

## **Statement of the Problem**

According to the Center for Disease Control and Prevention (CDC), approximately 150 people die every day from overdoses related to synthetic opioids like illegally manufactured fentanyl.[1] A record of 109,107 Americans died from drug overdoses in 2022, and over two thirds of these deaths were related to fentanyl.[2]

Opioid overdose death trends have risen more rapidly in adolescents than in the general population in recent years. A new study by the CDC found that deaths from opioid overdoses in adolescents between 14 and 18 increased by 94% between 2019 and 2020, and by an additional 20% between 2020 and 2021, and fentanyl was found to be the leading culprit accounting for 77% of adolescent overdose deaths in 2021.[3]

In 2019, prescription opioid misuse prevalence among U.S. high school students was estimated to be 7.2%, and prescription opioid misuse increases the probability of experiencing a fatal overdose.[4] The United States Drug Enforcement Administration (DEA) found that 6 out of 10 fake prescription pills that were seized in 2022 contained more than 2 milligrams of fentanyl, which is considered a potentially lethal amount.[5] These counterfeit pills are being sold and advertised as diverted pharmaceuticals like oxycodone, Percocet, Xanax, and Adderall. The CDC estimated that about one in four adolescent overdose deaths had evidence of counterfeit pill involvement in 2021, and most of those were witnessed by a bystander with no overdose response given prior to emergency medical service arrival.[6]

Adolescent overdose deaths in the United States remained relatively stable from 2010 through 2019, with 492 deaths reported in 2019. In 2021, this number rose to 1,146 cases (Friedman et

al., 2022). Although overdose deaths have increased, drug use has declined in the adolescent population from 30.2% to 18.7% between 2010 and 2021 respectively (Friedman et al., 2022). The increase in deaths can only be attributed to the growing prevalence of illicit fentanyl flowing into American communities with targeted distribution to unsuspecting youth.

In 2021, Florida reported that 6,442 of the total 8,093 overdose deaths were opioid related. This is a 50% increase in opioid-related deaths in the state compared to 2019 (Florida Department of Health, 2022). In Miami-Dade County, drug poisoning was the second leading cause of death from unintentional injury in adolescents between 15 and 19 with 298 deaths reported in 2021; a 360% increase compared to 1999 (Florida Health Department, 2022). Prescription opioid misuse prevalence is highest among non-Hispanic black (15.3%) and Hispanic (16%) high school students in comparison to other racial-ethnic groups. Another adolescent subgroup at high risk is among LGBTQIA+ students who have a reported prevalence of 23.9% prescription opioid misuse which is nearly double the prevalence in comparison to heterosexual students (Jones et al, 2020). The need for opioid misuse prevention programs among adolescents has never been greater than it is today.

## **Program Design and Implementation**

### *Grounding in Behavioral Theory*

The behavioral theory that the Fentanyl Fathers Opioid Overdose Prevention Program (FFOOPP) has chosen to employ to reduce the prevalence of opioid misuse behaviors and opioid overdoses among high school students between ages 14-18 is the Health Belief Model (HBM).

The HBM was developed in the 1950s by social psychologists in the U.S. Public Health Service to better understand the failings of screening programs for tuberculosis. The structure the HBM uses to encourage and sustain healthy behaviors includes perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy.[7]

The HBM is a widely utilized behavioral theory in prevention and screening programs. A recent study showed that nursing educators who equipped nurses with knowledge about COVID-19 that addressed the specific tenants of the HBM improved the behavioral intention of the nurses in the spread of COVID-19, and subsequently translated to improved patient care during the pandemic (Tsai, F. et al., 2021). Another HBM-informed program was implemented in the Appalachian region of the U.S. and focused on the proper disposal of unused opioid medications among residents. The focus-group-driven data collected on the perceived barriers, perceived benefits, perceived susceptibility, perceived severity, cues to action, and self-efficacy of the residents outlined why the region experienced a disproportionate impact from the opioid epidemic, and informed policy on how medication disposal programs in the region could be improved (Helme, D. et al., 2020). HBM has also been used to inform public health interventions that have been successful in modifying overdose risk factors and responding to witnessed overdoses. [8]

The Health Belief Model's constructs will be used to guide the FFOOPP's intervention because of the evidence-base that substantiates its effectiveness in past prevention program interventions. The FFOOPP's Theoretical Operationalization Table can be referenced in Appendix B, and an outline of the construct-specific program intervention strategies informed by the HBM are as follows:

*Perceived Susceptibility*

Program implementers will be trained in the knowledge and beliefs of high school students regarding opioid use disorder etiology, fentanyl poisoning incidence, and risk factors. Program sessions will be carefully constructed to include reliable information that is presented in a manner that will appeal to high school students and address misconceptions.

*Perceived Severity*

Program implementers will be trained on fentanyl mortality rate, counterfeit pill prevalence, Good Samaritan Laws, Naloxone training, and the signs of an opioid overdose which will be taught to high school student audiences. Assembly sessions will include this information to promote awareness about the dangers of fentanyl and counterfeit pills, naloxone accessibility, and community substance abuse/misuse treatment resources.

*Perceived Benefits*

Program implementers will be trained in the benefits of drug abstinence, naloxone use, and proper overdose response behaviors. Program sessions will incorporate these benefits into the content and educational materials distributed.

