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BRIDGE HEALING TRANSITIONAL ACCOMMODATION PROGRAM

A BUSINESS CASE

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Executive Summary

Alberta's healthcare system is facing mounting pressures due to a rise in homelessness-related emergency department (ED) visits and hospital admissions. Individuals experiencing homelessness have higher rates of chronic illness, mental health conditions, and substance use disorders, leading to frequent interactions with acute care services. Without stable housing and appropriate support, they cycle through EDs and inpatient care, driving up healthcare costs and contributing to poor health outcomes.

The Bridge Healing Transitional Accommodation Program is a proven model that integrates healthcare, mental health, and housing support to address these challenges. The program currently offers 36 beds, serving up to 140 individuals annually, providing short-term transitional housing with comprehensive services. For Bridge Healing patients, it has led to a 76% reduction in ED visits and a 57% decrease in hospital admissions, alleviating system burdens and improving patient outcomes. Client satisfaction is high, with 92% reporting positive experiences, and 84% of ED staff recognizing its value.

Financially, the program is highly cost-effective. With an annual budget of \$1,807,935, it generates estimated savings of Projected cost savings from reduced emergency visits and hospital readmissions: \$5,107,234.00 annually in reduced hospital and ER admissions. This return on investment supports its continuation and expansion as a sustainable solution.

Strategically aligned with Alberta's healthcare priorities, Bridge Healing provides a scalable, evidence-based model that reduces hospital strain and enhances long-term stability for vulnerable populations. Expanding the program would improve healthcare efficiency, reduce costs, and provide a critical safety net for individuals transitioning out of homelessness.

Current Situation

Purpose

To define the current challenges faced by Alberta's healthcare and social systems in managing homelessness, mental health, addiction, and post-hospital discharge care.

Description

Edmonton stands at the center of a deepening homelessness crisis, with its emergency departments (EDs) overwhelmed by a rising number of individuals with no fixed address. From 2022 to 2023 alone, ED visits by persons experiencing homelessness (PEH) surged by 13%, making Edmonton the city with the highest such visits in Alberta (Hayes, 2024). In the 2023-24 fiscal year, Edmonton Zone hospitals reported 17,876 ED encounters with patients experiencing homelessness. This surge is not merely a statistical spike but a clear indicator of a system under strain, where inconsistent documentation and the stigma surrounding homelessness prevent a full understanding of the crisis's scope (Hayes, 2024).

Within these EDs, the story is distressingly familiar: patients arrive in dire need, only to be discharged back to the streets, returning again and again, each time in worse condition. Dr. Snider, an emergency physician, describes the heart-wrenching reality of turning away homeless patients after treatment in the ED due to a lack of beds and chairs, knowing they will likely return, caught in a relentless cycle of poor health (Hayes, 2024).

This crisis extends beyond Edmonton, reflecting a nationwide struggle where nearly 30,000 hospitalizations involved homeless patients from 2022 to 2023. These individuals face longer hospital stays and higher costs, with their health conditions exacerbated by the very environment they are forced to return to after discharge (Canadian Institute for Health Information, 2024). Homelessness compounds severe health issues—hypothermia, chronic pain, mental illness—each trip to the ED a temporary reprieve rather than a step toward recovery (Hayes, 2024).

The human toll is profound. Homeless individuals in Canada face a drastically reduced life expectancy, with an average age of death between 42 and 52 years, far below that of the general population (Brown et al., 2022). These statistics underscore a harsh reality: without a safety net, the health disparities for the homeless only widen, and their chances of a stable, healthy life diminish.

Marginalized groups bear the brunt of the crisis. Indigenous peoples, constituting just 5% of Canada's population, represent a staggering 30% of those experiencing homelessness (Government of Canada, 2024). 2SLGBTQ+ individuals, who are also overrepresented

among PEH and often homeless at a younger age, face additional barriers, with their health and educational opportunities severely impacted (Abramovich et al., 2024).

At the root of this crisis lies a decades-long erosion of social housing. In 1974, social housing accounted for over 20% of Canada's housing stock, providing a vital lifeline for low-income individuals. Today, social housing has shrunk to a mere 3.5%, with waitlists stretching for years (Boozary et al., 2024; Young, 2023). This reduction has left the most vulnerable populations stranded, exacerbating homelessness and overburdening health services (Young, 2023).

