Section IV:

Project Lazarus
Appendix

IV.II Resources & Samples

Several documents are requested by Project Lazarus when beginning a coalition. This section of the appendix provides resources and samples that can be of assistance during the process of starting and maintaining a coalition.
Study Highlights Key Factors for Improving Coalition Collaboration and Unification

As with any group formation involving multiple parties, backgrounds and opinions, coalition unification can be a challenging feat. Though members of coalitions join for the shared goal of creating safe and drug-free communities, contrasting personalities and experiences sometimes result in conflict, inhibiting coalition progress. In this instance, members view differences with other members as incompatible for successful collective efforts. A recent study conducted by researchers from the University of Calgary identified four crucial factors for helping organizations facilitate effective community collaboration.

What did they do?

Drawing upon previous work for their foundation, researchers Ellen Perrault, Robert McClelland, Carol Austin, and Jackie Sieppert first examined the Wilder Collaboration Factors Inventory (WCFI). A resource often used in team building and assessment, the WCFI highlights forty items identified as significant for constructive collaboration. Based on the findings of the WCFI, Perrault et al. took collaboration research a step further by implementing a case study to determine the most valid factors of the WCFI for successful collaboration, as well as other factors not highlighted through previous research.

Over the course of a two year and four month period, the researchers studied the Elder Friendly Communities Program (EFCP). This program, founded in 2000 to empower seniors to engage in community development, was specifically chosen due to its high level of collaborative success. The EFCP’s indicators of success, including public appreciation from outside sources, recognition among members about the group’s success, and member organizations’ involvement, resulted in positive and beneficial outcomes. Furthermore, the EFCP created sustainability through their collaboration, as the program continues to thrive today.

To identify patterns of the EFCP’s collaboration success, the researchers collected a broad spectrum of data including WCFI results completed by EFCP members, interview transcripts with EFCP members, meeting transcripts, six years of archived material, and member discussions to receive feedback for the accuracy of data outcomes.

What did they find?

Based on their extensive data collection, the researchers identified four key factors contributing to the EFCP’s successful collaboration, including two WCFI factors and two newly discovered elements.

What Coalitions Can Do

- **Encourage informal communication links and relationships.** While positive professional relationships are a crucial component of collective capacity, these relationships may be strengthened by establishing informal connections and communication links. Coalition members should not hesitate to get to know their fellow members on a level providing insight into their daily lives. Without engaging in informal communication, one might never know if his or her fellow member has children, enjoys sports, or shares similar interests. As a result, deeper understanding and empathy among members will likely solidify bonds and allow potential conflicts to transform into progressive and positive outcomes.

- **Build processes to promote consensus.** Coalitions should emphasize consensus reaching within their internal structure. As they develop their decision-making processes, coalitions must identify consensus as a major goal, carefully shaping their procedures to involve widespread member agreement before action. In contrast, hasty decision-making fails to seek unified approval resulting in intergroup bitterness and disconnect. Coalition accord will minimize tensions and ensure members remain engaged and satisfied.

- **Establish distributive power.** Shared leadership reduces the potential conflict risk of having some coalition members feel underrepresented or “left out.” Coalitions may distribute power by allowing some leadership roles to be rotated among members, or by creating multiple leadership positions so “specialists” of a specific subset within the coalition can assume a leadership role for their given area. As a result, diversified leading may increase the likelihood that all members experience inclusion and satisfaction of representation.

To review the original source, please refer to:


LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY IN NORTH CAROLINA
Fact Sheet

Background

Fatal drug overdose is a nationwide epidemic that claims the lives of over 36,000 Americans every year.¹ The situation is particularly acute in North Carolina, where overdose deaths have increased more than 300 percent in just over a decade, from 297 in 1999 to 1,140 in 2011.² This increase is mostly driven by prescription opioids such as oxycontin and hydrocodone, which now account for more overdose deaths than heroin and cocaine combined.³ Opioid overdose is typically reversible through the timely administration of naloxone, a drug that reverses the effects of opioids, and the provision of other emergency care.⁴ However, access to naloxone and other emergency treatment is often limited by laws that a) make it difficult for those likely to be in a position to reverse an overdose to access the drug and b) discourage overdose witnesses from calling for help.⁵ In an attempt to reverse this unprecedented increase in preventable overdose deaths, a number of states have recently amended those laws to increase access to emergency care and treatment for opiate overdose.⁶

In 2013, North Carolina joined their ranks. Senate Bill 20, “Good Samaritan Law/Naloxone Access,” was passed by overwhelming majorities in the state House and Senate and was signed by the Governor on April 9, 2013. The law went into effect immediately.⁷ As explained in more detail below, the law provides limited immunity from prosecution for possession of certain drugs and drug paraphernalia for individuals who experience a drug overdose and are in need of medical care and for those who seek medical care in good faith for a person experiencing an overdose. The bill also provides limited immunity from certain underage drinking offenses for minors who seek help in the event of an alcohol overdose. Finally, the bill establishes limited civil and criminal immunity for medical professionals who prescribe naloxone, and laypeople who administer it to a person suspected of suffering from an opioid overdose.

Limited Immunity for Possession of Certain Drugs

In many cases, overdose bystanders may fail to summon medical assistance because they are afraid that doing so may put them at risk of arrest and prosecution for drug-related crimes.⁸ SB20 attempts to address this problem by providing limited immunity from prosecution for possession of certain drugs for both a person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose and the person suffering from the overdose where the evidence for prosecution was obtained as a result of the seeking of medical assistance. The law provides immunity from possession charges only; it provides no protection for other crimes such as the sale of illegal drugs.

Mainly because of how the state Controlled Substances Act is written, the drugs and quantities covered by SB20 are slightly complicated.⁹ We provide below a complete list of the drugs and quantities for which a person may not be prosecuted if the requirements described above are met, and an incomplete list of drugs and quantities for which the bill does not grant immunity.

© Project Lazarus Community Toolkit 2014
Complete List of Drugs and Quantities Covered by SB20

• Less than one gram of cocaine
• Less than one gram of heroin
• Less than one gram of Methylenedioxypyrovalerone (MDPV)
  o This is one of the drugs commonly known as “bath salts”
• Less than 100 tablets, patches or other dosage units of most, but not all, Schedule II, III, or IV drugs
  o This includes most common prescription drugs including Vicodin, Percocet, OxyContin, Opana, Suboxone, methadone and other opioid pain relievers except hydromorphone drugs such as Dilaudid and Exalgo (see below); Ritalin, Adderall, and some other stimulants (see below); Xanax, Klonopin, Valium and other benzodiazepines; Ambien, Lunesta, Sonata and other sleep aids; and testosterone steroids.
• Four or fewer “tablets, capsules, or other dosage units or equivalent quantity” of hydromorphone
  o Brand names Dilaudid and Exalgo
• Any quantity of a Schedule V drug
  o These are generally non-prescription drugs that can only be sold by a pharmacist, such as cough syrup with codeine
• One and one-half ounces or less of marijuana
• 21 grams or less of a synthetic cannabinoid or any mixture containing a synthetic cannabinoid
  o These are synthetic marijuana products, such as those sold as “Spice” or “K-2”
• Three-twentieths of an ounce or less of hashish

If a drug and quantity is not in the above list, the new law does not provide immunity for its possession. A non-exclusive list of the drugs and quantities for which immunity is not granted follows.