*Perceived Barriers*

Program implementers will be trained in perceived barriers of target population to accessing and utilizing naloxone. Program components will reduce barriers, such as providing naloxone

training sessions, integrated naloxone training into assembly presentations, access to free or low-cost services, and tailoring programs to meet student's needs and class schedules.

*Cues to Action*

Internal cues from program activities will teach students to recognize the signs of an opioid overdose, and when observed will trigger calling emergency services promptly and administering naloxone. Participating schools will receive 26 doses of naloxone following assembly presentations, and will also be provided a naloxone stationed wall mount to house naloxone safely on school grounds.

*Self-efficacy*

Program implementers will build participant skill in using naloxone to respond to a witnessed opioid overdose. Through on-stage and personalized training sessions, participants will build confidence in their ability to use naloxone to reverse an opioid overdose, and confidently recognize the signs of an opioid overdose.

*Goals and Outcomes*

FFOOPP aims to enroll and train bereaved-parent speakers from high intensity drug trafficking areas (HIDTA), to conduct school-wide assembly presentations. Presentations are focused on educating students about the dangers of fentanyl, counterfeit pills, and training students how to recognize and respond to a witnessed opioid overdose. Over the next year the program aims to expand into eight HIDTA regions across four states. Through this program, Fentanyl Fathers will partner with community organizations and health departments to distribute naloxone to schools,

track opioid reversals using naloxone, encourage overdose response policies in school districts, and provide naloxone training to school administrators and community members. The U.S. Surgeon General recognizes increasing the availability and targeted distribution of naloxone is important in reducing opioid-related overdose deaths, and with opioid-overdoses more recently affecting school-aged populations it is imperative to reduce access barriers to naloxone in schools.[9] Fentanyl Fathers goal is to conduct 300 school-wide assemblies and raise awareness about fentanyl for over 300,000 student attendees during the 2023-2024 school year.

The program would also prioritize distributing naloxone kits, tracking naloxone use for overdose reversals, and recording the number of kits distributed. The program also aims to achieve a 30% increase in awareness about the dangers of fentanyl, a 30% increase in self-efficacy for recognizing and responding to a drug overdose, a 20% increase in perceived threat of fentanyl, a 20% increase in perceived benefit of drug abstinence, and a 30% decrease in perceived barriers to accessing naloxone within three months of program implementation. If these outcomes are achieved, the program expects a 15% decrease in self-reported drug use and misuse behavior within one year of program implementation. This is expected to result in a 5% decrease in opioid overdose incidence rates in the target population, and a 5% decrease in opioid overdose mortality rates within two years of program implementation. See Appendix A for Program's Logic Model.

#### *Activities and Services*

Fentanyl Fathers program staff contact high schools in focus areas that have been impacted heavily by opioid overdose fatalities. Staff first conduct outreach, contacting district superintendents to provide information about the program's mission and curriculum. Other

community stakeholders are included in outreach and school discussions as appropriate (Drug Enforcement Administration branch offices, Drug Free Community Coalitions, Prevention and Harm Reduction-focused organizations, etc.). After securing a scheduled assembly or district-wide initiative approval, the program outreach coordinator meets with bereaved parents who initially enroll as volunteers to speak at an assembly event and share their testimony. The outreach coordinator works with presenters to workshop parent-testimony, and bridge lived experiences with overdose prevention education. Once speakers are assigned an assembly, the program manager coordinates trained staff pairings to accompany volunteers to conduct a 45-minute student assembly presentation which impacts fentanyl and counterfeit pill awareness, overdose prevention and response education. Bereaved parents are great advocates for commanding the attention of high school students and are experts in their own emotion-led testimony and experience as being persons who have been directly impacted by the opioid epidemic.

School-wide assemblies are opened with parents giving their personal testimony focused on how the opioid epidemic cut their child's life short, and what they wish their child had known prior to the event about fentanyl, naloxone, tainted drug supplies, or recovery and mental health services. This introduction segues into viewing an award-winning video documentary "Dead on Arrival" which presents additional information about fentanyl through the lens of four bereaved families. The documentary provides impactful testimony that aligns with the program's mission and is evidenced to resonate with high school audiences. Students are then led through a presentation about what fentanyl and counterfeit pills are, trends in the opioid epidemic, how illicitly

manufactured fentanyl can be lethal with first time use, and how to recognize and respond to an overdose. The assembly ends with an open Q&A discussion session with the attendees, and each assembly utilizes QR codes to measure perceived attitude changes related to the constructs of the theory-based programming previously described. The program also tracks baseline drug misuse behaviors of the participants and collects randomized sample reporting of annual drug misuse behavior for comparison. Naloxone doses are then left with school administrators, and schools are encouraged to create access protocols for naloxone doses to be available to community members, parents, and students in the event of a suspected opioid overdose. The number of doses left with each school is dependent on the size of the school and student population, and teachers/school administrators are offered naloxone training following assembly presentations. Students are encouraged to reach out to school administrators for accessing naloxone during the assembly, and are provided resources for national substance abuse helplines, suicide prevention hotlines, poison control centers, free naloxone resources, and school-based youth coalitions and groups focused on reducing drug using harms for adolescents.

