Title of the study: A Bundled Intervention to End Opioid Overdose by Increasing Treatment Uptake Post Emergency Department Discharge

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R61 Statistical Analyses. Our analysis will adhere to an intention-to-treat principle, including all participants irrespective of their intervention adherence level. This approach ensures the robustness and generalizability of our findings. Specific Aim 1 evaluates the feasibility and acceptability of recruiting patients with OUD and experiencing opioid overdose to participate in the bundled intervention. This will be defined in terms of accrual ("conversion") rates and study retention rates. Among the eligible patients, we will calculate the proportion of who after completing the screening procedure: (1) decline to participate, (2) sign the consent form but do not participate, (3) participate but drop out, and (4) complete the intervention. Study retention will be defined as the amount of time that elapses from the time of signing the consent to the patient's final contact with the study team. For enrolled participants, we will also gather information about the patient's satisfaction, credibility, and expectancy. Specific Aim 2 tests the effects of the intervention on OUD treatment uptake, frequency of repeat opioid overdose and opioid-related ED revisits among the participants. These will be evaluated at 1-month (25-35 days) and 3-month (85-95 days) intervals post-ED discharge. OUD treatment uptake includes buprenorphine adherence rates and linkage rates with definitive addiction programs. Buprenorphine adherence rate is determined by a composite measure of any or all of the following: participant self-report, PDMP, or EMR documentation of an active prescription. Linkage rate is also determined by a composite measure of any or all of the following: participant self-report, EMR documentation of attendance at an OUD treatment program, or reports from addiction programs. Additionally, we will monitor for repeat opioid overdoses and ED revisits through the participant, family, and friend reports, and EMR documentation at UAB Hospital. Given the potential for the 3-month intervention period to be insufficient for observing repeat overdose and ED revisits, we will extend the monitoring of repeat overdoses and ED revisits through EMR documentation quarterly throughout the R61 study period. This comprehensive approach allows us to not only assess the feasibility and initial effectiveness of the intervention but also to collect essential data for refining our intervention strategy and planning the more extensive R33 phase.