to help evaluate CHWs and refine the training program.

V. PROJECT ASSESSMENT

The Project will include monitoring and evaluation of the implementation of the CHWTP as follows:

1. Require annual reports from collaborative partners on the activities and effectiveness of the training.
2. Conduct an annual meeting with program administrators, representatives of the collaborative partners and the CHWs.
3. Monitor referrals from CHWs to professional counselors and identify services provided.

4. Reach out to professional counselors to evaluate their interactions with the CHWs, identify the services that are provided as a result of referrals, and obtain feedback from the professional counselor.
5. Prepare and submit peer-reviewed publications analyzing the effect of the peer listening training in the Gulf of Mexico coastal counties, parishes and communities.

VI. PROJECT MANAGEMENT AND ORGANIZATIONAL BACKGROUND

A. Project Management

The CHWs Project is a 5-year program.

The University of South Alabama will be the administrative and programmatic home for the CHWTP. Using best business practices, the University will be responsible for the day-to-day financial oversight and management of the project. It will hire staff, purchase equipment, and provide infrastructure and support to the project.

B. Organizational Background

The CHWTP will be directed by Dr. J. Steven Picou, Professor of Sociology and Director of the Coastal Community Resource and Resiliency Center at the University of South Alabama. Dr. Picou is a nationally recognized environmental sociologist who specializes in the study of disasters, risk and applied sociology. He has published over 100 articles, research monographs and book chapters, and is a co-editor and contributor to *The Exxon Valdez Disaster* (1997 and reprinted 2008) and *The Sociology of Katrina* (2010). Dr. Picou's disaster research projects have been funded by the National Science Foundation, the Rockefeller Foundation, the Bill and Melinda Gates Foundation, the Prince William Sound Regional Citizens' Advisory Council and the Social Science Research Council. In 2001 he was presented with the Distinguished Contribution Award by the American Sociological Association section on Environment and Technology for his translational community training programs designed to mitigate the chronic disaster impacts of the Exxon Valdez oil spill. These programs, developed in 1997, have been modified and distributed to communities along the Gulf Coast. In 2008, he was the recipient of the William Foote Whyte Distinguished Career Award presented by the American Sociological Association and the Olivia Rambo McGlothorn National USA Alumni Outstanding Scholar Award. Dr. Picou has given numerous keynote addresses and lectures including the 2002 Earth Charter Summit Lecture and in 1997 was an invited speaker at Oxford University (England). Over the summer of 2010, Dr. Picou traveled throughout the Gulf Coast giving peer listener training workshops in communities impacted by the BP oil spill. He is the Past President of the Association of Applied and Clinical Sociology and formerly served as the President of the Mid-South Sociological Association and Vice-President of Alpha Kappa Delta. Dr. Picou received his Ph.D. in Sociology in 1971 from Louisiana State University. For more information see: www.stevenpicou.com/

C. Project Timeline

May 1, 2012-April 30, 2017 (May vary according to funding dates)

D. Budget

See attachment.

E. Activities Schedule*

1. May, 2012: Initiate hiring of staff, preparation of training program materials, and community outreach.
2. May, 2013-August, 2013: Training sessions for 40 CHWs from LA, MS, AL, FL.
3. October, 2013: Program administration meeting.
4. May, 2014-August, 2014: Training sessions for 40 CHWs from LA, MS, AL, FL.
5. October, 2014: CHWs meeting.
6. November, 2014: Professional counselor survey regarding CHWs services.
7. May, 2015-August, 2015: Training sessions for 40 CHWs from LA, MS, AL, FL.
8. October, 2015: CHWs meeting.
9. May, 2016-August, 2016: Retraining sessions for 40 CHWs from LA, MS, AL, FL.
10. October 2016: CHWs meeting.
11. November, 2016: Review CHWs website.
12. January, 2017: Professional counselor survey update.
13. February, 2017-March, 2017: Training sessions for 40 CHWs from LA, MS, AL, FL.
14. April, 2017: CHWs meeting.
15. May, 2017: Final project summary.

*There will be four project summary reports per year on accomplished activities and four meetings/calls per year with the Gulf Region Health Outreach Program Coordinating Committee.