#### *Evaluation*

The impact of the assembly is measured using pre and posttest survey data to measure short term attitude, self-efficacy, and awareness-scale scores, as well as baseline drug use and misuse behaviors of the attendees. Survey data is analyzed quarterly to identify statistically significant attitude and awareness changes that can be contributed to the program intervention. Follow up drug use and misuse behavior measures are collected at one-year intervals at each school to compare with baseline reporting. Epidemiologic trends related to overdose mortality rate and incident rate in the adolescent population are tracked annually to determine if the program's

intervention contributed to positive health impacts in the state. The Health Belief Model (HBM) informs the FFHSAP's survey questions and theory of behavior change for reducing opioid misuse among adolescents. The HBM is an evidenced-based theory of behavior change that has been used to successfully reduce opioid use and misuse in adolescent populations and promote engagement in prevention activities like overdose response, readiness, and drug abstinence.

#### *Harm Reduction*

Alliance of Coalitions for Health Communities (ACHCMI) is a partnering organization of Fentanyl Fathers, and a trusted community champion in the substance use treatment, and overdose prevention space in Oakland County, Michigan. Fentanyl test strips, naloxone community-wide distribution, etc.

Detroit Recovery Project (DRP) is a Wayne County, Michigan based organization with an operational mobile harm reduction van unit that provides safe using supplies, and engages program participants with recovery placement, medication assisted treatment (MAT) referrals, and Medicaid enrollment services. Fentanyl Fathers would work with DRP to track placement of participants into recovery housing, and track how program harm reduction mobile van units in Wayne County decrease opioid overdose incidence by providing basic medical needs, and MAT referrals. Evidence for MAT

#### *Medication Assisted Therapy*

Project Opioid of South Florida MAT program

#### *Project Timeline*

Timeline	Year	2023	2024
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Conduct one FOOP assembly at 300 participating public high schools	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Distribute surveys assessing knowledge, behaviors, attitudes	X	X	X	X	X	X	X	X	X	X					X	
Community Needs Assessment performed in focus areas	X	X											X	X		
Baseline drug misuse (adolescent) and overdose deaths recorded by drug class and toxicologic findings	X	X											X	X		

#### PHASE 4: Evaluation

Oversight of data collection	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Collect process data	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Enroll interested participants to receive ongoing support services		X	X	X	X	X	X	X	X		X					
Collect process data	X	X	X	X	X	X	X	X	X	X	X	X				
Collect survey data				X			X				X					
Data collection and organization for analysis					X											
Analysis of data (Beginning and end)				X	X		X	X			X	X	X	X		
Generation of reports (Beginning and end)					X			X			X		X		X	
Dissemination of data and reports				X	X			X			X		X		X	

#### Capabilities and Competencies

Fentanyl Fathers is uniquely positioned to introduce an opioid overdose prevention and education program into public high schools with opioid indicator data collection because of its strategic partnerships, and successful prevention implementation and nation-wide expansion since its inception. Fentanyl Fathers is a nonprofit which aims to create a world where no

adolescent dies of poisoning or overdose from fentanyl by raising awareness about fentanyl, counterfeit pills, and overdose response measures.

Fentanyl Fathers' Opioid Overdose Prevention Program has served middle school and high school students, community members, and school districts in Michigan, Florida, Alaska, and Ohio. The organization successfully tracks its program measures, and outcomes for its pilot program which has been formalized into a manuscript that is being submitted for publishing. The organization's focus on research and publication is meant to further evidence on the effectiveness of fentanyl awareness and overdose prevention school-based programs for driving meaningful health impacts to combat the effects that illicitly manufactured fentanyl is having on adolescent populations.

The program is available but is only being implemented into school districts once successful relationships have been established within counties and school systems. Fentanyl Fathers currently spends approximately 50 thousand dollars annually on drug prevention services, and is primarily run by volunteer presenters, board members, and program facilitators. For Fentanyl Fathers to provide a nation-wide school-based opioid overdose prevention program, more funding and successful partnerships will be pivotal for staffing, implementing, expanding, and evaluating its outreach and impact into more schools and high-risk communities.

Fentanyl Fathers has already established relationships with several community organizations, health departments, and medical examiner offices to track epidemiologic trends related to overdoses and toxicology, implement programs in more HIDTA regions, and collaborate in providing ongoing overdose prevention services within schools year-round. Many of its

partnerships and collaborators share a similar mission in wanting to combat substance abuse, misuse, stigma, and engage populations with overdose prevention and harm reduction services.

The Project Director for FFOOPP, is Greg Swan. Greg is the President of Fentanyl Fathers and is a bereaved parent speaker who has performed numerous fentanyl awareness and overdose prevention school-wide assemblies since the organization's start. Mr. Swan is a recognized public speaker. He has appeared on news media outlets for interviews, was invited to speak before Congress on fentanyl, and has been invited to speak on panels about his successful implementation strategy for driving fentanyl awareness education into schools by the Drug Enforcement Administration (DEA). Prior to starting Fentanyl Fathers, Mr. Swan owned and operated several successful businesses over his career in software sales and digital advertising.