Incomplete List of Drugs and Quantities Not Covered by SB20

• One gram or more of cocaine
• One gram or more of heroin
• One gram or more of methylenedioxypyrovalerone (MDPV)
• Any quantity of any Schedule I drug except heroin or MDPV, for which immunity is granted for quantities less than one gram (see above)
  o Schedule I drugs are those that cannot be prescribed for any purpose. They include LSD, MDMA/Ecstasy, and ibogaine, among others
• Any quantity of methamphetamine
• Any quantity of amphetamine
• Any quantity of phencyclidine (PCP)
• Any salt, isomer, salts of isomers, compound, derivative, or preparation of methamphetamine, amphetamine, phencyclidine, or cocaine
• Any quantity of coca leaves and any salt, isomer, salts of isomers, compound, derivative, or preparation of coca leaves
• Any quantity of synthetic tetrahydrocannabinols or tetrahydrocannabinols isolated from the resin of marijuana

Limited Immunity for Possession of Drug Paraphernalia

The law also provides immunity from prosecution for possession of drug paraphernalia for both the person who seeks medical assistance in good faith for a person experiencing an overdose and the person in need of help, if the evidence for the charge was obtained as a result of the call for medical assistance. Drug paraphernalia includes syringes, baggies, cookers and similar instruments used or intended to be used with activities that violate the Controlled Substances Act.

Limited Immunity for Possession and Consumption of Alcohol

Under the terms of the law, a person under the age of 21 who seeks medical assistance for another “shall not be prosecuted” for unlawful possession or consumption of alcohol if he or she acts in good faith and upon a reasonable belief that he or she was the first to call for assistance. The person must provide his or her own name when contacting
authorities and remain with the person needing medical assistance until help arrives. This alcohol-related immunity applies only to the person who seeks help, not the person needing medical assistance.

Additionally, both Duke and Elon universities have written policies that encourage alcohol overdose bystanders to seek medical assistance by providing limited immunity from sanction under university alcohol rules for underage students who seek medical help for a person experiencing an alcohol overdose. As the Elon policy notes, “[t]he university’s main concern is getting the proper care for the student in need.”

Increased Access to Naloxone

The law also takes several steps to make it easier for those likely to be in the position to save a life to do so by administering naloxone, the standard treatment for opioid overdose. First, the bill authorizes a medical professional otherwise permitted to prescribe naloxone to prescribe the drug to a person at risk of experiencing an overdose as well as a family member, friend, or other person “in a position to assist a person at risk of experiencing an opiate-related overdose.” These changes should help increase access to the drug, since in general prescriptions are not permitted to be written for persons the practitioner has not personally examined, even though the friends and family members of a person at high risk for overdose are often the ones to seek help from a trusted practitioner.

Further, the bill permits physicians to prescribe the drug via standing order, so that persons operating under the direction of a prescriber can offer the drug where clinically indicated even where the recipient was not examined by the prescriber. Since it can often be difficult to access a professional with prescribing privileges, this change can be expected to increase access as well. Finally, the bill authorizes a person who receives naloxone under the terms of the bill to administer it to another person in the event of an overdose, so long as they exercise reasonable care in doing so.

Both practitioners who prescribe the drug as authorized in the law and laypeople who administer it are immune from any civil or criminal liability for those actions.

In March, 2013 the North Carolina Medical Board modified its Position Statement on drug overdose prevention to note that it is “encouraged by programs that are attempting to reduce the number of drug overdoses by making available or prescribing an opioid antagonist such as naloxone to someone in a position to assist a person at risk of an opiate-related overdose.” In the Statement, the Board encourages “its licensees to cooperate with programs in their efforts to make opioid antagonists available to persons at risk of suffering an opiate-related overdose.” That same month the Board modified its position statement on third party prescription to note that prescribing to a patient that the practitioner has not personally examined is permitted in certain instances, including “prescribing an opiate antagonist to someone in a position to assist a person at risk of an opiate-related overdose.”

SUPPORTERS

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law.

This document was developed by Corey Davis, J.D., M.S.P.H., at the Network for Public Health Law – Southeastern Region (cdavis@networkforphl.org) with assistance from Nabarun Dasgupta, Ph.D. at the University of North Carolina at Chapel Hill. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.
N.C.G.S. § 90-90(3).

...type drugs listed above; since if it intended to capture all amphetamine-type drugs it could have referred to the entirety of the act prohibiting possession of less than one gram of cocaine, (iii) [and] a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin..."

The 100-dosage unit limit is for all drugs combined.

The relevant section of the state Controlled Substances Act places the following amphetamine and amphetamine-like drugs in Schedule 2: Amphetamine, its salts, optical isomers, and salts of its optical isomers, Phenmetrazine [Preludin, no longer manufactured] and its salts, Methamphetamine, including its salts, isomers, and salts of isomers, Methylphenidate [Ritalin], Phenylacetone [an amphetamine precursor], and Lisdexamfetamine [Vyvanse, and a component of Adderall], including its salts, isomers, and salts of isomers. N.C.G.S. § 90-90(3)(a)-(f). The section of the act prohibiting possession of certain drugs makes it a felony to possess any amount of “amphetamine.” N.C.G.S. § 90-95(d)(2). We assume that the legislature intended to refer to only “amphetamine” as listed in N.C.G.S. § 90-90(3)(a) and not the other amphetamine-type drugs listed above; since if it intended to capture all amphetamine-type drugs it could have referred to the entirety of N.C.G.S. § 90-90(3).


Under the terms of the bill, "Evidence of reasonable care shall include the receipt of basic instruction and information on how to administer the opioid antagonist," but such instruction is not required to be delivered and its receipt is not required to gain the law’s protection.


See NORTH CAROLINA MEDICAL BOARD, CONTACT WITH PATIENTS BEFORE PRESCRIBING (2013), available at http://www.ncmedboard.org/position_statements/detail/contact_with_patients_before_prescribing
Budget & Budget Justification

Provide a detailed itemized budget and written justification consistent with planned activities of the project. Budget items should be realistic and clearly linked to project activities and expected outcomes.

Use the following categories for your itemized budget:

Name of Agency: ____________________________

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Coalition Coordinator Stipend</td>
<td>$ __________</td>
</tr>
<tr>
<td>B. Subcontracts</td>
<td>$ __________</td>
</tr>
<tr>
<td>C. Training</td>
<td>$ __________</td>
</tr>
<tr>
<td>D. Educational Materials</td>
<td>$ __________</td>
</tr>
<tr>
<td>E. Travel Expense</td>
<td>$ __________</td>
</tr>
<tr>
<td>Mileage: X miles @ X c per mile</td>
<td></td>
</tr>
<tr>
<td>F. Supplies</td>
<td>$ __________</td>
</tr>
<tr>
<td>G. Incentives</td>
<td>$ __________</td>
</tr>
<tr>
<td>H. Other</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

Total Amount Requested $ __________
Budget Justification

A. Coalition Coordinator Stipend
   Amount: $________
   Provide job description including duties, responsibilities, and hours required.

