



PUBLIC HEALTH

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Madera County Homeless Health Assessment: Access and Barriers to Care

*A Countywide Needs Assessment Presented by the Madera County
Department of Public Health and Partners to the Local Indigent Care
Needs (LICN) Grant Program*

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Photos communicate the gravity of homelessness like nothing else can. Many thanks to our outstanding local law enforcement: the officers of the Madera Police Department, Chief Civil Deputy Sheriff **Mike Motz** and **Deputy Iniguez** of the Madera County Sheriff's Office, who provided homeless encampment photos. Thank you for patiently helping with surveys and information, and for assisting the homeless community.

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Executive Summary

This report, prepared by the Madera County Department of Public Health (MCDPH) and its partners, summarizes findings from a needs assessment conducted in 2020-21 as part of a grant from the County Medical Services Program (CMSP) Local Indigent Care Needs (LICN) program. The needs assessment and report are both organized around three main questions:

1. What are the **health, behavioral health, and social determinant of health-related issues** prevalent in this population?
2. What are the biggest **gaps and barriers to services** and how can they be **addressed**?
3. What are the **gaps in data and data tracking**? What are **best practices for sharing data** to better track this population?

Data Sources and Methods

A Point-in-Time (PIT) count of local sheltered and unsheltered residents experiencing homelessness was conducted by Fresno Madera Continuum of Care staff, reaching 390 individuals (95 sheltered and 295 unsheltered). Key informant interviews were conducted with 12 stakeholders representing agency partners from health, law enforcement, social services, and elected officials. Brief surveys were conducted with 58 people experiencing homelessness by MCDPH staff at the Madera Rescue Mission and homeless encampments. Madera Community Hospital's Emergency Department provided data on 456 patient visits in 2020 and 532 in 2019; Camarena Health offered similar data for 77 patients. An organizational scan helped illuminate data gaps, and a literature review identified evidence-based programs (EBPs) that could be implemented in the future to meet the needs identified in this report.

Madera County's Population Experiencing Homelessness

The PIT count (which is widely considered to be an undercount) found that nearly half of those who responded were experiencing homelessness for the first time at the time of the count, with nearly one-third homeless because they had been kicked out of their living situation (either asked to leave or formally evicted). About 30 percent said it had been their choice. The majority of Madera County residents experiencing homelessness (about two-thirds) are male and the average age is 45.

Health, Behavioral Health, and Social Determinants of Health

Drug and alcohol use was reported by 60 percent of PIT count respondents, and nearly half of them also said drug and alcohol use was the reason they were unable to hold a job or live in stable housing. Nearly 60 percent of PIT respondents believed their psychiatric and/or emotional conditions them prevented stable employment and/or housing, while 30 percent said the same about a physical disability. So-called “diseases of despair” (substance use, mental and behavioral health issues, and pain management) also are prominent among the chief complaints for patients presenting at Madera Community Hospital’s emergency department. Untreated chronic diseases – particularly diabetes, hypertension, and asthma – also were commonly diagnosed. Over half (55 percent) of survey respondents were current smokers. Histories of violence and involvement in the child welfare system were common among respondents.



Data Gaps

Key informants noted that existing data are limited and are spread across multiple organizations and agencies, making it more difficult to discern patterns and opportunities for prevention and intervention. Currently, four of the six organizations asked about their data collection practices collect homelessness status information: Madera Community Hospital, Camarena, Behavioral Health, and Madera Unified School District. All four collect data on race/ethnicity, but only three of the four consistently collect data on comorbidities (of clients experiencing

homelessness), drug and alcohol use, or mental health status. Only one (the hospital) routinely collects information on living status.

Barriers to Access and Gaps in Services

Emergency Departments are not the most appropriate care setting for many illnesses and injuries, but are sought out because they are perceived by many as an efficient, “one-stop shopping” alternative to community clinics. In fact, 42 percent of survey respondents listed the emergency room as their usual source of health care. An analysis of visits showed over half of the visits were not emergencies and could have been treated in a primary care setting.

Key informants and MCDPH partners identified services and supports that could be deployed to address gaps, such as mobile health services, a crisis stabilization unit, sobering and detox centers, additional recovery beds for those leaving the hospital, and trained peer advocates and outreach workers to help people experiencing homelessness navigate the system to get the help they need.

Recommended Evidence-based Interventions

Analyzing the results of the needs assessment and a literature review, a group of 33 partners assessed options according to two dimensions: feasibility and potential impact. Sobering Centers were rated as less feasible than other options, but all the proposed ideas were considered to be high impact: adding recovery beds, Venue-Intensive Vaccines for Adults, crisis stabilization unit, mobile health, substance use support groups, one-stop shopping for services, and centralizing data about homelessness to make it more useful, timely, and accessible.

Conclusion

In a subsequent implementation plan, MCDPH and its partners will move forward with the recommendations in this report, considering its findings a baseline from which to monitor future improvements for people experiencing homelessness and the systems that seek to serve them.

Background

The outreach worker fielded a familiar call: someone was in trouble and needed help. This time, it was an older gentleman. By the time the outreach worker found him, he had curled up on an old mattress, insisting that she leave him there. He was very ill, but still able to summon up enough strength to be stubborn. He didn't need an ambulance, he insisted. He didn't want to go to the hospital. He just wanted to be left in peace, even if he wouldn't make it to the next morning.

The outreach worker struggled to balance competing impulses. She wanted to respect his wishes, which he was very clear about. But she found she couldn't, because this would mean leaving a helpless and struggling human being outside in the elements. Minutes passed, then hours, and finally he agreed, still reluctantly, to let her help. Soon an ambulance was on the way. He was treated at the hospital and released to a hotel where he was able to rest, recover, and bathe — all crucial to healing. The outreach worker slept well that night, too, confident that her persistence had been the right call.

Across Madera County, this story (a real one, drawn from a recent encounter) takes many different forms. Sometimes, it is a younger person, not a senior citizen. Sometimes, it is a woman or a transgendered person. Sometimes, the underlying issue involves drug or alcohol use, or behavioral issues. Often, it's both. Sometimes, an untreated chronic disease like diabetes is taking an even heavier toll than it normally would on someone who is living rough. Sometimes the person who is struggling is able to get help from a local clinic or emergency room; too often, they do not, or end up doing the best they can until the situation become so severe that someone else feels compelled to intervene, as in the scenario above. No matter what form they take, these stories represent opportunities to do better: to reduce barriers to care and prevent more acute situations, along with the suffering and costs they incur.

This report, prepared by the Madera County Department of Public Health (MCDPH) and its partners, summarizes findings from a needs assessment conducted in 2020-21 as part of a grant from the County Medical Services program (CMSP) Local Indigent Care Needs (LICN) program. The needs assessment and report are both organized around three main questions:



1. What are the **health, behavioral health, and social determinant of health-related issues** prevalent in this population?
2. What are the biggest **gaps and barriers to services** and how can they be **addressed**?
3. What are the **gaps in data and data tracking**?
What are **best practices for sharing data** to better track this population?

In addition to documenting responses to each of these questions, the needs assessment process was designed to build consensus among Madera County partners to address the most urgent health care needs of Madera County residents experiencing homelessness. The recommendations in this report represent the shared priorities among partners, based on the needs assessment data.

Methods Overview

The needs assessment is informed by multiple primary and secondary data sources. These include:



- A **Point-in-Time (PIT) count** of local sheltered and unsheltered residents experiencing homelessness, conducted by Fresno Madera Continuum of Care staff. The PIT count is considered to be an undercount, since team members were unable to access some of the mountainous areas of Madera County in 2020. Still, the team was able to contact 390 individuals (95 sheltered and 295 unsheltered), which represented a 3.4 percent increase overall over the 2019 count (a 5 percent increase over the 2019 count of *unsheltered* individuals and a 1 percent decline in those *sheltered*).



- **Key informant interviews** conducted by phone or virtual meetings in February and March 2021 with 12 stakeholders representing the Madera County Departments of Public Health, Behavioral Health, Probation, Sheriff, Social Services, and Board of Supervisors, as well as the Community Action Partnership of Madera County.



- **Brief surveys** of individuals currently experiencing homelessness in Madera County. MCDPH staff connected to sheltered and unsheltered people experiencing homelessness at the Madera Rescue Mission and homeless encampments, offering participants \$10 food gift cards in exchange for answering a 6-question, multiple choice survey about their current medical and mental health status, barriers to accessing services, and healthcare preferences. Fifty-eight participants agreed to answer questions.



