

The Value of Stable Housing

Patterns of emergency shelter and health care utilization
Among participants in a Rapid Re-Housing program

Intervention Model: **Rapid Re-Housing**

Housing Program: **Vermont Rental Subsidy**

Other Domains Analyzed: **General Assistance Temporary Shelter
Medicaid Claims Data**

Study Period: **January 2012 - August 2014**



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“To improve the conditions and well-being of Vermonters and protect those who cannot protect themselves.”

–Mission Statement of the Vermont Agency of Human Services

“Stable, safe, affordable housing is critical to all of the clients of the Agency of Human Services. No AHS program or service can achieve its goals for clients if those clients are homeless or at risk of homelessness. The highest priority for AHS housing efforts is to end homelessness in Vermont. All departments shall be attuned to the housing needs of clients and ensure that their programs support housing stability.”

–From Vermont Agency of Human Services policy on Housing Stability, August 2012

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I. Introduction

Intuition and common sense tell us that our neighbors, communities and society as a whole are better off when people of all incomes have a place to call home. It can be frustrating, therefore, when policy and investment do not align to support this basic objective and we witness families with extremely low incomes or complex needs trapped in disorienting cycles of homelessness. Often the government response to homelessness can resemble an emergency room approach. Shortages of rental assistance, housing units, or the appropriate services can leave states and cities paying high nightly rates for emergency shelter and still higher health and human services costs for those who go unsheltered. Shelter beds or motel rooms too often become default housing for those who cannot access or afford a more permanent option.

Part of our collective challenge is convincing policy-makers, funders and partners that in addition to any intuitive logic and moral argument, there is a solid financial case for ensuring Americans have access to stable housing. In developing the Vermont Rental Subsidy (VRS) in 2011, Vermont's Agency of Human Services determined that the state cost to place a family in a motel for 84 days was comparable to what would be needed to provide them with six months to a year's worth of affordable housing. A secondary thesis was that some portion of that cost of providing subsidies would be offset by decreased spending in other budgets once homeless families achieved housing stability.

Previous reports have demonstrated the efficiency of Vermont's Rental Subsidy compared to the conventional approach of motels. This study begins to test that secondary thesis through analysis of data from three of the many domains within AHS: Motels, Rental Subsidies and Medicaid. Studies from other states have demonstrated the cost-effectiveness of interventions such as Permanent Supportive Housing when targeted to chronically-homeless individuals who are high utilizers of healthcare and social services; or the qualitative benefits of programs targeted to families in urban centers. This longitudinal study looks at quantitative data associated with a shorter-term Rapid Re-Housing intervention when targeted to rural homeless families who were not the highest utilizers of healthcare.

II. Program Design: Vermont Rental Subsidy

The Vermont Rental Subsidy is a statewide Rapid Re-Housing intervention providing medium-term financial assistance to homeless families and individuals whose income is otherwise insufficient to rent in the community. While enrolled, a household pays 30% of their income toward their monthly rent. The state makes up the difference in direct monthly payments to the landlord. While the housing is permanent, the subsidy is designed to cover up to 12 months during which time the family is working to increase income or secure longer-term affordable housing. Participants are matched with a Housing Support Worker who helps the family connect with services critical to their success as renters. The Housing Support Worker is also the point of contact for participating landlords should problem arise with a tenancy.

Potential participants access the VRS through a local Housing Review Team consisting of shelter providers, community service providers and staff from the state Agency of Human Services. The Housing Review Team assesses household applications, prioritizes families for assistance, identifies a Housing Support Worker to work with the family and submits completed applications to the Department for Children and Families Economic Services Division, the program administrator.

Housing Review Teams meet regularly to ensure participants are engaged and working toward their goals. The Housing Support Worker is generally a member of the local Housing Review Team and can use these meetings as a venue to work with peers from other agencies to solve individual challenges that may come up during the tenancy.

Apartment units funded through the VRS must be at or below Fair Market Rental rates for the county and meet Housing Quality Standards. Inspections are performed by field staff from the Vermont State Housing Authority and ensure that any housing unit rented is decent, safe and sanitary. Partnership with the Vermont State Housing Authority resulted in the creation of a local voucher preference whereby eligible participants in the VRS who are in good standing with their landlord receive priority for a federal Section 8 housing choice voucher.