B. Subcontracts
   Amount: $________
   Provide justification for all subcontracted services. The justification should include the name of the contractor if known, the scope of work, the period of performance and expected outcomes or products. Explain how cost is deemed reasonable and necessary.

C. Training
   Amount: $________
   List all expenses anticipated for training that will be provided as part of the intervention. Include rental space for training, training materials, speaker fees, and any other applicable expenses related to the training.

D. Educational Materials
   Amount: $________
   List the type and approximate quantity of educational materials purchased to support the intervention and a brief description of how they will be used.

E. Travel
   Amount: $________
   Travel must be within the county only unless funds are used for Project Lazarus regional trainings or events. Identify titles of staff whose travel is supported, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (note: travel must be computed at rates up to but not exceeding the current State regulations).

F. Supplies
   Amount: $________
   Provide a reasonable dollar amount for general office supplies like pens, paper, etc. Provide justification for supply items other than general office supplies. Show calculation of cost.

G. Incentives
   Amount: $________
   List the type and approximate quantity of items that will be used to increase or motivate participation of volunteers in the project and data collection activities.

H. Other
   Amount: $________
   Enter any other budgeted items here and explain how they are essential to the implementation of your proposed interventions.

Total Funds Requested: Amount $________
Job Description

Job Description: Community Coalition Coordinator

JOB SUMMARY:

The Community Coalition Coordinator communicates and promotes the objectives, action plans, and initiatives of Project Lazarus. Coordinator will serve as a vital link of communication among the strategic stakeholders in the community that effect health practices and policies; specifically, physicians and medical office managers, local government entities such as the county board of health, the hospital board, county commissioners, town councils, as well as community groups such as faith based volunteer fire departments, law enforcement and civic clubs, schools, etc.

The core of this job is to develop and support the infrastructure within the community in ways that lift the organization/projects to the standards set for successful community sector partnerships; namely, enhanced membership, leadership, and communication. The importance of effecting community practice and policy that influences the health and wellness of the community surrounding prescription medications, and recruiting stakeholders from influential leaders in the community are vital for this position. In completing these tasks, Project Lazarus’ commitment to caring for communities, by promotion and education on the misuse, abuse, diversion and risks/harm from prescription medications and building trusted relationships, will be accomplished.

The specific program to be developed is Project Lazarus in collaboration with the Community Care Networks of NC, Governors Institute for Substance Abuse and UNC Injury Prevention and Research Center. Time and resources will be given to the task of providing leadership and direction to the Project Lazarus coalition unless otherwise instructed.

ESSENTIAL FUNCTIONS:

A. Essential Functions of Job:
   1. Works directly with members of the community and specific community groups on projects that enhance health practices and services involving prescription medications.
   2. Recruits elected officials, civic organization representatives, prescribers, pharmacists, law enforcement, schools, faith based groups, etc. for membership in the Project Lazarus community coalition.
   3. Manages coalition efforts by setting goals, objectives, strategies and action plans with individual community sectors documenting processes and outcomes utilizing collaborative relationships in the county, region, and state.
   4. Identify and seek additional resources necessary for the successful functioning of community response to the issue.
   5. Effectively balances business considerations, while remaining oriented on tasks, projects and coalition capacity building.
   6. Accountable for overall completion of project objectives.
   7. Performs additional related duties as assigned by the Project Lazarus coalition steering committee.
EDUCATION, TRAINING, AND EXPERIENCE:

Education/Formal Training:

- Degree in Business, Public Health, Public Administration or related field preferred, or equivalent work and/or training experience considered.

Work Experience:

- Minimum of 3 years experience in community program development, military collaborative, or experience with health care issues preferred.

Knowledge, Skills and Abilities Required:

- Requires knowledge of local healthcare and human service organizations.

- Experience in human services field, with at least three years experience at public speaking.

- Excellent organizational skills, administrative ability, public speaking, and leading/facilitating focus and coalition groups.

- Excellent written and oral communication skills to relay prescription medication education initiatives to the public through general media (newspaper, radio, and presentations to community groups).

- Ability to work as part of a comprehensive community coalition team and represent Project Lazarus in the community.

- Ability to establish and maintain credibility.

- Ability to be decisive, but able to recognize Project Lazarus preferences and priorities.

- Responsible for making programmatic, as well as administrative recommendations in order to obtain project goals and objectives.

*The above statements are intended to describe the general nature and level of work being performed by people assigned to this job classification. They are not to be construed as an all-inclusive list of all duties, skills, and responsibilities of people so assigned.*
Community Health Action Plan Sample

Office of Healthy Carolinians / Health Education

Community Health Action Plan Instructions 2010

The Community Health Action Plan is designed to address Community Health Assessment (CHA) priorities and to meet Healthy Carolinians Re/Certification requirements.

County: Wilkes County
Partnership: Wilkes County Healthy Carolinians
Period Covered: 2005-2020

LOCAL PRIORITY ISSUE
- Priority issue: Substance Abuse
- Was this issue identified as a priority in your county’s most recent Community Health Assessment? XYes _ No
- Listing of other sources of information about this priority issue:
  - State Center for Health Statistics;
  - NC resident unintentional poisoning death rates 2009;
  - Review of NC’s response to an Epidemic of Fatal Unintentional Drug Overdoses 1997-2006;
  - The NC Injury and Violence Prevention Branch;
  - NC Division of Public Health;
  - NC Detect;
  - NC Controlled Substance Reporting System.
  - Wilkes County Health Department and Medical Examiners
  - SBI, local Law Enforcement

LOCAL COMMUNITY OBJECTIVE - Please check one: __ New  X Ongoing (was addressed in previous Action Plan)
- By (date): Projected date of completion of Objective 12/2010
  - Objective: Wilkes County will see a reduction in total number of deaths as a result of unintentional poisoning by 20 % for the year of 2010 as compared to data from 2009.
  - Original Baseline: Unintentional deaths due to poisoning have risen from 3.5 individuals per 100,000 from 1999 to 11.5 in 2008 in NC; Wilkes County is averaging 46 deaths per 100,000 population, nearly four times the NC State average of eleven and one half per 100,000; In 2009, Wilkes County had a total of 31 Deaths as a result of intentional poisoning.
  - Date and source of original baseline data: Review of NC’s Response to an Epidemic of Fatal Unintentional Drug Overdoses 1997-2006, The Injury and Violence Prevention Branch, NC Division of Public Health, Catherine Sanford, Head, Injury Epidemiology Unit, Kay.Sanford@ncmail.net.
  - Updated information (For continuing objective only):
    - Greater public awareness through education regarding substance abuse,
    - Greater adult community participation in training and prevention of substance abuse among general population,
    - Development of a resource guide for treatment that will be published for distribution in 2010
    - A Decrease in the number of substance abuse drug overdose cases in the latter portion of 2009 and early in 2010
    - Increased awareness in the identification of abuse by the public as well as, the medical providers
    - Increased counseling (especially to adolescent’s) and active program participation to school age children, their teachers, counselors and nurses to more quickly identify at risk youth and provide early intervention measures.
    - Identification of barriers to prevention and treatment programs
    - Continue to identify gaps in treatment available to Wilkes County residents and the promotion of different organizations and programs to be initiated.
    - Coordination of community efforts in response to problems of domestic violence, child abuse, automobile accidents, illness, and death from substance abuse of alcohol, tobacco, and drugs.
  - Date and source of updated information:
**POPULATION(S)** – *(Healthy Carolinians Partnerships: Review Standard 2.)*

- Describe the local population(s) experiencing disparities related to this local objective: Deaths are primarily ages 30 to 45 with the majority being male. Many may have other extenuating factors such as income level and level of education, which may attribute to misuse and abuse. Others fall into addiction due to chronic pain resulting from an injury or disability.