- **Data on patient visits and chief complaints** from Madera Community Hospital's Emergency Department (ED), including chief complaints and diagnoses for 456 patient visits in 2020 and 532 patient visits in 2019, as well as similar data for 77 patients experiencing homelessness and served by Camarena Health, which operates Federally Qualified Health Centers (FQHCs) in Madera County.



- An **organizational scan** of six stakeholder organizations representing the public health, education, and healthcare sectors to better understand current data collection policies and gaps.
- A **literature review** to evidence-based programs (EBPs) and policies potentially relevant to Madera County.



- The MCDPH's **Community Health Assessment**, conducted in 2015 and published in 2017, included 2,180 survey responses. Analysis of these responses showed that homelessness was ranked as one of the top three social and economic problems in Madera County, supporting a focus on targeting public health interventions to the local population experiencing homelessness.

Additional details on respondents and data collection topics for each source are provided in [Appendix A](#).

Once the data were collected and analyzed by MCDPH's epidemiologist, MCDPH partners met to review the information and recommend next steps. Using an online survey, 33 partners placed a variety of options on a 2x2 grid, rating different potential interventions in terms of their feasibility and potential impact.

Who are Madera County's Residents Experiencing Homelessness?

Most of what we know about the demographic characteristics of Madera County residents experiencing homelessness comes from the 2020 PIT counts of 95 sheltered and 295 unsheltered individuals, 229 of whom were interviewed. The 2021 count was not completed. These data are augmented by the brief surveys MCDPH staff were able to complete with 58 people experiencing homelessness, which focused on health needs and access to services.

Nearly half, or 47 percent, were experiencing homelessness for the first time at the time of the PIT count.

Sheltered Status

Keeping in mind that the PIT count is believed to be an undercount, we learned from the PIT count and interviews that **of the 390 counted in 2020, most (76 percent) were living unsheltered.** [Appendix B](#) includes maps of encampments throughout Madera County.



95

were living in a shelter at the time of the PIT count



295

were living unsheltered

Age, Gender, Race/Ethnicity, & Sexual Orientation

45

The average **age** (among the 204 who responded to this question) was 45, **ranging from 18 to 87.**



About 2/3 of those who were interviewed through the PIT count were **male** (n=142, or 67.3 percent) and one-third **female** (69, or 32.7 percent). Nearly **44 percent reported their ethnicity as Hispanic/Latino**. Most (72.3 percent) reported their race as white, with another 12 percent Black/African American, 7.6 percent American Indian or Alaska native, and 3.8 percent of multiple races. Nearly 9 percent reported Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status.

Veteran and Disability Status

Just over 6 percent had served in the U.S. Armed Forces, though none reported receiving healthcare or benefits through the Veterans Administration. Just over **18 percent received disability benefits** (such as Social Security Income, or SSI). Nearly half, or **47 percent, were experiencing homelessness for the first time** at the time of the PIT count. The average number of months experiencing homelessness was 37, or just over 3 years. Over one-third (34.8 percent) had stayed at a shelter four or more times.

Nearly one-third had been kicked out of their living situation—either asked to leave or formally evicted.

Living Situations Prior to Experiencing Homelessness

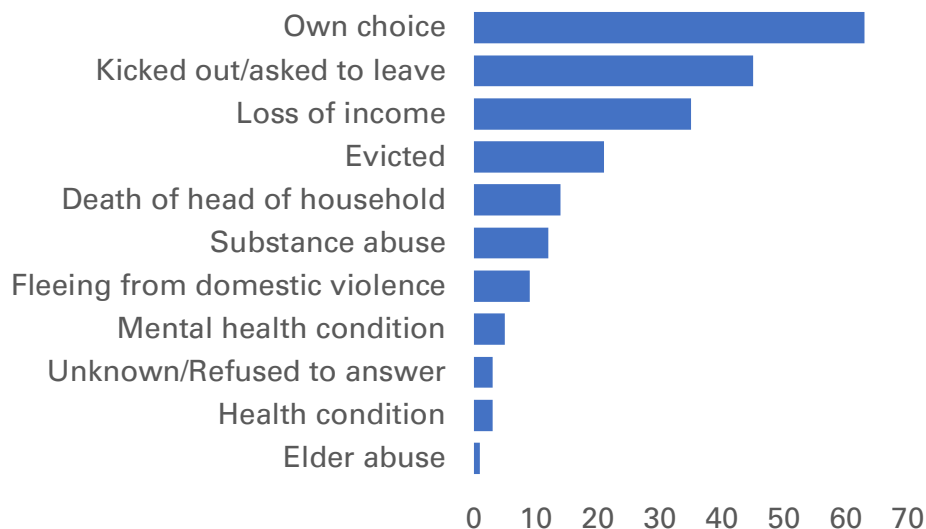
Most of those interviewed (86.7 percent) had lived in Fresno or Madera County prior to becoming homeless. **Most had been living in their own home or apartment (61 percent) or with family or friends (35 percent)**. The remainder had been living in an institutional setting, such as jail or prison. Nearly one in five (19.6 percent) had been placed in foster care or lived in a group home (at some point in their lives, not necessarily immediately prior to becoming homeless), and one-third (33.2 percent) had children currently living with others (a family member, friend or in a foster home). A significant number of respondents (nearly 38 percent) have children under the age of 5.

Asked why they had needed to leave their prior housing situation, **nearly one-third said they had been kicked out of their living situation**—either being asked to leave or formally evicted. (One key informant noted that evictions may have increased during COVID-19.) Another 30 percent said it had been their choice to leave.

Figure 1 below lists the reasons given; note that respondents had the option of giving more than one reason if multiple reasons applied to their situation.

Figure 1: Top Reasons for Leaving a Housing Situation (n=211)

“It was my own choice,” according to 63 PIT survey respondents, but being kicked out or evicted, along with loss of income, are also common causes of homelessness in Madera County.

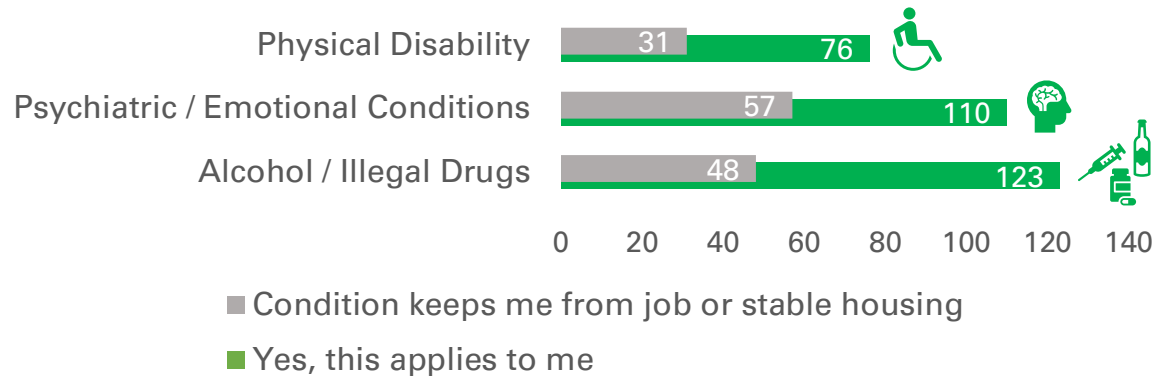


Drugs, alcohol, mental health issues, domestic violence, and physical disabilities also undermine employment and stable housing opportunities (see Figure 2).

Nearly 60 percent of PIT count survey respondents reported using alcohol or illegal drugs, with nearly half (49.5 percent) of those who reported substance use saying that this was the reason they could not hold a job or live in stable housing. Even more—58.8 percent—said their psychiatric and/or emotional conditions prevented them from holding a job or living in stable housing, and one-third said the same about a physical disability. [Figure 2](#) shows how many of those struggling with these conditions connect them to the inability to maintain employment and/or stable housing. (Again, more than one condition could be reported by an individual.) These same conditions also may lead to behaviors that make it difficult to stay in shelters (e.g., due to aggressive behavior).

