Bridge Programs

Requirement: The Office of Substance and Abuse and Mental Health (SAMH) Contract

Frequency: Ongoing

Due Date: Ongoing

I. Purpose

The purpose of this guidance is to provide clarification regarding the operational, reporting, and performance expectations for all Hospital and Jail Bridge Programs provided by Network Service Providers within the LSF Health Systems network. This guidance establishes minimum program requirements to ensure consistent implementation of bridge services and promotes adherence to applicable Department of Children and Families (DCF) guidance, contractual requirements, and best practices. The goals of Hospital and Jail Bridge Programs are:

A. Reduce numbers and rates of opioid-related deaths.

B. Increase access to the most effective treatment of opioid and stimulant use disorders, **as well as other substance use disorders.**

C. Increase access to the most effective treatment and recovery support services for youth an opioid or stimulant use disorder **and for all other individuals with substance use disorders.**

D. Expand recovery support services.

E. Prevent opioid and stimulant misuse **and other substance misuse.**

II. Operations

Hospital Bridge

Each community will have unique needs to consider when developing Hospital Bridge Program policies and procedures. However, there are consistent components that must be present across all Hospital Bridge Programs. **Hospital Bridge Programs may also serve individuals with other substance use disorders, including stimulant use disorders, *as appropriate and consistent with applicable funding and program requirements.***

Communication between hospital Emergency Departments (EDs), Managing Entities (MEs), and Medication for Opioid Use Disorder (MOUD) providers must be consistent and is crucial when having discussions regarding medication doses and continued MOUD maintenance.

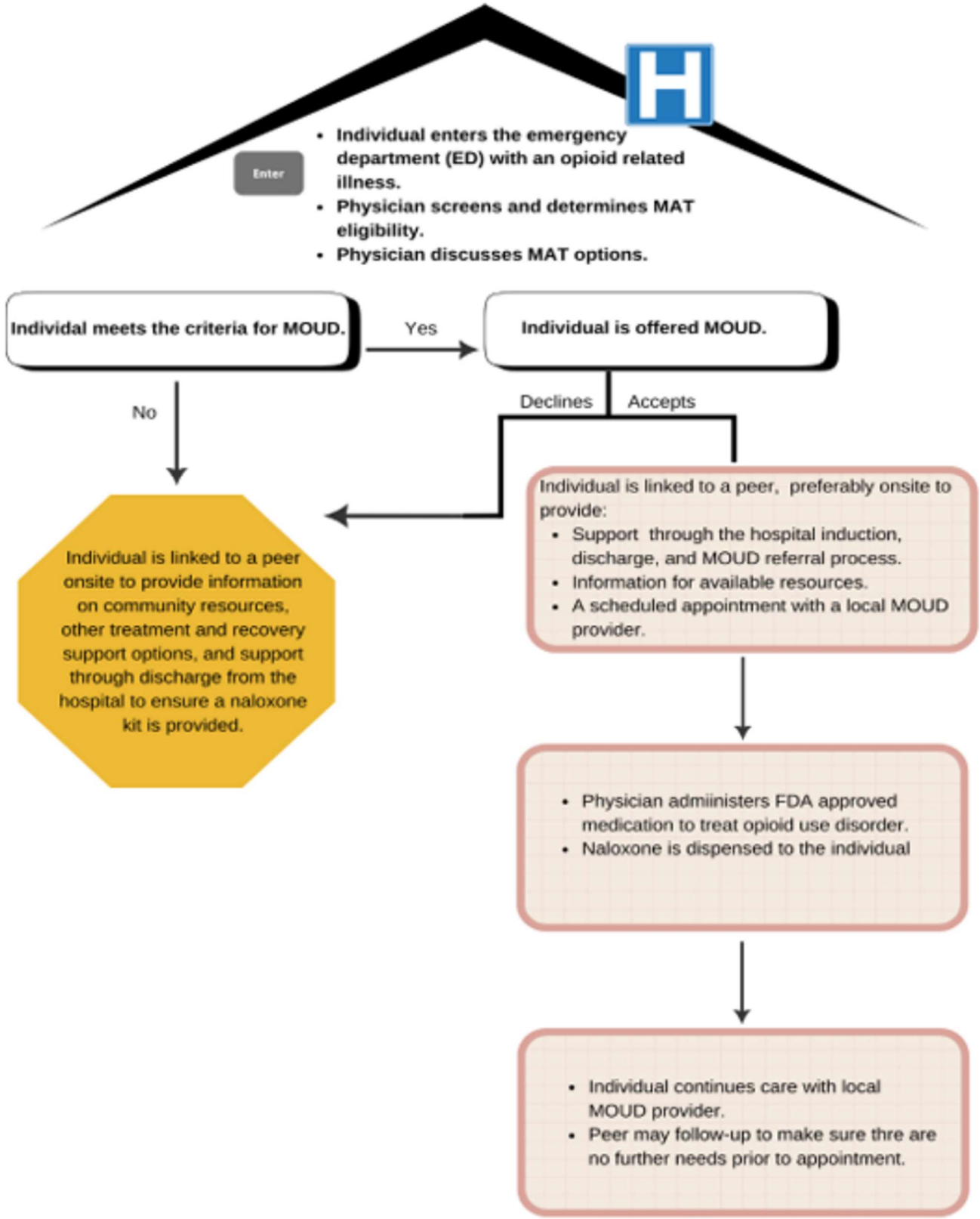
Network Service Providers shall maintain a designated point of contact for participating hospitals to support communication, referral coordination, problem resolution, and continuity of care activities. While hospital-specific procedures may vary, providers are expected to maintain active partnerships with participating hospitals to facilitate timely access to treatment and recovery support services.

