Daily Outreach Process
Fire and EMS first responders provide services above and beyond the confines of an emergent event. First responders can use resources such as 911 response data to identify populations that may require assistance and could benefit from targeted outreach, such as people who use substances. This document provides guidelines for conducting daily post overdose outreach services in your community.

Identifying Outreach Opportunities

Given the pervasive stigma surrounding substance use and overdose, it is important to work with community organizations and people who use drugs to establish a data review process that respects individuals’ privacy and sense of safety. Your organization’s response data allows you to identify overdose incidents. For example, data may indicate if Narcan/naloxone was administered; statements from individuals on-scene may include information suggesting an overdose, such as the presence of paraphernalia. As your program grows, you may also receive referrals received from outside agencies.

Ensure that you transcribe your work into your program’s database. This will aid in identifying individuals previously seen by your program and reduce redundancy of your efforts.

Research

Daily research for your post overdose outreach program includes:

- Determining if the outreach program has previously seen an identified patient
- Updating addresses and phone contact information using recent response data
- Reviewing any subsequent contacts with individuals and/or with family since the last outreach effort
- If you have access, using medical record sharing software (e.g., EPIC or a Prescription Drug Monitoring Program) to learn more about potential contacts, such as identifying those with an increased risk of experiencing subsequent overdoses or determining if the individual has been incarcerated or is now deceased.

Plan Your Day

Are there already scheduled follow up visits on the calendar? Sort the new additions accordingly. Attempt first contacts within 24-48 hours, giving priority to any missed attempts from the previous day to ensure timely outreach. If there is time in the day, visit any new treatment facilities and programs in the community to introduce the outreach program and to see how they will fit into your options for providing services. Ensure all members of the outreach team are familiar with emergent radio use, other communications protocols, and plans for unexpected
crises. Stock your outreach vehicle with program support items such as naloxone, fentanyl test strips, and other harm reduction resources and literature. Depending on the structure of the program, you may also include EMS supplies.

**Approach to Engagement**

All members of the outreach team should review each case before attempting outreach. To support the individual and be prepared in the instance of a developing crisis, understand the context of the emergency event and the address/surroundings. The recommended outreach team includes a representative(s) from your organization (i.e., firefighter, paramedic, other first responder) and a peer support recovery specialist. Upon arrival, the team lead and peer support work in tandem to engage the intended patient. Peer support is key to successful outreach; peers can steer the conversation and recognize when to “back off,” allowing for possible future engagement.

**Initial Contact**

Before and during initial contact, it is critical to consider the individual’s cultural and social context, and how that contributes to their health. Systemic and social inequities often drive health disparities, which can affect access to and provision of necessary care. Certain local policies and practices may lead to health inequities between different populations. Understanding the social determinants of health of the individual before initial contact can help better tailor the strategies used in outreach and linkage to care and start to address some of the inequities and disparities the individual may experience.

When attempting to contact your intended patient, it is important to vigilantly protect their privacy, including complying with the Health Insurance Portability and Accountability Act (HIPAA) and other federal or local laws that protect the privacy of an individual. Advise residents that you are conducting a non-emergent follow-up to a past EMS event. Do not mention overdose if someone other than the patient is present. Let the conversation develop, allowing the contact to begin to discuss specifics of the prior emergency event. This provides an opening for the outreach team to ask questions related to the identified potential overdose. Your goal in this information-gathering stage is to determine what services you can offer that would best meet the contact’s needs. Be mindful that some individuals may fear criminalization. Unfortunately, some individuals may have had negative or even traumatic experiences with first responders in the past. Respect each individual’s right to refuse services or contact with you and assure individuals that you are there to offer support and connection to services. Whether the engagement continues or not, harm reduction and program contact information should be offered as a leave behind. If no contact is made at the address, leave a calling card or door hanger that includes patient first name and last initial. Remember, less is more with privacy laws.
to consider. The card or hanger should be generic to your organization and not include any direct association with an overdose outreach.

**Services Accepted**

If the individual is willing to address their substance use, discuss available options such as Medications for Opioid Use Disorder (MOUD) or other forms of therapy and counseling, including inpatient and outpatient services. If your program can provide transport to services, you can offer it to reduce barriers to access. If the individual seeks transportation to services, consider meeting them at the facility for their registration as a continuation of support (a “soft hand-off”) and to have eyes on the arrival. Schedule a date for a follow-up visit to support the chosen avenue to address the substance use or to continue conversations about seeking assistance as needed by the individual.

**Documentation and Follow Up**

Be sure to thoroughly record all interactions and efforts. A running narrative aids in the continuity of care and addressing the needs of the individual. Ensure that program outcome measures are documented, as these drive results of the outreach services. Enter future visits onto the program calendar and make any necessary contacts with needed services on behalf of the patient. It is important to confirm scheduled appointments (e.g., admission dates and times for inpatient services) and arrange for coordinated transportation if required. This is also the time to address other social determinants of health identified during the outreach. It is critical to reach back out to the patient, provide updates on pending services, and return for scheduled follow-up visits. This continuing engagement builds trust and shows the individual that you care and will do what you say, demonstrating to them that you are not just another dead end on their path to recovery.