BEYOND A ROOM AND A KEY:

Interim Findings of a California Pilot on Enhanced Services in Permanent Supportive Housing

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Beyond a Room and a Key: Interim Findings of a California Pilot on Enhanced Services in Permanent Supportive Housing
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About This Report
RAND conducted the independent impact evaluation of the Veterans Support to Self-Reliance (VSSR) Pilot. This interim report summarizes independent impact evaluation findings conducted by RAND, together with process evaluation findings and implementation lessons developed by Swords to Plowshares. The formal evaluation observation period concludes June 30, 2026. RAND will issue a final impact evaluation report to be published in August 2026.

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The California Department of Veterans Affairs (CalVet) and RAND reviewed this document for factual accuracy and consistency with reported findings. Responsibility for interpretation, framing, and any errors rests with the authors.

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Summary

What does it take to help aging veterans remain housed—and improve their quality of life—as their needs intensify?

Interim findings from the Veterans Support to Self-Reliance (VSSR) Pilot point to a promising, service-rich model that supports housing stability, strengthens health and social connection, and may reduce reliance on high-cost emergency care.

This report presents interim findings from RAND, serving as the independent impact evaluator of the Pilot, and Swords to Plowshares Policy Department, serving as the consultant and process evaluator of the Pilot.

The analysis covers outcomes from June 2023 through May 2025[1] and places particular emphasis on the 250 veterans who have completed a full year of participation. The formal observation period will end on June 30, 2026 and RAND will issue a final report on their findings in August 2026.

Early descriptive findings suggest that VSSR is a promising model that may reduce reliance on high-cost emergency care, and enable aging and high-acuity veterans to maintain housing and enhance their quality of life.

[[1] The findings are based on a limited sample of veterans enrolled during the first four quarters of the project and the results are subject to change as more data and time in program is incorporated into the evaluation.

Housing Stability Among Strongest Findings

- **Only 2%** experienced negative exits
- **None reported** in the six months prior to the analysis period

Substantial Reductions in Health & Safety Risks

- Falls declined **by 63%**
- Acute health events **dropped by 30%**
- ER visits & 9-1-1 calls **declined by nearly 2/3**

Habitability Improvements Show Housing Stability

- Cleanliness complaints **dropped by 50%**
- Noise and disruptive behavior complaints **declined by 38%**
- Unit clutter complaints **declined by 29%**

Significant Health Behavior Shifts

- Missed medical appointments were **reduced by 63%**
- Proportion of veterans **eating three meals daily doubled**
- Alcohol use **fell by 24%**

The Story SO FAR

Background

In 2021, the State of California recognized a growing need for enhanced on-site supports to help aging and medically complex veterans remain stable in permanent supportive housing (PSH). In response, the California Department of Veterans Affairs (CalVet) launched the Veteran Support to Self-Reliance (VSSR) Pilot Program, supported by $20 million in competitive grants awarded to Nation's Finest (Sonoma and Sacramento counties), PATH (San Diego), U.S. VETS (three sites in Los Angeles and one site in Inland Empire counties), and Swords to Plowshares (six sites in San Francisco) in project-based PSH communities across California; to provide a range of on-site staffing models, including mental health specialists, social workers, occupational therapists, peer support specialists, transportation specialists, and in-home service assistants, designed to strengthen on-site supportive services in PSH models.

The Pilot focuses on aging veterans (aged 55 and older) and veterans with high-acuity needs over a three-year observational and formal reporting period (July 1, 2023 – June 30, 2026). For more information on the Pilot staffing model and grants, see the 2025 VSSR Report to the Legislature at **calvet.ca.gov/VetServices/Pages/Veterans-Support-to-Self-Reliance.**

Pilot Goals

1. **Demonstrate that an enhanced supportive services model enables aging and high-acuity veterans** who have experienced chronic homelessness to retain housing, age in place, and maintain and/or improve quality of life.

2. **Overcome and prevent challenges** related to maintaining personal and living space hygiene, adjusting to housing rules and responsibilities, isolation, increased mental health needs, disruptive behavior, premature need for skilled nursing care, and premature death, overdose, and suicide.

3. **Improve health and wellness of high-acuity and aging veterans** through geriatric social work services, assistance with some Activities of Daily Living (ADLs), functional assessments, reliable transportation, habitability assistance, health care navigation, medication management, individual and group counseling, peer support, and community engagement.