Figure 2: Prevalence and Role of Physical Disability, Psychiatric/Emotional Conditions, and Drugs/Alcohol

Common conditions undermine employment and stable housing



Key Issues Faced by People Experiencing Homelessness in Madera County

Health and Behavioral Health Issues

MCDPH’s epidemiologist received diagnosis data from the Madera Community Hospital ED for 532 patient visits in 2019 and 456 in 2020, as well as information from Camarena Health on 77 patients experiencing homelessness who were seen in Camarena Community Health Center clinics in 2019-20.

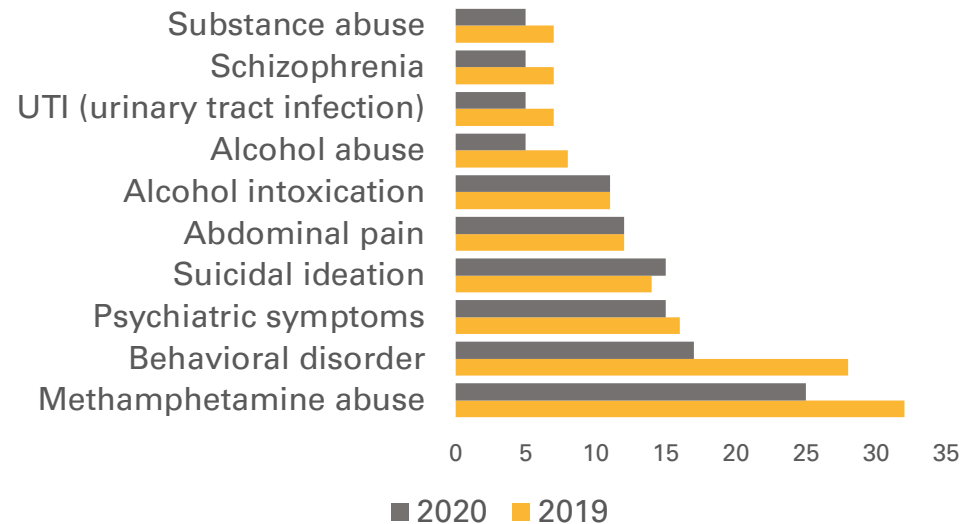
Diseases of Despair

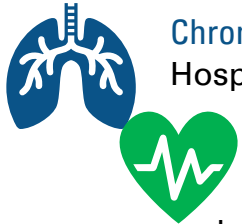
The top three chief complaints or reasons *given by patients* for ED visits in 2019-20 included **substance use** (driven by methamphetamine use in both 2019 and 2020, as well as alcohol intoxication), **mental and behavioral health issues**, and **pain management**.

Figure 3 shows the number of visits in specific *diagnostic categories* for both years. (Some diagnoses, such as alcohol abuse and alcohol intoxication, are similar but are listed separately because they involve different diagnostic codes.) These diagnoses match the self-reported prevalence of drug use and psychiatric/ emotional conditions described in the PIT count survey data. **Anxiety** and **depression** also were prominent among the reasons people experiencing homelessness sought care from Camarena Health clinics. Key informants noted that some of the substance use could be an attempt to self-medicate for untreated, ongoing mental health conditions.

Figure 3: Number of Homeless Patient Visits by Emergency Department Diagnoses, 2019-2020

Substance use and mental health top the list





Chronic Diseases

Hospital ED data reflect the acute, emergency situations that bring people to the ED, but not necessarily the chronic conditions that also affect health and well-being over time. In the surveys of people experiencing homelessness and in the Camarena Health data, chronic diseases such as **diabetes**, **hypertension**, and **asthma** were common. For example, of the 77 patients experiencing homelessness who sought care at the Camarena clinics in 2019 and 2020, 19 were diagnosed with diabetes and 25 with hypertension—roughly double the diagnoses for anxiety (11) and depression (10). Lack of access to healthy food and poor overall nutrition also contribute to these conditions, key informants noted.



Of the 58 people who responded to the MCDPH surveys in shelters and encampments, 28 percent reported **high blood pressure**, over 15 percent reported **diabetes**, and over 25 percent reported pulmonary issues such as **asthma** (17 percent) and **chronic lung disease** (9 percent). Well over half of these respondents (55



percent) were **current smokers**, a risk factor for multiple chronic diseases. As with those who are housed, people experiencing homelessness are likely to be grappling with more than one of these conditions simultaneously (i.e., comorbidities).

Social Determinants of Health

The social determinants of health refer to conditions outside the formal healthcare system that profoundly affect health outcomes, such as education, income, exposure to violence, engagement in the criminal justice and child welfare systems, adverse childhood experiences (ACEs), and of course stable housing.

The PIT count survey responses offered some insights into the prevalence of these issues. Although 11 percent of respondents said they were **fleeing domestic violence** and reported this as a cause of their current homelessness, many more (nearly 32 percent) reported being **prior victims of domestic violence**, and **one-third of them had experienced domestic violence within the last year**. A key informant from law enforcement noted that women who are experiencing homelessness are still vulnerable to sexual assault; for this reason, they may often band together for protection.

As noted earlier, nearly 20 percent reported enough prior exposure to child abuse or neglect to warrant placement in **foster care or a group home**. Nationally and in California, transitioning from the child welfare system to young adulthood is a risk factor for homelessness. With approximately one-third of respondents reporting having children living with another family member, friend, or in foster care and 38 percent with children under the age of 5, it is concerning that significant adversity in childhood could be extending to another generation.

Although at least 97 PIT survey respondents (out of 211, or 46 percent) felt that their alcohol or drug use, psychiatric/emotional conditions, and/or physical disability kept them from holding a job or living in stable housing, **only 19 percent reported that they currently receive disability benefits**.

Addressing Service Gaps and Barriers

Existing Services and Needs

Madera County residents experiencing homelessness have the following options for care:

Physical Health

- Camarena Health
- Madera Community Hospital
 - Emergency Department
 - Family Health Services
- Madera County Department of Public Health
- Madera County Department of Social Services

Behavioral Health (Mental Health & Substance Use Services)

- Madera County Behavioral Health Department (severe conditions)
 - Hope House
- Camarena Health (mild behavioral conditions)
- Community Action Agency (connect to detox and treatment centers outside Madera County)

Other Services

- Madera Rescue Mission (shelter)
- Salvation Army
- Community Action Agency

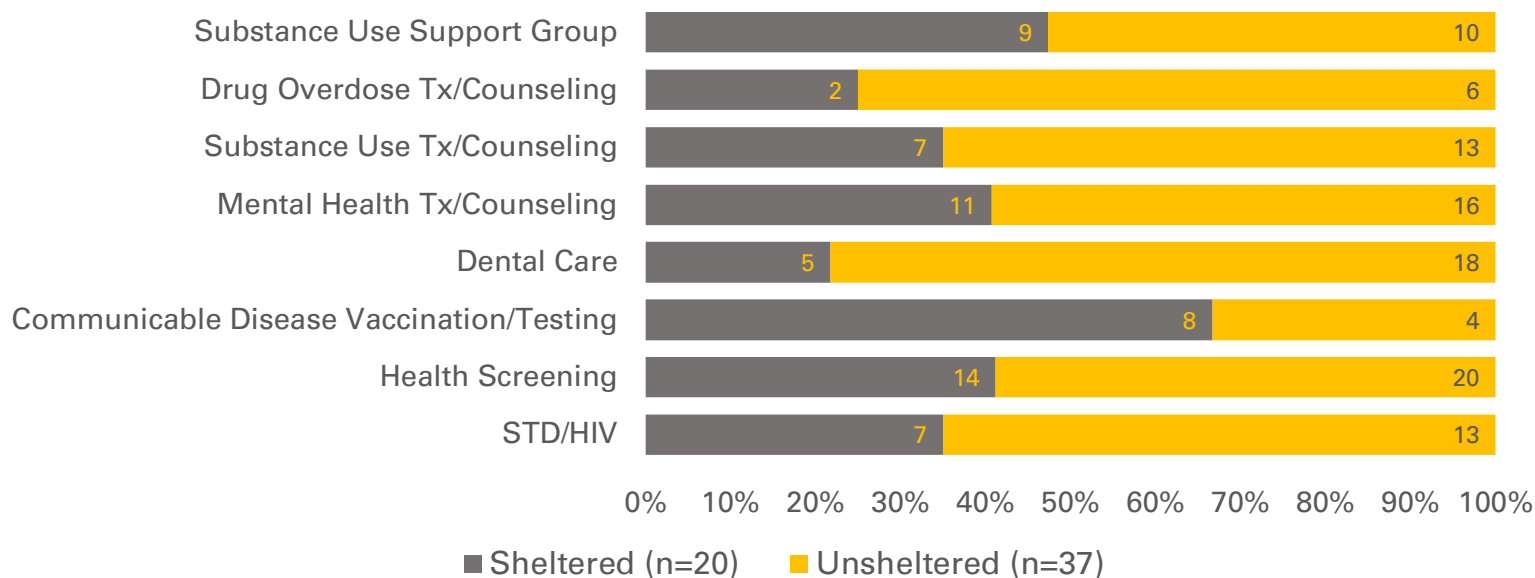
The **physical health needs** most commonly mentioned in the homeless population survey responses included basic health screening (e.g., blood sugar screening for diabetes, weight and blood pressure checks for hypertension and heart disease), as well as information on how to manage these conditions while homeless (60 percent); dental care (40 percent); and STD/HIV testing and counseling (35 percent). Among people experiencing homelessness in Madera County, syphilis case rates were 11-fold higher than the county's population overall, remaining steady from 2019 to 2020 among people experiencing homelessness even as overall cases in Madera County declined.