In 2013, Greg lost his first-born son, Drew (24) to a synthetic opioid overdose at a sober living home in Plantation, Florida. Since then, he has been passionate about combatting the opioid epidemic. In 2018, he helped pioneer a \$6 Billion PSA budget to drive awareness about opioid use disorder, and overdose. Since the emergence of fentanyl and counterfeit pills, Mr. Swan has met with more newly bereaved parents and his passion quickly turned to helping them tell their stories to high school audiences in an impactful, and educational format. His life mission is to drive awareness and prevent opioid-related overdose tragedies from happening to more families.

The principal investigator for FFOOPP is Jack Swan. Jack is Greg's son, and became a bereaved brother after losing his only sibling, Drew (24) to a synthetic opioid overdose during his first year of medical school at Michigan State University. He later graduated in 2016 and went on to obtain a master's in public health from The George Washington University Milken Institute of

Public Health. Jack brings vital medical knowledge and experience to the organization, and since joining Fentanyl Fathers he has worked on program design, implementation, speaker training, program evaluation, and research manuscript preparation. He has experience leading teams while working in the emergency department, and currently serves as an administrator at a colorectal surgical practice in Flint, Michigan. Jack has experience in research performing systematic reviews, cross sectional studies, public health program implementation and evaluation. He is passionate about driving evidence around fentanyl awareness and overdose prevention initiatives. Since completing his masters, he has performed community needs assessments, and conducted engagement interviews while working with a syringe exchange program in Detroit. He is familiar with federal grant reporting requirements and deliverables.

Local volunteers in Florida, Ohio, and Alaska have been instrumental in the success of Fentanyl Fathers' community outreach, and impact into new areas since its inception, and preference for staffed positions will go towards interested members who have pushed our mission forward.

District high schools will provide facilities and teaching staff for integrating the program into 300 high schools in Michigan, Florida, Alaska, and Ohio. Partnering with nonprofits like Alliance of Coalitions for Healthy Communities, and Project Opioid of South Florida will bolster program effectiveness and aid in providing personnel support for program expansion, longevity, and staff training in high intensity drug trafficking areas. Velocity Biogroup, a third party firm representing Hikma Pharmaceuticals, and CGCN, a lobbyist firm, are other organizations which can help provide incentive items and naloxone resources for program participants and staff to distribute into homes and schools. Program promotion and awareness can be furthered through

local newspapers and media outlets. Journalistic coverage and social media campaigns can aid in promoting our program's objectives and bolster community support. Other partnerships and community resources that will be explored can be found in Appendix C.

## Budget and Budget Narrative

### *Project Budget*

Please see Appendix D for the budget justification narrative provided for the proposed project budget.

<b>PROJECT: Fentanyl Fathers Opioid Overdose Prevention National Program</b>						
<b>SPONSOR: ONDCP - COCLI</b>						
<b>PROJECT DATES: 9/1/2023-9/1/2024</b>						
		%	BASE	PROJEC T	FRINGE	PROJECT
<b>PERSONNEL</b>	<b>TITLE</b>	<b>EFFORT</b>	<b>SALAR Y</b>	<b>SALAR Y</b>	<b>BENEFI TS**</b>	<b>TOTAL</b>
Greg Swan	Project Director	100%	\$100,000	\$100,000	\$20,000	\$120,000
Jack Swan	Principal Investigator	100%	\$90,000	\$90,000	\$18,000	\$108,000
TBN	Program District Manager Michigan	100%	\$55,000	\$55,000	\$11,000	\$66,000
TBN	Outreach Coordinator Michigan	100%	\$50,000	\$50,000	\$10,000	\$60,000
TBN	<i>Fentanyl Fathers MI Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers MI Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers MI Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
	Total FTE%	400%				

<b>Total Salaries/Wages/Fringe Benefits Michigan:</b>				\$317,500	\$59,000	\$376,500
<b>PERSONNEL</b>	<b>TITLE</b>	<b>EFFORT</b>	<b>BASE SALARY</b>	<b>PROJECT SALARY</b>	<b>FRINGE BENEFITS**</b>	<b>TOTAL</b>
TBN	Program District Manager Florida	100%	\$55,000	\$55,000	\$11,000	\$66,000
TBN	Outreach Coordinator Florida	100%	\$50,000	\$50,000	\$10,000	\$60,000
TBN	<i>Fentanyl Fathers FL Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers FL Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers FL Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
	Total FTE%	200%				
<b>Total Salaries/Wages/Fringe Benefits Florida:</b>				\$127,500	\$21,000	\$148,500
<b>PERSONNEL</b>	<b>TITLE</b>	<b>EFFORT</b>	<b>BASE SALARY</b>	<b>PROJECT SALARY</b>	<b>FRINGE BENEFITS**</b>	<b>TOTAL</b>
TBN	Program District Manager Alaska	100%	\$55,000	\$55,000	\$11,000	\$66,000
TBN	Outreach Coordinator Alaska	100%	\$50,000	\$50,000	\$10,000	\$60,000
TBN	<i>Fentanyl Fathers AK Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers AK Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers AK Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
	Total FTE%	200%				