4. **Improve overall PSH housing site operations** to meet the growing demand for higher levels of care through adequate staffing and workload distribution, decreased staff burnout and increased staff retention, decreased property damage costs, and decreased overall health care and/or incarceration costs.

Enrollment and Participant Profile

By mid-2025, the program had met its enrollment goal, enrolling 469 veterans overall.

Participant exits have remained limited, reflecting strong retention. VSSR staff make consistent and proactive efforts to re-engage veterans who become disconnected from services. When an exit does occur, the vacancy is quickly filled by a new participant. Sites with larger numbers of units than there are veterans enrolled often maintain waitlists, enabling rapid backfilling of available slots.

Overall, demand for participation in the Pilot remains strong. Because of the nature of the Pilot and need for extensive data collection, participation in the Pilot is voluntary and the veteran must formally consent and enroll. Grantee agencies cite challenges engaging hard-to-reach populations, including veterans who have long been isolated and disengaged from formal program participation, veterans with cognitive challenges, and veterans engaged in substance use. The rolling enrollment process allows for these harder-to-reach veterans to be consistently outreached.

Participants present with complex needs at program entry:

30%

live with 4 or more chronic conditions

Depression

Anxiety

Hypertension

Arthritis

23%

had recently fallen

<1/2

received primary care

23%

had missed medical appointments

1/2

struggled with medication adherence

Pilot Interim Findings

Housing Stability

Housing stability remains one of the Pilot's strongest outcomes: only 2% of those enrolled experienced negative housing exits. Negative exits are defined, following a system used in other PSH evaluations to measure housing stability and exits (Hunter and Mercier, 2023), as exits related to eviction, incarceration or moving to a locked mental health facility, returning to living unhoused, or whereabouts unknown.

Most exits that occurred reflected a transition to higher levels of needed care rather than returns to homelessness. Negative exits were concentrated early in the Pilot period, and importantly, no preventable negative exits occurred in the past six months prior to RAND's interim reporting in July 2025. This pattern is consistent with the theory that VSSR may serve as a protective factor against housing loss and negative exits.

Other studies on PSH models without this level of enhanced supports show much higher negative exits of up to 20%.[2] Low turnover levels are rare in PSH settings, suggesting that VSSR is functioning as a strong protective factor against housing loss, even among older, medically complex residents.

[2] Panadero TJ, Gabrielian S, Seamans MJ, Gelberg L, Tsai J, Harris T. Addressing racial and ethnic disparities in premature exits from permanent supportive housing among residents with substance use disorders. BMC Public Health. 2025;25(1):355; Montgomery AE, Cusack M, Szymkowiak D, Fargo J, O'Toole T. Factors contributing to eviction from permanent supportive housing: Lessons from HUD-VASH. Evaluation and Program Planning. 2017;61:55–63; Tsai J, Byrne TH. Rates and predictors of returns to homelessness among veterans, 2018–2022. American Journal of Preventive Medicine. 2024;66(4):590–59

Health and Safety

The Pilot has made measurable progress in reducing acute health events and improving safety: falls among participants decreased by 63%; the proportion of veteran residents who did not have an acute health event (fall, heart attack, stroke, seizure or loss of consciousness) improved by 30%; and over the first year of enrollment, veterans maintained their general health status (from baseline to the fourth quarter of services, the proportion of individuals reporting their health as "Good" or "Very Good" increased modestly from 36% to 42%, while those reporting "Poor" or "Very Poor" health decreased from 23% to 20%; both changes non-significant).

These findings not only signal better individual outcomes but also suggest potential cost savings to the community by avoiding high-cost emergency care. Additionally, while maintaining stable health status over twelve months may seem modest, for an aging and high-acuity veteran population, it is clinically meaningful. These results suggest that VSSR services may help slow or prevent premature deterioration in health.

During interviews with enrollees, one veteran described how VSSR services have been vital to his ability to get to his dialysis appointments:

> **Mike was there to help me.** He put my walker in the van, anything that I couldn't do, he was there on the spot. I didn't have to tussle with all this. He made sure I got up to the fourth floor...to the dialysis and all of those things. It meant a lot to me because some days I just couldn't do it."