Recognizing the urgent need for change, the Alberta Medical Association - Section of Emergency Medicine has advocated for the creation of transitional housing options directly linked to EDs. This approach ensures that no patient would be discharged back to the streets without support, offering immediate shelter and comprehensive services like medical care, mental health support, and job retraining (Alberta Medical Association, 2022; Hayes, 2024)

Impact on Health Outcomes

The health outcomes of individuals experiencing homelessness are markedly worse than those with stable housing. The lack of access to consistent medical care means chronic illnesses such as diabetes, hypertension, and untreated infections worsen, often leading to severe complications that require emergency intervention. Furthermore, unstable housing exacerbates mental health conditions, with homelessness linked to significantly higher rates of depression, anxiety, PTSD, and substance use disorders (Hayes, 2024). The Bridge Healing program addresses these gaps by providing continuity of care, allowing patients to recover in a safe and stable environment, receive mental health and addiction support, and access necessary primary care services. By ensuring a structured transition from hospital discharge to stable housing, the program reduces hospital readmissions and allows patients to focus on long-term recovery rather than crisis-driven healthcare interactions.

Economic Burden

The financial strain of homelessness on the healthcare system is substantial. Each ED visit costs approximately \$1,482, while an inpatient hospital stay costs an average of \$7,500 per admission. With 17,876 ED encounters involving homeless patients in Edmonton alone, the financial burden on Alberta's health system is staggering. In contrast, supportive housing solutions, such as Bridge Healing, have demonstrated cost savings by significantly reducing reliance on emergency services. A study by the Canadian Observatory on Homelessness found that every \$10 invested in supportive housing leads to \$21.72 in

savings through reduced healthcare and justice system expenditures (Mental Health Commission of Canada, 2014). Additionally, programs like Bridge Healing contribute to long-term savings by stabilizing individuals, enabling them to secure employment and reduce reliance on social services.

Proven Models and the Path Forward

The Housing First model, proven effective in Canada and internationally, prioritizes providing housing before addressing other needs. This approach has consistently shown that stable housing dramatically reduces ED visits and improves health outcomes for the homeless (Hayes, 2024). In Baltimore, similar initiatives led to significant decreases in acute care use among homeless participants, demonstrating the model's effectiveness in reducing health system strain and improving lives (Miller et al., 2024). Studies further confirm that individuals in permanent supportive housing experience fewer psychiatric emergencies and rely less on shelters (Raven et al., 2020). The evidence is clear: housing first not only works but saves lives and resources.

Maintaining the status quo means perpetuating a cycle of suffering and escalating healthcare costs. Without intervention, the health and social systems will continue to face mounting pressure, while individuals trapped in homelessness see their health deteriorate further, with many never escaping the cycle of crisis (Hayes, 2024). Investing in transitional housing is both a compassionate and pragmatic solution (Hayes, 2024).

Program Description

Purpose

To outline the objectives, scope, and outcomes of the Bridge Healing Transitional Accommodation Program.

Objectives

The Bridge Healing Transitional Accommodation Program (Bridge Healing), operated by Jasper Place Wellness (JPWC), provides services to clients who are experiencing homelessness and are discharged from Edmonton emergency departments (ED). The program aims to provide a structured and supportive transition for these individuals as they move from hospital discharge to stable housing. The primary objective is to reduce emergency department utilization and hospital readmissions by offering short-term transitional housing combined with integrated healthcare services, mental health and addiction support, and case management. By addressing the root causes of

homelessness, the program seeks to improve overall health outcomes, prevent readmissions, and promote long-term stability for participants.

By alleviating system-wide pressures on Alberta's healthcare infrastructure, Bridge Healing helps free up hospital beds, reduce emergency department congestion, and lower overall healthcare costs associated with unmanaged chronic conditions and repeat hospital visits. Through collaboration with healthcare providers, housing organizations, and social services, the Bridge Healing program fosters a holistic, client-centered approach that not only improves individual well-being but also strengthens community health and social stability across Alberta.