- Describe the population(s) in your county that will be targeted by this Action Plan: Adolescent’s, young and middle aged adults, as well as those who are identified as having potential risk factors for unintentional poisoning by their medical providers.

- Total number of persons in the local disparity population(s): Approximately 12% of entire population based upon information from local ED visit, Substance Abuse Treatment Centers and other local data. This equates to approximately 8,050 persons from a total population of approximately 67,000.

- Numbers you plan to reach with the interventions in this Action Plan: We are anticipating to reach 80% (6,440 persons) of those included the estimated 12% of people within our county affected by these issues. We also intend to education and mentor approximately 7,000 students within the local school system as well as their parents.

**NC 2010 FOCUS AREA AND NC 2010 HEALTH OBJECTIVE ADDRESSED:** Increase the proportion of adults in need of comprehensive substance abuse treatment who receive treatment.

- NC 2010 Health Objective: Injury Prevention

  - Check one NC 2010 focus area:
    - Access to Health Care
    - Chronic Disease
    - Community Health
    - Disability
    - Environmental Health
    - Health Promotion
    - Infant Mortality
    - Infectious Diseases
    - Injury
    - Mental Health
    - Older Adult Health
    - Oral Health
    - Other - Please Describe: ____________________________________________________________
2. Marketing/Communication activities related to this community objective:

- Bring awareness to local media who have previously provided coverage of increasing number of unintentional deaths due to poisoning (drug related).
- Assist in initiating and promoting local Continuing Medical Education for local physicians pertaining to prescription drug abuse.
- Create and disseminate information to promote participation and usage of Controlled substance Reporting System to prevent doctor shopping and multiple uses of pharmacies.
- Education for general population and school age children regarding substance abuse
- Promote “in Church” training programs for awareness, treatment and how to help those suffering from substance abuse.
- Local media; newspaper and radio specifically utilized to provide coverage of problems and solutions

<table>
<thead>
<tr>
<th>Lead agency: Wilkes community Health Council Substance Abuse Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other agencies:</td>
</tr>
<tr>
<td>Substance Abuse Task Force of Wilkes Community Health Council as part of Healthy Carolinians promoting awareness to problem by working with local news outlets, creating materials and speakers pertaining to substance abuse, its causes and affects and consequences.</td>
</tr>
<tr>
<td>Northwest Community Care Network and Chronic Pain Initiative initiative working with Medicaid recipients to track over usage of prescription drugs and to better inform and provide resources for physicians and medical community in prescribing pain medications and treatments.</td>
</tr>
<tr>
<td>Wilkes Regional Medical Center will continue to provide a liaison position to draw health care community together to collaborate on problems and issues pertaining to substance abuse.</td>
</tr>
</tbody>
</table>

| Substance Abuse Task Force will continue with efforts to bring notice to the increase d number of overdose (unintentional poisoning) deaths in Wilkes County. More individuals and organizations will be asked to join in the effort to curb the increase, educate the public and seek out areas of treatment. |
| Northwest Community Care Network and Chronic Pain Initiative will continue to meet on a regular basis as it is expanding outward to five additional counties within the region. They will begin promotion of Controlled Substance Reporting System, educating physicians to the aspects of prescription drug abuse and the development of guidelines for dispensing |

3. Intervention: Educate local school personnel, medical community and general public regarding substance abuse.
   Setting: Community
   Start Date - End Date (Begin 2009 and to continue with adjustments until 2020):

<table>
<thead>
<tr>
<th>Lead agency: Substance Abuse Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other agencies:</td>
</tr>
<tr>
<td>Wilkes County Schools will continue to allow access to students, families, parents and other teens who have been victims of substance abuse consequences to be able to speak in health classes and other forums.</td>
</tr>
<tr>
<td>Medical Community: working with local hospital monthly Continuing Medical Education (CME) to provide topics and speakers pertaining to substance abuse, prescription drug usage and new protocols for prescribing narcotics for pain. Providing information, brochures and public relations to Medical Community regarding the Controlled Substance Reporting System which became active in NC Statewide July 1, 2007 and will continue through 2020.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This intervention is:</th>
<th>New</th>
<th>Ongoing</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process: Partnering with local MD’s, Emergency Department, School Counselors and Nurses to provide information for greater awareness and knowledge to pinpoint abuse, know where treatment may be found and begin to provide referrals for such treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output/ Impact: Emergency Department has established guidelines for provision of tighter prescription usage and referral to primary MD rather then supply pain meds for extended periods of time, which often results in a behavioral change among MD’s and patients, as there is less access to controlled substances via this avenue. Provide PowerPoint and other such media to organizations and other health care services who may encounter those in abuse.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health/ Safety Outcomes: More health care professionals have knowledge and information.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progress to Date: Presentations to local Dental Health Clinic and Dental Hygienist Association with graphic pictures and information to have them better identify signs of substance abuse.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Intervention: Community Awareness Coordinator
   Setting: Wilkes County Schools
   Start Date - End Date (04/2010-2012)

<table>
<thead>
<tr>
<th>Lead agency: Project Lazarus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other agencies: Other Counseling, Behavioral Health organizations and Wilkes County Schools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This is X New</th>
<th>Ongoing</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process: Health education pertaining to substance abuse, what to look for and seek out those at risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Output/ Impact

Normal adolescent counsel was thirty individuals per month and number rose to over ninety.

### Health/ Safety Outcomes

School teachers, counselors and nurses now have greater knowledge and information to observe, intervene and refer those who maybe suffering or at risk to substance abuse.

### Progress to Date

Completed

Expect to reapply to reinstitute the program via new grant and hiring of personnel.

