

Listening to Californians with Complex Needs: Bay Area Findings



CHCF



THE CLEAR PATH

Public Opinion Research

Overview

- I. Research Objectives, Methodology and Participant Characteristics
- II. Actionable Themes Across Populations
- III. Population-Specific Themes

Research Objectives

The **primary objectives** of the research were to:

- 1. Gain insight into the experiences of Californians with complex needs**, including those who are:
 - Experiencing homelessness or housing insecurity
 - Coping with mental health challenges and/or substance use disorder
 - Living independently as they age
 - Impacted by incarceration
- 2. Identify the types of resources, social services, and health care supports** that individuals with complex needs would find helpful to promote health, wellbeing, and good quality of life

Research Methodology

- From October 9 – December 7, 2023, EVITARUS conducted **34 in-depth interviews** (IDIs) among people experiencing complex needs and **3 focus groups with caregivers** who support individuals with complex needs in Oakland, California.
- Each interview and focus group was conducted in person by a professional interviewer, in partnership with St. Mary's Center (SMC) and the West Oakland Health Council (WOHC).
- Participants exhibited the following complex issues and needs:
 - Homelessness and housing insecurity
 - Mental health conditions, including dementia, bipolar disorder, schizophrenia, depression, and PTSD
 - Other chronic health conditions, such as hypertension and diabetes
 - Substance use
 - Prior incarceration