III. Characteristics of Participants

Housing Stability and Income Prior to Participation

- 100% of households were homeless prior to intervention.
- 48% of households had stayed in a state-funded motel in the previous 6 months
- Average household income was estimated at approximately \$907 per month, or \$10,884 per year. This corresponds to roughly 16% of area median income in most Vermont counties and is below the federal poverty level for a household of any size.

Household Composition

Among 134 households, consisting of 399 persons:

- 177 family members (44%) were adults and 222 (56%) were children under 18
- 119 households (89%) included at least one child
- 80 households (60%) were single-parent families with children
- 39 households (29%) were two-parent households with children
- 11 households (8%) were individual adults
- 4 households (3%) were couples without children
- The average household consisted of 3 people.

Heads of Household

- Among heads of household, 117 were female and 17 male.
- The average age of the head of household was 32 with ages ranging from 19 to 66.
- In 96% of households, the head of household was Medicaid-eligible at some point in the 12 months prior to participation.
- In 14% of households, the head of household had had some involvement with the Department of Corrections in the previous 12 months. At time of lease-up, 8% had an active status with the department; six on probation, five on parole or re-entry status.
- Roughly 80% of participants were connected to Reach-Up, Vermont's TANF program.

IV. Study Design and Methodology

Data sets analyzed: To evaluate utilization and spending patterns in other agency budgets and systems of care, unique client identifiers of current and former participants in the Vermont Rental Subsidy program were compared against data from:

- the General Assistance program in the Department for Children and Families;
- Medicaid beneficiary claims data in the Department of Vermont Health Access;
- and the Headcount database in the Department of Corrections

Defining time frame: Patterns of use were examined before, during and following participation. Using each household's lease-up date as the demarcation point, data were reviewed across four time periods:

- the six months prior to participation;
- from zero to six months following;
- from six to 12 months;
- from 12 to 18 months.

Distinct Cohorts: For purposes of this evaluation, participant households were grouped into three cohorts based on their circumstances at the time of program exit:

- Families leaving due to increasing earnings or identifying other housing;
- Families bridging to longer-term federal rental assistance;
- Families removed from the program due to non-compliance.

Health Data: Using billing codes, healthcare utilization was divided into two broad categories:

- Emergency Department, Operating Room and Observation Status; and
- Preventative and Primary Care.

Averages and Exclusions: Average costs cited represent the average cost among all households who incurred a cost in that domain as opposed to all households in a given cohort. Analysis did not exclude outlier values. Households were excluded from analysis only if their lease-up date occurred too recently for them to have potentially incurred costs in all four of the six-month periods.

V. Known Limitations

State savings identified in this study are calculated using a conservative methodology. Most of the known limitations cited below suggest still higher community costs associated with serving and sheltering households while they are homeless with greater comparative savings once they are stably housed.

1. While the majority of participants enter the VRS program from homeless shelters, savings associated with avoidance of shelters is not factored into this study. Like other institutional settings, shelters tend to have fixed operational and staffing costs which remain fairly constant whether or not all beds are full.
2. Similarly, measuring costs and savings associated with community-based services for the homeless through non-profit, faith-based groups and schools was beyond the scope of this study though these can be presumed to represent significant investments of time and money.
3. The study does not capture what participant households may have spent on emergency motels out of their own resources while they were homeless.
4. Because the study focuses on state spending, it does not take into consideration any federal spending associated with McKinney-Vento programs for the homeless during the six months prior to lease-up or any federal section 8 rental assistance provided to families who later bridged to a federal voucher.
5. The study captured whether the head of household was eligible for Medicaid at any time in the 12 months prior to participation, or subsequently became Medicaid-eligible in the 12 months post lease-up. During the course of the study, two households that were not Medicaid eligible became eligible, while two households that had been eligible became ineligible. The study did not track dynamic changes in eligibility status which may have occurred two or more times. This limitation seems offset by the fact that the same methodology was applied to people both pre and post intervention.