Ambulance/9-1-1 Calls and ER Visits
FELL BY **NEARLY 60%**

Senior Falls
DECREASED BY **63%**

Proportion of Residents Who Did Not Have an Acute Health Event
IMPROVED BY **30%**

Over the First Year of Enrollment, Veterans
MAINTAINED THEIR GENERAL HEALTH

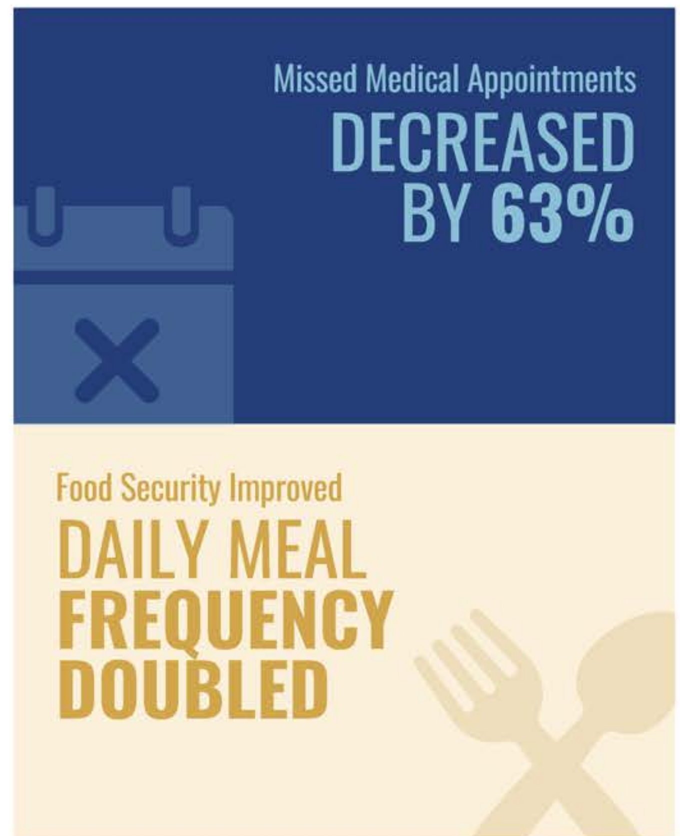
Health Behaviors

Trends in health behaviors showed some positive results: missed medical appointments decreased by 63%; food security showed a strong improvement as daily meal frequency doubled, with two-thirds of enrollees now reportedly eating three meals per day; and alcohol use also declined by 24% from baseline to the fourth quarter of enrollment.

However, at the same time: data shows an increase in cannabis and opioid use (though this may be as a result of underreporting at baseline due to social desirability bias and stigma).

Overall, these changes suggest that when daily living supports, engagement strategies, and transportation supports are in place, veterans are better equipped to manage their health, follow treatment plans, and maintain healthier lifestyles. These findings also point to ongoing challenges in substance use management in PSH models and the need for additional substance use recovery support.

Further, since substance use is a stigmatized behavior, it is possible that the baseline levels reflect a social desirability bias and underreporting by participants as they may have not been comfortable disclosing as part of their enrollment into the program. By the fourth quarter, they may have become more comfortable with staff and more honest in their reporting.



During an interview, one veteran recalled staff members transporting him and even accompanying him to an important medical appointment:

> "The drivers that take me to my appointments, they stick with me through a serious procedure. Like Aaron, one of the U.S. VETS staff, they gave him a gown and a mask. When they did my replacement pacemaker, **he was right there with me by my side.** And you don't see that everyday... It made me feel good because he cared."

Functional Support and Daily Living Improvements

Thus far, the Pilot resulted in statistically significant reductions in unmet support needs across eight daily functioning and social care domains from baseline to fourth quarter: there was an 89% decrease in need for companionship and emotional support, an 80% decline in unmet medical support, and substantial reductions in assistance needed for grocery shopping and errands (72% decline), technology use such as telephone or computer (66%), mobility (50%), household management and housekeeping (45%), meal preparation (40%), and laundry (37%).

As predicted, analysis revealed that veterans receiving ADL support often represented those with the highest baseline medical vulnerability prior to enrolling in the Pilot, as they were more likely to experience acute care use and falls.