Behavioral health needs include treatment and counseling for depression, bipolar disease, Post Traumatic Stress Disorder (PTSD), and other conditions (48 percent) and substance use treatment and counseling (36 percent), including just over one-third interested in attending substance use support groups.

Some variations were noted between those who were sheltered at the time of the survey and those who were living unsheltered in encampments, as shown in [Figure 4](#).

Figure 4: Health and Behavioral Health Needs, by Sheltered Status (n=57)



Appendix C provides information on services currently available for people experiencing homelessness in Madera County. **Appendix D** includes maps showing the density of providers and their average distances from encampments in different parts of Madera County.

Barriers to Access and Gaps in Services

In the homeless population surveys, the vast majority of respondents (49 out of 58, or 85 percent) were dealing with ongoing health or mental conditions, but only 21 (43 percent) said they were able to obtain care when they were ill or injured. **Most respondents listed the emergency room as their usual source of health care services (42 percent)**, although 36 percent listed clinics as their usual source of care.

Among those who reported that the emergency room was their usual source of care, 26 percent said they would prefer to go elsewhere (to a doctor or community clinic), but 48 percent maintained that the emergency room was preferable. Some indicated that they only seek care when acutely ill or injured, so it makes sense to seek care there; others described the emergency room as a “one-stop shop” for care and preferred it for that reason. Even among those who regularly sought care from a community clinic or doctor, 40 percent still said they would have preferred to receive care in the ED. An analysis of the Madera Community Hospital ED visit data revealed that **over half of these ED visits could have involved a setting other than the emergency room.**

Emergency Departments are not the most appropriate care setting for many illnesses and injuries but are sought out because they are perceived by many as an efficient, “one-stop shopping” alternative to community clinics.

The primary reason given for not being able to obtain health care services was the **lack of transportation**, followed by **not having any form of personal identification**.

Key informants representing local agencies and systems noted additional barriers to care they had observed, mentioning **hygiene issues** (head lice, yeast infections among women experiencing homelessness, open sores) and how these might also affect care-seeking behavior. Several respondents also wondered how existing problems with drugs, alcohol, and mental health disorders could interfere with the ability to seek and obtain care, including the motivation to seek treatment and the ability to organize appointments, transportation, and other logistics. As noted above, these issues also can make it difficult to adhere to shelter rules or guidelines.

Law enforcement representatives noted suspicion of the police (e.g., avoiding contact that might lead to needed help in order to avoid a warrant) and how criminal cases might complicate eligibility for benefits. Key informants agree that lack of transportation is a likely barrier, along with language barriers for some.

Ways to Address Needs and Gaps

Key informants and partners offered the following suggestions to address gaps in services and support:

Services

- Deploying **mobile health and mental health services** through street medical outreach and mobile vans.
- Offering a **crisis stabilization unit** within the County, along with **sobering and detox centers**.
- Adding more **recovery beds** for those leaving the hospital.
- Addressing unmet needs for **food/nutrition**, services targeted for **seniors**, and **veterinary services** for pets.

Support

- Removing multiple barriers by creating a **one-stop shop for enrollment** (e.g., in Medi-Cal or SSI), appointments, and transportation services).
- Increasing the number of **trained peer advocates** who could help people **navigate** and obtain the help they need and perform **basic triage functions**.
- Increasing the supply of trained **outreach workers** in the field to perform similar functions (support with navigation, triage, connecting to care and follow up).

Data and Data Tracking Gaps

This needs assessment represents a step towards gathering and synthesizing more data about Madera County's population of people at risk for and experiencing homelessness and a baseline against which future findings may be compared. Key informants noted that existing data are limited and are spread across multiple organizations and agencies, making it more difficult to discern patterns and opportunities for prevention and intervention.

Currently, four of the six organizations asked about their data collection practices collect homelessness status information: Madera Community Hospital, Camarena, Behavioral Health, and Madera Unified School District. All four collect data on race/ethnicity, but only three of the four consistently collect data on comorbidities (of clients experiencing homelessness), drug and alcohol use, or mental health status. Only one (the hospital) routinely collects information on living status.

Partners are eager to learn more about the leading causes of local homelessness, in order to intervene more effectively and prevent poor health outcomes.

Literature Review Findings on Promising Programs, Practices, and Approaches

To identify potential EBPs that could be considered to address the health needs of Madera County residents experiencing homelessness, MCDPH staff conducted a literature review of individual research studies and meta-analyses of interventions for this population published in peer-reviewed scientific journals and intervention or best practice clearinghouses since 2000. These were then categorized as evidence-based or effective, depending on the rigor of the underlying research studies, with particular attention to approaches or interventions mentioned by respondents to the recent Madera County surveys, key informant interviews, and organizational scans.

Evidence-based Programs (EBPs)

The search criteria yielded five EBPs: the Housing First model, Critical Time Intervention (CTI), Assertive Community Treatment (ACT), Motivational Interviewing (MI), and Intensive Case Management (ICM). All but CTI and ACT have been implemented to some degree in Madera County. Each is described briefly below.

Housing First

Housing First offers housing through two approaches: the Permanent Supportive Housing (PSH) model, which provides support to those with chronic disabilities (mental health and/or substance use disorders) experiencing reoccurring homelessness, or the Rapid Rehousing (RRH) model for variety of individuals for short-term.

Housing First is based on the understanding that meeting basic hierarchal needs is essential to changing health behaviors. A strong consensus exists around stable housing as an effective intervention for addressing health (physical and mental health) and substance use.^{1,2} Specifically, stable housing was found to increase abstinence from substance use (both alcohol and drug use) in several models comparing no housing, abstinence-contingent housing, and non-abstinence housing.³ In addition, the homeless population often accrues high healthcare costs due to the utilization of expensive and unnecessary medical services (particularly the ED, as in Madera County). Communities that have implemented Housing First models have experienced a relative decrease in healthcare costs after 6 months and even more if people experiencing homelessness remained in stable housing for a longer duration.⁴

¹ Hwang SW, Burns T. Health interventions for people who are homeless. *Lancet*. 2014;384(9953):1541-1547. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0140673614611338>

² Fitzpatrick-Lewis D, Ganann R, Krishnaratne S et al. Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review. *BMC Public Health* 2011;11, 638. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-638#citeas>

³ Ibid.

⁴ Larimer ME, Malone DK, Garner MD, et al. Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA*. 2009;301(13):1349–1357. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/183666>

Critical Time Intervention (CTI)

CTI was created to support individuals with severe mental health illness leaving their institutional stays, whether from a shelter, hospital, and/or jail. The goal of CTI is to ensure care is being transitioned from the institution into the community so services, resources, and management will not be halted after discharge. CTI showed strong effects in reducing nights spent and likelihood of psychiatric hospitalization within 18 months of discharge. The high investment costs per person were offset, making the intervention cost-effective because of significant reductions in government and community expenditures. In addition, studies found a measurable difference in negative symptoms of psychopathology and an increase in family contact and family relationship satisfaction.⁵

Assertive Community Treatment (ACT)

ACT consists of community-based services for individuals living with severe mental illness. The services are focused on individuals with challenging behavioral health problems who are frequently admitted for inpatient care. The services are 24 hours per day, 7 days a week, provided by multidisciplinary teams to provide support, treatment, and rehabilitation services in an individualized manner. Documented outcomes of ACT include decreases in psychiatric symptoms, psychiatric hospitalizations, and emergency department visits.⁶

Motivational Interviewing (MI)

MI is a therapeutic approach to help establish a collaborative relationship for promoting behavioral change. The goal is to help individuals understand the negative health outcomes caused by their risky behaviors. MI has been recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based

⁵ Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Practices and Programs (NREPP), 2006.