VI. Results and Analysis

Among the 134 participant households in the study:

- **33** households (**25%**) graduated the program by increasing their earnings or finding alternative housing. This group relied on the VRS program for an average of 13 months.
- **66** households (**49%**) bridged to longer-term federal rental assistance: housing choice vouchers; project-based subsidy; or Family Unification Vouchers. The average number of months on the VRS was 11.
- **35** households (**26%**) were removed from the program based on a determination of non-compliance. This group was in the VRS program an average of 13 months.

Subsidy Costs and Comparisons

- The average state cost of providing the subsidy was **\$616** per household per month.
- The average nightly state cost was **\$20.12** per household/per night.
- The average state per person/per night cost was **\$6.63**.
- In addition, the average rental cost borne by the family was **\$272** per month.
- All monthly, nightly, and per person costs compared favorably to emergency alternatives such as motels. As of March 2015, the average cost to the state for a motel room was **\$71** per night. This would translate to an average monthly cost of approximately **\$2,160** or **\$5,964** for 84 days that might be paid for families meeting “catastrophic” eligibility criteria. Nightly per household cost for the VRS was **72%** less than a motel.

Use of General Assistance Temporary Shelter among Participants

In the six months prior to securing permanent housing, almost half of all families (**48%**) had been in publicly-funded motels. In those six months, the state spent **\$184,225** sheltering this group in motels. This figure does not include public spending on emergency shelters and other residential programs funded through other divisions of government.

In the first six months after entering the program, utilization of emergency motels among participants understandably fell to **6%**. In the second six-month interval, utilization of emergency motels fell again to **2%** and held steady through the third six-month interval. Associated costs continued to drop accordingly from **\$184,225** to **\$7,735** to **\$5,395** and ultimately to **\$2,795**. Overall, this represented a **98.5%**

reduction in utilization of the General Assistance Temporary Shelter motel program when people were given an opportunity in affordable housing. In the third six-month interval - covering the span from 12-18 months post lease-up - only **2** of the **134** participant households used the General Assistance Temporary Shelter program.

Among households in the study, state spending on shelter (General Assistance) and housing (VRS) increased dramatically in the first six months from **\$184,225** to **\$406,903**, subsided in the second six months to **\$322,635**, then declined again in the third to **\$165,419**, bringing expenditures for that period **10%** below the original baseline while stabilizing 134 homeless families in housing.

Health Care Utilization among Participants

Utilization and costs of health care among all three study cohorts were divided by billing code into two broad categories: Emergency, inpatient, observation; and preventative and primary care.

Emergency, Inpatient and Observation Status

Prior to securing housing, **77%** of households had at least one family member with at least one episode of care in the emergency, inpatient or observation category. This rate fell to **73%** in the first six-month interval, rose to **78%** in the second six-month interval and ultimately declined below baseline to **68%**. Medicaid costs declined each period from an initial **\$383,705** down to **\$355,645**, down again to **\$261,861** and ultimately to **\$187,144**. Over the full two-year period from homelessness to housing stability, Medicaid costs for emergency, inpatient and observation status care among family members declined by **\$196,561** or **51%** below baseline.

Preventative and Primary Care

Prior to securing housing **97%** of households had at least one family member receiving care in the preventative and primary care category. This rate held constant in the first six-month interval, rose to **98%** in the second six-month interval and then declined to **94%**. Associated Medicaid costs in each period fluctuated from an initial **\$522,411** down to **\$494,270**, down again to **\$426,062** and then rose to **\$467,154**. Over the entire two-year period, Medicaid costs for preventative and primary care among family members declined by a more modest **\$55,257** or **11%** below baseline.

Combined Health Care

Combining both health care categories, Medicaid costs, which began at **\$906,116** while families were homeless, declined in every period; first to **\$849,915**, then **\$687,923** and ultimately to **\$654,298**. Over the two-year period, this amounted to a **\$251,818** reduction in health costs, a **28%** reduction below baseline. Total per person Medicaid costs similarly declined in every period from **\$9,397** to **\$7,031**.