Team Roles:

- Emergency Room Physician – Screens/assesses individuals for opioid use disorder, connects individuals to peers, induction of medication, dispenses naloxone.
- Peer – Provides education regarding MOUD appointment process, supports individuals through the referral process, schedules an appointment with a local MOUD provider.
- MOUD Provider – Provides accessible appointments, continues medication maintenance and other necessary treatments and recovery support services.
- Managing Entity (ME) – Provides access to funds supporting treatment services including MOUD and recovery supports and ensures rapid linkage to ongoing community-based MOUD services.

Process:

1. An individual enters the Emergency Department having overdosed or experienced medical needs due to opioid use/misuse.
2. The ED physician assesses if the individual is a candidate for MOUD.
3. If MOUD is an appropriate option, the ED physician initiates a conversation to gauge interest offering to start the first induction before the individual is discharged. The physician will explain the available FDA approved medications.
4. The individual is connected to a peer either onsite, via phone, or video conference to help navigate the referral process to a local MOUD provider. The peer schedules an appointment with a local MOUD provider, explains the transition process, provides general support during the entire process, and assists in a warm hand-off to a local MOUD provider. If the individual declines MOUD, the peer provides community resources and support until discharge.
5. A naloxone kit is dispensed prior to discharge from the hospital for all individuals entering an ED for opioid misuse, regardless of whether or not they agree to MOUD.
6. **The Network Service Provider and community treatment provider shall work collaboratively to promote timely engagement in services and continuity of care following discharge.**


Enter
Individual enters the emergency department (ED) with an opioid related illness.
Physician screens and determines MAT eligibility.
Physician discusses MAT options.
Individual meets the criteria for MOUD.
Yes
Individual is offered MOUD.
No
Declines
Accepts
Individual is linked to a peer onsite to provide information on community resources, other treatment and recovery support options, and support through discharge from the hospital to ensure a naloxone kit is provided.
Individual is linked to a peer, preferably onsite to provide:
Support through the hospital induction, discharge, and MOUD referral process.
Information for available resources.
A scheduled appointment with a local MOUD provider.
Physician admiinisters FDA approved medication to treat opioid use disorder.
Naloxone is dispensed to the individual
Individual continues care with local MOUD provider.
Peer may follow-up to make sure thre are no further needs prior to appointment.

