Bridge Healing Transitional Accommodation Program – 1 Year Evaluation Report

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JASPER PLACE WELLNESS CENTRE

BRIDGE HEALING
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"To Try Again"

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Executive Summary

Background: The Bridge Healing Transitional Accommodation Program (Bridge Healing) operated by Jasper Place Wellness Centre (JPWC), provides services to clients who are experiencing houselessness and are discharged from Edmonton emergency departments (ED). The program helps clients create transitional plans, obtain stable housing, and establish connections with community-based health care services. It is anticipated this will reduce ED utilization and inpatient care for non-acute needs.

The program offers overnight accommodations up to a target period of 30 days. Staff support clients in developing a transitional plan that addresses their need for ID, a bank account, income assistance, and housing. By addressing both the immediate housing needs of clients, and supporting their transition to stable housing, the program seeks to reduce their health care utilization.

JPWC opened the first Bridge Healing building on March 16, 2023, and as of December 28, 2023, has become fully operational offering 36 beds across three buildings. Bridge Healing initially began accepting referrals only from the Royal Alexandra Hospital (RAH) ED but as of April 30, 2024, has expanded to accept referrals from all Edmonton emergency departments. In the 2023-24 fiscal year, Edmonton Zone hospitals reported 17,876 ED encounters with patients experiencing houselessness.

This report contains results from the first year of the program and reports on program utilization statistics, transitional plan outcomes, 90 day pre and post health service utilization, client experience survey results and feedback, and staff experience survey results.

Key Findings: As of March 31, 2024, Bridge Healing has had 197 stays with 148 stays originating from referrals from the RAH ED, 30 from the University of Alberta Hospital (UAH) ED and 19 from the Northeast Community Health Centre (NECHC) ED. The average length of time it took from when the referral was accepted in the ED to when clients arrived on site at Bridge Healing was 4.63 hours. Upon discharge from Bridge Healing, a client's discharge status was categorized as either a Planned Discharge to Housing or All Other Discharge Destinations. The average length of stay in Bridge Healing for clients with a Planned Discharge to Housing was 74.92 days while clients discharged to All Other Discharge Destinations had an average length of stay of 25.11 days.

During intake to the program, clients were interviewed to determine their individual need for the offered transitional plan objectives, which included obtaining ID, a bank account, and

income assistance. Of the 161 client stays examined in this analysis, 42 clients (26%) were discharged from Bridge Healing having completed at least one transitional plan objective.

Health service utilization measures included the number of ED visits, number of inpatient admissions, inpatient length of stay and the number of completed Addiction and Mental Health appointments. Individuals' health utilization was captured for a pre-determined period of 90 days before (pre) and after (post) their stay at Bridge Healing. Accepted clients with a Planned Discharge to Housing saw their average ED utilization decrease 76% from 5.88 visits (pre) to 1.41 visits (post). Statistical analysis revealed that a Planned Discharge to Housing as a result of the Bridge Healing program resulted in a significant reduction in the number of ED visits, compared to All Other Discharge Destinations. Accepted clients with a Planned Discharge to Housing saw their average inpatient admissions decrease 57% from 0.72 admissions (pre) to 0.31 admissions (post). Similarly, Accepted clients with a Planned Discharge to Housing saw their average inpatient days decrease 69% from 5.28 days (pre) to 1.66 days (post). Statistical analysis revealed no other significant effects, however Accepted clients with a Planned Discharge to Housing showed trends towards reduced inpatient admissions and decreased number of inpatient days. For Accepted clients, there was an increase in AMH appointments post program compared to pre program, regardless of discharge status.

The Client Experience Survey results showed that 92% of clients were satisfied with Bridge Healing and all clients rated their overall care highly while at Bridge Healing. Clients reported that the staff and the welcoming atmosphere were what they liked best about Bridge Healing.

The Staff Experience Survey results showed that 84% of ED staff expressed agreement that many patients have a need for the Bridge Healing program at their ED. Many respondents reported general support for the program and talked about how the program helped ease their moral distress by not having to discharge vulnerable patients back to houselessness. Respondents also expressed support for the program and requested additional Bridge Healing beds to be made available and to further increase education and awareness surrounding the program.

Conclusion: From the results of its first year in operation, the Bridge Healing program has created a housing resource with low barriers to access. Furthermore, the preliminary results of this evaluation lend credence to the Housing First philosophy. By providing individuals with stable housing, they are better able to stabilize and mitigate pre-existing health conditions. By providing time-limited accommodation in Bridge Healing and transitioning clients to stable housing, the healthcare system is also benefiting both in terms of reduced burden and reduced costs.

Bridge Healing Program Description

The Bridge Healing Transitional Accommodation Program (Bridge Healing) operated by Jasper Place Wellness Centre (JPWC), provides services to clients who are experiencing houselessness and are discharged from Edmonton emergency departments (ED). The program helps clients create transitional plans, obtain stable housing, and establish connections with community-based health care services. It is anticipated this will reduce ED utilization and inpatient care for non-acute needs.

The program offers overnight accommodations up to a target period of 30 days. Staff support clients in developing a transitional plan that addresses their need for ID, a bank account, income assistance, and housing. By addressing both the immediate housing needs of clients, and supporting their transition to stable housing, the program seeks to reduce their health care utilization.

The Bridge Healing program began accepting referrals from Edmonton emergency departments on March 16, 2023. Patients who were experiencing houselessness were identified by ED staff and connected with a Social Worker or designate to conduct an initial interview to determine a client's interest and eligibility. The eligibility requirements for the Bridge Healing program are as follows:

- The client lacks a safe place to reside.
- The client is in the process of being discharged from the ED.
- The client has no medical or addiction/mental health needs that require acute care.
- The client has the ability to safely reside in a communal setting with others.
- The client has the ability to complete Activities of Daily Living independently.
- The client has expressed desire to work towards permanent housing.
- The client understands that the program requires them to engage in the necessary steps to secure permanent housing, and if they do not engage, they will be discharged from the program.
- The client consents to enrollment.