Total Salaries/Wages/Fringe Benefits Alaska:				\$127,500	\$21,000	\$148,500
PERSONNEL	TITLE	EFFORT	BASE SALARY	PROJECT SALARY	FRINGE BENEFITS**	TOTAL
TBN	Program District Manager Ohio	100%	\$55,000	\$55,000	\$11,000	\$66,000
TBN	Outreach Coordinator Ohio	100%	\$50,000	\$50,000	\$10,000	\$60,000
TBN	<i>Fentanyl Fathers OH Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers OH Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
TBN	<i>Fentanyl Fathers OH Prevention Speaker Staff</i>	Hourly	\$25/hr for 300 hrs	\$7,500		\$7,500
	Total FTE%	200%				
Total Salaries/Wages/Fringe Benefits Ohio:				\$127,500	\$21,000	\$148,500
Total Salaries/Wages/Fringe Benefits All States:				\$700,000	\$122,000	\$822,000
<b>OTHER DIRECT COSTS</b>						
<b>CONSULTANTS</b>						
Marketing/Web Development	500 hours @ \$35 per hour					\$17,500
Educational Consultant	100 hours @ \$40 per hour					\$4,000
Accounting Services	200 hours @ \$100 per hour					\$20,000
Data Management Consultant	500 hours @ \$20 per hour					\$10,000
Research Consultant	300 hours @ \$50 per hour					\$15,000
<b>Local Travel</b>						
Outreach Coordinators						\$10,000
Mileage for Fentanyl Fathers Speakers		\$0.655/mile 50 avg miles per school	300 Schools			\$9,825

<b>Staff Costs</b>				
Ground Transportation & Parking				\$18,000
Air travel		Avg Round trip CONUS Flight: \$350	80 tickets	\$28,000
Air travel		Avg Round trip non-CONUS Flight: \$450	20 tickets	\$9,000
Lodging		Avg 8 nights/month @ \$125/night		\$12,000
<b>Equipment</b>				
Laptops (10)	Dell Inspiron Laptop			\$4,000
USB Drives				\$1,000
<b>Supplies</b>				
SPSS Version 29.0		2 authorized users		\$2,500
Training Materials				\$4,000
Opioid overdose stationary wall mount		300 schools @ \$70/kit		\$21,000
<b>Printing/Reproduction</b>				
Pamphlets, fliers, resources				\$18,000
<b>Participant Incentives/Giveaways</b>				\$10,000
<b>Total Other Costs:</b>				<b>\$213,825</b>
<b>Total Direct Costs</b>				<b>\$1,035,825</b>
<b>Modified Total Direct Costs</b>				<b>\$1,030,825</b>
<b>Indirect Cost @ 10% MTDC ****</b>				<b>\$103,082.50</b>
<b>TOTAL FUNDING REQUESTED</b>				<b>\$1,138,907.50</b>

### Performance Measure Data Collection

The Principal Investigator hired by the FFOOPP will perform community assessments in each of the focus areas biannually and report community needs of each HIDTA region that the program is being implemented in throughout the year. These assessments will be performed between September-October 2023, and July-August, 2024. The program staff will collect pre and posttest surveys at each school-wide assembly, and this data will be centralized into an excel spreadsheet and given to the principal investigator to share with a data management consultant hired on by the Project Manager. Survey data will be analyzed quarterly to see if statistically significant attitude changes occur for participants across

the constructs guided by the HBM to meet program's short-term outcome goals. The principal investigator will analyze this data using paired t-tests and other statistical analyses in IBM's SPSS Version 29.0, after the data has been converted into numeric format instructed by the code book prepared by the program's data management consultant.

Process evaluations will take place throughout the year of program implementation during the 2023-2024 school year. These evaluations will include number of naloxone doses distributed to community members and schools, number of students in attendance at events, surveys completed, incentives provided, enrollment of interested participants to receive ongoing support services, and ability to establish community partnerships and successful collaborations to provide supporting services in each focus area. Outreach coordinators will appoint community-organization champions willing to share outcome measures from participating MAT programs, and harm reduction organizations in program areas. The measures of interest will be shared with Principal investigator, who will centralize the data into separate excel spreadsheets, and report program metrics to local and state health departments during quarterly reporting periods.

Dissemination of data and reports will be prepared by the program's principal investigator beginning in December 2023, and done in quarterly intervals (March, July, September 2024). Reports will be disseminated to program stakeholders and funders by the Project Manager, after reports have been reviewed by a contracted research consultant for validity of analyses.

The project manager will be responsible for overseeing that the principal investigator tracking data collection and meeting reporting requirements throughout the project period. Baseline drug misuse collected during assembly presentations will be compared annually, by following up with a random selection of schools prior to the end of the school year in each focus area to collect follow up data. Naloxone use on school grounds will also be tracked by following up with schools that were provided a opioid overdose wall mount with naloxone, and seeing if the FFOOPP project needs to provide schools with more naloxone doses. If naloxone had been used on school grounds, follow up investigation would be conducted to report whether the dose was used to reverse a life-threatening opioid overdose.