Combining Shelter, Housing and Health Care Domains

Tables in the attached appendix show combined spending trends by cohort and cost category. Overall, combined expenditure in the shelter, housing and health domains began at **\$1,090,341**, increased **15%** in the first six-month period to **\$1,256,818**, then fell below baseline to **\$1,010,558** and continued to decline to **\$819,717**. Per person costs went from **\$11,013** to **\$12,634** then down to **\$9,820** and **\$8,482**.

Combined spending in the last period was **\$270,624** below initial baseline, a **25%** reduction.

VII. Conclusions

1. Shifting a portion of a state's resources for emergency motel rooms to a Rapid Re-Housing approach for people experiencing homelessness will initially increase per-person state spending on shelter and housing, then stabilize those costs, and ultimately reduce them. (State shelter and housing costs ultimately decreased 10% below baseline.)
2. The longer-term housing stability achieved through this approach also helps reduce health care utilization and costs along a similar pattern, especially when the costs and savings of minor dependents in the household are factored in. (Inpatient and emergency utilization decreased by 51% and primary care by 11%.)
3. A Rapid Re-Housing rental subsidy model can be cost effective when targeted to homeless households, even when households are not chronically homeless or do not have the highest rates of health care and other institutional utilization.
4. The model can be effective in rural communities as well as urban settings.
5. Health care utilization and costs are influenced by myriad factors many of which are beyond the scope of this study to analyze. This analysis found a correlation between stable housing and reduced health care costs. Because Vermont has instituted other initiatives to bend the health care cost curve, and in the absence of a study control group, it remains uncertain precisely how much of these savings should be directly attributed to housing.
6. Government efforts to improve outcomes and control costs in areas such as housing, shelter, health and human services must go beyond management of discrete program budgets and eligibility and instead evaluate system-level costs and consequences of those funding and eligibility decisions.

Appendix A – Data Tables

AHS: The Value of Housing - Appendix A - Cohort 1						
	COHORT 1 (33 Households)	Status: Exited VRS program by increasing earnings or identifying alternative housing option	In six months preceding VRS lease-up	In first six months post VRS lease-up	In second six months post VRS lease-up	In third six months post VRS lease-up
Shelter / Housing Domain	Number of Complete records: 31		31	31	31	31
	GENERAL ASSISTANCE	# HH utilizing GA Motel program	13	3	1	0
		% HH utilizing GA Motel program	42%	10%	3%	0%
		Total expenditure GA Motel program	\$44,150	\$4,030	\$5,200	\$0
		AVG HH expenditure GA motel program	\$3,396	\$1,343	\$5,200	#DIV/0!
	VERMONT RENTAL SUBSIDY	Total # months paid by State	0	184	160	64
		AVG State cost per month per HH	\$0	\$554	\$554	\$554
		AVG State cost per night per HH	\$0.00	\$17.81	\$17.81	\$17.81
		Total VRS State Expenditure	\$0	\$101,936	\$88,640	\$35,456
	HOUSING	Combined GA and VRS state cost	\$44,150	\$105,966	\$93,840	\$35,456
AVG. Combined GA and VRS state cost		\$1,424.19	\$3,418.26	\$3,027.10	\$1,143.74	
Health Care Domain	Number of Complete records: 31		31	31	31	31
	Emergency Department, Operating Room and Observation Status	# HH with at least one episode of care	21	19	25	21
		% HH with at least one episode of care	68%	61%	81%	68%
		Medicaid expenditure during period	\$31,863	\$52,871	\$46,080	\$47,529
		AVG. per HH Medicaid expenditure	\$1,517	\$2,783	\$1,843	\$2,263
	Preventative, Primary Care and Other Medical	# HH with at least one episode of care	29	28	30	25
		% HH with at least one episode of care	94%	90%	97%	81%
		Medicaid expenditure during period	\$185,733	\$195,926	\$115,644	\$100,457
		AVG. per HH Medicaid expenditure	\$6,405	\$6,997	\$3,855	\$4,018
	HEALTH	COMBINED Medicaid Expenditure on Emergency and Preventative	\$217,596	\$248,797	\$161,724	\$147,986
AVG. COMBINED Medicaid Expenditure on Emergency and Preventative		\$7,921.87	\$9,780.04	\$5,698.00	\$6,281.57	
Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$261,746	\$354,763	\$255,564	\$183,442
AVG. Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$9,346	\$13,198	\$8,725	\$7,425