---

| 5. Intervention: **Provide liaison for community health and work with Substance Abuse Task Force to educate and network Health care community, local governments, County Schools, School Board, Civic Organizations and concerned citizens regarding prevention, treatment and programs promoted by Healthy Carolinians.**
| Setting: Local Community
| Start Date - End Date (Begin 04/2010):

| Lead agency: Wilkes Community health Council of healthy Carolinians, Northwest Community Care network and Wilkes Regional Medical Center
| Other agencies:

| This is _New X Ongoing _ Completed Process:
| Output/ Impact:
| Health/ Safety Outcomes:

| 6. Intervention: **Provide additional community collaboration and support through the promotion and adoption of those items listed within the agency plan adopted by Project Lazarus and its working partners. A copy of the agency’s plan is attached for review.**


| This is _New X Ongoing – Completer Process:
| Complete agency/organizational plan with the evaluation process being the monitoring and validation of environmental changes as listed on the attached document.
| Health/Safety Outcomes:

---

**ONGOING INTERVENTIONS – List ongoing interventions under this heading. Use the same information as above. Insert extra rows as needed.**

- Substance Abuse Task Force has been recruiting various interested parties, victims of substance abuse and overdoses and medical community to better bring awareness to active and increasing problem of abuse and deaths in Wilkes County. Local news coverage has assisted in bringing attention and activity to the issue providing a major first step in community support. **The Task Force** has created a team of “victims” of the abuse as a speaker’s bureau to share within the local schools, community organizations and churches for awareness of the problem and hopefully draw attention to those suffering to seek help and treatment.

- Grant for provision of individual for teaching and PR in local schools to promote awareness and knowledge of visible signs of at risk or usage of substance abuse. **Project Alert** provided a three-fold increase in adolescent counseling for substance abuse issues.
Community Readiness Survey

This survey includes statements about the attitudes and knowledge of the communities in your coalition’s jurisdiction towards the problem and prevention of prescription drug abuse. For each of the questions, please choose the statement that most accurately captures the current state of your community. **Check only one response.**

---

As part of your Project Lazarus application for funds to support your important community-based efforts, thank you for taking 5 minutes to fill out this COMMUNITY READINESS SURVEY. Your responses are an important part of our statewide efforts to prevent prescription drug abuse, misuse and overdose.

Please fill in the following information about you and your coalition.

This ensures that you get credit for completing this part of your funding application and can then receive the semi-annual progress surveys as required by your grant.

<table>
<thead>
<tr>
<th>Coalition Name</th>
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<tr>
<th>Alternate Phone Number</th>
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1. **What is the community climate around prescription drug abuse?**

☐ The community does not see prescription drug abuse as a problem. It is an accepted part of community life. “It’s just the way things are.”

☐ There is little or no recognition that this is a community problem, or prevailing attitudes are “there’s nothing we can do” or “only ‘those’ people do that.”

☐ Community climate may not support but would not block prevention efforts.

☐ The attitude in the community is starting to reflect interest in prescription drug abuse. “We have to do something but don’t know what to do.”

☐ The attitude in the community is “we are concerned about this” and community members are beginning to reflect modest support for efforts.

☐ The attitude in the community is “This is our responsibility” and is beginning to reflect modest involvement in efforts.

☐ The majority of the community generally accepts programs, activities, or policies. Support may be somewhat passive.

☐ Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for prevention. Participation level is high.
☐ All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability.

2. **What is your community’s knowledge level about the problem of prescription drug abuse?**
☐ It is not viewed as a problem.
☐ There is no knowledge about the problem.
☐ Some people here may have this problem, but no immediate motivation to do anything about it.
☐ There is clear recognition that there is a local problem, but detailed information is lacking or depends on stereotypes.
☐ General information on local problems is available, but not based on formally collected data.
☐ There is enough information about the problem to justify doing something.
☐ Detailed information about local prevalence may be available and people know where to get specific information.
☐ There is considerable specific knowledge about prevalence and causes, risk factors, and consequences.
☐ Specific information about the problem is being used to target high risk groups and plan the types of prevention programs needed. Information about the effectiveness of local programs is available.

3. **What level of involvement do local leaders (health, political, religious, tribal, etc.) have in prevention programming for prescription drug abuse?** “Leadership” can include anyone in the community who is appointed to a leadership position or is influential in community affairs, i.e., an individual, a parent, a child, a teacher, a clergy person, etc.
☐ Leadership is resistant to prevention efforts.
☐ Leadership is passive, apathetic, or guarded.
☐ People have talked about doing something, but so far there isn’t anyone who has really “taken charge.” There may be a few concerned people, but they are not influential.
☐ There are identifiable leaders who are trying to get something started; a meeting or two may have been held to discuss problems.
☐ Leaders and others have been identified; a committee or committees have been formed and are meeting regularly to consider alternatives and make plans.
☐ Leaders are involved in programs or activities and may be enthusiastic because they are not yet aware of limitations or problems.
☐ Authorities and political leaders are solid supporters of continuing basic efforts.
☐ Multiple efforts are supported by leaders. Authorities, program staff, and community groups are all supportive of extending efforts.
☐ Authorities support multiple efforts, staff are highly trained, community leaders and volunteers are involved, and an independent evaluation team is functioning.
4. What is the current state of prescription drug abuse prevention programming in your community?

☐ Prevention is not important.

☐ No plans for prevention are likely in the near future.

☐ There aren’t any immediate plans, but we will probably do something sometime.

☐ There have been community meetings or staff meetings, but no final decisions have been made about what we might do.

☐ One or more programs or activities are being planned or changes in policies are being considered and, where needed, staff are being selected and trained.

☐ One or more prevention programs, activities, or policies are being tried out now.

☐ One or more efforts have been running for several years and are fully expected to run indefinitely. No specific planning for anything else.

☐ Several different programs, activities, and policies are in place, covering different age groups and reaching a wide range of people. New programs or efforts are being developed based on evaluation data.

☐ Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.

5. What is your community’s level of knowledge of prescription drug abuse prevention efforts?

☐ Community has no knowledge of the need for efforts addressing the issue.

☐ Community has no knowledge about existing prevention programs, activities, or policies.

☐ A few members of the community have heard about community prevention efforts, but have no information about what is done or how it is done.

☐ Some members of the community know about existing prevention efforts.

☐ Members of the community have general knowledge about local prevention efforts (e.g. purpose).

☐ An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.

☐ There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.

☐ There is considerable community knowledge about a variety of different community prevention efforts, as well as supporting data related to level of program effectiveness.

☐ Community has accurate knowledge based on thorough evaluation data about how well the different local efforts are working, their benefits and limitations.

6. What is your community’s attitude about supporting prescription drug overdose prevention efforts with resources: people, money, time or space?
☐ There is no need for resources to deal with this problem.

☐ Belief that there are no resources available for prevention or barriers to obtaining resources seems insurmountable.

☐ It might be possible to initiate prevention efforts, but not sure how much it would take, or where the resources would come from.

☐ A committee or person is finding out what might be needed for a prevention effort and is considering how the resources might be found.

☐ What is needed to staff and run a program or activity is known. A proposal has been prepared, submitted, and may have been approved. The people who will be involved have agreed to participate.

☐ Resources are available, but they are only from grant funds, outside funds, or a specific one time donation, or volunteers are running a program or activity, but it is temporary.

☐ A considerable part of support of ongoing efforts are from local sources that are expected to provide indefinite and continuous support.

☐ More than one program or activity or prevention policy is in place and is expected to be permanent, and there is additional support for further prevention efforts.