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## Appendices

### **Appendix A:** Fentanyl Fathers Opioid Overdose Prevention Logic Model

<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>Impacts</b>
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Bereaved parents/volunteers	Conduct Volunteer-led school assembly presentation and Q&A discussions	# high school assemblies conducted	Increase knowledge about fentanyl and counterfeit pills in target population by 40% within 3 months	Decrease overdose incident rates among adolescents by 5% within 2 years
Volunteer Coordinator	Distribute Naloxone kits to students/parents/households who sign up	# Naloxone kits distributed	# pre- and post-test surveys collected	Decrease adolescent overdose mortality rate by 5% within 2 years
USB-formatted presentation	Collect pre and post test data on scaled knowledge, self-efficacy, perceived threat, perceived benefit and barrier scores from attendees	#Volunteers enrolled and trained	#High schools registered for assembly scheduling	
Laptops for school assembly	Collect baseline drug using behaviors of attendees	#students in attendance	#students in attendance	
Q&A discussion guide for presenters	Recruit, enroll, and train volunteers/bereaved parents for school assembly locations	# quarterly reports produced	Analyze data collected on quarterly basis	
School outreach coordinators	Register high schools for assemblies and coordinate scheduling with volunteer sign up			
High school student attendees				
Naloxone distribution coordinator				
Naloxone kits				
Pre/post-test surveys				
Data manager				
Data analysis consultant				
Projection screen, projector, seating (coordinate with school resources)				
Gas/meal gift cards for volunteers				

## **Appendix B:** Theoretical Operationalization Table

Theoretical Construct	Definition	Program Operational Definition
Perceived susceptibility	One's subjective perception of the risk of contracting a condition.	Perceived susceptibility of high school students witnessing or experiencing a life-threatening opioid overdose. Program implementers will be trained in predominant knowledge and beliefs of high school students regarding opioid use disorder etiology, fentanyl poisoning incidence, counterfeit pill prevalence, and overdose risk factors. Implementers will also be trained in opioid use disorder risk factors, screening, prevention, and the latest opioid use disorder data for the target population. Program sessions will be carefully constructed to include reliable information that is presented in a manner that will appeal to high school audiences and address misconceptions.
Perceived severity	One's feelings concerning the seriousness of contracting the illness or leaving it untreated, including medical, clinical, and social consequences.	Perceived severity by high school students of illicitly manufactured fentanyl and counterfeit pill use. Program implementers will be trained in the mortality rate, and related morbidity from fentanyl poisoning and overdose among high school students. Program sessions will include this information to promote timely substance abuse/misuse treatment.
Perceived benefits	One's beliefs about the effectiveness of the various actions available to reduce disease threat.	Perceived benefits by high school students of drug abstinence to prevent fentanyl-related overdose mortality. Program implementers will be trained in the survival rate and treatment outcomes for fentanyl poisoning and overdose among high school students, as well as the benefits of naloxone use, opioid overdose recognition and response. Program sessions will incorporate these benefits into the content and educational materials.

Perceived barriers	One's opinions about the potential negative aspects of taking a particular health action. The individual weighs the action's effectiveness against perceptions of cost, danger, convenience, pleasurable, time, etc. involved in taking the action.	Perceived barriers by high school students to engaging in a fentanyl awareness and overdose prevention program. Program implementers will be trained in perceived barriers of target population to accessing and utilizing naloxone. Program components will reduce barriers, such as providing naloxone doses, and naloxone training sessions integrated into presentation curriculums. Community partnership resources will be provided for free or low-cost, and assemblies are tailored to meet student's needs and class schedules.
Cues to action	Stimuli which trigger the decision making process, can be internal or external.	Internal cues from program participants in recognizing the signs of an opioid overdose, which should trigger calling emergency services and administering naloxone. School administrators will receive doses of naloxone, and be provided a naloxone stationed wall mount for students and teachers to access in the event of an opioid overdose.
Self-efficacy	One's conviction to successfully execute the behavior required to produce desired outcomes.	Self-efficacy to recognize and respond to an opioid overdose in high school students. Program implementers will build participant skillset in using naloxone during a witnessed and recognized opioid overdose. Through on-stage and personalized support, participants will build confidence in their ability to use naloxone and emergency resources to prevent opioid overdose deaths.

## Appendix C: Community Resource Inventory

INDIVIDUALS		
Sponsors	Community Leaders	Businesses
Velocity Biogroup and Hikma Pharmaceuticals	Steve Norris, Alliance of Coalitions for Health Communities, Director of Prevention and Harm Reduction	Lakeshore Learning

CGCN	Lisa Keeler, Project Opioid South Florida, Regional Manager	General Motors
Poison Control Centers of Florida	Sandy Snodgrass, AK Fentanyl Response, Executive Director	Fiat Chrysler
<b>PUBLIC INSTITUTIONS AND SERVICES</b>		
<b>Public Schools</b>	<b>Police &amp; Fire Departments</b>	<b>Libraries</b>
Oakland County Public High Schools  Miami-Dade County Public School District	Macomb Township Fire Station	Cuyahoga County Public Library
Anchorage Public School District	Fraser Police Department	Mount Clemons Public Library
<b>ORGANIZATIONS</b>		
<b>Associations</b>	<b>Communications/Media</b>	<b>Cultural/Faith-based</b>
Alliance of Coalitions for Healthy Communities	Jay Crawford, Local news anchor in Cleaveland	Al-ateen (Al-anon subgroup meetings)
Poison Control Centers	Detroit Free Press	Eastwood Recovery Center
Hope Not Handcuffs	WXYZ Local News station	All Things Possible Wellness Center
<b>HEALTH-RELATED SERVICES AND INSTITUTIONS</b>		
<b>Hospitals</b>	<b>Community Clinics</b>	<b>Social Services</b>