Once accepted, clients are discharged from the ED, and transported to the program site via taxi. The Bridge Healing program consists of three buildings each containing 12 private rooms (36 rooms total) with communal eating and living areas. The rooms consist of a bed, private washroom, and a small living space.

Clients are provided accommodation and support for up to 30 days with length of stays beyond 30 days requiring clear justification and reasoning for the extension. Upon acceptance to the program, staff work with clients to develop a transitional plan identifying if they require assistance obtaining ID, a bank account, income assistance, and housing. To support a client's transition into housing, staff facilitate apartment viewings, and help clients obtain lease/rental agreements, insurance, furniture, and other housing-related needs. Clients are also provided access to AHS Home Care and Addiction and Mental Health (AMH) services when required.

Please see Table 1 for a list of milestones the program has completed to date in order to become fully operational and service all Edmonton emergency departments.

Table. 1 Bridge Healing Operational Milestones

Date	Program Milestone
March 16, 2023	• JPWC opens first Bridge Healing building with 12 beds. • Bridge Healing begins accepting referrals from the Royal Alexandra Hospital (RAH) ED.
November 6, 2023	• JPWC opens second Bridge Healing building adding an additional 12 beds to the program. • Bridge Healing begins accepting referrals from the Northeast Community Health Centre (NECHC) ED.
December 28, 2023	• JPWC opens third Bridge Healing building adding an additional 12 beds (36 total). • Bridge Healing begins accepting referrals from the University of Alberta Hospital (UAH) ED.
April 30, 2024	• Bridge Healing begins accepting referrals from the Misericordia Community Hospital (MCH) ED and the Grey Nuns Community Hospital (GNCH) ED.

Population Served

In the 2023-24 fiscal year, Edmonton Zone hospitals reported 17,876 ED encounters with patients experiencing houselessness, including:

- 8,745 encounters at the RAH ED
  - 49% of the Edmonton Zone total
  - The highest number of encounters of any ED in Alberta
- 3,704 encounters at the UAH ED
  - 21% of the Edmonton Zone total
  - The 2nd highest number of encounters of any ED in Alberta
- 1,872 encounters at the NECHC ED
- 1,114 encounters at the MCH ED
- 907 encounters at the GNCH ED

- 5,264 distinct patients in the Edmonton Zone
    - The distinct patient with the most frequent encounters had 165 ED encounters during this time period.

Methodology

Five categories of data were analyzed for the current reporting period:

1. Program utilization statistics: These indicators consist of the number of stays, referral source, elapsed time from referral in the ED to arrival at Bridge Healing, discharge status, unplanned discharge reasons, discharge destinations, the length of stay in the program, the number of clients staying over 30 days and accompanying discharge delay reasons for those clients staying over 30 days.
2. Transitional plan outcomes: Transitional plan outcomes analysis determined whether objectives were obtained and the required time to obtain them (i.e., ID, bank account, income assistance).
3. Health service utilization: Data were collected on two populations: those clients who were accepted into Bridge Healing – referred to as "Accepted" – and those who were eligible for Bridge Healing but were not referred due to lack of capacity – referred to as "Eligible." This was to allow for group comparisons in health service utilization. Health service utilization analysis examined a client's health utilization rate for a period of 90 days pre-admission, during their stay at Bridge Healing (if applicable) and 90 days post-discharge from Bridge Healing. The included measures were ED visits, inpatient admissions, number of inpatient days, as well as completed Addiction and Mental Health appointments.
4. Client experience survey results and feedback: Key trends from the Client Experience Survey are explored along with feedback garnered informally from clients. Additional information is available upon request.
5. Staff experience survey results: Key trends from the Staff Experience Survey are explored. Additional information is available upon request.

Bridge Healing Program Utilization Statistics

The Bridge Healing program began accepting referrals from emergency departments on March 16, 2023. Data collection for this report proceeded from this time until March 31, 2024, during

which the Bridge Healing program gradually opened 36 beds and had 197 stays. Of these 197 stays, 148 originated from referrals from the RAH ED, 30 from the UAH ED and 19 from the NECHC ED. The 197 Bridge Healing stays represent 191 unique individuals (6 clients had multiple stays in the program). Additionally, two individuals passed away during their stays at Bridge Healing.

The length of time it took from when the referral was accepted in the ED to when clients arrived on site at Bridge Healing was captured for 173 stays. Data were not captured for the remaining 24 stays due to data entry errors. Data should be interpreted cautiously, as the timestamps may be unreliable. The average length of time it took from when the referral was accepted in the ED to when clients arrived on site at Bridge Healing was 4.63 hours.

Upon discharge from Bridge Healing, JPWC staff categorized a client's discharge status as either a planned discharge or an unplanned discharge. As of March 31, 2024, Bridge Healing reported 42 planned discharges, 119 unplanned discharges and 36 current clients. For those clients with unplanned discharges, an accompanying reason was included (see Table 2). The most common unplanned discharge reason was no contact (*n* = 34), which means the client left the premises and was unable to be contacted within 72 hours.

Table 2. Unplanned Discharge Reasons (*n* = 119)

Unplanned Discharge Reasons	Count
Breach	24
Medical Reasons	9
No Contact	34
Not Working on Tasks	19
Other	10
Personal Choice	23

Additionally, a client's discharge destination was recorded upon discharge. Please see Table 3 for discharge destinations originally reported by Bridge Healing for planned and unplanned discharges.

