

Health and Education Impacts of Homeless and Housing Services in Brown County, WI

Brown County participating housing and homeless service agencies want to build more supports to prevent and end homelessness. This presentation shares findings from a groundbreaking study integrating Homeless Management Information System (HMIS) data with Community Information System (CIS) health and education records.

The study examines how housing and homeless services impact emergency hospital visits, scheduled hospital visits, clinic visits, and school attendance for those receiving services in Brown County from January 2017 through July 2024.



Project Overview and Methodology

Participating Organizations

HMIS Enrollment Data (1/1/2017 - 12/31/2024) came from the City of Green Bay Police Department, Ecumenical Partnership for Housing, Foundation Health and Wholeness RAYS Youth Services, Freedom House Ministries, Inc., House of Hope Green Bay, Inc., New Community Shelter, Inc., Newcap, Inc., Safe Shelter, St. John's Ministries, We All Rise, and Lutheran Social Services VHRP.

Health data came from NEW Community Clinic and all three major health systems: Advocate Aurora, Emplify by Bellin, and HSHS/Prevea. Education data came from Green Bay Area Public School District.

Study Approach

The study used a PRE vs. POST comparison methodology, examining conditions before, during, and after receiving services.

Two primary service groups were analyzed separately:

- Shelter stays
- Housing programs including Rapid Re-housing, Transitional Housing, and Permanent Supportive Housing

Data Facilitation

The Institute for Community Alliances assisted with the entry of data and facilitated the transfer of HMIS data to the CIS database.

Timeline: Integration of HMIS Data into Community Information System

Late 2023

Brown County Homeless and Housing Coalition received a grant from Brown County Public Health to integrate HMIS data into the Community Information System (CIS) database operated by Achieve Brown County.



2023-2024

Securing permissions and finalizing contracts with service providers, hospital systems, public schools, and the Institute for Community Alliances required more than 12 months of negotiation.

Early 2024

CIS database began searching for a new institutional home within the Greater Green Bay community but was unsuccessful in finding a suitable partner.