Of note, very few veterans were receiving any ADL services at baseline. By the fourth quarter, veterans were most often receiving assistance with companionship (47.2%), assistance for medical purposes (39.6%), housekeeping help (38.4%), and assistance with grocery shopping/errands (34%).

Significant Reductions in

UNMET NEEDS FOR SUPPORT

These reductions in unmet needs suggest that veterans are becoming more functionally independent, and that VSSR supports are addressing critical daily living needs before they lead to crises. The sharp decline in need for companionship and basic assistance may indicate that the Pilot is effectively reducing social isolation and addressing practical barriers to aging in place.

These outcomes are reflective of the Pilot's stronger support environment that helps veterans stay stably housed, better manage their health, and age in place.

In an interview, a veteran talked about VSSR's importance in his ability to access food:

> "I don't know what I'd do... Food prep, right now I just don't have the energy to do my own, so I'd be stuck getting whatever I could from the grocery store, you know. **I wouldn't have any options, really.**"

In another interview, a veteran talked about the value of the program in meeting the needs of veterans in his housing community who require assistance:

> "The community is blessed, and it's beyond measure with t**he help that VSSR is providing**. I'm grateful that they're there because these are people that I'm sure, if left to their own devices, would have had a harder time."

Social Engagement

Social connection plays a protective role in the model:

- Prior to the Pilot, **over one-third of enrollees did not participate in group programs** and activities.
- Participation in three or more group activities doubled, while those who did not participate in any groups **significantly declined from 42 to 32 percent**.
- **Group programming is a standout service:** Table 1 shows those engaged in structured group programs were three times more likely to report good or very good health, with a 62% lower odds of acute care use in the same quarter and a 53% reduction in habitability complaints.
- Staff-led engagements on life skills, habitability, and health behaviors have **expanded across sites**. Early evidence suggests that the strength of staff and resident relationships may be critical for housing stability and encouraging engagement.
- The data shows veterans are **spending less time outside their units**. Fewer residents left their units daily: a pattern RAND attributes partly to increased structured engagement. At the same time, the number of veterans leaving their units three or more times per week (but not daily) rose by 42% (from 20% to 28%), which is likely attributed to residents who previously left daily but are now going out less frequently.

	Good/Very Good Health	Acute Care Use	Habitability Complaints
Group Program Participation	3x more likely	62% lower odds	53% reduction

Table 1. Group Program Participation Effect on Health

This pattern suggests that while some veterans are maintaining moderate engagement, those who were the most active are becoming less so over time. For aging veterans with high levels of cognitive impairment, chronic pain, or behavioral health challenges, declining physical mobility and energy may contribute to this.

Notably, reported improvements in social connection reinforces the critical role of intentional engagement strategies, staff persistence, and group-based programming in alleviating isolation. Further, as data on veterans leaving their unit is reported by operational staff, there may be reporting biases as staff become more aware and insightful about veteran behaviors over time, resulting in increased accuracy in reporting.

During an interview, one veteran talked about the influence of the VSSR services and staff on his socialization:

> "**The VSSR is amazing.** I'm a loner by nature. Some people will come and get me and drag me out of my house and see Miss Jasmine. Oh my god, she don't ever rest. But now I like it because they have a lot of programs that I've never been into ever that I participate in. And the only reason I'm participating in them is because of what I see in them, in the staff."

Habitability

Habitability measures, such as complaints about clutter, noise, and disruptive behavior, improved across sites:

- Complaints about cleanliness were reduced by 50%, noise and disruptive behavior by 38%, pest infestation by 38%, clutter by 29%, and hygiene and odor each by 9%.
- Discussions on habitability significantly increased during the same period, particularly in life skills (11 to 38%) and peer support (25 to 69%), substance use management (5 to 9%), nutrition assistance (11 to 20%), assistance with self-administration of medication (<4 to 7%), discussions on management of mental health (19 to 28%), and outreach and engagement in events and activities (31 to 38%).

One veteran said,

> **"When I came here, people were dying.** I mean, in the ground, going away. Because they had nothing to live for. They had nothing, no one to take their hand, knock on their door, bring them eggs and milk, check on them for wellness... When I say a support system, it's everything to us. You cannot take it away."

COMPLAINTS ABOUT...