Appendix B – Data Tables

AHS: The Value of Housing - Appendix B - Cohort 2						
	COHORT 2 (66 Households)	Status: Exited VRS program with federal rental assistance (Project- Based or Tenant-Based)	In six months preceding VRS lease-up	In first six months post VRS lease-up	In second six months post VRS lease-up	In third six months post VRS lease-up
Shelter / Housing Domain	Number of Complete records: 50		50	50	50	50
	GENERAL ASSISTANCE	# HH utilizing GA Motel program	24	0	0	2
		% HH utilizing GA Motel program	48%	0%	0%	4%
		Total expenditure GA Motel program	\$75,660	\$0	\$0	\$2,795
		AVG HH expenditure GA motel program	\$3,153	#DIV/0!	#DIV/0!	\$1,398
	VERMONT RENTAL SUBSIDY	Total # months paid by State	0	267	191	123.5
		AVG State cost per month per HH	\$0	\$654	\$654	\$654
		AVG State cost per night per HH	\$0.00	\$21.70	\$21.70	\$21.70
		Total VRS State Expenditure	\$0	\$174,618	\$124,914	\$80,769
	HOUSING	Combined GA and VRS state cost	\$75,660	\$174,618	\$124,914	\$83,564
AVG. Combined GA and VRS state cost		\$1,513.20	\$3,492.36	\$2,498.28	\$1,671.28	
Health Care Domain	Number of Complete records: 47		47	47	47	47
	Emergency Department, Operating Room and Observation Status	# HH with at least one episode of care	41	34	39	32
		% HH with at least one episode of care	87%	72%	83%	68%
		Medicaid expenditure during period	\$219,757	\$161,437	\$107,622	\$114,076
		AVG. per HH Medicaid expenditure	\$5,360	\$4,748	\$2,760	\$3,565
	Preventative, Primary Care and Other Medical	# HH with at least one episode of care	47	47	47	46
		% HH with at least one episode of care	100%	100%	100%	98%
		Medicaid expenditure during period	\$242,770	\$190,679	\$185,183	\$227,841
		AVG. per HH Medicaid expenditure	\$5,165	\$4,057	\$3,940	\$4,953
	HEALTH	COMBINED Medicaid Expenditure on Emergency and Preventative	\$462,527	\$352,116	\$292,805	\$341,917
AVG. COMBINED Medicaid Expenditure on Emergency and Preventative		\$10,525.25	\$8,805.15	\$6,699.60	\$8,517.94	
Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$538,187	\$526,734	\$417,719	\$425,481
AVG. Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$12,038	\$12,298	\$9,198	\$10,189

