Expanding EMS Partnerships to Reduce Opioid Deaths Through Post-Overdose Response

October 16, 2026

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

Foundation *for* Opioid Response Efforts

nashp.org

About NASHP

The National Academy for State Health Policy (NASHP) is a not-for-profit organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.

NASHP's substance use portfolio is supported through a longstanding partnership with the Foundation for Opioid Response Efforts.

NASHP
NATIONAL ACADEMY FOR STATE HEALTH POLICY

- To improve the health and well-being of all people across every state.

Foundation *for* Opioid Response Efforts

Webinar Reminders & Logistics



- This is a state-only group – feel free to be candid, ask questions, and share your own experiences!
- Use the Q&A function at the bottom of your screen to enter your questions and comments throughout the presentations
- We will address questions and comments after the presentations during the discussion section
- The slides and a webinar recording of only the presentations will be posted after the webinar on the NASHP website (nashp.org)

Agenda – Expanding EMS Partnerships to Reduce Overdose Deaths

1. **Overview of EMS-Led Overdose Response and Mobile Models**
   - **Dre Cantwell-Frank, NRP -** *National Program Director, EMS Program Director & Principal Investigator, The Bridge Center*
   - **Emily Henke, MPH -** *Executive Director, Oregon Public Health Institute*
2. **State Spotlights**
   - **Oregon**
     - **Craig Mosbaek, MPH -** *Behavioral Health Equity Integration & Accountability Analyst, Oregon Health Authority*
   - **New Jersey**
     - **Tim Seplaki -** *Chief, EMS Data and Intelligence, New Jersey Division of Disaster Preparedness, Resiliency, and Emergency Medical Services*
     - **Cassandra Angelo, MPH –** *Community Programs Administrator, New Jersey Division of Disaster Preparedness, Resiliency, and Emergency Medical Services*
3. **Moderated Q&A & Discussion**

The Overdose Golden Hour

EMS's Role in the Chain of Overdose Survival

Dre Cantwell-Frank, NRP & Emily Henke MPH

The Bridge Center · Oregon Public Health Institute

BRIDGE
Treatment. Equity. Connection.

OPHI OREGON PUBLIC HEALTH INSTITUTE

BRIDGE

Bridging emergency care and community health to create an integrated system that improves health and equity.

OPHI OREGON PUBLIC HEALTH INSTITUTE

A flexible and responsive partner to government, healthcare, and communities.

PUBLIC HEALTH INSTITUTE

Bridge and OPHI are programs of the Public Health Institute.

© 2026 Public Health Institute

Content available under Creative Commons Attribution-NonCommercial NoDerivatives 4.0 International (CC BY-NC-ND 4.0)
creativecommons.org/licenses/by-nc-nd/4.0/legalcode

No One Dies a Preventable Death



BRIDGE

OPHI

80,391

overdose deaths in 2024, according to the CDC (down 27% from 2023)



That’s still the equivalent of a 737 full of people dying every day.

Fewer than 1 in 17 People with SUD Receive Treatment

46 million

Americans, or 15% of the population, have a substance use disorder (SUD).

6%

of people with a past-year SUD received any substance use treatment.

Substance Abuse and Mental Health Services Administration, 2022

What the Evidence Shows

Buprenorphine reduces all-cause mortality by more than 50% over 5 years

Santo et al., 2021

One-year mortality after a non-fatal overdose is similar to STEMI.

Weiner et al., 2019

Starting patients on buprenorphine decreases readmissions and minimizes ED utilization.

Gryczynski et al., 2021

Prompt buprenorphine initiation increases the likelihood of patients being in treatment in 30 days.

D'Onofrio et al., 2015

Why is this an EMS problem?




Non transport rates for overdose survivors have increased by
44%
30%
of people who die due to overdose have had at least 1 interaction with EMS in the year preceding their death.

Rural EMS Rarely Gets a Golden Hour

Most of emergency medicine is built around the golden hour: get the patient to definitive care, fast.

THE GOLDEN HOUR	RURAL TRANSPORT TO DEFINITIVE CARE

In rural EMS, the distance to definitive care means the window usually closes before we arrive.

For most of our patients, we don't get a golden hour like the rest of medicine.

The Exception: Post-Overdose Patients

Naloxone reverses the overdose

Withdrawal for 60–90 minutes

EMS is there, inside the window

Start buprenorphine on scene

We're in the window to start treatment.

It alleviates pain and suffering.

Transport and wait

They sit on the wall in an ED hallway or wait a long time. These patients are often deprioritized in spite of being high risk.

The window closes, and they miss their chance at treatment.

What This Can Look Like

1

Treat on scene

Offer buprenorphine and give it per protocol when the patient agrees.

2

Leave resources

Naloxone and treatment information stay with the patient.

3

Connect to follow-up

Verify contact information so a navigator or clinic can reach them.

4

Transport or not

Patients who decline transport can still leave with treatment started.

Not just for RHTP: this fits any EMS system that responds to overdoses, rural or urban.

Bup relieves pain and suffering.
That’s our job.