Table 3. Original Discharge Statuses and Destinations (*n* = 161)[1]

Discharge Status and Destination	Count
Planned	42
»Market Housing with Housing First	19
»Supportive Housing with Housing First	9
»Market Housing Independently	4
»Detox	1
»Hospital	4
»Left City	1
»Shelter	1
»Treatment	1
»Unknown	1
»Work	1
Unplanned	119
»Family or Informal Social Support	10
»Hospital	14
»Left City	4
»Market Housing Independently	1
»Shelter	20
»Supportive Housing with Housing First	1
»Unknown	69

A recoding of the discharge data was required in order to facilitate more meaningful comparisons between clients who obtained housing as a result of the program, and those who did not. Clients with planned discharges to either market housing with Housing First, supportive housing with Housing First, or market housing independently were recoded into “Planned Discharge to Housing.” All remaining classifications were recoded into “All Other Discharge Destinations.” Please see Table 4 for recoded discharge statuses and destinations.

[1] Thirty six clients were still residing in the program on March 31, 2024, and hence did not yet have a discharge status or destination recorded.

Table 4. Recoded Discharge Statuses and Destinations (*n* = 161)

Discharge Status and Destination	Count
Planned Discharge to Housing	32
»Market Housing with Housing First	19
»Supportive Housing with Housing First	9
»Market Housing Independently	4
All Other Discharge Destinations	129
»Detox	1
»Family or Informal Social Support	10
»Hospital	18
»Left City	5
»Market Housing Independently	1
»Shelter	21
»Supportive Housing with Housing First	1
»Treatment	1
»Unknown	70
»Work	1

Table 5 captures the average length of stay categorized by discharge status. For current clients, length of stay was calculated up to March 31, 2024, at 11:59 pm. The average length of stay for clients discharged from Bridge Healing by March 31, 2024, was 35.01 days. Please note that due to data entry errors, length of stay calculations may be off by +/- 1 day.

Table 5. Average Length of Stay by Discharge Status (*n* = 161)

Discharge Status	Number of Stays	Average Length of Stay (Days)
Current Client	36	36.99
Planned Discharge to Housing	32	74.92
All Other Discharge Destinations	129	25.11
All Stays	197	35.37

Discharge delay reasons were recorded for 65 clients staying over 30 days. Multiple discharge delay reasons could be recorded for each discharge. As can be seen in Table 6, the most common discharge delay reason reported was insufficient availability of appropriate accommodation (*n* = 44).

Table 6. Discharge Delay Reasons for Clients Staying Over 30 Days (*n* = 65)

Discharge Delay Reason	Count
Delays in Obtaining Bank Account	1
Delays in Obtaining Identification	11
Delays in Obtaining Secure Income	12
Insufficient Availability of Appropriate Accommodation	44
Medical Reasons	13

Transitional Plan Outcomes

As a condition of acceptance into the Bridge Healing program, clients are expected to actively work towards the completion of transitional plan objectives with the assistance of Bridge Healing staff. During intake to the program, clients were interviewed to determine their individual need for the offered transitional plan objectives, which included obtaining ID, a bank account, and income assistance. Please note that the following analysis was completed only for clients who were discharged from Bridge Healing by March 31, 2024 (*n* = 161) in order to provide an accurate description of their completed transitional plan objectives. The length of time necessary to complete transitional plan objectives was calculated as the number of days from a client's Bridge Healing acceptance date to the date the objective was obtained.

Of the 102 clients who indicated a need to obtain ID, 25 (25%) obtained identification during their stay. Of the 50 clients who indicated they needed a bank account, 5 (10%) obtained a bank account. Of the 70 clients who indicated they needed income assistance, 26 (37%) obtained needed income assistance. Additionally, 3 clients obtained income assistance despite it not being identified in their transitional plan. The average length of time it took to obtain ID, a bank account, and income assistance was 37 days, 27 days, and 23 days, respectively. Of the 161 client stays examined in this analysis, 42 clients (26%) were discharged from Bridge Healing having completed at least one transitional plan objective.

Health Service Utilization Data Preparation

Comparison Groups

Statistical analysis was conducted on 4 different groups consisting of the following:

Eligible: Eligible clients consist of clients who had a possible referral to Bridge Healing by June 30, 2023. Eligible clients consist of those clients who met the eligibility requirements for a referral to Bridge Healing but were not referred to the program due to a lack of capacity. For those clients who had more than one opportunity to be referred to the program (i.e., multiple qualifying ED visits), pre and post time periods were calculated from their first captured opportunity to be referred.

Accepted: Accepted clients consist of clients who were accepted into Bridge Healing and were discharged from the program by March 31, 2024. Eligible and Accepted clients are mutually exclusive groups. If a client could not be accepted into Bridge Healing upon their first visit to a qualifying ED but was then accepted into Bridge Healing at a later ED visit, this client was only categorized in the Accepted category to avoid confounding the data.

Planned Discharge to Housing: This group is a subsection of Accepted clients and consists of clients who were accepted into Bridge Healing and were discharged from the program by March 31, 2024, with a discharge status of Planned Discharge to Housing.

All Other Discharge Destinations: This group is a subsection of Accepted clients and consists of clients who were accepted into Bridge Healing and were discharged from the program by March 31, 2024, with a discharge status of All Other Discharge Destinations.

Please note for the descriptive analysis, information for all stays for all clients were included. For the inferential analysis, data for clients with multiple stays at Bridge Healing and data for deceased individuals were excluded. Six Accepted clients each had two stays at Bridge Healing. Additionally, two Accepted clients passed away during their stays at Bridge Healing and one Eligible client passed away during their post period. Our condolences go out to the family and loved ones of these individuals.