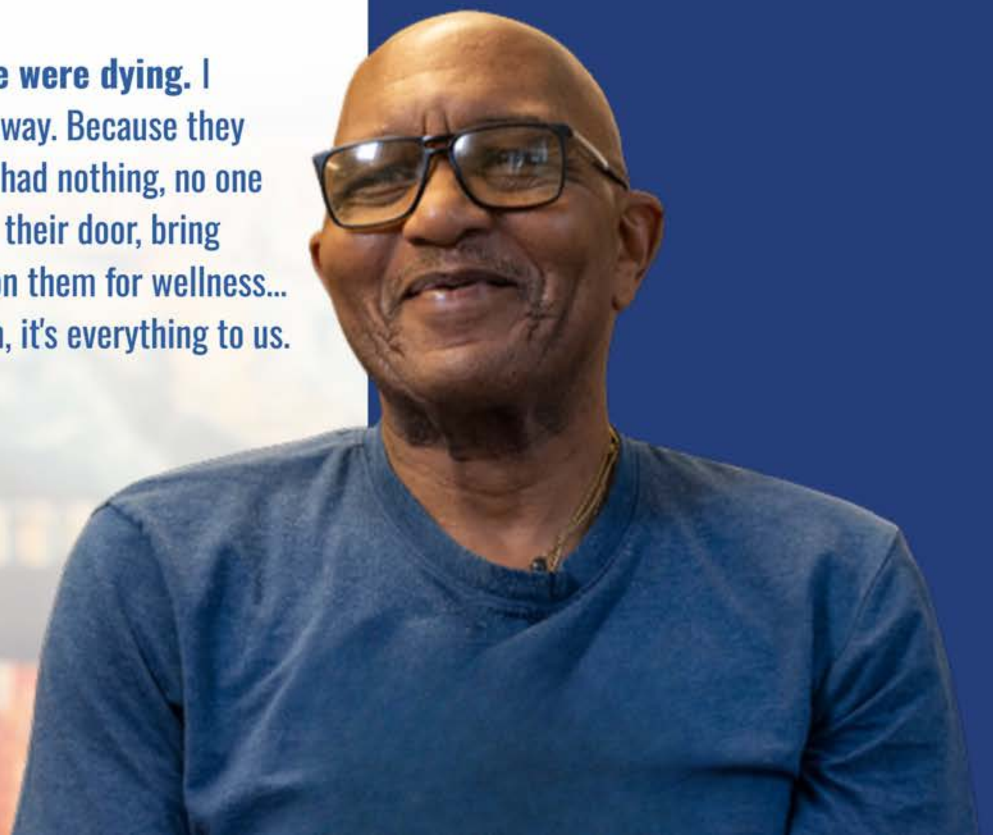
CLEANLINESS
reduced by 50%

NOISE + DISRUPTIVE BEHAVIOR
reduced by 38%

PEST INFESTATION
decreased by 38%

CLUTTER
decreased by 29%

HYGIENE + ODOR
reduced by 9%

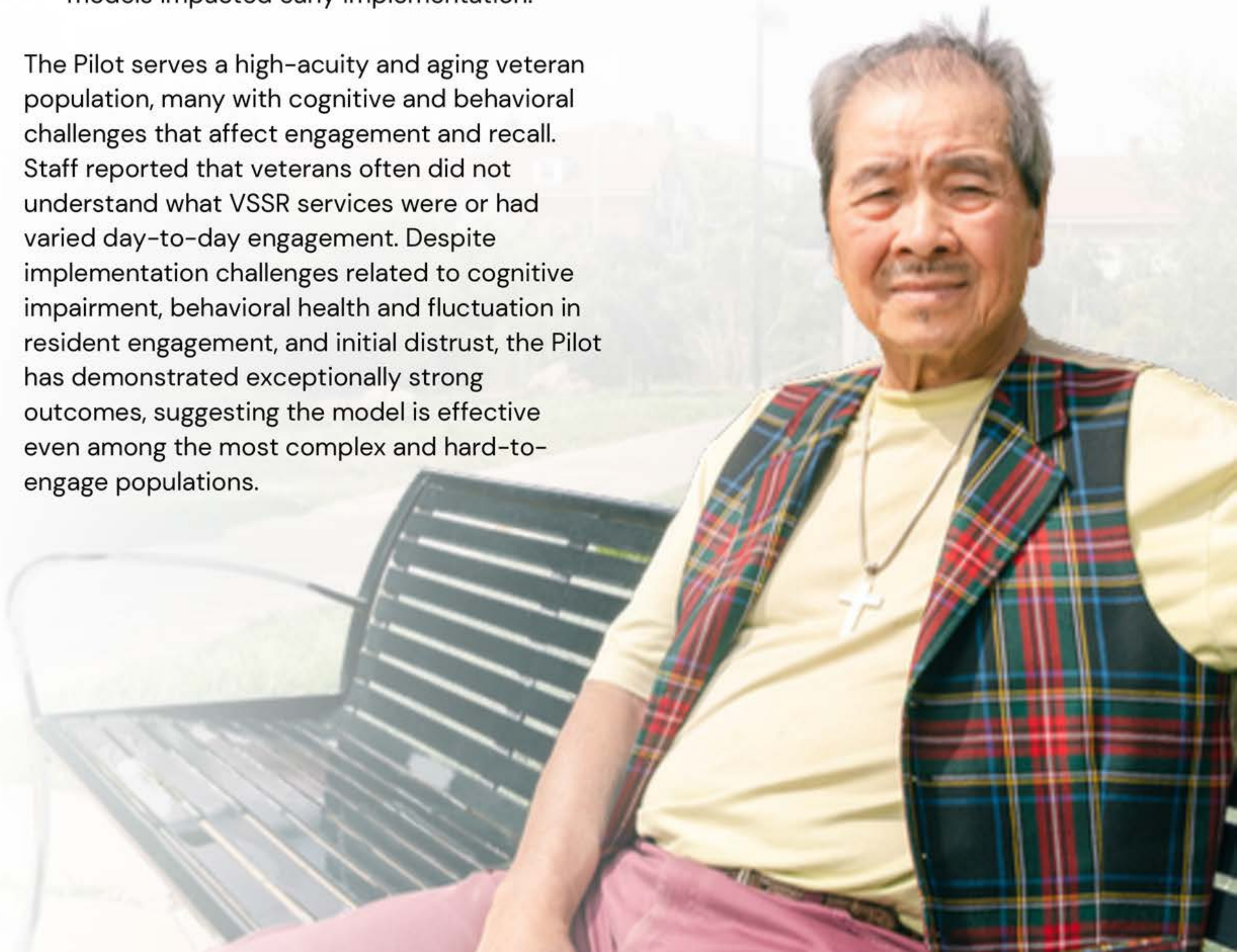


Lessons Learned
So Far

Implementation Complexity

- Veterans often present cognitive and behavioral challenges that complicate engagement.
- Service uptake requires frequent and sustained relationship-building by staff.
- Hiring challenges and differing staffing models impacted early implementation.

The Pilot serves a high-acuity and aging veteran population, many with cognitive and behavioral challenges that affect engagement and recall. Staff reported that veterans often did not understand what VSSR services were or had varied day-to-day engagement. Despite implementation challenges related to cognitive impairment, behavioral health and fluctuation in resident engagement, and initial distrust, the Pilot has demonstrated exceptionally strong outcomes, suggesting the model is effective even among the most complex and hard-to-engage populations.



Engagement Barriers & Power of Staff-Resident Relationship Building

Process evaluation findings indicate that relationship-building, not just service availability, is central to overcoming barriers to care. Veterans often required extended outreach and repeated contact before agreeing to services, particularly due to cognitive challenges, mistrust, or difficulty distinguishing providers. Because enrollment was voluntary, engagement developed over time and veterans could choose at any time to un-enroll or to disengage in services.

During interviews about the Pilot program and how it has impacted them, veterans said that they gained peace of mind just knowing that someone is keeping an eye on them and their well-being. They added that they felt they didn't experience that sort of concern prior to the implementation of VSSR services. Comparing how their life in their housing was prior to the launch of the Pilot, veterans described noticeable changes in the staff's interactions with them. One veteran explained the change:

> "It was hard to talk to somebody back then because there was not enough staff. **Now there's all kinds of staff**, and if they don't see me outside, they're right at my apartment door knocking, checking on me, making sure I'm okay, if I need anything, and it's wonderful."