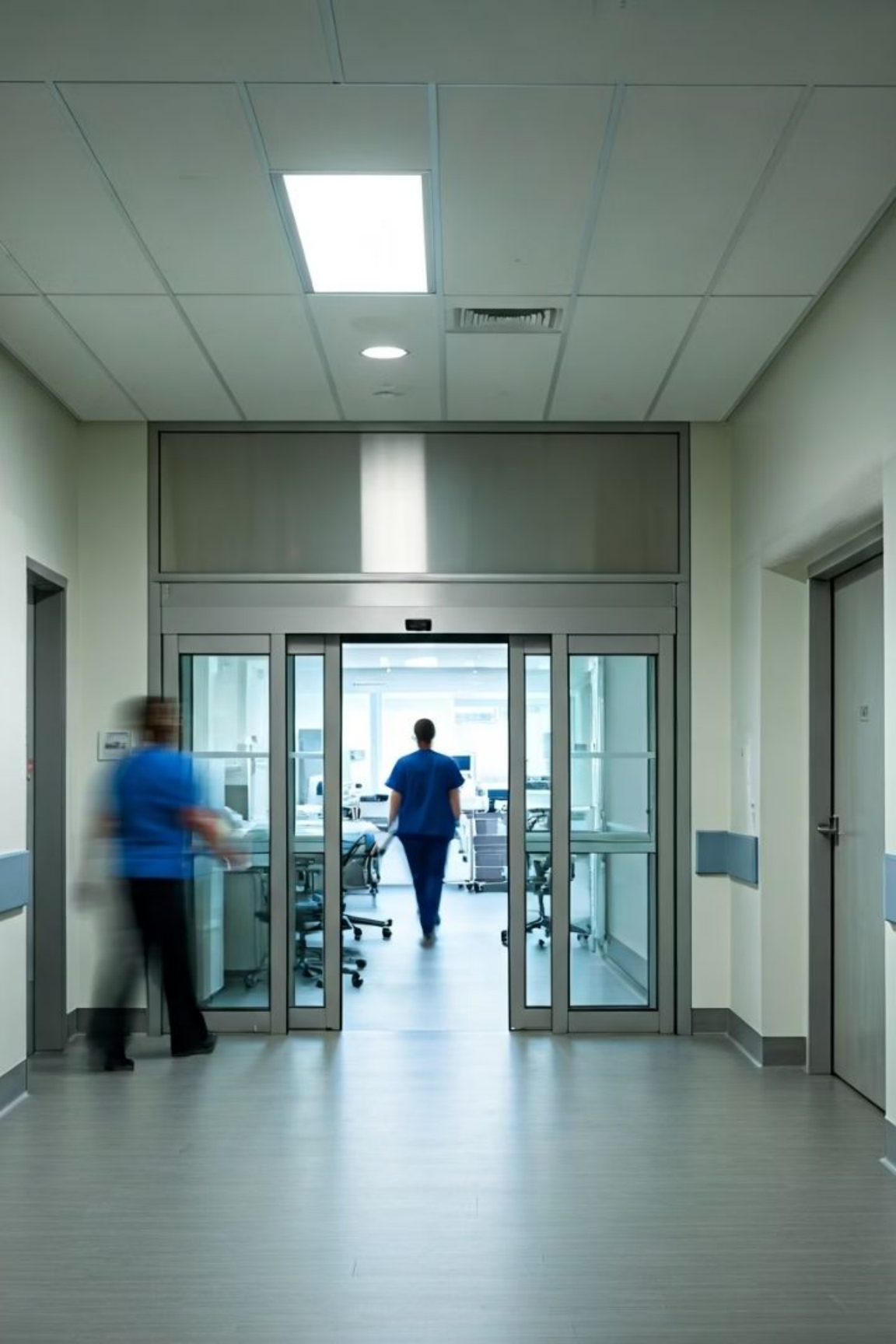
April 2024

Study successfully completed, capturing crucial HMIS data just two weeks before the database closure.

May 2024

Information in the CIS database was deleted following unsuccessful attempts to find a new institutional home.