Who Participated

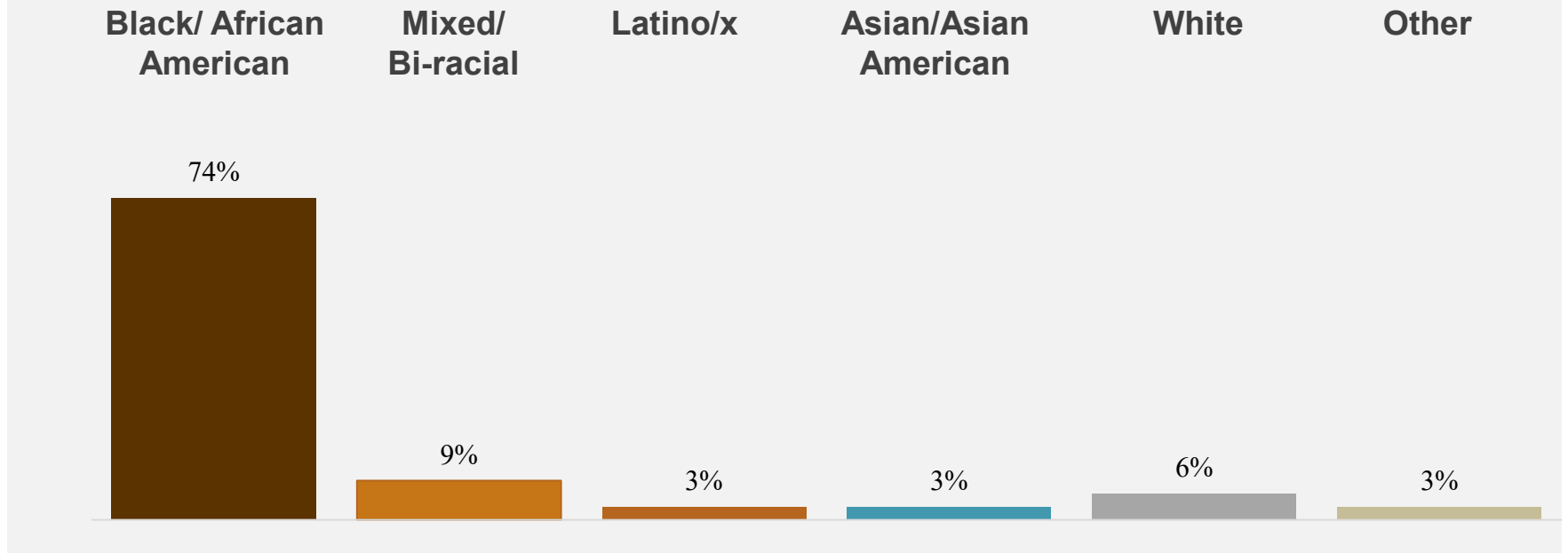


**A total of
34 Oakland Residents
participated**

**15 19
Women Men**

**Age Range
40 – 73**

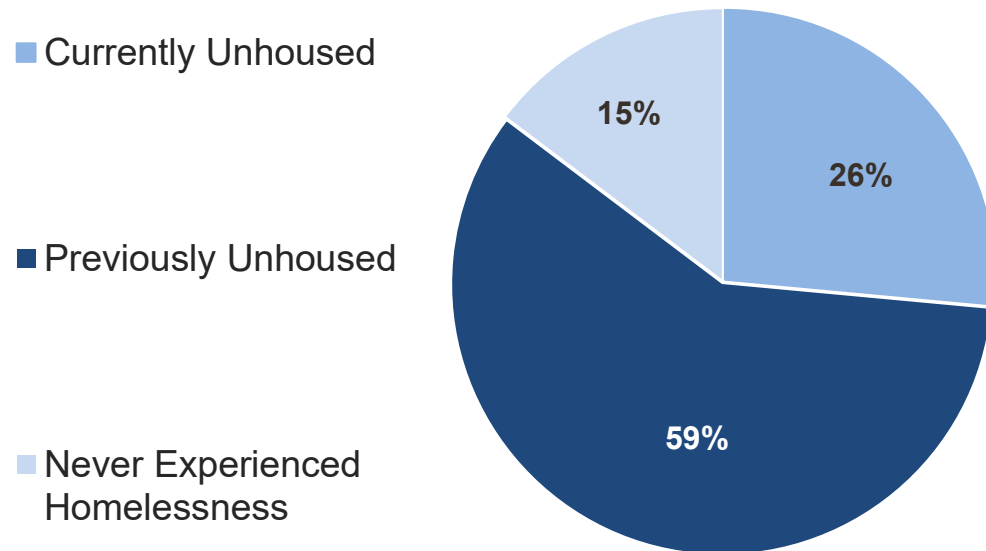
Most participants identified as Black or African American. Others identified as mixed/bi-racial, Latino/x, Asian, White, and Other.



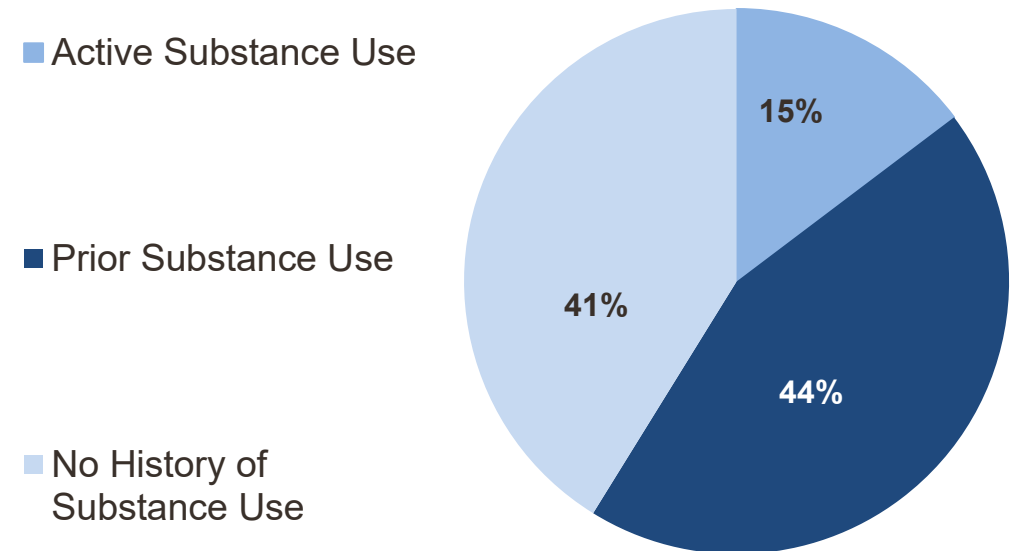
Note: Figures may not total 100% due to rounding.