McLaren Macomb	Eastwood Behavioral Health	Office of Substance Abuse Services
Ascension Health System	Macomb County Community Mental Health Clinic	Department of Human Services  Florida Department of Health
Holy Cross Hospital, Fort Lauderdale	Broward Behavioral Health Coalition	Children's Special Healthcare Services (CSHS)

#### **Appendix D:** Budget Justification Narrative

#### **Fentanyl Fathers Opioid Overdose Prevention Program (FFOOPP) in Oakland, Wayne, Macomb, Miami-Dade, Broward, Cuyahoga, and Anchorage Counties**

**SPONSOR:** Office of National Drug Control Policy (ONDCP)

**5/1/2022-6/1/2023**

#### **PERSONNEL**

**Greg Swan, Project Manager** - The Project Manager will be responsible for managing the following tasks for the FFOOPP project: coordination, supervision of all aspects of the project, administrative management, overseeing evaluation of the project as well as to communicate and coordinate with program consultants, health departments, and community collaborating organizations. The Project Manager will be responsible for hiring, training, scheduling, and supervising Program District Managers. He will manage all project finances and all decisions involved. The Project Manager will be responsible for grant management and reporting to funders, Fentanyl Fathers and partnering organizations' Board of Directors, and community stakeholders. The Project Manager candidate will have at least 5 years of experience in project management, or relevant field and have experience leading public health initiatives in schools. The Project Manager's base salary is \$100,000, and he will spend 100% of his effort on the proposed project. A total of \$120,000 is requested for this position.

**Jack Swan, Principal Investigator** – The Principal Investigator will be responsible for tracking each district's program data and conducting community needs assessments in areas served. Needs Assessments will be formalized and distributed to project stakeholders biannually, and data collection from programs will be analyzed and formalized into reports on a quarterly basis for each district's population served. Principal investigator will work with area collaborators to track data pertinent to opioid overdose prevention evidence-based strategies such as MAT referrals and enrollment, MAT loss to follow up, emergency visits for opioid overdoses in each area, placement in rehabilitative programs from syringe service programs, naloxone doses distributed, and naloxone reported use for opioid overdose reversal. Information collected from participating organizations will be centralized and shared with corresponding Health Departments in each state and shared with project stakeholders. Data collected from each district's program will be used to conduct research on how programs can improve, and how the organization can further evidence supporting or opposing program effectiveness. The Principal Investigator needs to have a doctorate or master's in public health, and preference will be given for candidates with at least 5 years of experience working in public health, a health-related field, and research.

**TBN, Program District Manager(s)** – The Program District Manager(s) will be responsible for supporting the Project Manager in all program coordination efforts including program implementation, activities, and communication with other program staff. The Program District will be responsible for hiring an Outreach Coordinator and three Program staff members in their district, pending approval from the Project Manager. He/she will support timeline management and assist with meeting target deliverables on schedule to the Principal Investigator. The Program District Manager(s) will be responsible for administrative duties such as purchasing materials, documenting travel costs for assemblies, submitting air travel itineraries for approval, arranging lodging, and meeting with program staff regularly. He/she will be responsible for copying all necessary materials that will be distributed to district high schools, students, teachers, parents, and administration. He/she will be responsible for assisting the Principal Investigator with area program evaluation as well as ensuring that the program adheres to all necessary IRB protocols during data collection. The Program Associate will be responsible for collecting all pre- and post-survey data from school-wide assemblies, and centralizing data for Principal Investigator to use

for analysis and reporting. The Program District Manager candidate will have 2 years of experience in program implementation, administrative support, or related tasks, a bachelor's degree in a related field, excellent written and verbal communication skills. He/she will spend 100% effort on the proposed program. A total of \$66,000 is requested in each district for this position which includes a base salary of \$55,000 and an additional \$11,000 in fringe benefits.

**TBN, Outreach Coordinator(s)** — The Outreach Coordinator(s) will be responsible for all outreach activities in the schools within their stationed district. The Outreach Coordinator will be responsible for program promotion in the schools, at community events (including school-sponsored family events) as well as through social media. They will also be responsible for developing and distributing outreach materials and initiating and developing community partnerships. Outreach Coordinators will also be responsible for engaging volunteers in their area and conducting workshops for training speakers on program curriculum and preparing testimonies. The Outreach Coordinator candidate will have 5 years of experience in community outreach and engagement, health-related programming, community organizing, or related areas, and will have excellent interpersonal skills. A total of \$60,000 including fringe benefits for an Outreach Coordinator in each district is being requested.

**TBN, Prevention Speaker Staff (3 per district)** — Three Fentanyl Fathers staff members will be employed hourly for their time championing bereaved testimony initiatives for schools in every district. The Prevention Speaker Staff will implement the program's lived testimony portion at assigned speaking events and will attend community outreach activities as requested by Program District Manager(s). Prevention Speaker staff will work with bereaved parent volunteers throughout the duration of the FFOOPP project to ensure effective implementation of the program, and testimonies are workshopped prior to assembly presentations. Selected Prevention Speaker staff must have worked with Fentanyl Fathers for at least one year to be considered. Staff members will be paid a rate of \$25/hour for an estimated 300 hours of work over the course of the program in each area. The total pay per Prevention Speaker staff member will be \$7,500 for a total of \$22,500 in each district.

