



# Fact Sheet

by Caden Schepps and Xinran Wang,  
EVITARUS

## Listening to Californians with Complex Needs Focus On: Homelessness

As the CalAIM (California Advancing and Innovating Medi-Cal) program's Enhanced Care Management and Community Supports reach their fourth year since statewide launch in January 2022, implementation partners have [reported](#) that 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?

This fact sheet centers the perspectives of Californians experiencing homelessness or housing

insecurity — one of the groups the CalAIM program was designed to serve. People experiencing homelessness share that access to empathetic care managers is crucial for navigating complex systems and that safe, stable housing helps achieve lasting recovery. For managed care plans and provider implementers, involving people with lived experience as meaningful partners in program design and implementation increases the likelihood that these services will truly meet people's needs.

### 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 their experiences with the health care system. This fact sheet focuses on participants who are experiencing homelessness or housing insecurity.

### About the Participants

A majority of research participants (85%) reported currently or previously experiencing homelessness or housing insecurity. More than one in three participants (36%) reported that they were actively experiencing homelessness at the time they were interviewed.

## Key Findings

### Consistent, Empathetic Care Managers Are Essential

More than one in three participants who were currently experiencing or had previously experienced homelessness shared a desire for consistent, empathetic care managers. Those with care managers described them as essential: their knowledge of the system makes it possible to access safe, affordable housing and resources.

*"[The care manager] had you write down long-term goals and short-term goals — goals you could achieve within three months, goals you could achieve in six months, and then your long-term goals after you achieved them goals. I was working on staying clean and*

*sober, staying in the transitional housing, and working. The [care] manager was very good. If I had a [care] manager when I became homeless, I probably wouldn't be in this position I'm in now."*

—65-year-old Black man, Alameda County

Participants also described the importance of having trust in and consistency with care managers. To build trust, many participants said they prefer care managers who have lived experience with homelessness or housing insecurity who can relate to their challenges. This was especially important to participants who were either transitioning from incarceration or living with substance use disorder.

However, other participants said that frequent turnover in care management assignments made it difficult to build trust. They reported having to repeatedly educate new care managers about their health needs and personal circumstances, only to have those managers reassigned before meaningful relationships can develop or care plans can be fully implemented.

*"I've had three different case managers, representatives. This is my fourth one. They shift me around like that, and I don't like [it]."*

—62-year-old Black woman, Alameda County

Some participants feel dehumanized by the care management system, saying that providers and care managers see them primarily as a case number on the roster or as a part of a "head count" needed to receive funding. Many, especially Black men, also experience stigma and dismissive treatment from providers in health care and social service settings. These dehumanizing experiences dissuade people

from accessing the support they need to transition into permanent housing.

*"I would want them to understand that when they see people like me, we live in the street, we don't have a home, we're not wearing good clothes, we don't have good shoes, that we are not like this because we don't want to work. It's because our illness, our sickness is limiting. It limits us. So, for people not to look down on us, not to think those things of us. It's not that they need to support us or help us, but just don't have that attitude towards us."*

—43-year-old Latino/x man, Los Angeles County

## **Housing Is Foundational to Health, but Qualifying for It Is Tough**

Participants experiencing homelessness overwhelmingly said housing is their primary and most urgent concern. They feel they must prioritize securing permanent housing over addressing any health needs, such as following treatment plans for achieving their health goals. This is especially true for participants with children, who prioritize finding permanent housing for their children before attending to their own health needs.

Those living in cars or motel rooms share that lacking access to hygiene, healthy food, and refrigeration to store medications exacerbates their physical and behavioral health challenges.

*"I don't have a place to keep food. I don't have a place to cook food. So I eat garbage, McDonald's . . . and it affects my health a*

*lot because of that. I got diabetes, I got COPD, and it's getting worse and worse all the time. Every time I turn around I'm having to go to another specialist. Now my kidneys are going away."*

—67-year-old White man, Los Angeles County

Participants described barriers to securing permanent housing, including long waiting lists, high costs, and strict eligibility criteria. Many participants who are working do not earn enough to afford housing, yet they earn too much to qualify for housing placements tied to immediate crisis. They described feeling stuck in a state of housing insecurity or impending homelessness that is keeping them from accessing upward mobility.

*"Sometimes you aren't homeless enough, and sometimes they want you to literally be on the street. I had a situation where I wouldn't have been able to get into the homeless shelter, because even though I was [facing] impending homelessness, I technically wasn't homeless."*

—24-year-old White non-binary person, Humboldt County

## Safe Housing that Supports Healing and Recovery Is Needed

While securing permanent housing is participants' top priority, the safety of that housing matters, too. A majority of participants desire permanent housing that is safe and facilitates active recovery and healing.

Some participants in recovery from substance use disorder worry they may relapse if they live in a setting with people who are actively using alcohol or drugs. Participants with mental health challenges or previous

trauma reported being triggered by violent or erratic behavior from roommates in a group setting.

A few participants said they choose to remain on the street or in temporary housing rather than live in a setting that may jeopardize their physical or mental health or exacerbate their health challenges.

*"I was in a sober living environment a few years back. . . . You're sitting there trying to be sober, and I had my kid in this house with me, and I'm still watching people get high around me. . . . And so I'm still sitting there, kind of itching to get high. And I'm trying to get my son away from the environment. I don't care about him seeing people in recovery, because that's who I am. But him watching people still in active addiction while I'm sitting here trying to get him away from that, that was really hard."*

—Female focus group participant, Humboldt County

## Resources for Implementers

Although the health care system cannot solve the homelessness and affordable housing crises on its own, there are important steps providers can take. Here are three examples of approaches that different organizations have taken to better serve people experiencing homelessness:

- ▶ Learn how health care organizations are [employing people with lived experiences of homelessness](#) on health center boards or to advise on academic research projects.
- ▶ Get resources for developing a [street medicine program](#) to deliver care to people experiencing homelessness where they are. Crucially, teams

often form ongoing relationships with their clients and can help connect them to critical health and social services.

- ▶ Learn from the experience of Kings and Tulare Counties, where the [local Continuum of Care partnered with the counties' managed care plans to work across sectors](#) on strategies to improve care for people experiencing homelessness.

### THE TAKEAWAY

Participants experiencing homelessness highlight the importance of having empathetic, consistent care managers with lived experience. They prioritize securing housing over their health needs and report that housing instability directly inhibits their ability to adhere to treatment plans. Long waiting lists and strict eligibility criteria are barriers to securing permanent housing. Finally, participants desire safe housing that supports healing and recovery.

### About the Authors

Caden Schepps and Xinran Wang are researchers at [EVITARUS](#), a Los Angeles-based opinion research and strategic consulting firm that delivers actionable data and strategic insights to public policy, political, and corporate decisionmakers.

### 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.