Emergency Hospital Visits Impact

55%

Reduction After Shelter

883 youth showed decreased emergency visits after leaving shelter services

76%

Reduction After Housing

319 youth showed dramatic decrease after housing program completion

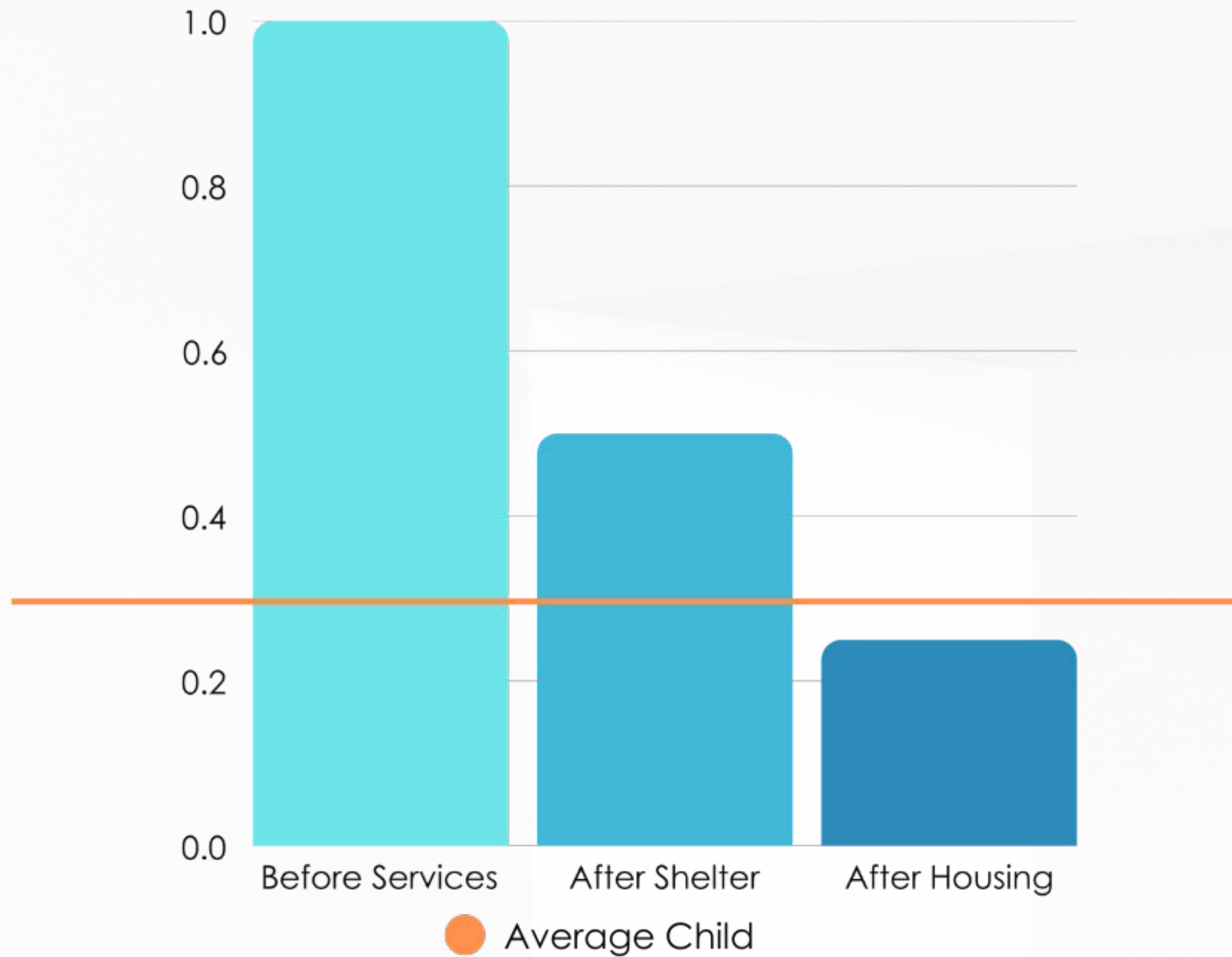
3x

Higher Initial Usage

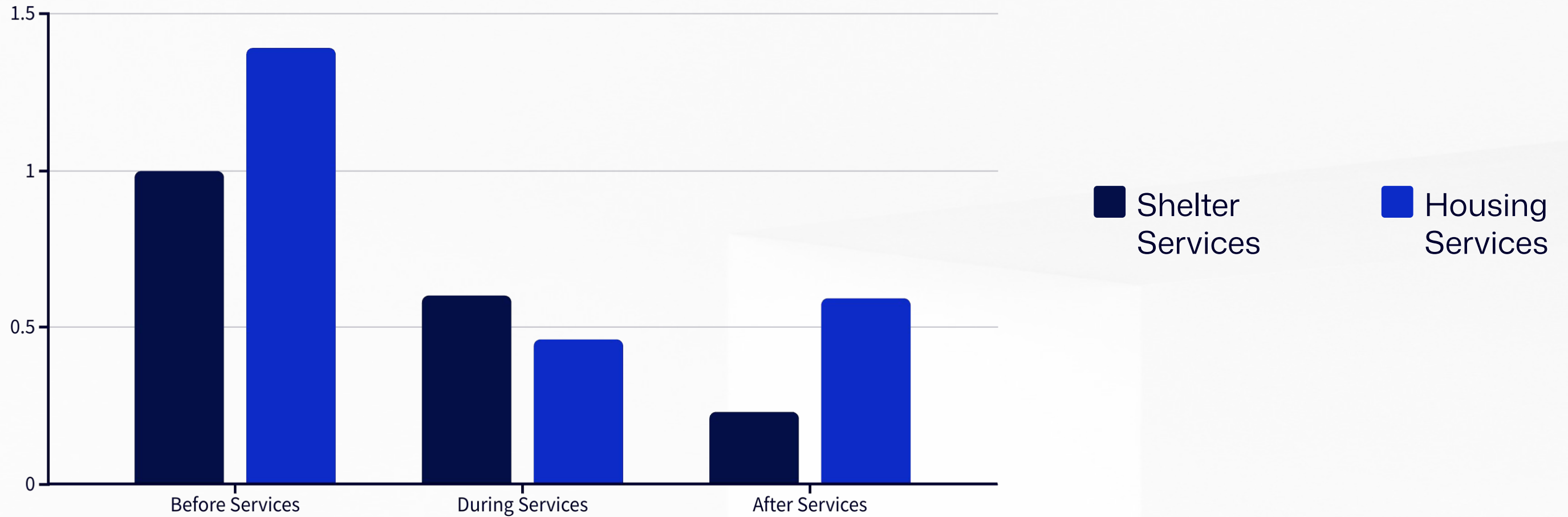
HMIS youth used emergency services three times more than average before intervention

Youth who received HMIS services at any point had an average of six emergency hospital visits during their lifetime, compared to an average of two visits for all children. However, after receiving services, shelter recipients' usage dropped from nearly one visit per year to one every two years, while housing program recipients' usage dropped from one visit per year to one every four years.