Complex Issues & Needs Exhibited

Homelessness

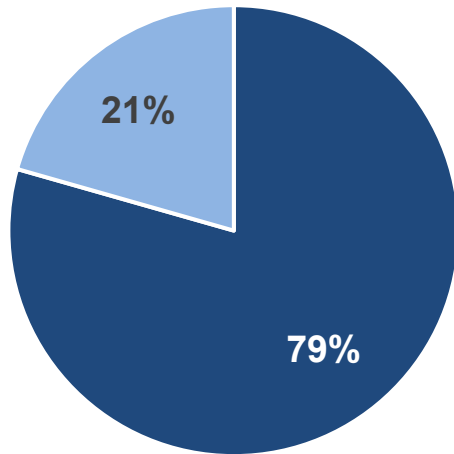


Substance Use

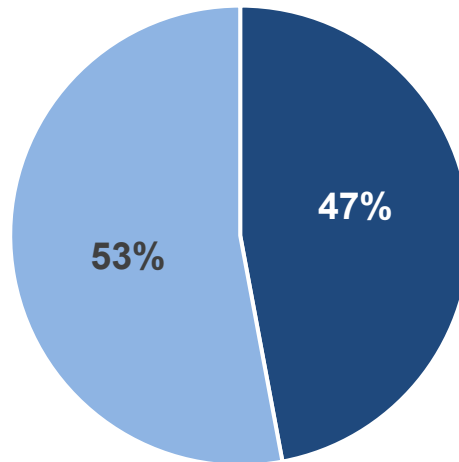


Complex Issues & Needs Exhibited

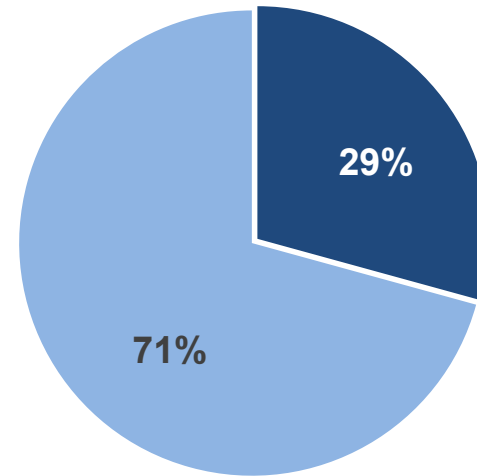
Older Adults with Multiple Chronic Conditions



Mental Health Conditions



Prior Incarceration



Actionable Themes Across Populations

Seek to understand my goals.

Recognize what is out of reach for me.

Make it one-stop shopping.

Offer me services with care and empathy.

Seek to understand my goals.

Participants underscored their **agency and desire for self-determination**.

“No, they [health care providers] don’t ask about your goals. They get you in and out, like fast food service. Nobody sitting and talking to you. Half the time, they haven’t even read your chart.” – *Black Man, Oakland, CA, Age 67*

“They [health care providers] don’t inform you of the alternatives, you know what I mean? Or they already have preconceived [ideas about treatment options]... like my ears, I said I’m having a weird sensation in my ears or something. Can I get a hearing test? “Oh, we’ll give you a prescription for drops.” That’s not what I wanted. See what I mean? They already have their way.”

– *Filipina Woman, Oakland, CA, Age 65*

Recognize what is out of reach for me.