Another veteran praised the VSSR team's efforts to provide assistance over the course of the Pilot:

> "This staff, they've helped me through a lot of things. I can call them right now and they would be at my front door with no problem. And with any, anything, anything I request, they would have it for me. **Any problem I have, they would help me solve it.** And if they can't help me, they'll find somebody that can. They go above and beyond to call a dude to help."

Staff persistence, proactive outreach, and relationships with staff appear to be key. Veterans who developed a sustained, trusting relationship with VSSR staff and who participated in peer-based group activities experienced higher service engagement, stronger housing stability, and improved health outcomes. These findings reinforce that the Pilot's model of long-term, consistent engagement is protective.

Staffing Capacity and Consistency are Critical

Pilot implementation data indicate that staffing levels, recruitment challenges (particularly for mental health professionals) and the design of coordination models play an important role in both service engagement and the overall effectiveness of VSSR. Veterans who received consistent, reliable contact with staff were more likely to participate in group programs, maintain their housing, and experience improved health outcomes, highlighting the protective effect of stable staffing.

Early phases of the Pilot revealed that gaps in staffing, high turnover, or uneven coverage reduced service uptake, delayed outreach to high-acuity residents, and limited the ability of staff to build sustained, trusting relationships. Mental health staffing shortages were especially impactful, as these roles are central to addressing PTSD, depression, substance use, and other high-risk behaviors.

Scaling the VSSR model will require intentional investment in both staff capacity and training. This includes adequate funding for recruiting and retaining staff with expertise in geriatric and behavioral health, peer support, and housing-based service delivery; providing ongoing training in motivational engagement, cognitive impairment, and trauma-informed care; and implementing staffing structures that facilitate communication, coordination, and flexible responsiveness to resident needs. Without these investments, the effectiveness of VSSR-style supports may be compromised, particularly for the most medically complex and high-acuity veteran populations.

Cost Effectiveness and System Impact

The VSSR Pilot's fully allocated cost is approximately $18,300 per veteran per year, which includes direct service delivery, design and implementation, technical assistance, statewide administration, and independent impact evaluation. The direct service delivery portion represents approximately $15,700 per veteran per year.

When compared to the costs that accumulate without coordinated supports, this represents a targeted, preventive investment for aging and high-acuity veterans. Skilled nursing facility care in California routinely exceeds $100,000 per person per year, with recent statewide median estimates exceeding $120,000 annually.[3] High utilizers of emergency departments and inpatient services, including those with high-acuity needs, incur annual health care expenditures exceeding $40,000 to $50,000 when care is fragmented and uncoordinated.[4]

Participating VSSR sites report a 2% negative housing exit rate among veterans receiving services during the interim observation period. By contrast, analyses of Housing First–based PSH programs, including HUD-VASH, indicate annual exit rates of approximately 12 to 13%, and multi-year cohort analyses of veterans enrolled in HUD-VASH programs have found that approximately 15% experience a negative exit over extended follow-up periods.[5]

Enhanced on-site services may prevent significant downstream public expenditures related to destabilizing exits, emergency medical care, crisis response, institutionalization, or homeless re-entry.

[3] Genworth Financial, Cost of Care Survey 2023: California State Results (Richmond, VA: Genworth Financial, 2023), https://www.genworth.com/aging-and-you/finances/cost-of-care.html.
[4] Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," Housing Policy Debate 13, no. 1 (2002): 107–163.
[5] Ann Elizabeth Montgomery et al., "Factors Contributing to Eviction from Permanent Supportive Housing: Lessons from HUD-VASH," Evaluation and Program Planning 61 (2017); Tiffany J. Panadero et al., "Addressing Racial and Ethnic Disparities in Premature Exits from Permanent Supportive Housing Among Residents with Substance Use Disorders," BMC Public Health 25, no. 1 (2025); TJ. Panadero et al., "Addressing Racial and Ethnic Disparities in Premature Exits From Permanent Supportive Housing: VA Greater Los Angeles Cohort," 2024.

The Future of VSSR
and Supportive Services

In an interview with a veteran discussing how he would feel if the Pilot's services were no longer available, the veteran speculated how it would impact him:

> I don't know if I would have the motivation to do the things that they motivate... I wouldn't have the motivation probably just to carry out my daily plans the way I do. A lot of days I don't want to do things. But someone from the program is there to motivate me and push me and make me do it basically."