Jail Bridge

The purpose of a jail bridge program is to identify and engage individuals with opioid use disorders who are passing through jails and (1) agree to participate in MOUD treatment through a Jail Bridge Program or (2) are currently receiving MOUD treatment in the community and would like to continue treatment through a Jail Bridge Program.

While MOUD remains a core component of Jail Bridge Programs, Network Service Providers may also support individuals with other substance use disorders through treatment referrals, recovery support services, care coordination, and linkage to community-based services, as appropriate.

The goal is to provide access to FDA approved medications to individuals diagnosed with an opioid use disorder who are passing through jails to be successfully linked to a community provider upon re-entry. This can be done in partnership with community MOUD providers either in the jail setting or offsite at the provider location.

SAMHSA promotes the use of SOR funds to provide treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings. Services can start in the jail, with a smooth transition to community services upon release. Each jail will have unique needs to consider when developing jail bridge program policies and procedures. However, there are consistent factors to be in place across all jail bridge programs. Communication between jail staff, MEs, and MOUD providers must be consistent and is crucial when having discussions regarding medication doses and continued MOUD maintenance once the individual receiving treatment is released.

Network Service Providers shall maintain a designated point of contact for participating correctional facilities to support communication, referral coordination, problem resolution, and collaboration with facility staff.

Team Members

Team roles within jails or correctional facilities may differ based on program structure, as well as established policies or protocols. However key team members can generally be identified as follows:

- Jail/Correctional Facility
- Peers
- MOUD Providers
- Managing Entities (MEs)

The structure of a jail bridge program may vary depending on the specific protocols of the correctional facility, but certain essential features must be present for it to be recognized as a jail bridge program:

1. Individuals entering the facility are screened for opioid use disorder and assessed for eligibility to receive MOUD services.
2. Jail personnel initiate discussions about MOUD services with individuals, who then agree to participate in the program.
3. Comprehensive education is provided regarding the MOUD process, including the importance of collaboration with local healthcare providers.
4. The individual is referred to a community-based provider partnered with the jail to deliver MOUD services.

5. The individual undergoes induction with FDA-approved medication either at the jail or at the provider's facility, depending on the program's logistics.
6. Prior to reentry into the community, the individual is connected with a peer navigator to facilitate access to local MOUD resources. The peer or jail personnel schedules a follow-up appointment with the local MOUD provider to ensure continuity of care.

III. Performance Monitoring

LSF Health Systems will distribute quarterly performance scorecards to all Hospital Bridge and Jail Bridge providers to support ongoing performance monitoring, program evaluation, and quality improvement efforts.

Providers are expected to achieve a minimum quarterly enrollment rate of 25**%**, measured by the percentage of referred individuals who successfully enroll in treatment, MAT/MOUD, or other appropriate recovery support services.

Providers that do not meet the established performance benchmark may be required to participate in performance improvement activities, including:

- Root Cause Analysis (RCA);
- Technical Assistance (TA);
- Ongoing outcome review meetings with the Managing Entity in order to discuss quality improvement strategies designed to address barriers to engagement, referral completion, and service enrollment.

Performance monitoring activities are intended to support continuous quality improvement and strengthen the effectiveness of Hospital and Jail Bridge Programs throughout the service network.

V. Required Reports

The Network Service Provider shall submit the following applicable report(s):

Bridge Monthly Report (Hospital and Jail Bridge Programs) – The Network Service Providers must submit Template 34 (Bridge – Report tab) found at following link using the applicable fiscal year: https://www.myflfamilies.com/services/samh/providers/managing-entities/FY26-27/ to the Network Manager by the 8th of each month following service delivery.

1. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.