⁶ Hwang SW, Tolomiczenko G, Kouyoumdjian F, Garner RE. Interventions to improve the health of the homeless-a systematic review. *American Journal of Preventive Medicine*. 2005;29(4):P311-311.E75. Retrieved from [https://www.ajpmonline.org/article/S0749-3797\(05\)00295-3/fulltext](https://www.ajpmonline.org/article/S0749-3797(05)00295-3/fulltext).

practice to address substance use; however, it can be used in the homeless population to achieve medical adherence and other behavioral activation or change.⁷ (Jenkins, Elizabeth, 2018).

Intensive Case Management (ICM)

ICM is focused on working with client on a one-on-one basis with the primary goal to improve client's wellbeing. ICM provides high-level engagement that include assessment, goal setting, service coordination, discharge planning, and termination. ICM is recognized to be beneficial for clients with substance use, severe mental health illness, and those with co-occurring disorders (SAMHSA).

Effective Interventions

Despite not being recognized as EBPs to serve the homeless population overall, several observed approaches and interventions have demonstrated success in limited study settings. Several of particular relevance to Madera County's population are described here.

Mobile Health Program

Mobile health programs have been used to serve the homeless population in addressing substance use and opioid epidemic. Mobile medical units have been used at drug overdose hotspots to provide syringe exchange services, naloxone kits, addiction care medication, HIV/Hepatitis C testing, education around safe drug use, and referrals to substance use treatment.⁸ Beyond addressing substance use, mobile health programs also have demonstrated how to reach the difficult-to-reach homeless population. Through mobile health programs, more than half of the clients in a 2016 Irish study were able to obtain health services. This prevented 16 percent of those same clients from seeking unnecessary care at the ED. The services were well received by the population, over 90

⁷ Jenkins E. 2018. *Motivational Interviewing and Managing Homelessness*. Tampa, VA. Retrieved from https://www.va.gov/HOMELESS/nchav/docs/3m_MI.pdf.

⁸ McKenzie R. New study highlights success of a mobile clinical and outreach van in helping people on the street with opioid addiction. 2020. Massachusetts General Hospital [Press Release]. Retrieved from: <https://www.massgeneral.org/news/press-release/New-study-highlights-success-of-a-mobile-clinical-and-outreach-van-in-helping-people-on-the-street-with-opioid-addiction>

percent of whom provided 10/10 ratings. This study showed accomplishments in reducing negative stereotypes, increasing sympathy, and encouraging healthcare use.⁹

Sobering Centers

Sobering centers were established to create an environment where clients can come and obtain health care while having a physical place to rest and sober up. The centers were designed to decrease unnecessary ED visits and rates of expensive alcohol-related ambulance transports. Clients are referred under the collaboration of community stakeholders: emergency services, police officers, social workers, or EDs. At the sobering center, individuals often stay between 6-8 hours and receive food, clothing, and shower access. A San Francisco study found a sobering center to be effective in preventing up to 29,000 ED visits and ambulance transports, which would have costed between \$1,800 to \$3,800 each.¹⁰

Project VIVA

Project VIVA (Venue-Intensive Vaccines for Adults) is an intervention based on community-based participatory research (CBPR) to offer rapid immunizations in communities with low vaccination rates and/or at high risk for disease. The CBPR approach is intended to help build trust and capacity. Between the implemented three years, 2,000 local residents received vaccines; half of those were individuals in hard-to-reach populations such as substance users, immigrants, sex workers, and people experiencing homelessness. Influenza vaccination coverage increased from 80 percent to 94 percent.¹¹

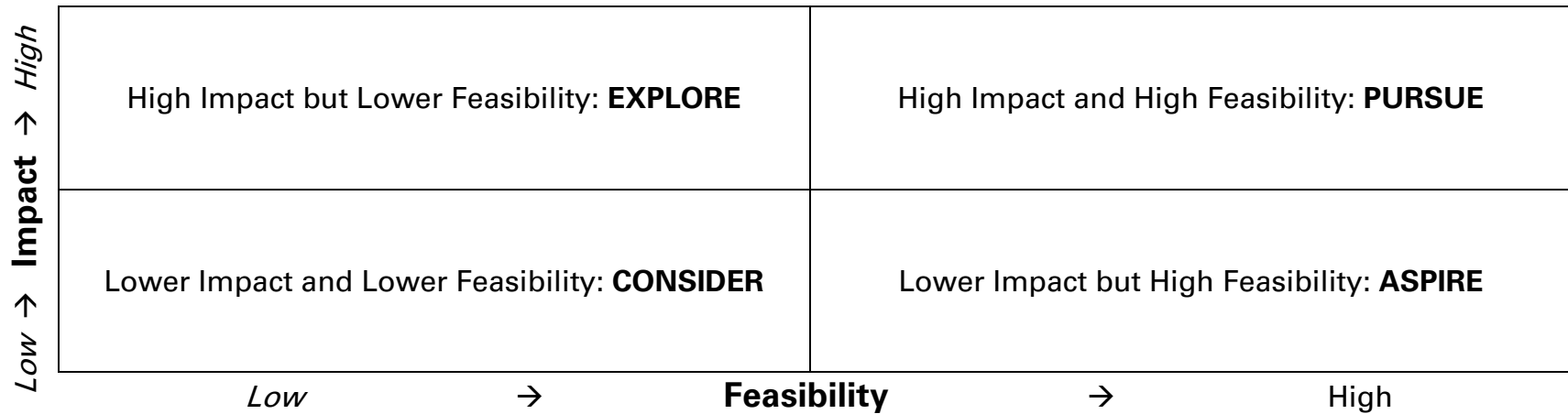
⁹ O'Carroll A, Irving N, O'Neill J, Flanagan E. A review of a GP registrar-run mobile health clinic for homeless people. *Irish Journal of Medical Science* 2017;186:541-546. Retrieved from <https://link.springer.com/article/10.1007/s11845-016-1527-2#citeas>.

¹⁰ San Francisco Medical Respite and Sobering Center. The San Francisco Sobering Center. August, 2012. Retrieved from <https://www.datasharescc.org/promisepractice/index/view?pid=4249>.