In-Scope

Patients who were experiencing homelessness are identified by ED staff and connected with a social worker to conduct an initial interview to determine a client's interest and eligibility. The Bridge Healing program provides overnight accommodation for up to 30 days, with extensions granted under clear justification and reasoning. Historically, the average stay has been 4.4 months as the program needs to wait for the appropriate housing for the individual to be available.

Staff work closely with clients to develop a transition plan that addresses critical needs such as obtaining identification, setting up a bank account, accessing income assistance, and securing permanent housing. By addressing both immediate housing needs and supporting long-term stability, the program aims to reduce healthcare utilization and prevent recurrent hospital visits.

By integrating health, housing, and social services, the Bridge Healing program is addressing the root causes of homelessness, reducing healthcare costs, and offering a stable path forward for Edmonton's most vulnerable residents.

Out of Scope

While the Bridge Healing program provides critical transitional support, certain services fall outside its scope. The program focuses on short-term transitional housing and does not directly provide permanent housing solutions. Instead, clients are supported in connecting with long-term housing programs and resources. Additionally, the program offers short-term mental health support, including counseling and case management, but does not provide daily mental health support or operate as a long-term mental health care facility. While the program collaborates with hospitals to transition patients from emergency departments, it does not manage or oversee hospital operations or acute medical care services.

Outcomes

The Bridge Healing Program began accepting referrals from Edmonton emergency departments (EDs) on March 16, 2023. Since its launch, the program has provided 197 stays for individuals transitioning out of emergency care. The average time from referral acceptance in the ED to client arrival at Bridge Healing was 4.63 hours, demonstrating the program's efficiency in providing timely support.

The program has significantly reduced emergency department utilization and inpatient admissions for non-acute needs. Clients with a planned discharge to housing saw a 76% reduction in ED visits, decreasing from an average of 5.88 visits (pre-program) to 1.41 visits (post-program). Additionally, inpatient admissions for this group declined by 57%, from 0.72 admissions (pre) to 0.31 admissions (post). Similarly, inpatient hospital days were reduced by 69%, from 5.28 days (pre) to 1.66 days (post), indicating a substantial impact on healthcare system efficiency.

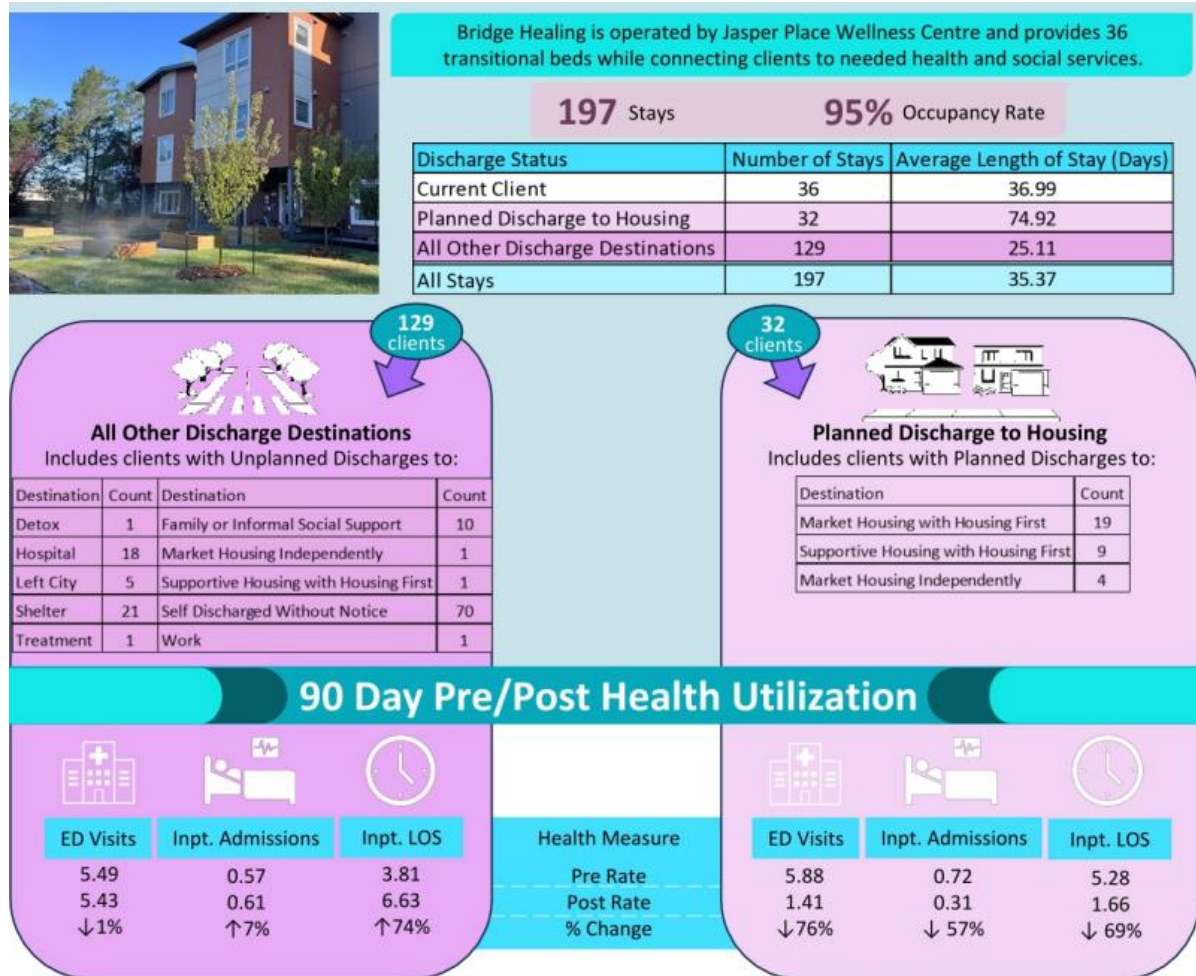
Client Experience Survey results indicate high satisfaction with the program, with 92% of clients reporting positive experiences at Bridge Healing. All clients rated their overall care as high-quality, with many highlighting the supportive staff and welcoming atmosphere as key strengths of the program.