Housing Access Impact on ER Usage per Year



Scheduled Hospital Visits Impact



Non-emergency hospital visits showed dramatic reductions after HMIS services. The 883 youth receiving shelter services experienced a 78% reduction in scheduled hospital visits, dropping from one visit per year to one visit every four years after leaving the shelter.

Similarly, the 319 youth in housing programs showed a 58% reduction, decreasing from 1.39 visits per year to 0.59 visits annually. Youth in housing programs also showed a significant 67% reduction during their time receiving services.

Clinic Visits Show Different Patterns



Before Services

HMIS youth had 25% more clinic visits than average Brown County youth



During Shelter

17% increase in clinic visits while receiving shelter services



After Housing

12% reduction in clinic visits after housing program completion

Unlike hospital visits, clinic visits showed mixed results depending on service type. The 826 youth receiving shelter services increased their clinic visits by 17% during services, from 2.2 to 2.5 visits annually. **This suggests improved access to preventive care while in shelter programs.**

Conversely, the 308 youth in housing programs showed a 12% reduction after completing services, decreasing from 3 to 2.6 visits annually, potentially indicating stabilized health conditions.



School Attendance Improvements

Housing Services

3 percentage point increase in attendance both during and after receiving housing services

Emergency Shelter

2 percentage point increase in attendance after receiving shelter services

Street Outreach

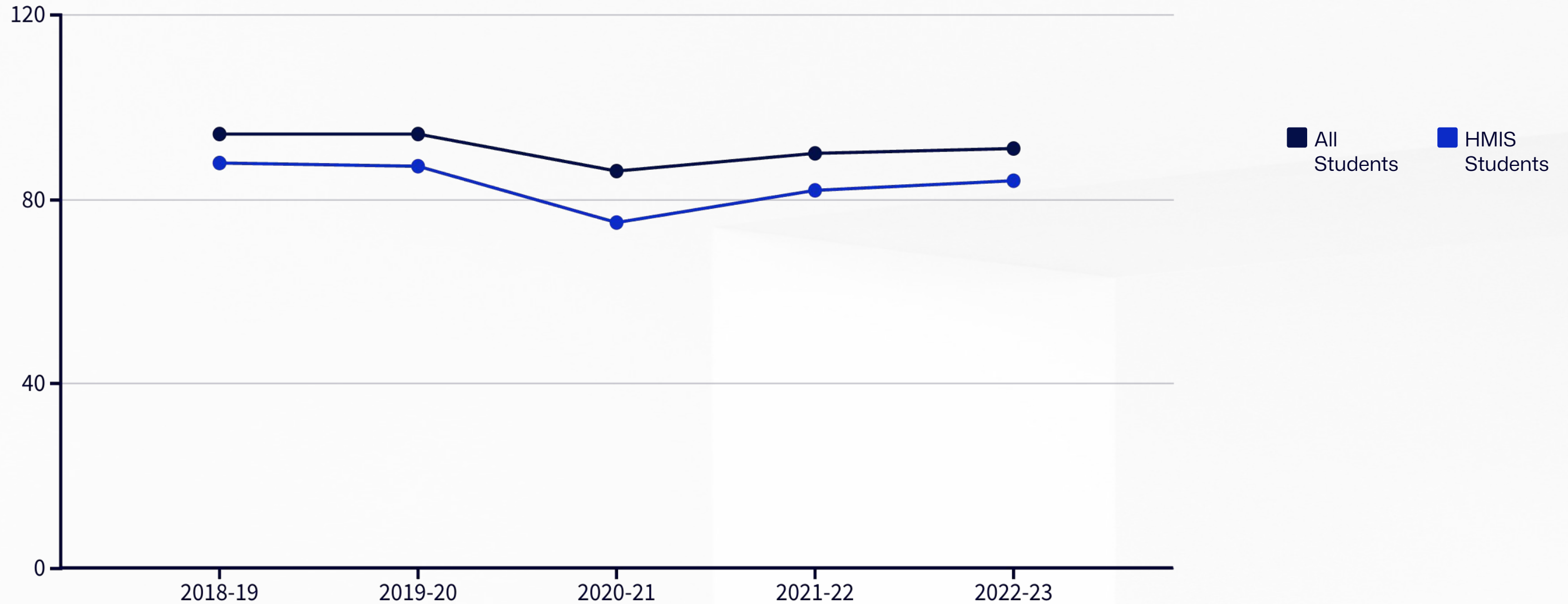
30 percentage point increase in attendance after receiving street outreach services

