EMS Bridge

Bridging the Gap: Five Years of EMS Bridge

BRIDGE
Treatment. Equity. Connection.

The opioid crisis continues to claim lives at devastating rates, with annual overdose deaths exceeding 100,000 in the United States.

Emergency medical services (EMS) are often the first, and sometimes the only, point of medical contact for people experiencing substance use-related issues. Yet historically, EMS response has ended at reversing overdoses with naloxone or transporting patients to an emergency department, leaving a critical gap in treatment.

EMS Bridge was founded in 2020 to correct this gap by expanding the role of EMS from crisis response to a critical point of entry into longer-term treatment for opioid use disorder (OUD). The EMS Bridge model consists of leave-behind naloxone, EMS-initiated buprenorphine, a warm handoff to an overdose receiving center, and follow-up care from a navigator.

350,000+
opioid overdose deaths since 2020.[1]

"[The EMS Bridge Model] is an alternative treatment that actually starts a patient down the road to recovery and out of the spiral of addiction."

– Salem, OR training participant

THE EMS BRIDGE MODEL

Steps to Preventing Overdose

- EMS personnel assess patient eligibility and treat with buprenorphine. Buprenorphine is a safe and effective addiction medication that reduces withdrawal symptoms, relapse, and overdose risk.

- CA Bridge hospitals are opioid receiving centers that provide specialized OUD care rooted in harm reduction. According to program data, patients transported to a CA Bridge hospital are more than twice as likely to be retained in treatment at 30 days compared to patients transported to other hospitals.

Buprenorphine Administration in the Field

Leave-Behind Naloxone

Transport to a CA Bridge Hospital

Warm Handoff to Ongoing Care

- EMS personnel leave naloxone kits with patients and other community members to use in future emergency situations to reverse overdoses.

- Patients are connected to trained navigators who provide clinical and social support to ensure patients receive ongoing care and treatment.

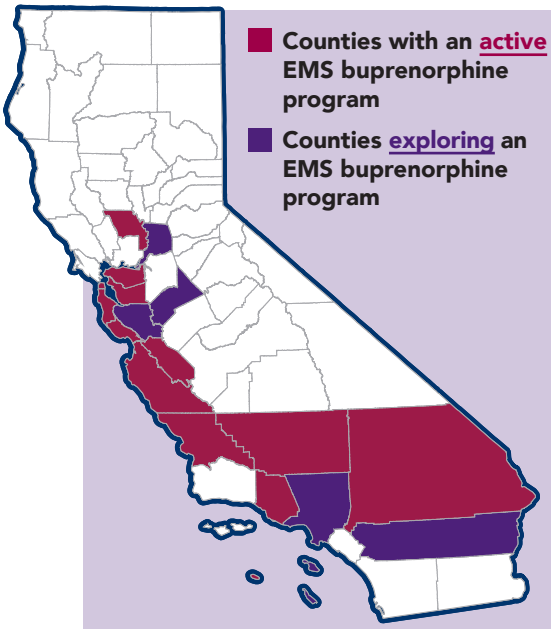
FIVE YEARS OF EMS BRIDGE SUCCESS

Statewide Expansion

With the support of the EMS Bridge program, California has emerged as a national leader in EMS-initiated buprenorphine. What began in Contra Costa County has grown into a statewide effort. Early success has led to a landmark change in the scope of practice for paramedics, making EMS-initiated buprenorphine easily accessible. This expansion reflects the strength of cross-agency collaboration, equity-driven implementation, and EMS workforces' willingness to adopt innovative approaches.

Workforce Impact

The EMS Bridge model increases a sense of purpose and professional satisfaction for EMS providers. Beyond initially reversing overdoses with naloxone or transporting to a hospital, EMS-initiated buprenorphine provides rapid relief from withdrawal symptoms and pain and creates a pathway to long-term treatment. EMS-initiated buprenorphine has given paramedics a tangible tool to address the opioid crisis, improving morale, reducing burnout, and affirming their position as critical partners in public health.



EMS buprenorphine is available to over 6.5 million California residents.

"[EMS-initiated buprenorphine] advances equity by bringing gold-standard OUD care to people who may never make it to a clinic... [It] is humane, clinically sound, operationally feasible, and one of the most meaningful ways we can improve outcomes for patients and communities."

– San Francisco, CA EMS Leadership

National Expansion

The EMS Bridge program has expanded beyond its roots in California. Bridge trainers are taking the model to EMS agencies across the country. Our one-day, in-person training program is delivered by experienced former EMS providers tailored to EMS agency staffing. National EMS Bridge trainings have occured in multiple states — for urban and rural agencies, as part of standalone projects and statewide initiatives — with more trainings planned. EMS Bridge has been invited to join a landmark national EMS impact study sponsored by the National Institute on Drug Abuse and coordinated by Yale University. Bridge is confident this research will further demonstrate the feasibility and effectiveness of the Bridge EMS model, driving even greater growth over the next 5 years.

Connect with EMS Bridge

For more information:
bridgetotreatment.org/ems-bridge

Endnotes

1 Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2023, and from provisional data for years 2024 and later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html on Nov 17, 2025

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