Emergency Department Staff Experience Survey results showed strong support for the program, with 84% of ED staff agreeing that many of their patients require access to Bridge Healing. Many respondents expressed that the program helps ease their moral distress, as it allows them to discharge vulnerable patients to a safe environment instead of returning them to homelessness.

Bridge Healing staff feedback also reflects the program's positive impact. 90% of staff agreed that residents are better equipped to handle future challenges after completing their stay at Bridge Healing. This suggests that beyond immediate stabilization, the program provides clients with the necessary resources and skills to sustain long-term well-being.

The first two years of operation has demonstrated that Bridge Healing is a vital housing resource with low barriers to access. Preliminary evaluation results support the Housing First philosophy—by providing individuals with stable, short-term housing, they are better able to stabilize, manage pre-existing health conditions, and transition into long-term housing solutions. The program not only benefits individuals in need but also reduces the burden on Alberta's healthcare system by decreasing emergency room visits, hospital admissions, and overall healthcare costs.

Through its time-limited accommodations and structured transition process, Bridge Healing continues to provide a critical link between healthcare and housing stability, ensuring that individuals experiencing homelessness receive the care and support needed for long-term success.



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

Stakeholders

The successful implementation and expansion of the Bridge Healing Program rely on a wide range of stakeholders working collaboratively to address homelessness and healthcare challenges in Alberta. These key stakeholders include:

- Alberta Health and government officials
- Hospitals and healthcare providers
- Housing organizations and social services
- Community partners and advocacy groups

By fostering strong collaboration between these stakeholders, the Bridge Healing Program can effectively bridge the gap between healthcare and housing, ensuring long-term stability for vulnerable individuals while alleviating the burden on Alberta's healthcare system.