Statistical Analysis

To calculate health service utilization, an individual's rate of utilization of various health services over a period of time was determined for each individual, i.e.,

$$\frac{\text{\# of emergency department visits}}{\text{\# of days stay at Bridge Healing}}$$

Health service utilization measures included the number of ED visits, number of inpatient admissions, inpatient length of stay and the number of completed Addiction and Mental Health appointments. Individuals' health utilization was captured for a pre-determined period of 90

days before (pre) and after (post) their stay at Bridge Healing. For Accepted clients, their utilization during the program (during) is divided by their individual length of stay at Bridge Healing. The individual rates were then averaged together to determine an average individual health service utilization rate per day for the group. These daily rates were then multiplied by 90 to give us the average individual health utilization rate for a period of 90 days. Pre and post health utilization rates are true representations of the events that occurred before and after an individual's stay at Bridge Healing. During rates are not an accurate reflection of events that actually occurred but are rather an extrapolation of the events that would be predicted to occur if an individual were to stay at Bridge Healing for a full 90 days and continue with their same individual rate of health service utilization, i.e.,

Accurate Rate		*Extrapolated Rate*
$\frac{\text{1 emergency department visit}}{\text{9 day stay at Bridge Healing}}$	=	$\frac{\text{10 emergency department visits}}{\text{90 day stay at Bridge Healing}}$

Rates were calculated in this manner in order to offer a means of comparison across time periods but the during rate should be interpreted with caution.

Inferential statistical analysis was also conducted to further determine the effect of Bridge Healing on health service utilization pre and post program only. Utilization rate during the program was excluded in the statistical model due to a high degree of variance in the length of stays. Additionally, data for clients with multiple stays at Bridge Healing and data for deceased individuals were excluded. Data for health utilization measures followed similar distributions but all distributions were positively skewed.

Two comparisons were made for each health utilization measure: referral status and discharge status. A 2x2 Mixed ANOVA was used to examine the between-subjects factor of referral status (Accepted and Eligible) with the within-subjects factor of time (pre and post). A 2x2 Mixed ANOVA was also used to examine the between-subjects factor of discharge status (Planned Discharge to Housing and All Other Discharge Destinations) with the within-subjects factor of time (pre and post).

Health Service Utilization Results

Emergency Department Visits

As seen in Table 7, Accepted clients saw their rate of ED utilization decrease 17% from an average of 5.57 visits (pre) to 4.62 visits (post). This change is even more pronounced when looking at Accepted clients with a Planned Discharge to Housing who saw their average ED utilization decrease 76% from 5.88 visits (pre) to 1.41 visits (post). In comparison, average ED utilization for Eligible clients remained steady, only decreasing slightly from 5.76 (pre) to 5.61 (post) representing a 3% decrease.

Table 7. Average ED Visits Per 90 Day Period and Associated Rate Change from Pre to Post (All Clients/Stays Included)

		Average ED Visits Per 90 Day Period						Difference in Average Rate from Pre to Post (% Change)
		Pre		During		Post		
Referral Status	Bridge Healing Discharge Status	Rate	*n*	Rate	*n*	Rate	*n*	
Eligible	Not Applicable	5.76	71	N/A	N/A	5.61	71	-0.15 (-3%)
Accepted	All Discharge Statuses	5.57	161	3.11	161	4.62	159	-0.95 (-17%)
	»Planned Discharge to Housing	5.88	32	1.92	32	1.41	32	-4.47 (-76%)
	»All Other Discharge Destinations	5.49	129	3.40	129	5.43	127	-0.06 (-1%)

For inferential analysis, data for clients with multiple stays at Bridge Healing and data for deceased individuals were excluded (see Table 8). All *p*-values adjusted for Bonferroni correction.

Table 8. Average ED Visits Per 90 Day Period (Multiple Stays/Deceased Individuals Excluded)

			Average ED Visits Per 90 Day Period			
			Pre		Post	
Referral Status	Bridge Healing Discharge Status	*n*	*M*	*SD*	*M*	*SD*
Eligible	Not Applicable	70	5.80	6.98	5.57	10.09
Accepted	All Discharge Statuses	147	5.63	6.46	4.65	8.06
	»Planned Discharge to Housing	29	6.03	7.28	1.45	2.56
	»All Other Discharge Destinations	118	5.53	6.27	5.44	8.73

A 2x2 Mixed ANOVA was used to compare the number of ED visits pre and post program for Eligible clients (n = 70) compared to Accepted clients (n = 147). Results indicated no significant interaction between referral status and time ($F(1, 215) = 0.50$, adjusted p = 0.96, partial $\eta^2 < 0.01$). There were no significant main effects of referral status ($F(1, 215) = 0.30$, adjusted $p = 1.00$, partial $\eta^2 = 0.01$) or time ($F(1, 215) = 1.29$, adjusted $p = 0.52$, partial $\eta^2 = 0.01$) on the number of ED visits.

A 2x2 Mixed ANOVA was used to compare the number of ED visits pre and post program for clients with a Planned Discharge to Housing (n = 29) compared to clients with All Other Discharge Destinations (n = 118) (see Figure 1). The results indicated a significant interaction between discharge status and time ($F(1, 145) = 8.70$, adjusted $p = 0.01$, partial $\eta^2 = 0.06$). Post hoc analyses with Bonferroni correction indicated Planned Discharge to Housing had significantly more ED visits pre program ($M = 6.03$, $SD = 7.28$) compared to post program ($M = 1.45$, $SD = 2.56$; $F(1, 28) = 20.12$, $p < 0.001$, partial $\eta^2 = 0.418$) and All Other Discharge Destinations showed no significant difference in ED visits pre ($M = 5.53$, $SD = 6.27$) and post program ($M = 5.44$, $SD = 8.73$; $F(1, 117) = 0.02$, p = 1.00, partial $\eta^2 < 0.01$). There was no significant main effect of discharge status on the number of ED Visits ($F(1, 145) = 1.83$, $p = 0.36$, partial $\eta^2 = 0.01$). There was a significant effect of time on the number of ED visits. A post hoc analysis with Bonferroni correction indicated that the mean number of ED Visits pre program ($M = 5.63$, $SD = 6.46$) was significantly larger than the number of ED visits post program ($M = 4.65$, $SD = 8.06$; $F(1, 145) = 9.43$, adjusted $p < 0.01$, partial $\eta 2 = 0.06$).