- Participants discussed how access to services is sometimes contingent on resources they do not have.
- For instance, participants:
 - Can't prioritize housing because they are focused on primary needs (warmth, food, shower)
 - Can't prioritize health without housing
 - Need computer literacy and/or access to a computer to make appointments or apply for affordable housing
 - Need stable, timely, and accessible transportation

“You are sort of on your own and when you are on your own and you are homeless, you look for warmth, food, a shower, your primary needs. That is what you are focused on.

You are constantly trying to meet those simple primary needs and then you are neglecting the long-term needs like housing because your primary needs take priority.”

– *White Man, Oakland, CA, Age 68*

Recognize what is out of reach for me.

Participants discussed how access to services is sometimes contingent on resources they do not have.

- They face barriers to eating healthily, such as:
 - Wanting to eat healthy meals, but not having a place to prepare them
 - Being unable to consume healthy food without **dental** care
 - Seeing a gap between SNAP benefits, the cost of food, and what is available in food pantries
- They face financial and legal barriers, such as:
 - Needing legal aid to access earned retirement income

“I have gotten the dentures before, and they hurt my mouth. I can’t eat with them. I need to eat. I can’t eat healthy foods that I need to eat because I don’t have any teeth. That’s a health problem. It has been hard because we’re at a standstill. You try to move forward, but then there’s roadblocks, you know, that hit you. It seems like there’s no way around.”

– *Black Woman, Oakland, CA, Age 68*

Make it one-stop shopping.

Participants described challenges in and strategies for navigating housing and social service systems (e.g., maintaining a P.O. Box, paying for a smart phone, or communicating by word of mouth).

- They expressed confusion about which providers to turn to for various needs.
- Many prefer a “one-stop shop approach” over becoming aware of services by chance or by word of mouth.
- Other than AA, substance use treatment is particularly hard to identify.

“Well, a friend of mine told me about this place about a year ago. He used to work as a security over here on the gate. He told me about it. I decided to come in and check it out myself because I need somewhere to stay, you know? That’s how I got hooked up.”

– *Black Man, Oakland, CA, Age 70*

Offer me services with care and empathy:

I sometimes experience systems of health care, homeless services, and substance use treatment as uncaring.

- Participants value **individualized care**: health care and service providers who know them by name, include them in social activities, deliver on promises, and are honest about what they can and cannot do.
- Participants value more consistency in care managers.

“I’ve had three different case managers, representatives. This is my fourth one. They shift me around like that, and I don’t like that.”

– *Black Woman, Oakland, CA, Age 62*

Offer me services with care and empathy:

I sometimes experience systems of health care, homeless services, and substance use treatment as uncaring.

Participants expressed the following points of **dissatisfaction**:

- **Lack of care, empathy, and familiarity** with their case on the part of service workers
- **Discrimination** (sometimes due to insurance), **disrespect**, and a **preference** for health care providers that share their racial and ethnic background
- **Long wait times** and a **lack of follow-through**, such as unreturned phone calls and canceled appointments
- **Keen awareness** of the **financial benefits** for service providers enrolling them in their programs, which they find dehumanizing

Offer me services with care and empathy:

Caregivers noted gaps in cases post-discharge.

- Caregivers underscored:
 - Challenges with transitions and getting necessary post-discharge care
 - A focus on urgent, rather than long term, needs

“They just want to hurry up and rush us out and get to the next person. It sucks. Now, instead of going to the place, he’s home. Now he is supposed to go to like an outpatient to do all that, and the doctor was supposed to set him up to a facility. They told him to call insurance to do it. We called insurance, and insurance was like, ‘Your doctor was supposed to set that up.’ Now he is like in limbo. ... When we left the hospital and stuff, they don’t tell you how difficult it’s going to be.... I feel like they should give a little bit more tools that can help us a little bit more at home as opposed to being at the hospital.” – *Female Caregiver, Oakland, CA*

Population-Specific Themes

Unsafe housing doesn't help.

Stigma around mental health and therapy persists in Black community. Therefore, integrated and peer support services are important.