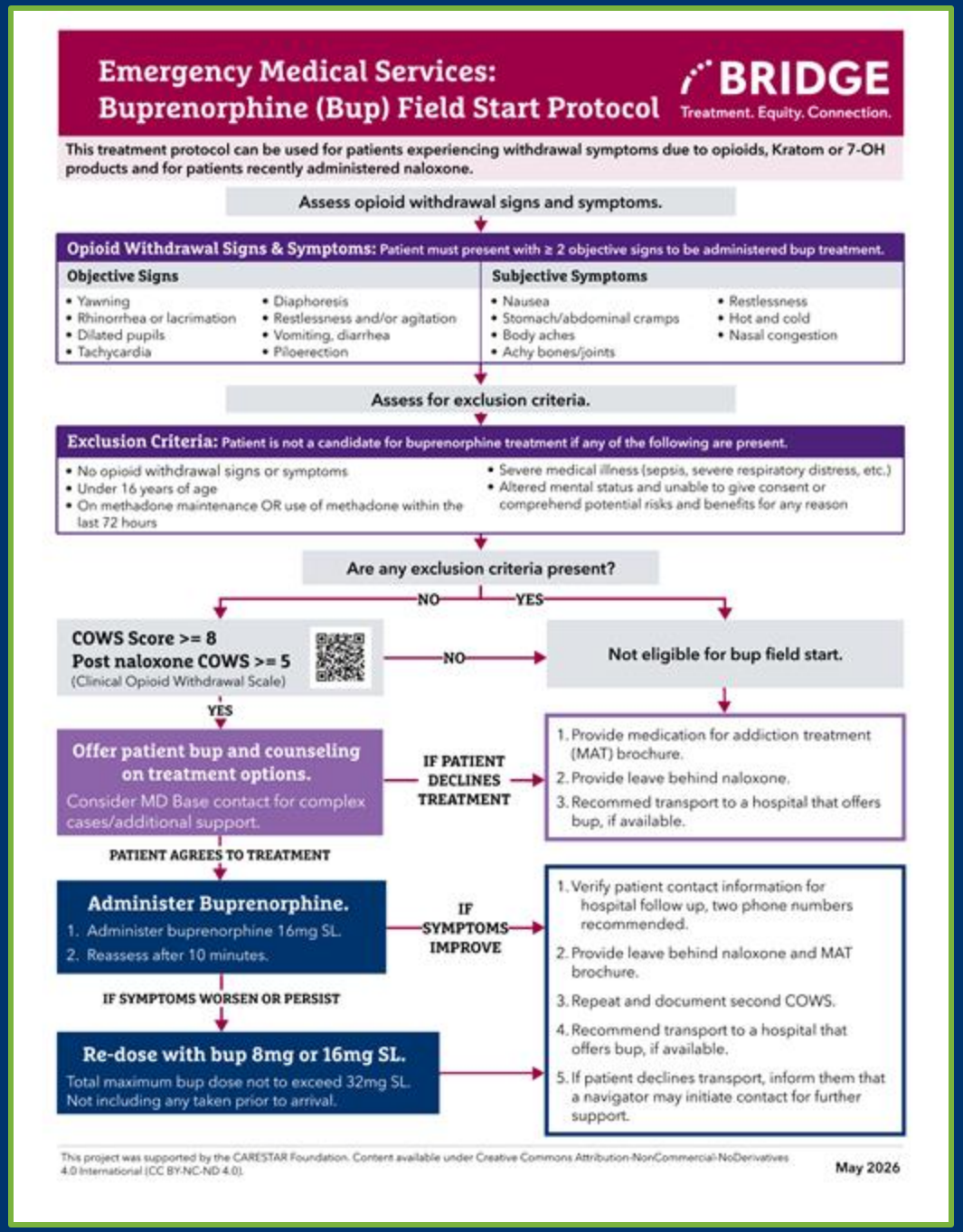
Emergency medical services/original research

Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services

Key Findings

- "Patients who received buprenorphine had a 12-fold increase in being engaged in treatment at 30 days"
- New Jersey: Cooper EMS in Camden started the first EMS buprenorphine program in 2019
- Increased scene time of 6 minutes

Carroll & Solomon, et al., 2023



EMS Bridge Field Protocol

Follow the arrows, like ACLS

More than 1,500 paramedics across California, Nevada, Oregon, Minnesota, New Jersey, and other states use protocols like this one

EMS Bridge, 2023

Oregon RHTP Project Overview

1

Generate support for EMS bup in rural communities, and get rural EMS agencies ready and supported to start buprenorphine in the field

2

Build tools made for rural practice, not urban tools with a few minor edits

3

Contact rural EMS agencies giving bup so we have an ongoing community of practice that welcomes newcomers & advances the field

How to Plug In

Way In		Who It Is For	What It Involves
1	Community Of Practice	Any agency, at any stage — including just curious	Launches early 2027. Virtual, quarterly. No assessment, no commitment.
2	In-Person Community Assessment	Communities early on — where the local champions and connections aren't there yet	We come to you and help build the local bench of support. 7 sites total.
3	Virtual Readiness Assessment	EMS agencies exploring the idea or ready for training	Remote clinical evaluation plus support. 8 agencies.
4	Regional Training	Remote clinical evaluation plus support. 8 agencies	In person, rural-adapted.
5	Go live and get TA for implementation	Committed to going live, with your medical director on board	Go live with EMS bup with TA from Bridge

Support for starting

Community of Practice

Any Agency, Any Stage

- Launches early 2027
- Virtual, quarterly, statewide
- Peer learning among rural agencies
- No assessment, no protocol
- No commitment

In-Person Community Assessment

Communities Early On

- We come to you
- Looks at the agency & the community
- Finds & builds local champions
- Maps treatment & follow-up gaps
- Produces written assessment & readiness plan

Virtual Readiness Assessment

Clinical Questions First

- Remote — no travel, no site visit
- Clinical readiness evaluation
- Technical assistance included

Thank you

Dre Cantwell-Frank, NRP · dcantwellfrank@bridgetotreatment.org
Emily Henke · emily@ophi.org