

BEYOND A ROOM AND A KEY:

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



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Housing Stability Among Strongest Findings

- Only **3.6%** experienced negative exits (eviction, incarceration, return to homelessness)
- Exits to higher levels of care or death declined throughout the program

Substantial Reductions in Health & Safety Risks

- Falls declined **by 59%**
- ER visits **declined by 75%**
- Ambulance and 9-1-1 calls **declined by 24%**
- Inpatient medical visits **fell by 36%**

Habitability Improvements Show Housing Stability

- Cleanliness complaints **dropped by 53%**
- Group program participation related to **lower odds of habitability complaints** and **more frequent time spent** outside of their unit

Significant Health Behavior Shifts

- Missed medical appointments were **reduced by 54%**
- Proportion of veterans eating **three meals daily** nearly doubled
- Alcohol, stimulant, and opioid use **fell by 40% or more**

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

Findings from the Veterans Support to Self-Reliance (VSSR) Pilot point to a promising model of embedded staff in permanent supportive housing to help aging and high acuity veterans manage their health, meet daily needs, and stay socially connected.

Launched by the California Department of Veterans Affairs (CalVet) in 2023, four veteran service organizations operate the services model at 13 project-based permanent supportive housing sites in California, providing medical care navigation, mobility support, in-unit assistance for daily living and habitability, mental health counseling, peer support, transportation to appointments and grocery shopping, and group engagement activities. Most enrollees were veterans aged 55 or older, and many lived with multiple chronic conditions.

RAND served as the independent impact evaluator of the Pilot and conducted the analysis, which covers outcomes from June 2023 through May 2026 for 560 veterans who participated in the Pilot.

Among the many findings, negative housing exits remained rare throughout the Pilot, even as participants aged. Veterans experienced fewer emergency medical visits, inpatient care, falls, and missed medical appointments. Alcohol, stimulant, and opioid use showed a sharp decline. Findings also showed improvements in nutrition with almost double the proportion of veterans eating three meals daily. Participation in group activities was associated with lower odds of habitability complaints and more frequent time spent outside of their unit.

Implications and Recommendations

for Sustaining the Model

VSSR's results show what is possible when veterans have consistent access to support in their homes and communities.

The Pilot's findings suggest that enhanced onsite services help aging and high acuity veterans remain housed, experience fewer health crises, and strengthen their social connection and daily functioning. These supports may also delay or prevent declines that lead to institutional care.

Enhanced services cost \$17,437 per veteran annually. When including housing subsidies and voucher-linked case management, that brings the total annual public investment to approximately \$42,800–\$66,200 per veteran, which is 23–50% below California's median cost for private assisted living and less than half the cost of semi-private nursing facility care. Supporting veterans to age in place may also reduce future public costs associated with emergency care, hospitalization, and returns to homelessness.

The findings support continued investment in services that meet the changing and growing needs of aging and high acuity veterans in permanent supportive housing. The VSSR Pilot Program offers a comprehensive model for delivering that support where veterans want to stay, helping them maintain their homes, health, mobility, and connection to their communities. Sustaining and expanding this approach is the next step toward making aging in place possible for all veterans.



Strategic Recommendations

1

Support and Sustain 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 ongoing engagement strategies

- Expand group-based programs using models implemented at Pilot sites.
- Standardize best practice techniques for engagement and trust-building with high-acuity formerly homeless residents.
- Standardize staff training in cognitive decline, behavioral health, and motivational engagement.

3

Integrate medical and social care within housing

- Implement care coordination models for veterans requiring complex medical or mobility support.

4

Position VSSR as a scalable model for aging and high acuity veterans

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



Explore the full report on our website:
www.swords-to-plowshares.org/pilot