



Fact Sheet

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Listening to Californians with Complex Needs Focus On: Behavioral Health Conditions

As the CalAIM (California Advancing and Innovating Medi-Cal) program's Enhanced Care Management and Community Supports reach their fourth year since statewide launch, implementation partners have reported these services are making a difference for their organizations and the Californians they serve. But how are these programs experienced by the people they are intended to support?

About the Study

In 2023 and 2024, Los Angeles research firm EVITARUS conducted the Listening to Californians with Complex Needs study in partnership with CHCF. The research included in-depth interviews with 99 people with complex needs and eight focus groups with caregivers across Alameda, Fresno, Humboldt, and Los Angeles counties. In the [full report](#), participants described their attitudes toward their health and experiences with the health care system. This fact sheet focuses on the study participants living with mental health conditions, substance use disorder, or both.

About the Participants

Nearly 7 in 10 research participants (69.7%) reported living with behavioral health conditions. Almost two in three (63%) reported experiencing mental health conditions and nearly half (48%) reported living with substance use disorder. There is significant overlap between participants experiencing mental health conditions and those with substance use disorder, with 6 in 10 (60%) participants with behavioral health conditions experiencing both. In addition, relative to other participants, people with behavioral health conditions were more likely to have experienced incarceration, with more than half of participants (56%) reporting prior incarceration.

This fact sheet centers the perspectives of Californians living with mental health conditions, substance use disorder, or both. Empathetic support from providers with lived experience drives engagement in behavioral health care. Access to consistent care managers, stable housing, and evidence-based practices that meet people where they are is fundamental to navigating complex systems and achieving lasting recovery. For managed care plans and provider implementers, involving people with lived experience as equal partners in program design and implementation increases the likelihood that these services will truly meet people's needs.

Key Findings

Early in Treatment, Care Managers with Shared Experience Are Extremely Valuable

More than two in three participants with behavioral health needs valued having access to a care manager. Participants especially valued care managers with similar lived experiences because of the empathy they provide. One participant, a 33-year-old Black man from Fresno, reported that "it is different when you've got somebody that you can relate to compared to somebody that is just trying to teach you something that they reading out of a book or that they haven't lived or something. Then, it is like he don't judge you."

Care managers can be a lifeline, especially if introduced early in a person's care journey. That way, they can help someone with behavioral health needs locate services, stay on track with appointments,

set goals, and feel supported. Some participants expressed the importance of having the same care manager over time or having a small, consistent care team to build trust.

One challenge is that many participants without care managers are unsure how to find one. Without the guidance of a care manager, participants reported having limited awareness of available treatment options and feeling overwhelmed trying to navigate complex systems alone. Many were familiar with programs like Alcoholics Anonymous and Narcotics Anonymous but unaware of other evidence-based practices that meet their specific needs.

Integrated Care and Lower Eligibility Requirements Would Increase Participation in Treatment

Many participants highlighted the need for expanded behavioral health treatment offerings. Such options would include facilities that integrate physical health, mental health, and substance use treatment and treatment programs that address the root causes of suffering, such as pain or trauma. More than one in three participants cited that accessing support is hindered by a lack of nearby providers and affordable transportation. Beyond these logistical barriers, many participants did not identify as “seriously addicted” and framed their substance use as a necessary coping mechanism for managing mental health conditions, chronic pain, and life’s challenges. Many participants expressed a preference for more flexible behavioral health supports, such as peer support groups and counseling, over formal treatment.

Some were interested in formal treatment programs, and about one in four participants with substance use disorder said that strict eligibility requirements and high out-of-pocket costs created major barriers to entering recovery programs — such as needing to be involved in the criminal justice system or demonstrating severe addiction.

“I tried to get in one [recovery program] when I was on parole but it’s like it is so much — it is so difficult to get into a program unless you are in jail and a judge [demands it]. . . . or I have to pay, like, I think it was \$350 or something to get in there.”

—33-year-old Black man, Fresno County

Provider Bias and Stigma Discourage Participation in Treatment

Some participants, especially those of color, reported experiencing bias and stigma in the health care system. Some described being denied adequate care even in serious health situations due to discrimination based on race or a history of substance use, while others felt overlooked compared to White patients. Participants with children were particularly hesitant to seek help due to fear of Child Protective Services involvement. Implementing stigma reduction strategies is essential for fostering trust and encouraging participants to seek care. This includes adopting non-judgmental language, such as referring to “substance use” and “recovery” instead of using stigmatizing terms like “substance abuse” or “rehab.”

“But I don’t trust the system. . . . I did everything they wanted me to do as to the program, DV [domestic violence] classes, parenting classes, [drug] testing for them, outpatient [treatment], and then they just ignored all that and gave my sister-in-law custody before I — I had [only] four days [remaining] to completing my entire program.”

—36-year-old White woman, Fresno County

Stable, Sober Housing Is Essential for Recovery

Nearly two in three participants emphasized that housing stability is a necessary foundation for recovery. Safety within housing was also a concern; participants worried about being placed in environments with active drug use or other unsafe conditions. Many participants also called for extended sober living options that go beyond typical treatment program lengths, as well as continued housing support after the program ends.

“Up to this day, I still get high, but not as much as I used to. I really slowed down a lot. I could cut cold turkey, but my body is going to hurt. All that aching. I’d rather do it little by little and slowly. . . . The day I do get my apartment . . . that day is where I am not going to do drugs, I am not going to drink. I am going to be happy. That is my goal.”

—64-year-old Latina, Los Angeles County

- Consider developing a system that prioritizes low-barrier entry into care, like sobering centers. In Santa Cruz County, the sheriff partnered with a local substance use treatment provider to [offer sobering services](#) — and connection to treatment — rather than booking people into jail following an arrest related to substance use.

THE TAKEAWAY

Participants with behavioral health conditions highlighted the importance of empathetic care from providers with lived experience and consistent support from care managers. For many, strict eligibility criteria, high costs, and provider bias and stigma interfere with getting needed care. In addition, they emphasized that stable housing is essential to support treatment and recovery.

Resources for Implementers

Behavioral health treatments are improving, yet the burden of figuring out how and where to get care is falling on people who are struggling. Enhancing patient experiences is an important step to advancing behavioral health care. Here are three examples of approaches that different organizations have taken:

- Learn how health care organizations are employing [lay counselors](#) to help offer integrated care despite workforce shortages.
- Explore how [certified community behavioral health clinics bring physical and mental health care under one roof](#), making it easier for patients to access treatment.

About the Authors

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About the Foundation

The [California Health Care Foundation](#) (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.