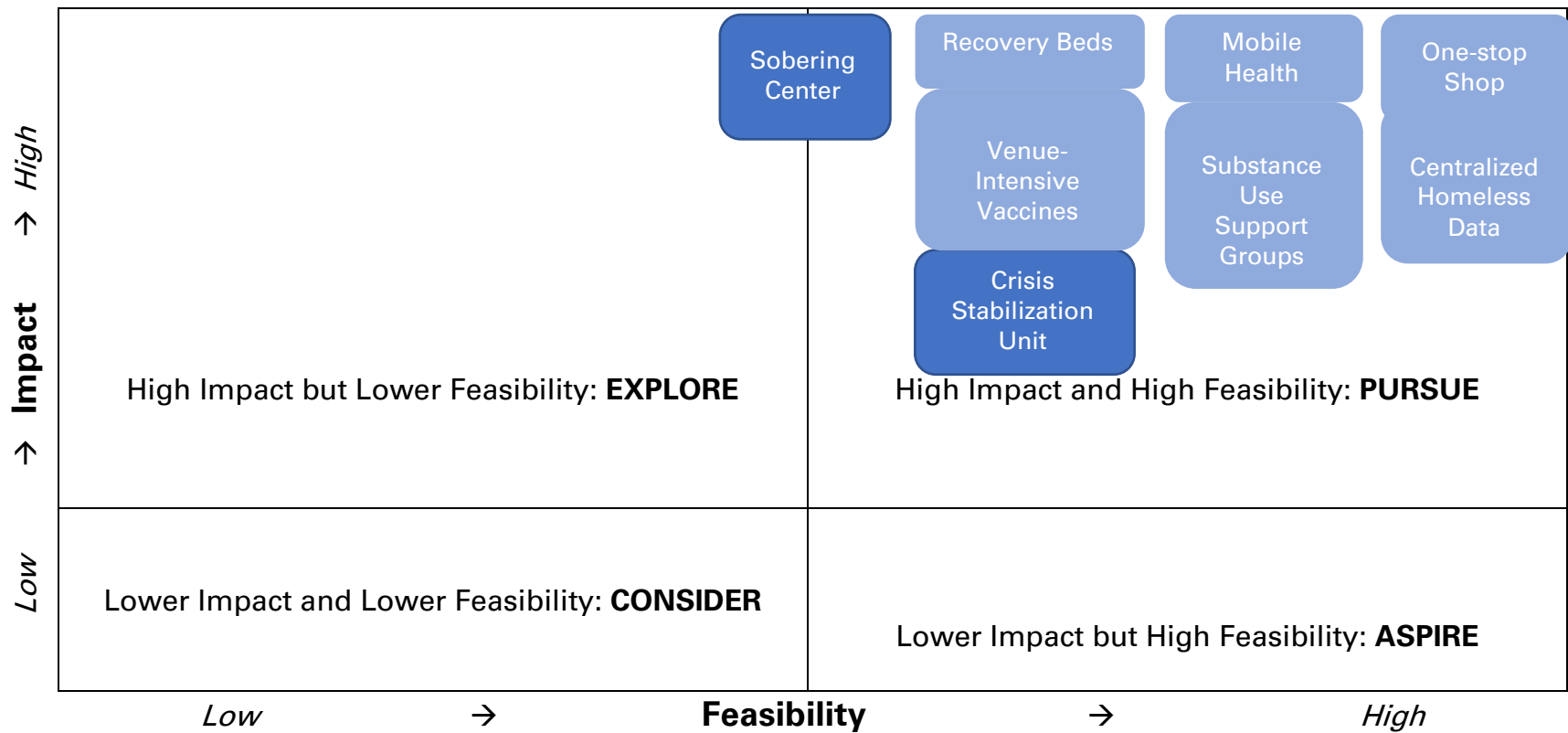
¹¹ Coady MH, Galea S, Blaney S, et al. for the Project Viva Intervention Working Group. project viva: a multilevel community-based intervention to increase influenza vaccination rates among hard-to-reach populations in New York City. *American Journal of Public Health* 98, no. 7 (July 1, 2008): pp. 1314-1321. Retrieved from: <https://doi.org/10.2105/AJPH.2007.119586>

Recommended Priorities and Next Steps

After reviewing the data highlighted above, 32 partners shared their ideas about the feasibility and potential impact of different interventions. Using a scale from 1 to 5, they rated each intervention so that it could be placed on a 2x2 grid, as shown below.



Once the ratings were tallied, all but one of the proposed interventions fell squarely in the High Impact/High Feasibility quadrant, as shown below. The Sobering Center idea, while considered to be high impact, slipped in the feasibility ratings. The Crisis Stabilization Unit was considered slightly lower impact than the other interventions. Most feasible and high-impact were two ideas that featured centralizing fragmented elements: centralized one-stop shopping for services and referrals, and centralized data on homelessness to make the burdens, potential interventions, and monitoring of progress more timely and comprehensive. (Please note that several pairs of options received identical impact and feasibility scores and are shown as different shades of the same icon on the grid below: Recovery Beds and Venue-Intensive Vaccines; Mobile Health and Substance Use Support Groups; and One-stop Shop and Centralized Homeless Data.)



Conclusion

The efforts of many Madera County partners have provided additional insights and data about the multiple factors underlying acute and chronic homelessness for Madera County residents. The same process has helped focus attention on several feasible, high-impact interventions that could address the health, behavioral health, and social determinants of health issues that persist for this population.

In a subsequent implementation plan, MCDPH and its partners will move forward with the recommendations in this report, considering its findings a baseline from which to monitor future improvements for people experiencing homelessness and the systems that seek to serve them.

Appendices

Appendix A: Respondents, Data Collection Topics, and Instruments

Appendix B: Encampment Maps

Appendix C: Madera County Services

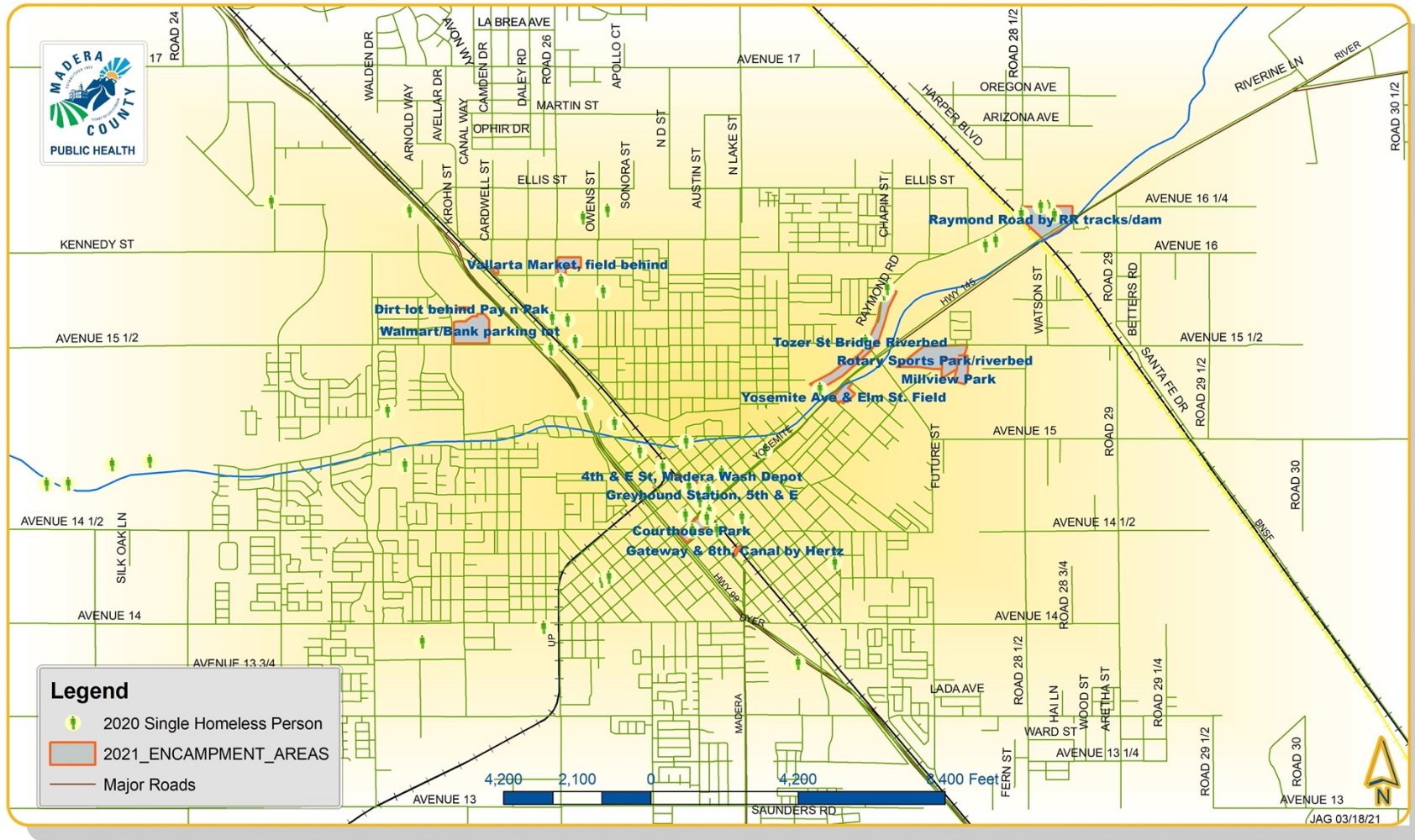
Appendix D: Provider Density Maps

Appendix A: Data Collection Methods, Sources, and Topics

Data Collection Method	Collection Date(s)	Respondents / Sources	Topics
Point-in-Time (PIT) Count	2020	390 individuals experiencing homelessness; 95 sheltered and 295 unsheltered	Demographics; living situation; homelessness status; prior residence; reasons for leaving housing situation; health/behavioral health conditions; disabilities; children; violence/foster care history
Key Informant Interviews	February/March 2021	12 stakeholders: Madera County Departments of Public Health, Behavioral Health, Probation, Sheriff, Social Services, Board of Supervisors; Community Action Partnership of Madera County	Characteristics of Madera County's homeless population; health and behavioral health issues; factors affecting health; existing targeted health and mental health services; barriers/gaps; suggestions for improvement; data gaps
Brief Surveys		58 shelter and encampment residents interviewed during COVID-19 vaccination clinics	6-question, multiple choice survey about current medical and mental health status, barriers to accessing services, and healthcare preferences
Hospital and Clinic Data	2019-2020	Madera Community Hospital Emergency Department; Camarena Health	Chief complaints and diagnoses

Data Collection Method	Collection Date(s)	Respondents / Sources	Topics
Organizational Scan	February-March 2021	6 stakeholder organizations (public health, education, healthcare sectors)	Data collection policies and gaps
Literature Review	April 2021	Database search engines	Key terms search on homeless, EBPs, interventions, health, mental health, substance use, drug use, alcohol use, STD/HIV, rural, public health, systematic review, meta-analysis refined as to needs assessment topics

City of Madera Homeless Encampments & Single Encounters



Mountain Area Homeless Encampments & Single Encounters



Appendix C: Madera County Services and Supports for People Experiencing Homelessness

Please see below for a compendium of local resources, followed by brochures from relevant agencies with contact information. Materials are current as of April 2021, but please note that hours and other services may be affected by COVID-related changes.