☐ There is continuous and secure support for basic programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.

**Thank you** for taking the time to complete this COMMUNITY READINESS survey! Good luck with the rest of your application for funds and as you continue the important work you do!

If you have any questions about this survey, please contact Nidhi Sachdeva, MPH, CHES at nidhi@unc.edu or 919.966.0159 at the University of North Carolina Injury Prevention Research Center.
## What We Invest

### Inputs

**What do you need to get started?**

### Activities

<table>
<thead>
<tr>
<th>A. Develop Policies and Procedures for CRSS Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop job description.</td>
</tr>
<tr>
<td>- Outline training details, schedule training and orientation.</td>
</tr>
<tr>
<td>- Research liability insurance.</td>
</tr>
<tr>
<td>- Determine # of hours, type of hiring, and billing or compensation structure.</td>
</tr>
<tr>
<td>- Develop other forms for Community Recovery Specialists (CRS) to use, such as progress notes, assessment, treatment plan, time accountability form, travel log.</td>
</tr>
<tr>
<td>- Create draft for on-call procedures and finalize with specialists, once hired.</td>
</tr>
<tr>
<td>- Once CRS are hired, develop volunteer policies and procedures, including recruitment efforts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Recruit Community Recovery Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Create promotional materials that describe the program (to potential specialists or others who may refer applicants).</td>
</tr>
<tr>
<td>- Identify options to solicit applicant names/announce job openings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Interview/Hire Community Recovery Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Research best practices in hiring and background investigation steps.</td>
</tr>
<tr>
<td>- Create interview questions.</td>
</tr>
<tr>
<td>- Create interview summary.</td>
</tr>
<tr>
<td>- Create interview team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Train Community Recovery Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Research and find training opportunities.</td>
</tr>
<tr>
<td>- 40 hours training on: a) CISM; b) Harm reduction; c) MI; d) Professional Boundaries; e) Community Sector and Resources; and f) Life skills.</td>
</tr>
<tr>
<td>- Develop schedule of trainings and orientation process.</td>
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<tr>
<td>- Determine office space and equipment needs.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Build Referral and Response Relationship</th>
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</thead>
<tbody>
<tr>
<td>- Create introductory promotional material to describe program for potential referral sources.</td>
</tr>
<tr>
<td>- Create list of potential referral sources.</td>
</tr>
<tr>
<td>- Create MOU with ED and other agencies.</td>
</tr>
<tr>
<td>- Create PowerPoint to present to referrals and schedule presentations about the program.</td>
</tr>
<tr>
<td>- Develop referral forms with procedures for making a referral.</td>
</tr>
</tbody>
</table>

## What We Will Do

### Outputs

<table>
<thead>
<tr>
<th>For CRS Staff</th>
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</thead>
<tbody>
<tr>
<td>- Job Description for staff CRS developed.</td>
</tr>
<tr>
<td>- Job Description for volunteer CRS developed.</td>
</tr>
<tr>
<td>- 2 staff CRS hired.</td>
</tr>
<tr>
<td>- 2 volunteer CRS engaged.</td>
</tr>
<tr>
<td>- 40 hours of training provided to staff and volunteer CRS.</td>
</tr>
<tr>
<td>- Referral Relationships Built.</td>
</tr>
</tbody>
</table>

For Program Participants:

- # of people referred to the program.
- # of people who stay in the program (for desired length).
- # of people served by the program (RWJ application states 75).

## Who We Will Reach

### Short/Medium-Term Outcomes

- Increased competencies among CRS, in a) Critical Incident Stress Management and Debriefing; b) Emergency Response; c) Use of/How to Train Others to Use Naloxone; d) Motivational Interviewing - Goal Setting Skills; e) Professional Boundaries; f) Use of Community Resources; and g) Life Skills.

- Changes in attitudes, knowledge, understanding, application.

- Retention, job satisfaction.

### Long-Term Outcomes

- Reduced RX overdoses.

## Learning/Action

### Conditions

- Reduced RX overdose deaths.

## Your Planned Work

## Your Intended Results
Background

Project Lazarus is pleased to announce the Project Lazarus Community Coalition Grants Program for North Carolina 2013-14. Grants of up to $10,000 have been allocated to each of the 100 NC counties to engage the Project Lazarus Model targeting prescription drug overdose (See Appendix A). Through a two-part application process, local coalitions that are working with Project Lazarus to prevent prescription drug misuse, abuse, diversion, and overdose in their communities may procure these grant funds. All grant funds will be dispersed throughout the first year prior to March 15, 2014.

Grantees will work on planning and implementing the prescription overdose prevention strategies, by following the seven “Spokes” of the Project Lazarus Model. (See Below)
Grantees may use these funds in various ways including to:

- Establish a multi-sector coalition
- Promote broad public awareness on the issue of prescriptions drug overdose
- Collect baseline county data for use in planning
- Develop objectives and strategies for addressing each area
- Implement and evaluate specific interventions

These are just a few examples. Each community’s unique approach to address its prescription drug overdose problem is most welcome.

**Application Process**

The application is a two-part process. Part One involves an initial description of your coalition and activities or your plans to begin and develop one. Part Two includes a request for a specific budget or a preliminary budget if you are just beginning a collaboration, which will be sent out upon receipt, review, and approval of Part One. The deadline for Part One submissions is ten business days from receipt of this invitation.

**Eligibility**

Only one coalition per county will be funded.

Community-based coalitions who have a working relationship with Project Lazarus already or individuals and organizations who plan on initiating a working relationship with Project Lazarus to create a community coalition, and are located in one of the first year grant allocated counties are eligible to submit Part One of this application. Appendix A is a list of counties that have been designated as first year grant recipients along with a specified grant amount.

**Part 1: Project Narrative**

Please describe in up to 2 single spaced typed pages in 12 point font and one inch margins the following:

1. **What do you know about the prescription drug abuse/misuse/diversion/overdose problem in your county?** What data sources have you used to understand the issue locally? What does this data tell you about the problem in your community? You may want to attach news clippings, press releases, or articles related to this issue.

2. **At what stage of development is your community coalition?** Has one been established yet? If no, what steps have you taken to bring the key sectors and agencies together to establish a coalition? If yes, who is actively engaged with the coalition? How long has the coalition been meeting to work specifically on prescription drug overdose? What structures and documents (letters of support, strategic plan, mission statement, etc.) do you have in place that establish and guide the way in which the coalition currently functions? Has the coalition received funds from other agencies to work on this problem?

3. **What has been done to date, if anything, in your county to establish the key components of the “Hub” of the Project Lazarus Model, which includes a.) Public Awareness, b.) Coalition Action, or c.) Data and Evaluation?**

4. **Which activities, if any, has your county planned, implemented, and/or evaluated within the seven “Spokes” of the Project Lazarus Model which includes:** Community Education, Provider Education, Hospital Emergency Department Policies, Diversion Control, Pain Patient Support, Harm Reduction, and Addiction Treatment? Please describe briefly what has been done and to what extent.
5. **What plans or next steps will your coalition pursue to move your prescription overdose prevention work forward?** Where do you have the most traction already? What “Hub” components or “Spoke” activity categories are you hoping to improve and develop most?