When asked how they would feel or how their life would change if the VSSR services were no longer available, enrollees expressed dismay at the prospect.

> I'm not gonna lie, I'll be kind of devastated. They're very much a vital part of what I need to do."

One veteran described the multi-faceted importance of the services and the program's significance for him:

> I wouldn't have the assistance that I get from them. The mental assistance, the physical assistance... they rally around you. They'll rally around like a team when they know you're down. I've had them come and pray for me and just rally around me. It's gonna bring you to tears sometimes to know somebody cares."

One veteran said of imagining life without the VSSR's supportive services:

> I'd be lost because...the staff members come in, they're there for you. And I'm grateful for that."

Finally, another veteran speaking about no longer receiving help from one particular staff member said simply:

> Life would be really hard, it would be really, really difficult... that's my knight in shining armor."

Another veteran observed that other residents of his housing site who rely on VSSR more than he does would be severely impacted if the Pilot's services were unavailable for them:

> I think [it] would be catastrophic."

Implications and Recommendations

for Sustaining the Model

The VSSR model is achieving clear successes in housing retention, safety, and acute health reductions, while strengthening social connection and daily living supports.

The Pilot demonstrates that supportive housing paired with enhanced on-site services can stabilize aging and high-acuity veterans, reduce reliance on emergency care, and improve daily functioning. Group programs appear particularly effective, while high-need veterans receiving ADL support require more integrated medical-social approaches.

Early outcomes indicate that this model can serve as a critical protective factor against housing loss and prevent declines that lead to institutionalization. Early evidence suggests that investing in proactive engagement strategies, medical supports and peer interventions, transportation to appointments and nutrition services, and access to group-based activities not only improves outcomes but may also reduce long-term public expenditures by preventing hospitalizations and emergency response calls.

Strategic Recommendations

1 Sustain and solidify VSSR-style staffing models in PSH

- Transition from pilot funding to sustained program funding.
- Prioritize embedded staffing (e.g., on-site behavioral health support, peer providers) as a core model component.
- Determine additional staffing models (e.g. substance use treatment counselors, clinical care for complex mental health needs).

2 Prioritize early and sustained engagement strategies

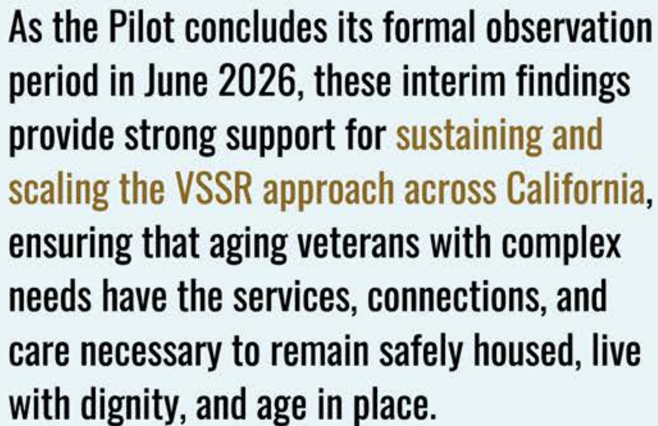
- Expand group-based programs using models implemented at Pilot sites as a protective factor.
- Standardize best practices for outreach and trust-building with high-acuity residents.
- Standardize staff training in cognitive decline, behavioral health, and motivational engagement.

3 Integrate medical and social care within housing

- Embed structured care coordination for veterans requiring complex medical or mobility support.

4 Position VSSR as a scalable model for aging and high veterans statewide

- Use current outcomes to inform a statewide implementation framework with site-specific adaptations based on acuity, geographic access, and staffing structures.



As the Pilot concludes its formal observation period in June 2026, these interim findings provide strong support for sustaining and scaling the VSSR approach across California, ensuring that aging veterans with complex needs have the services, connections, and care necessary to remain safely housed, live with dignity, and age in place.

The evidence to date makes it clear: permanent supportive housing without coordinated on-site services creates avoidable risks that this Pilot program addresses. For aging and high-acuity veterans, stability depends not just on access to a unit, but going *Beyond a Room and a Key* to the structured supports that sustain it.

THANK YOU FOR STANDING WITH VETERANS

Any questions?

Contact us.