Students receiving HMIS services showed improved school attendance during and after interventions. While all students experienced attendance challenges during COVID-19, HMIS students consistently had lower attendance rates than the general student population.

The most dramatic improvement came from street outreach services, with a 12 percentage point increase during services and a 30 percentage point increase afterward, though this finding may be affected by the specific teenage population studied.



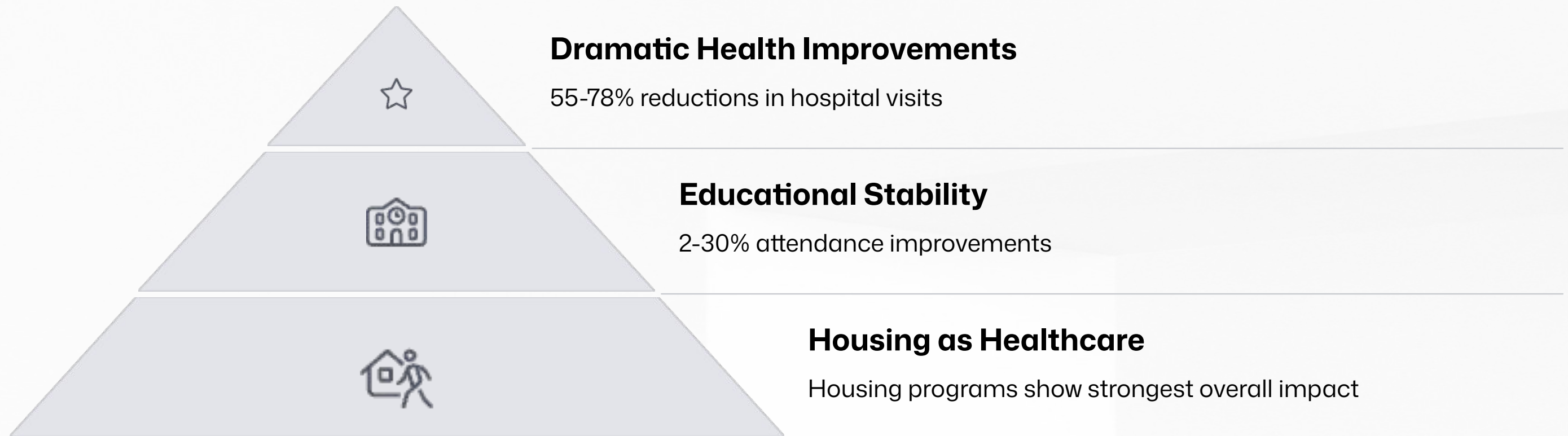
Attendance Trends Over Time



The attendance data reveals that both general student population and HMIS students experienced similar patterns over the five-year period, with a significant drop during the 2020-21 school year due to COVID-19 disruptions.

While HMIS students consistently had lower attendance rates than the general population, the gap was particularly pronounced during the pandemic year. Both groups have shown recovery in the post-pandemic period, though neither has fully returned to pre-pandemic attendance levels.

Key Findings and Implications



This groundbreaking study demonstrates that housing and **homeless services in Brown County significantly improve both health and education outcomes for vulnerable populations.** The dramatic reductions in emergency and scheduled hospital visits suggest substantial healthcare cost savings, while improved school attendance indicates better educational engagement.

Housing programs consistently showed the strongest and most sustainable impacts across all measures, **suggesting that stable housing functions as an effective healthcare and education intervention.** These findings provide compelling evidence for continued investment in and expansion of these vital community services.