Strategic Alignment

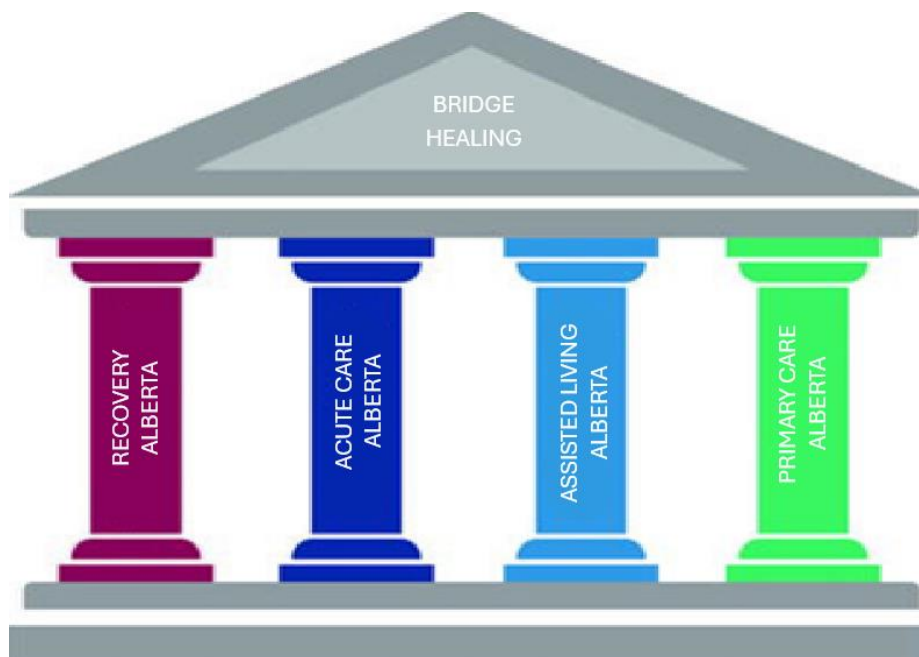
Purpose

To demonstrate alignment with Alberta's healthcare priorities and strategic goals

Description

The Bridge Healing Program directly addresses Alberta's homelessness crisis and healthcare inefficiencies by providing a structured solution for individuals discharged from emergency departments with no place to go. By offering transitional housing, wraparound services, and linkages to care, the program reduces repeat hospital visits, preventable admissions, and prolonged hospital stays for non-acute conditions. It also supports individuals in securing permanent housing, financial assistance, and healthcare continuity, ultimately reducing their long-term reliance on emergency and social services. By alleviating the pressures of homelessness on the healthcare system, the program helps improve hospital efficiency, patient flow, and cost-effectiveness across Alberta.

The Bridge Healing Program is a transformative initiative that has potential to align with Alberta's newly defined healthcare pillars: Recovery Alberta, Acute Care Alberta, Assisted Living Alberta, and Primary Care Alberta. This program addresses the critical intersection of all four pillars. An expansion of this model across Alberta could offer an innovative, cost-effective approach to reducing healthcare system strain and improving long-term outcomes for individuals experiencing homelessness.



Alternatives

Purpose

To evaluate alternatives to the proposed program expansion.

Description

The following options outline the potential paths forward, weighing the consequences of maintaining the current system, the benefits of expanding the Bridge Healing Program, and the viability of alternative transitional housing models.

Status Quo: Continue Existing Fragmented Services

Maintaining the current system of fragmented services would mean continuing to rely on emergency departments (EDs), shelters, and short-term interventions without a coordinated, long-term solution. This approach leads to high healthcare costs as individuals experiencing homelessness repeatedly access EDs and require inpatient care for preventable conditions. Without an integrated transition model like Bridge Healing, the burden on hospitals, social services, and law enforcement will persist, exacerbating the cycle of homelessness, worsening health outcomes, and increasing public spending without addressing root causes. The status quo also perpetuates moral distress among healthcare professionals who are forced to discharge vulnerable patients back onto the streets without stable housing or continued care.

Program Expansion: Scale the Bridge Healing Program

Expanding the Bridge Healing Program further within Edmonton is essential to address the urgent demand for transitional housing and healthcare support for individuals experiencing homelessness. With a current shortfall of available beds, scaling the program within the city will help meet the immediate needs of vulnerable populations and maximize its impact on reducing emergency department utilization, inpatient admissions, and hospital stays. Once the program is sufficiently scaled in Edmonton, a province-wide expansion can be pursued to ensure all Albertans experiencing homelessness receive transitional support post-hospitalization. A broader rollout would require strategic partnerships with hospitals, housing providers, municipal governments, and social service agencies to create a unified system that alleviates strain on Alberta's healthcare system while fostering long-term stability for individuals. This phased approach—expanding first in Edmonton, then across the province—offers a cost-effective, evidence-based solution aligned with Alberta's new healthcare framework, particularly within Recovery Alberta, Acute Care Alberta, Assisted Living Alberta, and the Primary Care Pillar.

