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Abstract

Utah State University Extension engaged first responders and law enforcement officials in a consortium to identify local needs related to opioid use disorder (OUD). To this end, the Tooele Opioid Response Network (TORN) conducted three first-responder harm reduction summits to meet local overdose prevention needs. The initiative trained over 200 personnel, which resulted in an 87.5% increase in knowledge related to harm reduction. TORN also facilitated the acquisition of \$90,000 in funding for jail-based opioid medication and the disbursement of 400 naloxone kits and training to incarcerated persons at discharge.

Introduction & Problem

Tooele County was selected in 2017 as one of nine counties in Utah for a health initiative to address opioid harm reduction. At that time, Tooele was identified as having the second-highest opioid overdose fatality rate in Utah with few available treatment options locally (Kem C. Gardner Policy Institute, 2020). As a result of the high rates of opioid-related overdose and lack of resources, the Tooele Opioid Response Network (TORN), was created in 2019 under the leadership of Utah State University (USU) Cooperative Extension's Health Extension: Advocacy, Research, and Teaching (HEART) program. TORN is led by HEART faculty and initially received funding from the Health Resources & Services Administration (HRSA). Since its inception, TORN has expanded agency membership from six to 20 agencies, including three new agencies from the first responder sector.

It is estimated that just 5% of incarcerated individuals with opioid use disorder (OUD) receive medications for opioid use disorder (National Institute on Drug Abuse, 2020). Research indicates that overdose is the number one cause of death after release from incarceration, especially among women (Waddell et al., 2020), having up to 10 times higher risk of overdose in the weeks after leaving incarceration (Massachusetts Department of Public Health, 2019; Binswanger et al., 2007; Ranapurwala et al., 2018). To address such issues locally, a needs assessment on improving bridge-to-care programs was conducted in conjunction with the Tooele County Communications and Emergency Services teams. Attended by a dozen first responder agencies, the meeting identified numerous issues including the under-utilization of the existing Tooele Mobile Crisis Outreach (MCOT) team. Other identified problems included a lack of awareness concerning crisis team availability, slow response times, and confusion over the community versus crisis nature of the resource.

Response

Given the identified needs, TORN partnered with law enforcement agencies and utilized three mechanisms with aligning objectives, these were: (1) To reduce stigma surrounding medication

for opioid use disorder (MOUD) through first responder training, (2) to provide naloxone kits, training, and MOUD medication for incarcerated persons, and (3) to improve the connection to care by formulating an improved system of triage to ease the transition from substance use disorder (SUD) and/or incarceration to recovery.

To accomplish these objectives, TORN conducted three first responder training summits to provide an overview of data trends relating to opioid use, as well as an introduction to harm reduction treatments, including naloxone, syringe services, and MOUD treatment. Second, TORN partnered with the sheriff’s office to provide naloxone kits and training to incarcerated persons at discharge and grant-writing support for MOUD funding. Third, TORN sought to increase awareness and utilization of MCOT services by conducting promotional campaigns.

Target Audience

The target audiences differed by objective. The target audience for Objective One was *First Responders*. Across three summits in rural areas, 253 participants registered for first responder summits, with more than 50% of attendees representing police, sheriff, ambulance, and emergency services agencies. In total, 206 individuals attended, and 39 agencies partnered or sponsored the training summits. The audience for Objective Two was the *Jail Population*. Tooele County averages 2,200 jail admissions a year (Tooele County Jail, personal communication, June 27, 2023). Objective Three sought to engage *Community Members*. Tooele County has 72,689 residents, with higher rates of uninsured and unemployed individuals compared to state and national averages, but with lower poverty levels (see Table 1; U.S. Census Bureau, 2021). Race and ethnicity demographics are comparable to the state of Utah averages.