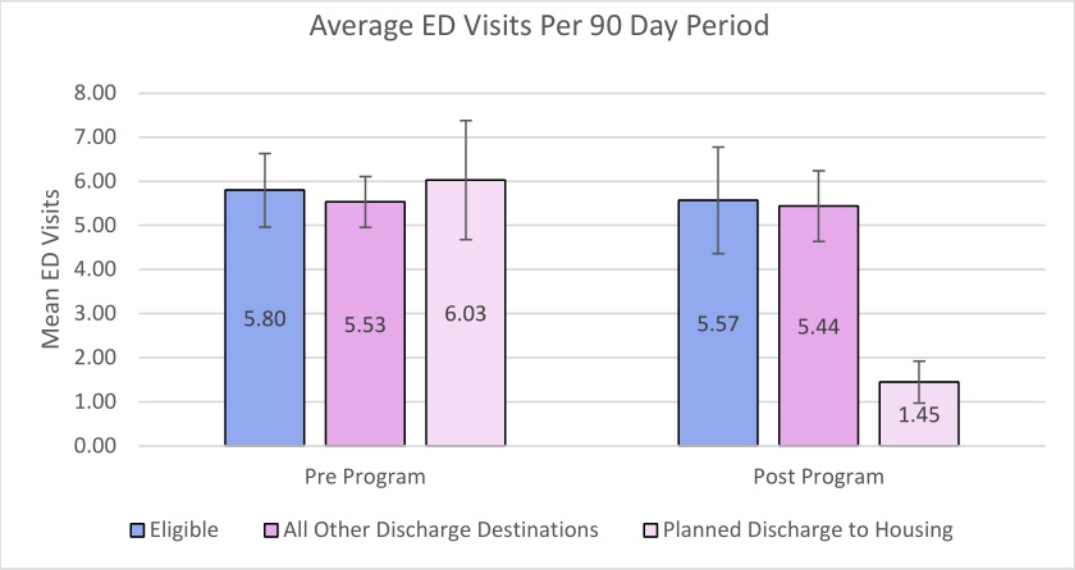

Figure 1. Discharge Status Effects on ED Visits: Mean Values and Standard Error

In summary, these results demonstrate that a Planned Discharge to Housing as a result of the Bridge Healing program resulted in a significant reduction in the number of ED visits, compared to All Other Discharge Destinations. A referral to the program by itself did not have a significant effect on the number of ED visits. Taken together, this suggests that in order to see a reduction in ED visits, a client must be successfully housed upon discharge from Bridge Healing.

Inpatient Admissions

As seen in Table 9, Accepted clients saw their rate of inpatient admissions decrease 8% from an average of 0.60 admissions (pre) to 0.55 admissions (post). Again, this change is even more pronounced when looking at Accepted clients with a Planned Discharge to Housing who saw their average inpatient admissions decrease 57% from 0.72 admissions (pre) to 0.31 admissions (post). In comparison, average inpatient admissions for Eligible clients increased 18% from 0.49 admissions (pre) to 0.58 admissions (post). Please note that due to the low frequency of inpatient admissions, percent changes should be interpreted with caution.

Table 9. Average Inpatient Admissions Per 90 Day Period and Associated Rate Change from Pre to Post (All Clients/Stays Included)

		Average Admissions Per 90 Day Period						Difference in Average Rate from Pre to Post (% Change)
		Pre		During		Post		
Referral Status	Bridge Healing Discharge Status	Rate	*n*	Rate	*n*	Rate	*n*	
Eligible	Not Applicable	0.49	71	N/A	N/A	0.58	71	+0.09 (+18%)
Accepted	All Discharge Statuses	0.60	161	0.06	161	0.55	159	-0.05 (-8%)
	»Planned Discharge to Housing	0.72	32	0.08	32	0.31	32	-0.41 (-57%)
	»All Other Discharge Destinations	0.57	129	0.05	129	0.61	127	+0.04 (+7%)

For inferential analysis, data for clients with multiple stays at Bridge Healing and data for deceased individuals were excluded (see Table 10). All *p*-values adjusted for Bonferroni correction.

Table 10. Average Inpatient Admissions Per 90 Day Period (Multiple Stays/Deceased Individuals Excluded)

			Average Admissions Per 90 Day Period			
			Pre		Post	
Referral Status	Bridge Healing Discharge Status	*n*	*M*	*SD*	*M*	*SD*
Eligible	Not Applicable	70	0.49	0.88	0.56	1.11
Accepted	All Discharge Statuses	147	0.59	1.04	0.53	0.99
	»Planned Discharge to Housing	29	0.66	1.20	0.31	0.71
	»All Other Discharge Destinations	118	0.57	1.00	0.58	1.04

A 2x2 Mixed ANOVA was used to compare the number of inpatient admissions pre and post program for Eligible clients (n = 70) compared to Accepted clients (n = 147). Analyses failed to find a significant interaction between referral status and time ($F(1, 215)$ = 0.62, adjusted p = 0.86, partial $\eta^2 > 0.01$). No significant main effects of referral status ($F(1, 215)$ = 0.09, adjusted p = 1.00, partial $\eta^2 < 0.01$), or time ($F(1, 215)$ = 0.01, adjusted p = 1.00, partial $\eta^2 < 0.01$) on the number of inpatient admissions were found.

A 2x2 Mixed ANOVA was used to compare the number of inpatient admissions pre and post program for clients with a Planned Discharge to Housing (n = 29) compared to clients with All Other Discharge Destinations (n = 118). Analyses failed to find a significant

interaction between discharge status and time, ($F(1, 145) = 2.32$, adjusted $p = 0.26$, partial $\eta^2 = 0.02$). No significant main effect of discharge status ($F(1, 145) = 0.29$, adjusted $p = 1.00$, partial $\eta^2 < 0.01$), or time ($F(1, 145) = 1.91$, adjusted $p = 0.34$, partial $\eta^2 = 0.01$) on the number of inpatient admissions were found.

These results suggest that no significant effects of a referral to the Bridge Healing program on the number of inpatient admissions were observed. Specifically, there was no significant difference in the number of inpatient admissions between Accepted or Eligible clients. Furthermore, there was no significant difference in inpatient admissions as a result of discharge status.

