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Listening to Californians with Complex Needs

Focus On: Rural Californians

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 rural Californians with complex needs, including Native Americans who live in rural areas, and their caregivers. Many rural research participants described the need for empathetic providers and culturally resonant care. They also described needing increased access to both specialty providers and social service providers, decreased wait times, and improved transportation options. 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

Trauma-Informed and Culturally Resonant Care Supports Recovery

More than half of participants living in rural regions desired trauma-informed providers and culturally resonant care. A bright spot in the rural north was culturally specific substance abuse treatment programs for Native Americans. A 21-year-old Native American from Humboldt County who struggled with substance use credited a local nonprofit health organization that

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 participants living in rural regions, including Native American participants in rural areas.

About the Participants

Forty-three people with complex needs were interviewed in two rural regions — the Central Valley (Fresno County) and the Far North (Humboldt County). Among them, eight participants identified as American Indian, Native American, or Alaska Native. All rural participants reported experiencing four or more complex needs. Nearly all (95%) rural participants reported currently or previously experiencing homelessness or housing insecurity, and more than four in five (84%) reported experiencing mental health conditions. More than three quarters (79%) of participants living in rural California reported living with substance use disorder, with many having a history of using substances for 10 years or more. More than two in three (70%) participants have transitioned from incarceration. It is important to note that one of the rural implementation partners for this project specifically recruited participants from a program serving individuals with substance use disorders who have been involved with the criminal legal system, and as a result they are likely overrepresented among the rural participants. In addition, two focus groups with nine caregivers were conducted in Humboldt County.

provided services to Native American communities and its connection to culturally specific rehabilitation programs as the reason she was able to begin and sustain her recovery journey.

Participants stated that comprehensive training in trauma-informed care and services would better equip providers to understand the complex needs and backgrounds of the people they serve. In addition, participants valued having a strong support system through family, friends, or community services, and they found services such as family counseling and peer groups helpful for gaining or maintaining that support.

“The great thing about [my recovery program] was you got to stay really connected to your culture and it was a 12-step NA/AA [Native American/American Indian] program. And then there’s a Red Road for Natives, which is more spiritual, which I think it’s great. It was cool being more into your culture.”

—18-year-old Native American woman, Humboldt County

Increased Access to Specialty Providers and Social Services is Needed

Participants living with complex needs in rural communities reported that there were not enough local providers and social services to meet their needs, particularly in the fields of dental care; behavioral health, including substance use treatment; child care; and housing. As a result, more than half of participants faced long wait times, with some waiting six months to see a local specialist, or went without care. They often had to schedule appointments months in advance and were unable to reschedule if conflicts arose. Rural participants experiencing homelessness faced long wait times to move into transitional housing due to limited housing supply.

“I was supposed to start immunotherapy a year ago, and they cancelled my appointment. . . . Also, I have pain management. I’m on a waitlist, and it’s been a year. What is really difficult is you are constantly waiting for services, and oftentimes that is all you’re doing—is just waiting. Then you keep calling back and they are like, ‘I’m sorry, we still don’t have a provider,’ since everyone is either aging out up here, and no one is moving up here, because it is very rural and isolated.”

—33-year-old Multiracial woman, Humboldt County

Many participants in rural regions with SUD described their substance use as a form of self-medication, noting that substances were often more accessible in their communities than mental health care or pain management options.

The needs of specific CalAIM populations manifested differently in rural regions compared to urban areas. Participants re-entering the community after incarceration encountered compounded challenges in rural regions, where there was a lower density of available services. They reported being released in the middle of the night, when food, services, shelter, and transportation were not available in rural locations. They also reported being released too far away from the providers and services they needed to access, as well as lacking the financial resources and transportation to access those services. In addition, they reported being offered minimal or no information about how or where to access support services. Due to these circumstances, it was common for participants to either immediately fall into homelessness following their release or to return to the behaviors and criminal activities that led to their incarceration.

Participants in rural regions with children sought employment, mental health, and education support that took into account the unique challenges associated with being a parent. Many parents cited the lack of nearby child care as a major barrier to finding stable employment or accessing health care treatment for themselves.

"I didn't have a job. I couldn't keep a job because I couldn't have a babysitter. So, that's when I started stealing and stuff. . . . If there was sessions or classes or even employment — especially if you are a single mother in a single household, . . . not only get her employment but help her with child care as well. . . . I am a mother of five kids, I feel like it's very hard."

—30-year-old Black woman, Fresno County

Improved Transportation Options Would Make Care More Accessible

Many participants lived far away from the nearest providers, which made accessing specialists or regular care even more difficult. Participants in Humboldt County reported driving for several hours to Redding, Ukiah, or even the Bay Area to receive the care they needed.

"Every resident here in Humboldt will say the same thing. . . . If you need dental or vision and you want to make an appointment, you have to go to Santa Rosa. . . . You have to go two hours. You can't go here because they're full."

—50-year-old Native American and Latino/x man, Humboldt County

Nearly three in four participants living in rural regions reported having transportation assistance needs, such as relying on friends or relatives for rides, depending heavily on program-provided rides, or struggling with

high fuel costs. Many also faced significant public transit barriers, including limited routes, infrequent service, lack of on-time services, and safety concerns, which further hindered access to health care and other essential services. For example, in some areas, buses did not run on weekends, limiting access to emergency care. There were also safety concerns around taking buses because some people used drugs or behaved erratically on or around the buses. In addition, caregivers noted that reimbursement was not available for travel-related expenses taking their patients to appointments.

"Just getting to the doctor's and everything [is hard when you're not reimbursed]. . . . They don't pay you to take them [the older adults] anywhere or go to the store for them. They just pay you to go to and from their house. . . . Then they don't want to pay a caregiver to go with her [the older adult] down south because she had an appointment down south."

—Female caregiver, Humboldt County

Resources for Implementers

Here are three resources that may help organizations that want to better understand or meet the needs of rural communities:

- ▶ Partnership Health Plan undertook a [survey](#) of specialists in five counties in the rural north to understand their plans to retire and how to prepare for worsening shortages.
- ▶ [Calaveras County](#) is leveraging career technical education to create job opportunities for students while alleviating the health worker shortage in rural California.
- ▶ Telehealth can help provide access to diverse providers and culturally resonant care. A recent [report](#) highlights advances in policy, practice, and research, while acknowledging existing barriers.

THE TAKEAWAY

Participants living in rural regions valued culturally resonant care and expressed a strong preference for providers with lived experiences. They emphasized the need for more accessible and timely specialty care and social services, particularly for behavioral health, dental care, and housing. Limited transportation options and concerns about safety with public transportation made it difficult to reach the services needed.

BEHAVIORAL HEALTH NEEDS

Many rural participants were recruited for the study based on their experiences with substance use, and their perspectives related to their behavioral health needs are highlighted in the [behavioral health fact sheet](#). 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.

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.