6. **Indicate your commitment to respond to a biannual survey designed to record your coalition’s activities in each of the counties you serve.** Please email nidhi@unc.edu to receive a link to the survey.

**Appendices**

Please also attach the following appendices with your letter of intent:

1. List of community sectors currently engaged. Eventually, a viable coalition will include a minimum of five community sectors. Project Lazarus will be involved in helping to establish or build additional sectors if needed.

2. Three or more letters of support from committed county sector leadership represented in your coalition.

3. If you already have an established coalition, please submit your Organizational Chart.

**Instructions on where, when, how, and to whom to submit.**

Please submit your completed Part One application package via email to Fred Wells Brason II at fbrason@projectlazarus.org. Please include all sections in a single PDF document. Also, include a cover letter with the name and contact information for the person submitting the application, the county for which you are submitting the application, and any other pertinent information. An electronic signature is sufficient for the cover letter.

Applications submitted by 5pm on the tenth business day from receipt of this solicitation will be accepted. If you are not able to meet this deadline or have any questions about the application process, please contact Project Lazarus at (336) 667-8100. All applicants will receive a notice of receipt of a complete application. If you do not receive such a notice and have submitted an application, please call Project Lazarus at the number above.

For more information about Project Lazarus, visit our website at www.projectlazarus.org

Thank you!
Please note: The grant award for each county is predetermined based on the funding source. Though there is a difference in the grant amounts, attempts are ongoing to obtain additional funds for those counties receiving less than others.
Requests for Proposals, Part II

PROJECT LAZARUS
Request for Proposals
PART TWO: Specific Plan and Budget

Thank you for completing and returning Part One of your application. The level of development of your coalition suggests that you are ready to move to part two of this granting process. For this part we are requesting the following information:

1. A copy of your coalition’s strategic plan (see Appendix A).
2. A preliminary budget that clearly links to your strategic plan (see Appendix B). If your Steering Committee is not in a position to provide a budget at this time, simply state that your budget draft will be part of the process of coalition development and capacity building. The budget is a working document and not all monies need to be budgeted at this stage of implementation.
3. A budget narrative in which you describe the proposed use for each expenditure category.
4. Additional letters of support, if any, that have been obtained since you submitted Part One. You are required to submit a minimum of five to complete your application.

Completion of Surveys

Surveys are vital to the evaluation of the Project Lazarus joint initiative. The UNC Injury and Prevention Research Center has created several ways to track the important difference this initiative will be making all across the state. If you have any questions about the survey, please email Nidhi Sachdeva at nidhi@unc.edu.

Surveys should be completed by those who have a broad overview of the county. Therein, they will be able to make assessments of the general readiness of the county residents to address prescription drug abuse/misuse/diversion/overdose and have an understanding of where the county’s baseline is. Having several people review the surveys and complete them jointly is a very successful approach to getting a broad sense of the community’s starting point as well.


2. Baseline Survey – If you have not already completed the appropriate baseline surveys, you are required to complete all surveys that apply. For instance, you should respond to the links that reflect a starting point for when your coalition came into existence. If you have been working as a coalition since 2010, you are required to complete all of the links below.

Click here to complete the Rx Drug Coalition Survey Log, Years 2010-2011

Click here to complete the Rx Drug Coalition Survey Log, First Quarter (Q1), January - March 2012

Click here to complete the Rx Drug Coalition Survey Log, Second Quarter (Q2), April - June 2012

Click here to complete the Rx Drug Coalition Survey Log, Third Quarter (Q3), July - September 2012

Click here to complete the Rx Drug Coalition Survey Log, Fourth Quarter (Q4), October - December 2012

More about your budget
Please note that the funds available in this grant may be used for:

- Stipend for coalition coordinator.
- Materials, supplies, and resources needed to implement the proposed interventions. Examples include: curricula, materials, signage, and educational and promotional materials.
- Sub-contracted services necessary to carry out a portion of your programmatic efforts or for the acquisition of routine goods or services needed for the proposed intervention.
- Incentives to encourage participation in specific interventions.
- Training expenses but only for training(s) that will be provided as part of the intervention. Examples include: space rental, training materials, speaker fees, food at community forums.
- Travel and staff development - travel must be computed at rates up to the current State regulations and for in county coalition related work unless specific Project Lazarus regional meetings.

Funds available in this grant may NOT be used for:

- Replacement of funds from other sources from currently budgeted expenses such as current staff positions.
- Office equipment or computer hardware.
- Food for regularly scheduled coalition meetings.
- Alcohol.
- Administrative costs such as postage and office supplies.

**Grant Submission Instructions**

Please submit your completed Part Two application package via email to Fred Wells Brason II at grant@projectlazarus.org. Please include all sections in a single PDF document. Also include a cover letter with the name and contact information of the person submitting the application along with the county for which you are submitting the application. An electronic signature is sufficient for the cover letter. One RFA Part Two must be completed for each county separately, even if you are submitting for a multi-county effort.

Please submit applications by close of business on the date specified in the body of this email. If your coalition is not sufficiently established to complete some of the information requested, Project Lazarus is available to assist your county to mobilize, engage, establish, or build the capacity to complete the requirements of this RFA process. Incomplete applications will not risk the loss of the funds allocated for your county. Upon receipt of your completed application, you will be notified. A Memorandum of Understanding (MOU) with Project Lazarus will be completed when funds are dispensed. If you are not able to meet this deadline or have any questions about the application process, please contact Project Lazarus at (336) 667-8100.

Thank you!
## Appendix B
### STRATEGIC PLAN TEMPLATE

**Issue/Problem Statement:**

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**GOAL 1:**

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**OBJECTIVE A:**

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<th>ACTION STEPS</th>
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<th>RESPONSIBLE PARTIES</th>
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**Rationale for Selected Prevention Strategies:**

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**GOAL 2:**

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**OBJECTIVE A:**

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**OBJECTIVE B:**

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**Rationale for Selected Prevention Strategies:**

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Appendix B
Budget & Budget Justification

Provide a detailed itemized budget and written justification consistent with planned activities of the project. Budget items should be realistic and clearly linked to project activities and expected outcomes.

Use the following categories for your itemized budget:

Name of Agency: ______________________________

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Amount:</th>
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<tbody>
<tr>
<td>A. Coalition Coordinator Stipend</td>
<td>$ _______</td>
</tr>
<tr>
<td>B. Subcontracts</td>
<td>$ _______</td>
</tr>
<tr>
<td>C. Training</td>
<td>$ _______</td>
</tr>
<tr>
<td>D. Educational Materials</td>
<td>$ _______</td>
</tr>
<tr>
<td>E. Travel Expense</td>
<td>$ _______</td>
</tr>
<tr>
<td>Mileage: X miles @ X c per mile</td>
<td></td>
</tr>
<tr>
<td>F. Supplies</td>
<td>$ _______</td>
</tr>
<tr>
<td>G. Incentives</td>
<td>$ _______</td>
</tr>
<tr>
<td>H. Other</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

Total Amount Requested  $ _______
Budget Justification

A. Coalition Coordinator Stipend  
   Amount: $________
   Provide job description including duties, responsibilities, and hours required.