Inpatient Length of Stay

As seen in Table 11, Accepted clients saw their rate of inpatient days increase 37% from an average of 4.11 days (pre) to 5.63 days (post). In contrast, Accepted clients with a Planned Discharge to Housing saw their average inpatient days decrease 69% from 5.28 days (pre) to 1.66 days (post). In comparison, average inpatient days for Eligible clients increased 18% from 4.27 days (pre) to 5.03 days (post).

Table 11. Average Inpatient Days Per 90 Day Period and Associated Rate Change from Pre to Post (All Clients/Stays Included)

		Average Inpatient Days Per 90 Day Period						Difference in Average Rate from Pre to Post (% Change)
		Pre		During		Post		
Referral Status	Bridge Healing Discharge Status	Rate	*n*	Rate	*n*	Rate	*n*	
Eligible	Not Applicable	4.27	71	N/A	N/A	5.03	71	+0.76 (+18%)
Accepted	All Discharge Statuses	4.11	161	0.15	161	5.63	159	+1.52 (+37%)
	»Planned Discharge to Housing	5.28	32	0.12	32	1.66	32	-3.62 (-69%)
	»All Other Discharge Destinations	3.81	129	0.16	129	6.63	127	+2.82 (+74%)

For inferential analysis, data for clients with multiple stays at Bridge Healing and data for deceased individuals were excluded (see Table 12). All *p*-values adjusted for Bonferroni correction.

Table 12. Average Inpatient Days Per 90 Day Period (Multiple Stays/Deceased Individuals Excluded)

			Average Inpatient Days Per 90 Day Period			
			Pre		Post	
Referral Status	Bridge Healing Discharge Status	*n*	*M*	*SD*	*M*	*SD*
Eligible	Not Applicable	70	4.31	11.69	4.99	11.67
Accepted	All Discharge Statuses	147	4.06	8.60	5.68	12.52
	»Planned Discharge to Housing	29	4.45	8.31	1.76	5.13
	»All Other Discharge Destinations	118	3.97	8.70	6.64	13.59

A 2x2 Mixed ANOVA was used to compare the number of inpatient days pre and post program for Eligible clients (n = 70) compared to Accepted clients (n = 147). Analyses failed to find an interaction between referral status and time ($F(1, 215) = 0.24$, adjusted p = 1.00, partial $\eta^2 < 0.01$). No significant main effects of referral status ($F(1, 215) = 0.03$, adjusted p = 1.00, partial $\eta^2 < 0.01$), or time ($F(1, 215) = 1.39$, adjusted p = 0.48, partial $\eta^2 < 0.01$) on the number of inpatient days were found.

A 2x2 Mixed ANOVA was used to compare the number of inpatient days pre and post program for clients with a Planned Discharge to Housing (n = 29) compared to clients with All Other Discharge Destinations (n = 118). Following Bonferroni correction, the results indicated no significant interaction between discharge status and time ($F(1, 145) = 4.04$, adjusted p = 0.10, partial $\eta^2 = 0.03$). No significant main effects of discharge status ($F(1, 145) = 1.55$, adjusted p = 0.43, partial $\eta^2 = 0.01$), or time ($F(1, 145) = 0.00$, adjusted p = 1.00, partial $\eta^2 < 0.01$) on the number of inpatient days were found.

These results suggest that for the available data there were no effects of a referral to the Bridge Healing program on inpatient days. Specifically, there was no significant difference in the number of inpatient days between Accepted or Eligible clients. Furthermore, there was no significant difference in inpatient days as a result of discharge status, although there was a trend approaching significance.

Completed Addiction and Mental Health Appointments

As seen in Table 13, Accepted clients saw their rate of AMH appointments increase 23% from an average of 0.98 appointments (pre) to 1.21 appointments (post). In comparison, average AMH appointments for Eligible clients increased 148% from 0.65 appointments (pre) to 1.61 appointments (post). Given the presence of multiple outliers, these results should be interpreted with caution.

Table 13. Average AMH Appointments Per 90 Day Period and Associated Rate Change from Pre to Post (All Clients/Stays Included)

		Average AMH Appointments Per 90 Day Period						Difference in Average Rate from Pre to Post (% Change)
		Pre		During		Post		
Referral Status	Bridge Healing Discharge Status	Rate	*n*	Rate	*n*	Rate	*n*	
Eligible	Not Applicable	0.65	71	N/A	N/A	1.61	71	+0.96 (+148%)
Accepted	All Discharge Statuses	0.98	161	2.67	161	1.21	159	+0.23 (+23%)
	»Planned Discharge to Housing	2.50	32	2.80	32	2.25	32	-0.25 (-10%)
	»All Other Discharge Destinations	0.60	129	2.63	129	0.94	127	+0.34 (+57%)

For inferential analysis, data for clients with multiple stays at Bridge Healing and data for deceased individuals were excluded (see Table 14). Two clients - one from the Eligible group, and one from the Accepted group - were identified as outliers and were removed from analysis. All *p*-values adjusted for Bonferroni correction.

Table 14. Average AMH Appointments Per 90 Day Period (Multiple Stays/Deceased Individuals/Outliers Excluded)

			Average AMH Appointments Per 90 Day Period			
			Pre		Post	
Referral Status	Bridge Healing Discharge Status	*n*	*M*	*SD*	*M*	*SD*
Eligible	Not Applicable	69	0.67	1.65	1.03	3.29
Accepted	All Discharge Statuses	146	0.66	1.58	1.20	3.45
	»Planned Discharge to Housing	28	0.96	2.05	2.39	5.63
	»All Other Discharge Destinations	118	0.58	1.45	0.92	2.65

A 2x2 Mixed ANOVA was used to compare the number of AMH appointments pre and post program for Eligible clients (n = 69) compared to Accepted clients (n = 146). Analyses failed to find an interaction between referral status and time ($F(1, 213) = 0.14$, adjusted $p = 1.00$, partial $\eta^2 < 0.01$). No significant main effects of referral status ($F(1, 213) = 0.07$, adjusted $p = 1.00$, partial $\eta^2 < 0.01$), or time ($F(1, 213) = 3.61$, adjusted $p = 0.11$ partial $\eta^2 = 0.02$) on the number of AMH appointments were found.