Adults

- Adult Day Care (Madera and mountain areas) – counseling, caregiver respite and senior recreational activities
- Madera County Adult Services – referrals to services and living arrangements, counseling, monetary assistance.
- Community Action Partnership of Madera County (CAPMC) senior programs, energy assistance & weatherization.
- Social Vocational Services – adult day care programs, supported employment, transportation, and financial management services
- Sierra Senior Citizens Center – community center, senior information, and services.

Families

- Community Action Partnership of Madera County (CAPMC) subsidized childcare, victim, and domestic violence services
- Madera County Child Welfare helps with emergency response, family maintenance, and reunification and permanent placement services.
- Madera County Department of Public Health provides durable medical equipment for low-income families

- Madera Unified School District McKinney-Vento Homeless Education Program helps underhoused and families experiencing homelessness proactively provides access to quality education by working with families surrounding needed attendance paperwork, transportation, free lunches, and school fee waivers.
- Women, Infants and Children (WIC) vouchers for fresh food, peanut butter, and milk. Nutritional guidance and breast-feeding assistance.

Employment

- Manna House of Oakhurst provides resume writing
- Workforce Assistance Center offers employment assistance, resume writing, education, access to phone, copier and fax.

Food

- Federal Commodities Food Program monthly deliveries to Coarsegold Community Center, Manna House of Oakhurst, Raymond Community Church, Grace Community Church of North Fork
- Holy Family Table – free breakfast 7 days per week at Griffin Hall, sponsored by St. Joachim Catholic Church, Madera
- Madera County Food Bank – food boxes and emergency food
- Manna House of Oakhurst- food boxes, clothing, senior brown bags, and general assistance.
- Neighborhood Market (Community Food Bank of Fresno in cooperation with mountain food banks) monthly at Coarsegold Historic Village, Raymond Community Church and Grace Community Church
- New Community United Methodist Church provides a meal Wednesdays at 5:30

Housing

- Housing Authority of the City of Madera offers public housing, housing choice voucher, farm labor housing and supportive services.
- The Help Center (CAPMC) works to secure housing for those at risk of homelessness. Caseworkers help obtain IDs, with rapid rehousing, rental assistance, conflict resolution, employment assistance, life skills.

Mental Health, Stress, and Suicide Crisis Lines

- Madera County Behavioral Health is a mental health provider for individuals, children, and families, as well as substance abuse. Visit <https://www.maderacounty.com/government/behavioral-health-services> for a complete list of services ([English](#) | [Español](#)). **For emergency psychiatric services, call the screening and referral line at 559-673-3508 or toll-free 888-275-9779.**
- The Department of Health Care Services has established a website and warm line for COVID-related resources on managing well-being and stress. The Surgeon General’s Stress Relief Playbook is also there and available in many languages. <https://calhope.dhcs.ca.gov/>
- **Crisis Help Line: 1-888-506-5991**
- National Suicide Prevention Lifeline at 800-273-TALK (8255) or by texting TALK to 741741
- Central Valley Suicide Prevention Hotline 1-888-506-5991
- Personas que hablan español, llamen a the Lifeline al 888-682-9454
- For teens, call the TEEN LINE at 310-855-4673 or text TEEN to 839863
- For veterans, call the Lifeline at 800-273-TALK (8255) and press 1
- For veterans a valuable Mental Health resource link is <http://maketheconnection.net/>
- For LGBTQ youth, call The Trevor Project at 866-488-7386 or text START to 678678

- For transgender people, call the Trans Lifeline at 877-565-8860
- For people who are deaf or hard of hearing, call the Lifeline at 800-799-4889

Medical

- Camarena Health has clinics in Madera, Oakhurst
- Madera Community Hospital
- Madera County Department of Public Health diabetes prevention, medical screening (blood pressure & sugar), HIV treatment, TB testing, vaccinations, birth control & free condoms.
- Valley Children's Hospital

Phones

- Free cell phones at (877) 870-9444

Shelter (day and overnight)

- Hope House currently offers showers*
- Madera Rescue Mission overnight beds, showers
- The Wellness Center offers showers*

Substance Abuse

- Madera County Behavioral Health is a mental health provider which also provides substance abuse services. Call 559-673-3508 for a referral, toll-free 888-275-9779 or visit <https://www.maderacounty.com/government/behavioral-health-services>.
- Alcoholics Anonymous – alcohol and drug prevention education in most areas of the county
- Celebrate Recovery is available in the mountain area at Sierra Pines Church in Oakhurst, North Fork Christian Center, Yosemite Lake Community Church in Coarsegold

Transportation

- MAX and Dial a Ride are City of Madera Public Transportation services
- Madera County Connection provides public transportation between the mountains, the City of Madera, and the Ranchos

Veterans

- For veterans, call the Lifeline at 800-273-TALK (8255) and press 1
- For veterans, a valuable Mental Health resource link is <http://maketheconnection.net/>

Madera Unified School District (MUSD)

Excerpt from MUSD website, <https://www.madera.k12.ca.us/Page/74>

At Madera Unified, we do everything in our power to provide quality education, opportunities, and services to children and youth facing homelessness. Our district ensures that students experiencing homelessness and their families know their legal rights to receive those services.

McKinney-Vento Homeless Education Program

The McKinney-Vento Act defines “homeless children and youths” as children and youth who lack fixed, regular and adequate nighttime residence; including children and youth who are:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in emergency or transitional shelters; or are abandoned in hospitals
- Living at a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings;
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

- Migratory children who qualify as homeless because they are living in circumstances described above;
- Unaccompanied youth, including any youth not in the physical custody of a parent or guardian, such as runaways, or youth denied housing by their families.

Educational Rights

Under the McKinney-Vento Act, homeless children and youth have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending the school of origin (the school they attended when permanently housed or the school in which they were last enrolled), according to student's best interest.
- *If the school district believes that the school selected is not in the student's best interest, the district must provide the parent, guardian, or unaccompanied youth with a written explanation of its position and inform the parent, guardian, or youth of the right to appeal its decision.
- Receive transportation to and from the school of origin, if requested.
- Receive educational services comparable to those provided to other students, according to each student's needs.
- Receive free lunches for the duration of the school year.
- Receive equal access to education and have school fees waived.

McKinney-Vento services can be provided to a student experiencing homelessness for the duration of the student's homelessness and for the duration of the academic year in which the student becomes permanently housed.