F. Publications Cited

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6. Grattan LM, Roberts S, Mahan WT, McLaughlin PK, Otwell WS, Morris JG. The Early Psychological Impacts of the Deepwater Horizon Oil Spill on Florida and Alabama Communities. *Environmental Health Perspectives* 2011; 119[6]:838.
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13. Picou, J.S. et al. 2011. *Peer Listener Training Manual: Gulf of Mexico Edition*. Ocean Springs, MS: MASGP-11-006. 87pp.
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<http://www.sciencedaily.com/releases/2011/02/110217082929.htm>.
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16. Voelker R. Memories of Katrina Continue to Hinder Mental Health Recovery in New Orleans. *JAMA* 2010; 304[8]:841-3.
17. Yun K, Lurie N, Hyde PS. Moving Mental Health into the Disaster-Preparedness Spotlight. *N. Engl. J. Med.* 2010; 363:1193-5.

CHWTP -- ITEMIZED BUDGET

	ANNUAL	5 YR TOTAL
<u>SALARIES</u>		
Dr. J. St. Picou, Director	\$ 118,000	\$ 590,000
TBA Assistant Director	\$ 85,000	\$ 425,000
Administrative Assistant (Sec. V)	\$ 36,000	\$ 180,000
Training Program Coordinator	\$ 40,000	\$ 200,000
Summer Salary (Picou @ 28%)	\$ 16,000	\$ 80,000
Fringe Benefits	\$ 73,750	\$ 368,750
TOTAL SALARIES & FRINGE	\$ 368,750	\$ 1,843,750
<u>OTHER PERSONNEL</u>		
TBA Graduate Student	\$ 12,000	\$ 60,000
TOTAL SALARIES/WAGES & FRINGE BENEFITS	\$ 380,750	\$ 1,903,750
<u>PARTICIPANT SUPPORT COSTS/TRAVEL</u>		
Training - USA Training & Retraining for 40 people (3 sessions and 12 training workshops)	\$ 240,000	\$ 1,200,000
Professional Travel	\$ 20,000	\$ 100,000
TOTAL PARTICIPANT SUPPORT COSTS/TRAVEL	\$ 260,000	\$ 1,300,000
<u>EQUIPOMENT</u>		
Office Furniture (one time cost)	\$ 18,000	\$ 18,000
Computers, Printers, Faxes	\$ 16,000	\$ 16,000
TOTAL EQUIPMENT COSTS	\$ 34,000	\$ 34,000
<u>OTHER DIRECT COSTS</u>		
Materials & Supplies	\$ 6,000	\$ 30,000
Publication Cost/Documentation/Dissemination	\$ 10,000	\$ 50,000
Consultant & Contact Services	\$ 30,000	\$ 150,000
Rent (Office Space)	\$ 16,140	\$ 80,700
Graduate Student	\$ 4,500	\$ 22,500
TOTAL OTHER DIRECT COSTS	\$ 66,640	\$ 333,200
Subtotal	\$ 741,390	\$ 3,570,950
TOTAL INDIRECT COSTS (Overhead 12%)	\$ 88,967	\$ 428,514
TOTAL ESTIMATED BUDGE (5 YEAR PERIOD)	\$ 830,357	\$ 3,999,464

CHWTP -- PRELIMINARY DISTRIBUTION BUDGET

May 1, 2012 - August 1, 2012

(Three Months)*

Salaries

Dr. J. Steven Picou	\$	25,000
TBA Assistant Director	\$	67,500
Administrative Assistant (Secretary V)	\$	28,500
Training Program Coordinator	\$	33,750
Fringe Benefits	\$	38,688

Other Personnel

Graduate Students	\$	<u>18,000</u>
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Total Salaries/Wages/Fringes \$ **211,438**

Additional Start-up Costs

Initiate Preparation of Training Materials/Locate

Community Resources and Identify CHWs	\$	30,000
Website Planning & Preparation	\$	25,000
Travel Expenses	\$	12,000
Equipment/Furniture	\$	33,000
Materials/Supplies/Postage	\$	8,000
Office Space Rental	\$	20,000
Tuition (graduate students)	\$	<u>7,500</u>

Total Additional Start-up Costs \$ **135,500**

Sub-Total \$ **346,938**

Indirect Costs @ 12% \$ 41,633

Total Preliminary Distribution Budget \$ **388,571**

*The preliminary distribution budget must include recruitment of professional staff. Salaries have to be in place for providing processing of personnel action forms and employing individuals for this project. It will reduce the Year Five budget, when activities will be phasing down.