A 2x2 Mixed ANOVA was used to compare the number of AMH appointments pre and post program for clients with a Planned Discharge to Housing (n = 28) compared to clients with All Other Discharge Destinations (n = 118). The results indicated no significant interaction between discharge status and time ($F(1, 144) = 2.09$, adjusted $p = 0.30$, partial $\eta^2 = 0.01$) and no significant main effect of discharge status ($F(1, 144) = 5.11$, adjusted $p = 0.06$, partial $\eta^2 = 0.03$) on the number of AMH appointments. There was a significant main effect of time on the number of AMH appointments. A post hoc analysis with Bonferroni correction indicated that the mean number of AMH appointments pre program ($M = 0.66$, $SD = 1.58$) was significantly smaller than the number of AMH appointments post program ($M = 1.20$, $SD = 5.63$) ($F(1, 144) = 5.37$, adjusted $p = 0.04$, partial $\eta^2 = 0.04$).

These results suggest that for the available data there were no effects of a referral to the Bridge Healing program on the number of AMH appointments. Specifically, there was no significant difference in the number of AMH appointments between Accepted or Eligible clients. Furthermore, there was no significant difference in AMH appointments as a result of discharge status. For Accepted clients, there was an increase in AMH appointments post program compared to pre program, regardless of discharge status.

Client Experience Survey Results and Feedback

Client Experience Surveys were distributed to clients upon discharge from the program and asked clients about their experiences while staying in the Bridge Healing program. Surveys began being distributed from February 2024 onwards. Key results are discussed here and report on all responses collected to date. More information is available upon request.

Fifteen surveys were completed by Bridge Healing clients. All clients agreed that staff worked with them to achieve their goals (by connecting them with services and resources). Additionally, 85% of clients agreed that they were connected to resources/supports that helped them better manage life's challenges. All clients either achieved or somewhat achieved the goals they personally set for themselves while in the program. Furthermore, 92% of clients were satisfied

with Bridge Healing and all clients rated their overall care highly while at Bridge Healing. Clients reported that the staff and the welcoming atmosphere were what they liked best about Bridge Healing. Many clients reported that they would not change anything about Bridge Healing while others reported they would welcome higher quality food and improved amenities. Overall, clients expressed gratitude and appreciation for the staff and program.

JPWC staff also informally asked clients to share their experiences while staying in the Bridge Healing program. Client feedback is captured below.

"I was one of the first three people at Bridge Healing after being kicked out of my 17 (1) *house.* 17 (1) *I ended up in the hospital. When I was in the hospital, I was hoping and wishing for a miracle. I thought I was going to end up homeless or on a mattress in a shelter. Right after, I got a doctor who looked like God. He told me he had been working with a program he thinks I would be a good fit for. I don't even believe in God, but he answered my prayer. I was hesitant at first to go into a "transition home." I did not know what to expect and I was terrified. We showed up around 2 am and we were hoping to be admitted. We were welcomed with open arms. When I pulled up in the taxi, I could not believe how nice the place was, the building smelled fresh and clean. They led me to my room. It was the miracle I was asking for. A private bathroom, a private suite, a lock on my door, new sheets, and blankets. The staff were soft spoken and genuinely seemed to care. They did not push judgment on me for why I was there.* 17 (1) *But when I was shown where I was going to be given, it helped me feel human again. I slept very well there, and I felt safe. I felt a sense of safety when I was there, and they assured me they were going to help me get on my feet and that is exactly what they did for me. With their support and with their patience, I was able to find meaningful employment. I was able to seek help from professionals I was in dire need of. I never worried about going hungry. Bridge Healing gave me a sense of security. I was there for 70 days. I would not change anything about that place. I made friends with staff and clients. I realized how similar our lives were in the community despite our stories being so different. It changed the way I look at our community and how human we are all. I want to thank the staff from the bottom of my heart for listening and supporting and helping me realize my potential. They never gave up on me, and now I won't give up on myself. Now I've got the 'Bridge Feeling.'"*

17 (1) Bridge Healing client

"When I came here from the Royal Alex Hospital in December, all my life's belongings had been stolen, 17 (1) *(LOL), all I wanted was a shower, and I had no faith in the future. I still remember [staff members] welcoming me into the program, and how skeptical I was that evening, thinking to myself that nothing and no one was going to save me. But I made a bet with myself to give this program a chance for just 1 week at a time. And thanks to you all, I finally have ID, I have my own place to live for the 1st time in my life and don't have to beg family or be in a relationship for a roof over my head, and I got the financial support to be able to reapply to college. I'm going to be at* 17 (1) *in September. You have all saved my life. I will never forget any of you!"*
-Bridge Healing client

"I came to Bridge Healing because I was in hospital with 17 (1) *In the emergency room at the Royal Alex, I was given the option to do Bridge Healing. Before coming here, I was renting a place where the windows were smashed in and the apartment was flooded for months, the landlord didn't care that I had to use a bucket to empty out my kitchen sink.*

I feel comfortable at Bridge Healing, it is safe, relaxed and the staff are non-judgmental. I got all the support I could ask for. The staff helped connect me to new resources and a housing worker so I got a new place of my own where I feel safe to live. The staff also helped me figure out my debt so I can pay my rent on my own."
17 Bridge Healing client

Staff Experience Survey Results

A Staff Experience Survey was disseminated to JPWC staff as well as RAH, UAH and NECHC ED staff during the month of March 2024 asking respondents about their experiences working with the Bridge Healing program. Key results are discussed here. More information is available upon request.