**SUBTOTAL PERSONNEL: \$822,000**

## OTHER DIRECT COSTS

**Marketing/Web Development:** The FFOOPP project will hire a consultant to perform social media engagement, video production and editing, and marketing campaigns for each program implementation area. The hiring of this position will be made by the Project Manager, and the estimated cost for the workload requirement of this position will be 500 hours, at \$35 per hour.

**Educational Consultant:** The FFOOPP project will hire an Educational Consultant on a contract basis to serve as an advisor for program design, and updating presentations to align with school-specific requests. He/she will devise strategies to improve the educational quality of the program as needed. The Educational Consultant will be available to program staff to problem solve any potential issues that may arise throughout the implementation of the program. The ideal candidate will have at least 5 years of experience in the field of education and be a certified educational consultant. A total of \$4,000 is being requested to cover 100 hours at \$40/hour.

**Accounting Services Consultant:** Fentanyl Fathers will employ an Accounting firm, selected by the Project Manager, who will track project spend and activities related to the proposed project. Expense reports will be provided from the accounting firm on a quarterly basis. The consultant will prepare tax reports and perform an end of year audit if required for the organizations and businesses participating in the project. Consultant must be a certified professional accountant with 5-year experience in providing nonprofit accounting, as well as experience working with federal grant required deliverables. Fentanyl Fathers is requesting \$20,000 for this position.

**Data Management Consultant:** The program design team decided to enlist the expertise of a professional data management consultant to aid with centralizing program data into organized spreadsheets and codebooks for the Principal Investigator to analyze. The Data Management consultant will help to input collected data from surveys, remove identifiers, and numerically code data for analysis. The ideal candidate will have a bachelor's degree in health sciences, or have at least 1 year experience

working on research, or research related projects. The Data Management consultant will be paid \$20/hour for an estimated 500 hours and a total of \$10,000. Since he/she will work with the principal investigator on this project, it will be important that they communicate well and are reliable so the investigator can meet project deliverables on time.

**Research Consultant:** The Principal Investigator on this project will hire a research consultant to peer review research reports prepared for project deliverables. The research consultant should have a doctorate or master's degree in public health with at least 5 years of experience working on public health research, or public health program evaluation and data analysis. The FFOOPP project is requesting 300 hours of work on this position at \$50 per hour for a total of \$15,000.

**Local Travel:** A total of \$19,825 is requested for local travel for the Outreach Coordinator (\$10,000) and Prevention Speaker staff (\$9,825) to offset travel expenses to and from high schools as well as any community events that are held. They will be reimbursed at \$0.66 per mile driven with an average round trip estimate of 50 miles per school assembly booking.

**Staff Costs:** A total of \$67,000 is requested for staff costs of travel included by CONUS (\$28,000) and non-CONUS airfare (\$9,000) and hotel lodging expenses (\$12,000). Staff costs will be used for attending project-related conferences, Principal Investigator research and data collection, attending assemblies, establishing collaborations, and staff meetings. The average cost per CONUS roundtrip airfare was estimated to be \$350 per trip, while non-CONUS roundtrip airfare was estimated to be \$450 per trip. Lodging expenses were estimated at \$125 per night with an average of overnight stays, while parking and ground transportation costs were estimated based on overnight long-term airport parking, uber and taxi fares, ground transportation and rental cars expenses for project trips (\$18,000).

**Equipment:** A total of \$5,000 is requested to cover the costs of ten Dell Inspiron laptops (\$4,000) for Project Staff, and USB drive sticks to house presentation curriculum and distribute to volunteers prior to assembly presentations (\$1,000).

**Supplies:** The cost of supplies will include the IBM SPSS Version 29.0 software (\$2,500), training materials (\$4,000) and Opioid Overdose stationary wall mounts for schools (\$21,000) for a total of \$27,500. The Opioid Overdose kit estimated cost is \$70 per wall unit, with one appointed wall unit supplied for each school to house naloxone in. It should be noted that the cost of copies of the pamphlets and resources is included in the printing/reproduction costs.

**Printing/Reproduction:** A total of \$18,000 is requested for printing and reproduction. These printing costs will include all handouts with resources to be distributed to teachers and students after assembly presentations, as well as posters used for marketing assemblies in school cafeterias prior to scheduled assemblies in each focus area.

**Participant Incentives/Giveaways:** A total of \$10,000 is requested to cover expenses related to providing participant incentives for completing program surveys for better data collection over the project implementation period. Students will be given the chance to enter into a raffle drawing in each focus area for an opportunity to win a tablet giveaway to help them with their schoolwork.

**TOTAL OTHER COSTS: \$213,825**

**TOTAL DIRECT COSTS: \$1,035,825**

**MODIFIED DIRECT COSTS: \$1,030,825 (excludes equipment costs (\$5,000)**

**INDIRECT COSTS @ 10%: \$103,082.50**

**TOTAL REQUESTED: \$1,138,907.50**