Having a history of incarceration carries stigma and challenges.

Caregivers striving to meet basic and primary needs face acute challenges.

Help me build/rebuild social connections and a sense of belonging with others working towards health and sobriety.

Unsafe housing doesn't help.

People spoke about experiencing violence, assault, and theft after being put in placements that were unsafe.

“Before I got the transitional room, I went to a shelter of all ages. [I experienced] violent behavior towards me verbally and physically. I was attacked five times. Three verbally, two almost physically. The case manager that I was assigned to accused me of being the aggressor when all I did was defend myself. Stuff like that. I just basically was grateful that I had somewhere to go at night and then I would wake up for breakfast and be out the door. I would come here, spend my day here, and wait until curfew. Literally, that's all I was there for.”

– *Black Man, Oakland, CA, Age 40*

Stigma around mental health and therapy persists in the Black community. Therefore, integrated and peer support services are important.

“I was going to say African Americans, because I see more African Americans. They feel like they don’t believe in the mental health as far as getting a therapist and talking about their problems. So, I feel like a lot of people, that’s why they’re very closed off to that part of it. So how can you grow if you won’t change your mindset?”

– *Female Caregiver, Oakland, CA*

Having a history of incarceration carries stigma and challenges.

Californians need resources immediately upon re-entry from incarceration, including housing, clothing, a place to shower, mental health services, SUD treatment, and employment opportunities.

“I was in jail for 16 months. I get out, and I don’t have nowhere to go. Everything that I had is gone. I had a car, and I went to jail and they towed it. Yeah. I came home to nothing. It’s just like, where do I go from here? Right back to getting high and hustling and whatever else.”

– *Bi-Racial Man, Oakland, CA, Age 45*

Help me build/rebuild social connections and a sense of belonging with others working towards health and sobriety.

Talking to peers is critical for mental health (and is not just a social activity).

“I need them. That’s like when I’m not doing anything, getting around other people my age where we’re reading or writing or knitting or something like that. Just be like a stress reliever ... I need to be around people my age.”
- *Black Woman, Oakland, CA, Age 68*

Caregivers striving to meet basic and primary needs face acute challenges.

- Technology (e.g., automated phone calls, digitized documents) is not easy for older adults to understand and navigate.
- Providing care is more complex when there are issues with mobility, excess weight, declining cognitive function, or mental health.
- When those being cared for present with resistance, stress, and aggression, caregivers asked for training related to handling depression and pessimism.

“Her daughter was special needs – autistic and nonverbal. A lot of times it was a mental strain causing even my own anxiety and depression to go crazy. The constant figuring out what we are going to eat, where are we going to go.”

– *Male Caregiver, Oakland, CA*

Q & A

Appendix

Research Areas Of Focus

Interviews explored the following topics:

- Aspirations and goals for better health
- Current and needed social supports
- Perceptions of needs and access to resources
- Gaps in resources and services
- Trusted sources of care
- Positive and negative experiences surrounding care and care transitions

Community Partner Recruitment

- A **recruitment questionnaire** was developed and shared with community partners who identified, screened, and recruited community members who expressed interest in potentially participating in an interview.
- Community partners **SMC** and **WOH** selected the final set of participants, which included residents exhibiting a diverse range of demographic characteristics and complex needs.



Screening Considerations

- Based upon responses to the recruitment questionnaire, community partner staff screened participants by the following:
 - Age cohort
 - Gender balance
 - Complex life challenges
 - Mental and physical health conditions
 - Insurance status
- Only a limited number of recruitment survey respondents were invited for interviews.

Participant Selection

- If selected for an interview, respondents:
 - Received follow-up phone calls and emails to confirm that they were selected for an interview and to verify that they were still willing and available to attend and participate in the interview
 - Worked with a community partner to schedule the interview at a suitable date and time
 - Completed an IDI Participant Consent Form
- Upon completing the interview, participants received an incentive for participating.