JPWC Staff

Ten surveys were completed by JPWC staff. Results showed that 70% of JPWC staff expressed agreement that Bridge Healing residents leave the program better off than when they started. Additionally, 90% of JPWC staff agreed that Bridge Healing residents are better equipped to deal with future life challenges after coming to the program. Many respondents reported that the program is doing well in housing clients, connecting clients to resources that otherwise might be

unattainable without agency help and providing a sense of stability and community to clients. Areas for improvement included ensuring referrals to the program are appropriate and come with all the pertinent information, and increasing the staffing level, and staff resources available to better serve the needs of these complex clients.

ED Staff

One hundred and one surveys were completed by ED staff. Results showed that 84% of ED staff expressed agreement that many patients have a need for the Bridge Healing program at their ED. Additionally, 57% of ED staff agreed that they have seen a positive impact in their department as a result of the Bridge Healing program. Many respondents reported general support for the program and talked about how the program helped ease their moral distress by not having to discharge vulnerable patients back to houselessness. Respondents also expressed support for the program and requested additional Bridge Healing beds to be made available and to further increase education and awareness surrounding the program. Areas for improvement included refining the referral criteria as ED staff reported that the acuity level of clients the program was willing to accept was inconsistent at times. Additionally, staff requested that the scope of the program be increased, both in terms of accepting clients with higher level of care needs and expanding the referral pathways to include referrals from inpatient settings.

Discussion

From the results of its first year in operation, the Bridge Healing program has created a housing resource with low barriers to access. Once a client experiencing houselessness has their acute health needs treated in the ED, the primary criteria for a referral to Bridge Healing is that the client shows an interest in improving their circumstances and wants to work towards obtaining permanent housing. Given the state of the current housing crisis in Edmonton and other areas throughout Alberta, the population for this program has the potential to be huge and the impact of the program could be even greater if expanded to other areas.

Having an access point to housing resources situated within an ED is also a tremendous benefit as most patients who come into an ED are in crisis and seeking help. The ability to connect interested and motivated clients with resources that will further them along in their housing journey is invaluable. Once a client who is experiencing houselessness expresses an interest in getting housed, the client can seamlessly and efficiently be connected and transported to the Bridge Healing site within hours of their discharge from the ED. This not only benefits the

individual client, but also the health system by freeing up limited ED beds and alleviating some of the backlog pressures in the ED.

Further, the preliminary results of this evaluation lend credence to the Housing First philosophy. *Living rough* and within the harsh elements of the environment exacerbates and prolongs pre-existing health conditions. By providing individuals with stable housing, they are better able to stabilize and mitigate pre-existing health conditions. Stated plainly, housed individuals tend to have better health outcomes. Accepted clients with planned discharges to housing had significantly reduced ED visits and showed trends towards reduced inpatient admissions, and decreased number of inpatient days. Not only is this advantageous for the individual client, but it also benefits the healthcare system as a whole. By providing time-limited accommodation in Bridge Healing and transitioning clients to stable housing, the healthcare system is benefiting both in terms of reduced burden and reduced costs.

A potential drawback of implementing a program with significantly reduced entry barriers is that it may result in a correspondingly lower rate of successful outcomes compared to programs with stricter eligibility criteria. For the 161 clients who were discharged from the program, only 32 were discharged to stable accommodation. The increase in inpatient length of stay for clients discharged to All Other Destinations likely reflects inappropriate referrals of clients with too high of care needs for the level of services provided by Bridge Healing. It is hypothesized that with the continued refinement of referral criteria or perhaps different levels of care provided within Bridge Healing, the housing rate will improve. However, it should be noted that although only 20% of discharged clients were successfully housed, even clients who did not obtain housing received some benefit from the program. Twenty six percent of discharged clients left Bridge Healing being at least one step closer to being housed either because they obtained needed ID, bank accounts, or a source of income.

In summary, these results look promising, and the merits of the Bridge Healing program could have profound effects both on individuals and the healthcare system as a whole.

Recovery Alberta
MENTAL HEALTH AND ADDICTION SERVICES

Alberta Health Services

Bridge Healing
Transitional Accommodation Program

(March 16, 2023 – March 31, 2024)

Royal Alexandra Hospital ED
began referring on March 16, 2023
148 clients

Northeast Community Health Centre ED
began referring on Nov. 6, 2023
19 clients

University of Alberta Hospital ED
began referring on Dec. 28, 2023
30 clients

Bridge Healing is operated by Jasper Place Wellness Centre and provides 36 transitional beds while connecting clients to needed health and social services.

197 Stays **95%** Occupancy Rate

Discharge Status	Number of Stays	Average Length of Stay (Days)
Current Client	36	36.99
Planned Discharge to Housing	32	74.92
All Other Discharge Destinations	129	25.11
All Stays	197	35.37

129 clients

All Other Discharge Destinations

Includes clients with Unplanned Discharges to:

Destination	Count	Destination	Count
Detox	1	Family or Informal Social Support	10
Hospital	18	Market Housing Independently	1
Left City	5	Supportive Housing with Housing First	1
Shelter	21	Self Discharged Without Notice	70
Treatment	1	Work	1

32 clients

Planned Discharge to Housing

Includes clients with Planned Discharges to:

Destination	Count
Market Housing with Housing First	19
Supportive Housing with Housing First	9
Market Housing Independently	4

90 Day Pre/Post Health Utilization

ED Visits	Inpt. Admissions	Inpt. LOS	Health Measure	ED Visits	Inpt. Admissions	Inpt. LOS
5.49	0.57	3.81	Pre Rate	5.88	0.72	5.28
5.43	0.61	6.63	Post Rate	1.41	0.31	1.66
↓1%	↑7%	↑74%	% Change	↓76%	↓ 57%	↓ 69%

Prepared by: Decision Support Services (DSS), Recovery Alberta (October 2024); Please email questions to DSS.EZ@recoveryalberta.ca