B. Subcontracts  
   Amount: $________
   Provide justification for all subcontracted services. The justification should include the name of the contractor if known, the scope of work, the period of performance and expected outcomes or products. Explain how cost is deemed reasonable and necessary.

C. Training  
   Amount: $________
   List all expenses anticipated for training that will be provided as part of the intervention. Include rental space for training, training materials, speaker fees, and any other applicable expenses related to the training.

D. Educational Materials  
   Amount: $________
   List the type and approximate quantity of educational materials purchased to support the intervention and a brief description of how they will be used.

E. Travel  
   Amount: $________
   Travel must be within the county only unless funds are used for Project Lazarus regional trainings or events. Identify titles of staff whose travel is supported, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (note: travel must be computed at rates up to but not exceeding the current State regulations).

F. Supplies  
   Amount: $________
   Provide a reasonable dollar amount for general office supplies like pens, paper, etc. Provide justification for supply items other than general office supplies. Show calculation of cost.

G. Incentives  
   Amount: $________
   List the type and approximate quantity of items that will be used to increase or motivate participation of volunteers in the project and data collection activities.

H. Other  
   Amount: $________
   Enter any other budgeted items here and explain how they are essential to the implementation of your proposed interventions.

Total Funds Requested:  
   Amount $________
The Wilder Collaboration Factors Inventory

<table>
<thead>
<tr>
<th>Factor</th>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral, No Opinion</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of collaboration or cooperation in the community</td>
<td>1. Agencies in our community have a history of working together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2. Trying to solve problems through collaboration has been common in this community. It’s been done a lot before.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Collaborative group seen as a legitimate leader in the community</td>
<td>3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>4. Others (in this community) who are not a part of this collaboration would generally agree that the organizations involved in this collaborative project are the “right” organizations to make this work.</td>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Favorable political and social climate</td>
<td>5. The political and social climate seems to be “right” for starting a collaborative project like this one.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>6. The time is right for this collaborative project.</td>
<td>1</td>
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<td>5</td>
</tr>
<tr>
<td>Mutual respect, understanding, and trust</td>
<td>7. People involved in our collaboration always trust one another.</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>8. I have a lot of respect for the other people involved in this collaboration.</td>
<td>1</td>
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<td>5</td>
</tr>
<tr>
<td>Appropriate cross section of members</td>
<td>9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.</td>
<td>1</td>
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<td></td>
<td>10. All the organizations that we need to be members of this collaborative group have become members of the group.</td>
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<tr>
<td>Members see collaboration as in their self-interest</td>
<td>11. My organization will benefit from being involved in this collaboration.</td>
<td>1</td>
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</tr>
<tr>
<td>Ability to compromise</td>
<td>12. People involved in our collaboration are willing to compromise on important aspects of our project.</td>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Factor</td>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral, No Opinion</td>
<td>Agree</td>
<td>Strongly Agree</td>
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<tr>
<td>Members share a stake in both process and outcome</td>
<td>13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.</td>
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<td></td>
<td>14. Everyone who is a member of our collaborative group wants this project to succeed.</td>
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<td></td>
<td>15. The level of commitment among the collaboration participants is high.</td>
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</tr>
<tr>
<td>Multiple layers of participation</td>
<td>16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.</td>
<td>1</td>
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<td></td>
<td>17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.</td>
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</tr>
<tr>
<td>Flexibility</td>
<td>18. There is a lot of flexibility when decisions are made; people are open to discussing different options.</td>
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<td>19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.</td>
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<td>5</td>
</tr>
<tr>
<td>Development of clear roles and policy guidelines</td>
<td>20. People in this collaborative group have a clear sense of their roles and responsibilities.</td>
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<td>21. There is a clear process for making decisions among the partners in this collaboration.</td>
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</tr>
<tr>
<td>Adaptability</td>
<td>22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.</td>
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<td>23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.</td>
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<td>24. This collaborative group has tried to take on the right amount of work at the right pace.</td>
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<td>5</td>
</tr>
<tr>
<td>Factor</td>
<td>Statement</td>
<td>Strongly Disagree</td>
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<tr>
<td><strong>Appropriate pace of development</strong></td>
<td>25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td><strong>Open and frequent communication</strong></td>
<td>26. People in this collaboration communicate openly with one another.</td>
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<td>27. I am informed as often as I should be about what goes on in the collaboration.</td>
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<td>28. The people who lead this collaborative group communicate well with the members.</td>
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<tr>
<td><strong>Established informal relationships and communication links</strong></td>
<td>29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.</td>
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<td>30. I personally have informal conversations about the project with others who are involved in this collaborative group.</td>
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</tr>
<tr>
<td><strong>Concrete, attainable goals and objectives</strong></td>
<td>31. I have a clear understanding of what our collaboration is trying to accomplish.</td>
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<td>32. People in our collaborative group know and understand our goals.</td>
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<td>33. People in our collaborative group have established reasonable goals.</td>
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</tr>
<tr>
<td><strong>Shared vision</strong></td>
<td>34. The people in this collaborative group are dedicated to the idea that we can make this project work.</td>
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<td>35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.</td>
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<td>5</td>
</tr>
<tr>
<td><strong>Unique purpose</strong></td>
<td>36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.</td>
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<td>37. No other organization in the community is trying to do exactly what we are trying to do.</td>
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<td>5</td>
</tr>
<tr>
<td><strong>Sufficient funds, staff, materials, and time</strong></td>
<td>38. Our collaborative group had adequate funds to do what it wants to accomplish.</td>
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</tr>
<tr>
<td></td>
<td>39. Our collaborative group has adequate “people power” to do what it wants to accomplish.</td>
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<td>5</td>
</tr>
</tbody>
</table>
A free tool to assess how your collaboration is doing on 20 research-tested success factors.

The inventory takes about fifteen minutes to complete. It can be distributed to a small group of leaders in the collaborative, during a general meeting, or via mail to all members for the most complete picture. You can tally your score manually or online.

Take the free online inventory, or register your group to take the online inventory, and receive the group’s summary scores for each of the 20 factors.

Order the book, *Collaboration: What makes it work, a review of research literature on factors influencing successful collaboration (2nd ed.)*, for an in-depth review of collaboration research and to learn more about the development and use of the inventory.

Purchase the tool and instructions for administering, scoring, and interpreting the results, or view the inventory: [Wilder Research List of 20 Collaboration Factors Inventory](http://www.wilder.org/Wilder-Research/Research-Services/Pages/Wilder-Collaboration-Factors-Inventory.aspx)

A RAND study reports reliability data for the instrument.

Organizations are free to use the inventory for noncommercial use with the following citation:


http://www.wilder.org/Wilder-Research/Research-Services/Pages/Wilder-Collaboration-Factors-Inventory.aspx

| Skilled leadership | 40. The people in leadership positions for this collaboration have good skills for working with other people and organizations. | 1 | 2 | 3 | 4 | 5 |