Appendix C – Data Tables

AHS: The Value of Housing - Appendix C - Cohort 3						
	COHORT 3 (35 Households)	Status: Removed from VRS program due to non-compliance	In six months preceding VRS lease-up	In first six months post VRS lease-up	In second six months post VRS lease-up	In third six months post VRS lease-up
Shelter / Housing Domain	Number of Complete records: 33		33	33	33	33
	GENERAL ASSISTANCE	# HH utilizing GA Motel program	18	4	1	0
		% HH utilizing GA Motel program	55%	12%	3%	0%
		Total expenditure GA Motel program	\$64,415	\$3,705	\$195	\$0
		AVG HH expenditure GA motel program	\$3,579	\$926	\$195	#DIV/0!
	VERMONT RENTAL SUBSIDY	Total # months paid by State	0	197	164	76.5
		AVG State cost per month per HH	\$0	\$627	\$627	\$627
		AVG State cost per night per HH	\$0.00	\$19.90	\$19.90	\$19.90
		Total VRS State Expenditure	\$0	\$123,519	\$102,828	\$47,966
	HOUSING	Combined GA and VRS state cost	\$64,415	\$127,224	\$103,023	\$47,966
AVG. Combined GA and VRS state cost		\$1,951.97	\$3,855.27	\$3,121.91	\$1,453.50	
Health Care Domain	Number of Complete records: 32		32	32	32	32
	Emergency Department, Operating Room and Observation Status	# HH with at least one episode of care	23	27	22	22
		% HH with at least one episode of care	72%	84%	69%	69%
		Medicaid expenditure during period	\$132,085	\$141,337	\$108,159	\$25,539
		AVG. per HH Medicaid expenditure	\$5,743	\$5,235	\$4,916	\$1,161
	Preventative, Primary Care and Other Medical	# HH with at least one episode of care	31	32	31	32
		% HH with at least one episode of care	97%	100%	97%	100%
		Medicaid expenditure during period	\$93,908	\$107,665	\$125,235	\$138,856
		AVG. per HH Medicaid expenditure	\$3,029	\$3,365	\$4,040	\$4,339
	HEALTH	COMBINED Medicaid Expenditure on Emergency and Preventative	\$225,993	\$249,002	\$233,394	\$164,395
AVG. COMBINED Medicaid Expenditure on Emergency and Preventative		\$8,772.12	\$8,599.23	\$8,956.16	\$5,500.11	
Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$290,408	\$376,226	\$336,417	\$212,361
AVG. Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$10,724	\$12,455	\$12,078	\$6,954

Appendix D – Data Tables

AHS: The Value of Housing - Appendix D - All Cohorts						
	All Cohorts (134 Households)	Status: All	In six months preceding VRS lease-up	In first six months post VRS lease-up	In second six months post VRS lease-up	In third six months post VRS lease-up
Shelter / Housing Domain	Number of Complete records: 114		114	114	114	114
	GENERAL ASSISTANCE	# HH utilizing GA Motel program	55	7	2	2
		% HH utilizing GA Motel program	48%	6%	2%	2%
		Total expenditure GA Motel program	\$184,225	\$7,735	\$5,395	\$2,795
		AVG HH expenditure GA motel program	\$3,350	\$1,105	\$2,698	\$1,398
	VERMONT RENTAL SUBSIDY	Total # months paid by State	0	648	515	264
		AVG State cost per month per HH	\$0	\$616	\$616	\$616
		AVG State cost per night per HH	\$0.00	\$20.12	\$20.12	\$20.12
		Total VRS State Expenditure	\$0	\$399,168	\$317,240	\$162,624
	HOUSING	Combined GA and VRS state cost	\$184,225	\$406,903	\$322,635	\$165,419
		AVG. Combined GA and VRS state cost	\$1,616.01	\$3,569.32	\$2,830.13	\$1,451.04
Health Care Domain	Number of Complete records: 110		110	110	110	110
	Emergency Department, Operating Room and Observation Status	# HH with at least one episode of care	85	80	86	75
		% HH with at least one episode of care	77%	73%	78%	68%
		Medicaid expenditure during period	\$383,705	\$355,645	\$261,861	\$187,144
		AVG. per HH Medicaid expenditure	\$4,514	\$4,446	\$3,045	\$2,495
	Preventative, Primary Care and Other Medical	# HH with at least one episode of care	107	107	108	103
		% HH with at least one episode of care	97%	97%	98%	94%
		Medicaid expenditure during period	\$522,411	\$494,270	\$426,062	\$467,154
		AVG. per HH Medicaid expenditure	\$4,882	\$4,619	\$3,945	\$4,535
	HEALTH	COMBINED Medicaid Expenditure on Emergency and Preventative	\$906,116	\$849,915	\$687,923	\$654,298
		AVG. COMBINED Medicaid Expenditure on Emergency and Preventative	\$9,396.52	\$9,064.91	\$6,989.91	\$7,030.73
Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$1,090,341	\$1,256,818	\$1,010,558	\$819,717
AVG. Combined GA, VRS and Medicaid costs for formerly homeless Vermont households receiving Vermont Rental Subsidy			\$11,013	\$12,634	\$9,820	\$8,482