Alternative Models: Implement Other Housing-First or Transitional Care Models

Other models, such as housing-first initiatives, medical respite programs, and step-down recovery centers, could be explored as potential alternatives. Housing-First Models focus on securing permanent housing before addressing other needs. While effective, these models often require longer-term investments and may not provide the immediate stabilization needed post-discharge from hospitals. Medical Respite Programs provide short-term housing with intensive medical support. While beneficial for individuals with high medical needs, these programs typically serve a smaller subset of the homeless population and require specialized healthcare personnel, making scalability a challenge. Step-Down Recovery Centers support patients transitioning from acute hospital care to independent living. While useful, these programs often focus on specific patient populations (e.g., individuals recovering from surgery or substance use withdrawal) and may not address the broader spectrum of homelessness-related healthcare needs. While each alternative has its merits, none provide the comprehensive integration of health, housing, and social support that the Bridge Healing model offers. By combining elements of these approaches, Bridge Healing provides a scalable, cost-effective, and immediate solution for post-discharge homeless patients.

Business & Operational Impacts

Purpose

To identify the impacts of implementing the program on business operations and healthcare delivery.

Description

The implementation of the Bridge Healing Program will have the potential to have a positive impact on healthcare delivery by alleviating pressure on emergency departments and inpatient hospital services. By providing a structured discharge pathway for patients experiencing homelessness, the program will reduce recurrent ED visits, hospital readmissions, and preventable acute care utilization. Healthcare professionals will be able to focus more resources on acute medical needs, ensuring that hospital services are used more efficiently. Additionally, the program facilitates continuity of care, connecting patients with primary care providers, mental health services, and addiction support, thereby improving long-term health outcomes.

From an operational standpoint, Bridge Healing requires collaborative partnerships with hospitals, community organizations, and government agencies to ensure seamless transitions between healthcare and housing support. The program's expansion will require staffing investments, including social workers, case managers, and healthcare providers trained in transitional care. While the initial financial investment may be substantial, the long-term cost savings from reduced hospital stays and ED visits will outweigh the costs, making the program a cost-effective intervention. Additionally, Bridge Healing will contribute to healthcare system sustainability by redirecting high-cost acute care expenditures to preventive, community-based care solutions.

Ultimately, this initiative represents a transformative shift in how Alberta addresses homelessness and healthcare challenges, fostering long-term sustainability, cost savings, and improved quality of life for vulnerable populations.

Cost/Benefit Analysis

Purpose

To compare the financial and non-financial costs and benefits of the program.

Quantitative Analysis – Financial Costs & Benefits

Investing in the Bridge Healing Transitional Accommodation Program yields substantial cost savings by reducing unnecessary emergency department (ED) visits and inpatient hospital admissions. By providing transitional housing and integrated support services, the program prevents repeated hospital encounters, alleviates strain on healthcare resources, and improves overall system efficiency. The financial impact of these reductions is outlined below.

Projected cost savings from reduced emergency visits and hospital readmissions:
\$5,107,234.00 annually through the 36 bed Bridge Healing Facility.

