Impact Update - January 2023

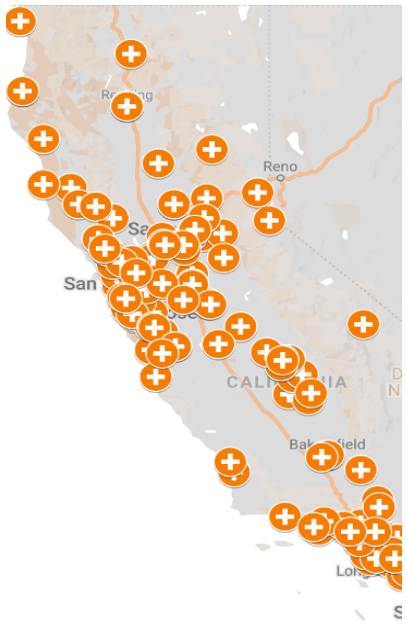
CA Bridge is implementing an unprecedented initiative by the State of California to support hospital emergency departments (EDs) to become 24/7 access points for the treatment of substance use disorders (SUDs) and co-occurring behavioral health conditions. CA Bridge supports clinicians to make medication for addiction treatment (MAT) accessible as the standard of care at acute care hospitals in California. The CA Bridge model includes three core elements: rapid access to low-barrier treatment, navigation to on-going care, and a culture of harm reduction.

Rapid Expansion of MAT and Care Navigation

CA Bridge has transformed the state's approach to SUD treatment. By January 2023, **226** hospitals had behavioral health navigators working in their EDs to connect patients to addiction treatment and address social and behavioral health needs. **231** EDs were offering MAT for opioid use disorder (OUD), an evidence-based treatment that decreases deaths from overdose.

Since October 2020, there has been a rapid increase in the number of patients each month served by a navigator and receiving treatment for addiction in the ED. By January 2023, the number of patients treated with MAT each month had more than tripled.

As a result of the expansion of the CA Bridge model, every month, more than **7,500** people receive support for substance use and mental health issues in a California ED.



236,969
Patients seen for substance use disorders

176,234
Patients identified with opioid use

76,801
Patients provided with buprenorphine

34,560
Estimated patients connected to follow-up care[1]

[1] Estimate based on data from a sample of patients collected from the CA Bridge Patient Outcomes Study. See below for details.

A Model That Reaches High Risk Patients

CA Bridge, in collaboration with the University of California, Los Angeles, conducted the CA Bridge Patient Outcomes Study to assess the effectiveness of ED MAT and navigators using data from over 1,000 patients with OUD seen across 17 hospitals between January and March 2020. We found that the CA Bridge model reaches patients with a high level of need.

Reaching Patients with Complex Behavioral Health Needs

Our analysis indicates that many of the patients with OUD served through CA Bridge programs had other behavioral health needs. Most importantly, these complex patients had treatment and follow-up rates similar to others with less complex needs.

1 in 3 had co-occurring mental health conditions

1 in 3 also used other substances (e.g., stimulants, alcohol)

12% had both co-occurring mental health conditions and used other substances

Serving Patients with Socioeconomic Barriers

Many patients face socioeconomic barriers to starting SUD treatment in traditional settings. ED-based MAT reaches these patients with 24/7 treatment access and a navigator equipped to address social needs. A study found that unhoused patients and those on Medicaid were more likely to start MAT in the ED compared to patients with stable housing and commercial insurance coverage.

1 in 3 did not have stable housing

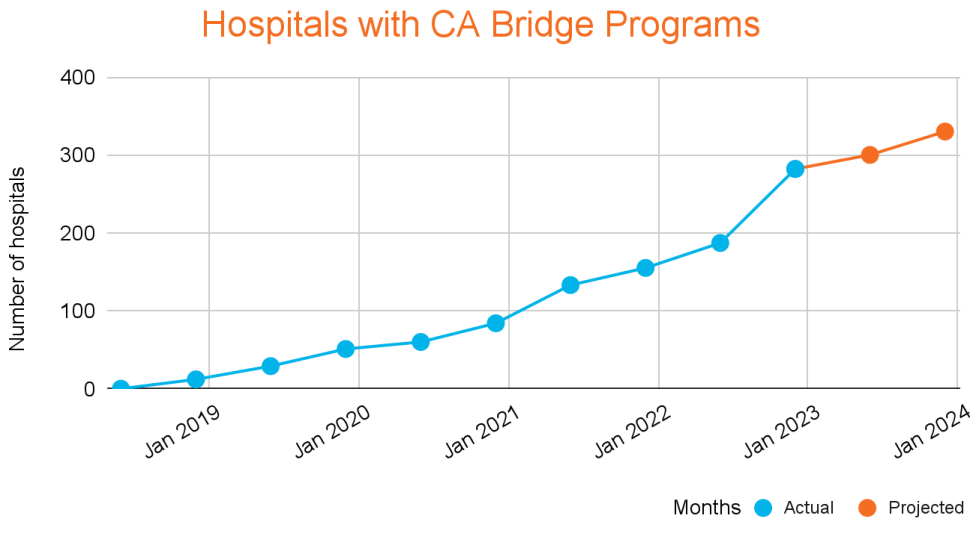
77% were covered by Medi-Cal or uninsured

Addressing Overdose

Patients who have a drug overdose are at high risk for another overdose within the following 48 hours and, therefore, are a high priority population for preventing overdose deaths. Hospitals implementing the CA Bridge model saw **42,750** patients after an overdose, demonstrating the value of making MAT accessible in the ED.

Next Steps

In partnership with the California Department of Health Care Services, CA Bridge has scaled ED MAT from 8 hospitals to 231 in four years with another 47 scheduled to launch in the next year. As the state and federal funding that launched these programs comes to an end, we are working to help hospitals, counties, and payors develop partnerships and funding commitments to sustain these important programs.



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