Table 1
*Demographic Data for Tooele County, UT**

Factor	Tooele	Utah	National
1. Total Population	76,640	3.3 million	331.8 million
2. Uninsured	11.6%	10.1%	9.8%
3. Unemployed	2.3%	2.1%	3.7%
4. Below Poverty Line	5.7%	8.6%	11.6%
5. Percent by Race/Ethnicity			
American Indian/Alaskan	1.4%	1.6%	1.3%
Asian	0.9%	2.7%	6.1%
Black/African American	1.0%	1.5%	13.6%
Native Hawaiian/Pacific	1.0%	1.1%	0.3%
White alone	93.2%	90.3%	75.8%
Two or More races	2.5%	2.8%	2.9%
Hispanic/Latino	14.2%	14.8%	18.9%

*U.S Census Bureau, 2021.

Outcomes & Impacts

Objective One: The First Responder summit sought to increase participants’ knowledge and reduce stigma. A pre-and-post-test was used to evaluate Objective 1. Results showed a 43%

increase in viewing methadone as a legitimate and effective medicine for treating opioid addiction and a similar 42% increase in approval of buprenorphine. More than half (52%) agreed that harm reduction programs help people who use drugs to improve their health and 87.5% of attendees said they expected to use information from the summit in the next six months (see Table 2).

Table 2

Participants who rated their Knowledge as Above Average or Excellent.

Knowledge Area	Pre-summit	Post-summit
Causes of addiction	50%	75%
Harm reduction principles	25%	62.5%
Harm reduction strategies	25%	62.5%

Objective Two: Results included the distribution of 400 naloxone kits to the Tooele County jails from 2021-2022 to incarcerated persons at discharge. TORN supported grant-writing, enabling the Tooele County Jail to receive \$90,000 in new funding for MOUD for incarcerated persons. Additionally, a new training program for jail residents on exit strategies and resources was approved and instituted. Re-entry fairs connecting those exiting jail with community resources began with TORN support in 2022, with 25 sessions held to date and 50 clients served from community and exiting jail populations.

Objective Three: The results of post-surveys from 42 summit participants showed that 90% felt more confident in deciding when to call MCOT crisis services and 91% were likely to make a change (in MCOT utilization) based on knowledge gained in the training. Promotion of MCOT through the summit model and other avenues was key to increasing usage. Data collected by the MCOT team showed that services for adults in crisis showed a 24% increase over the promotion period from January 2021 to October 2022, demonstrating that the increased connection to the care objective had been met.

Public Value

Evaluation results of the TORN consortium indicate the benefit of linking the land grant university, community, and county resources in a consortium model to address a defined community need. The community-wide approach to opioid harm reduction has led to other notable impacts and expansion of resources (see Table 3). Table 3 demonstrates the benefits of an Extension-led consortium approach that involved community and professional training, recovery support, gold standard treatment, and increased funding. Individuals impacted by OUD are at a high risk of death and illness; the multi-faceted approaches by TORN seek to assist these individuals at pivotal junctions. These impacts show the process by which those impacted by OUD can benefit through quicker overdose and crisis response, fewer deaths, decreases in illness, improvements in home environments, and increased economic productivity.

Table 3*Benefits of a Consortium Approach: TORN 2019-2021 Impacts.*

TORN Activity	Outputs	Impacts
Harm Reduction Training	15 trainings with 175 individuals trained	30-50% increase in knowledge of evidence-based MOUD and stigma reduction
Opioid Resource Books	Local OUD resource guide created	3200+ guides distributed
Community Recovery Events	24 events, 1200 attendees, Naloxone kit and resource bag distribution	40% of respondents request more community support for recovery
Expanding Treatment Capability	Three MAT-waiver trainings and one SUD para-professional training	40% increase in waived prescribers, expanded peer support to jails
Alternative Pain Management Resources	Pain management curriculum modeled on evidence-based programs	100 class offerings in community centers and jails, 575 Attendees
First Responder Summit	275 law enforcement/EMS attendees	69% showed reduced stigma toward MAT
Jail Opioid Harm Reduction	400 naloxone kits provided	Naloxone provided as individuals leave incarceration
Funding partnerships	\$120,000 in funding provided to 4 local agencies increasing substance use treatment and recovery services	\$434,000 in new funding acquired for 2021, \$120,000 in 2022, and \$12,000 in naloxone kits distributed

*Events supported or funded by TORN through HRSA's Rural Community Opioid Response Program

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