12 months of data for clients interviewed and tracked (161)		
# of stays over 12 months assessed		161
Average length of stay (days)		35.37
20% planned discharge (80% unplanned)		32.2
Reduced ER visits (5.88-1.41) in the 90 days following planned discharge		4.47
Reduced ER visits (5.49-5.43) in the 90 days following unplanned discharge		0.06
Reduced ER visits (5.57-3.11) during stay (for all)		2.46
Reduced hospital admissions (.66-.31) in the 90 days following planned discharge		0.35
Reduced hospital admission (.6 -0.06) during stay (for all)		0.54
Hospital admissions (.57-.61) in the 90 days following unplanned discharge		-
Cost per ER visit	\$	1,482
Cost per admission	\$	7,500
Average length of stay 35.37 days		
Annual stays at full 36 bed capacity based on avg. stay (365*36/35.37) @95%		352.93
Total estimated planned discharges (20%)		70.59
Estimated ER Visit savings @ full capacity		
ER visit savings for 90 day post planned discharge (70.59*4.47*\$1,482)	467,594.76	
Annualized savings for clients with planned discharge (90 day savings @ 329.63 days) (assuming the 90 day trend for those discharged to housing continues)		
ER visit reductions for clients during stay (all client average @ 35.37 average stay) =352.93*2.46*1482	1,712,592	
	1,286,670	
Total estimated ER visit savings per year		2,999,262
Estimated Hospital Admission savings @ full capacity		
Reduced Hospital admission for planned discharges 90 days post	\$ 185,286.26	
Annualized savings for clients with planned discharge (90 day savings @329.63 days) (assuming the 90 day trend for those discharged to housing continues)		
Hospital admission reduction during stay (all clients average @35.37 average stay)	\$ 678,621.22	
	\$ 1,429,351.15	
		2,107,972
Total savings/freed up ER/Hospital capacity per year for a 36 bed facility		5,107,234

Qualitative Analysis – Non-Financial Costs & Benefits

Beyond financial savings, the Bridge Healing Transitional Accommodation Program delivers substantial social and healthcare benefits. By addressing both the immediate and long-term needs of individuals experiencing homelessness, the program fosters stability, enhances community well-being, and improves healthcare system efficiency. The following are key qualitative advantages of the program:

- **Improved Quality of Life for Participants:** Providing stable housing and healthcare access reduces stress, improves mental health, and allows individuals to focus on long-term recovery and employment opportunities.
- **Enhanced Community Well-being and Social Cohesion:** By reducing homelessness and associated public health risks, the program contributes to safer, healthier communities and decreases the burden on shelters and law enforcement.
- **Reduction in Moral Distress Among ED Staff:** Healthcare providers experience less moral distress knowing that patients discharged from EDs have access to safe, supportive housing rather than returning to homelessness.
- **Increased Access to Stable Housing and Long-term Healthcare:** Participants receive case management and connections to permanent housing, primary care providers, and mental health services, fostering long-term stability and reducing the likelihood of future homelessness.
- **Improved Hospital Efficiency:** By decreasing unnecessary ED visits and hospital stays, the program allows healthcare resources to be reallocated to patients with more acute medical needs, improving system-wide efficiency.

Conclusion & Recommendations

Purpose

To summarize the findings and provide actionable recommendations for program expansion and sustainability.

Description

Since its inception in 2023, the Bridge Healing Program has experienced overwhelming demand, with its current 36 beds, along with an additional 24 beds expected this year, falling far short of the estimated need for 1,200 beds to adequately meet demand (Huncar, 2024). This growing gap highlights the urgency of expanding the program to address the full

scale of the homelessness crisis in Alberta. Without a substantial increase in capacity, vulnerable individuals will continue to cycle through emergency departments, exacerbating health disparities, increasing healthcare system strain, and leading to preventable suffering.

Recommendations

- Scale the program Bridge Healing Program in Edmonton to meet the growing need for transitional housing for individuals experiencing homelessness post-discharge from hospitals. Scaling the program will significantly reduce reliance on emergency care and improve patient outcomes.
- Expand the Bridge Healing Program province-wide to meet the growing need for transitional housing for individuals experiencing homelessness post-discharge from hospitals.
- Secure sustained government funding to ensure the long-term viability of the program and prevent service disruptions. Dedicated funding streams must be established to support operational costs, staffing, and infrastructure.
- Enhance partnerships with hospitals, social services, and housing agencies to facilitate seamless client transitions and improve integration within Alberta's healthcare system. A multi-sectoral approach will ensure a more efficient and effective continuum of care.

Project Responsibility & Accountability

- Alberta Health and municipal governments should oversee funding and support program expansion.
- Hospitals and healthcare providers should ensure proper referral pathways and case management processes for program participants.
- Community organizations and housing providers should collaborate to secure stable, long-term housing for participants following their transition from Bridge Healing.

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