MUSD CONTACTS

- **Rosa M. Galindo, Program Manager** (Madera Unified School District-Student Services Department) Office: 559.416.5858 Direct Line: 559.416.5863 rosagalindo@maderausd.org
- **Tara O'Neill** Family Support Specialist MUSD (Madera High, Ripperdan Community Day School, Thomas Jefferson, John Adams, Lincoln, James Madison, George Washington, Howard, Madera Adult School) 559.706.0751 taraoneill@maderausd.org
- **Sandra Serna** Family Support Specialist MUSD (Madera South High, Furman High, Martin Luther King, Jr. Alpha Cesar Chavez Eastin Arcola La Vina Millview Parkwood Sierra Vista Virginia Lee Rose) 559.289.8600 sandraserna@maderausd.org
- **Angelina Rodriguez** Family Support Specialist MUSD (Matilda Torres High, Mountain Vista High, Jack G. Desmond, Berenda, Dixieland, James Monroe, Nishimoto, John J. Pershing, Madera Technical Exploration Center) 559.706.4026 angelinarodriguez@maderausd.org
- **MUSD Department of Student Services** 1820 Howard Road, Madera, CA 93637 (In the old Price's Building on the corner of Howard Rd and Dwyer St.) Phone Number: 559.416.5858 Fax Number: 559.661.2005

City of Madera Homeless Resources

SOCIAL SERVICES

Madera Rescue Mission
332 Elm St,
Madera, CA 93638
Phone (559) 675-8321
Hours
MONDAY-FRIDAY:
7:00 am - 8:00 pm
SATURDAY:
8:00 am - 6:00 pm
SUNDAY: CLOSED

Hope House
117 N R St,
Madera, CA 93637
Phone (559) 664-9021
Hours
MONDAY-FRIDAY:
9:00 am - 4:30 pm
SATURDAY &
SUNDAY: CLOSED

Child Welfare Services
629 E. Yosemite Ave,
Madera, CA 93638
(559) 662-8300
Emergency Response,
Family Maintenance,
Family Reunification,
and Permanent
Placement services.

Behavioral Health
209 E 7th St,
Madera, CA 93638
(559) 673-3508
Toll Free 24hr Crisis
Line: 1-888-275-9779
Mental Health and
Substance Use Disorder
treatment for children,
youth and adults.
Individual, family, and
group counseling

Community Action Partnership Of Madera County
1225 Gill Ave,
Madera, CA 93637
(559) 673-9173
Head Start, Subsidized Child
Care, Victim Services, Domestic
Violence, Victim Witness,
Sexual Assault, Senior programs
Housing the homeless, FEMA,
Shunammite Place, Energy
Assistance & Weatherization.

Adult Services
605 S. Gateway,
Madera, CA 93637
(559) 662-2600
Investigating Referrals,
Counseling,
Monetary assistance,
Referral to Services,
Living Arrangements.

Public Health Dept.
14215 Rd. 28
Madera, CA 93638
(559) 675-7893
Testing, Prevention,
Immunizations, Care,
and Treatment, Sup-
port and Capacity-
Building Services.

Department of Social Services 559-675-7670
720 East Yosemite Ave. Madera, CA 93637

Madera County Food Bank
225 S. Pine, Ste. 101,
Madera, CA 93637
Emergency Food
Program Phone
(877) 674-2992
Office Line
(559) 674-1482
Hours
MONDAY-FRIDAY:
9:00 am - 4:30 pm





Holy Family Table
Griffin Hall
201 North C Street
Madera, CA
936378
Phone
(559) 673 -3179
Hours
8:00 am - 9:30 am
Services are available
all year.



CALL AHEAD
(559) 675-7893
Due to COVID most services by appointment or phone

Services

Department of Public Health
1604 Sunrise Avenue, Madera, CA 93638
www.MaderaCounty.com/publichealth
(559) 675-7893

CLINIC

- Immunizations & Flu shots
- Family PACT Birth Control & Prenatal Care
- TB Tests
- Specialty Clinic (HIV/STD)

COMMUNICABLE DISEASE

- Free Condoms
- Disease Investigation & Mitigation
- Provider & hospital consultation

EPIDEMIOLOGY

- Health Data
- Statistics
- Community Needs Assessment
- Madera County focused reports

VITAL STATISTICS

- Birth Certificates
- Home Birth Registration
- Death Certificates
- Medical Marijuana Cards

WIC (Women, Infants & Children)

- Individual & group nutrition education
- Breast feeding assistance
- Food vouchers

Popular services by location	
Immunizations, Tuberculin (TB) Tests	✓
Family Planning	✓
Specialty Clinic (HIV/STD)	M-F 1-3
Water Testing (<i>coliforms</i> & <i>e.Coli</i> only)	✓
Women, Infants & Children (WIC)	M, Tu, F 8-5; W-Th 8-6
	M-F 8-12 & 1-5
	M-F 8-12 & 1-4
	Mon. 8:00 to 12:00
	M-F 9-12 & 1-4

FAMILIES

- Older Home Lead Testing
- Foster Child Health Care
- Physical Therapy at Gould School in Madera
- Home visiting for families with pregnancy or infant concerns

GROUPS & SCHOOLS

- Car Seat Education
- Disaster Preparation Classes
- Individual & Community Wellness Presentations
- Mobile clinic - free blood pressure & sugar readings
- Sports Physicals

COMMUNITY CHAMPIONS

- All Ages: Population Health & Advocacy Training
- Swat - Students Working Against Tobacco (Teens)

HEALTHCARE PROVIDERS

- Title 17 reporting treatment
- CD consultation & Durable medical equip. assistance for low income juvenile patients
- Diabetes Prevention Program

CHOWCHILLA: 405 Trinity Avenue, 93610
OAKHURST: 40325 Hwy. 41, 93644
(559) 675-7893

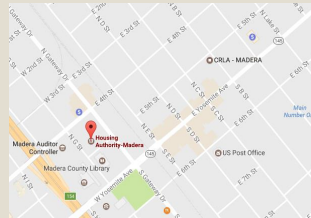
JAG rev.09/15/20

Housing Authority of the City of Madera

How to Apply for Housing Assistance

Applications are available at the Housing Authority office located at 205 North "G" Street in Madera. Eligibility for rental assistance is determined annually. Families are required to provide documentation regarding their income, family size, citizenship or eligible immigration status. Families are required to attend scheduled appointments and allow annual inspections. Programs consist of: Public Housing, Housing Choice Voucher, Farm Labor Housing, Yosemite Manor (MORES), & Pomona Ranch Housing Center. For more information visit the Madera Housing Authority office.

For More Information on Programs and Services



205 North G. St
Madera, CA 93637

Office Hours:

Mon-Thurs 8am – 5:30 pm

Friday 8am – 4:30 pm

***Closed Every other Friday**

Phone: (559) 674-5695

Fax: (559) 674-5701

www.maderaha.org



Housing Authority
of the
City of Madera

Serving the community since 1968

Cómo solicitar asistencia de vivienda

Las solicitudes están disponibles en la oficina de la Autoridad de Vivienda ubicada en 205 Calle N. "G" en Madera. La elegibilidad para la asistencia de alquiler se determina anualmente. Las familias deben proporcionar documentación sobre sus ingresos, tamaño de la familia, ciudadanía o estatus migratorio elegible. Las familias deben asistir a las citas programadas y permitir inspecciones anuales. Los programas consisten en: Vivienda Pública, Cupón de Elección de Vivienda, Vivienda de Trabajo Agrícola, Yosemite Manor (MORES) y Centro de Vivienda de Rancho Pomona. Para más información, visite la oficina de la Autoridad de Vivienda de Madera.

Para obtener más información sobre programas y servicios



La Calle Norte G
Madera, CA 93637

Horas de oficina:

Lunes-Jueves 8am – 5:30 pm

Viernes 8am – 4:30 pm

***Cerrado cada otro viernes**

Numero Telefonico:

(559) 674-5695

Fax: (559) 674-5701

www.maderaha.org

Additional Resources

Manna House of Oakhurst

Manna House of Oakhurst

40398 Junction Drive
PO Box 1658
Oakhurst, California 93644
Top of the hill, opposite Yosemite New Life Church
Open: 10 AM to 2 PM Monday thru Friday
(559) 683-6262
E-mail: mannahouseofoakhurst@yahoo.com



For the bread of God
is he which cometh down from
heaven,
and giveth life unto the world.
(John 6:33)

Food boxes are available delivered drive-through in the parking lot
at regular times of 10:00 to 2:00, Monday through Friday.

Clothing Department open with limit of 2 to 4 at a time. Masks required.
Donations of jackets and warm blankets appreciated.

Senior Brown Bag available 10-12 on 3rd Tuesday of month for age 60 and older.

* Demand way up and would appreciate clicking support at the **DONATE** button below *

We have prayer on-line Saturday at 8:00

[Click Here](#) to join us.

<https://mannahouseofoakhurst.org/>[3/2/2021 10:54:15 AM]



- HOME PARISH INFO
- ESPAÑOL GIVING
- SACRAMENTS
- MINISTRIES MORE...

QUARTERLY NEWSLETTER



NEWSLETTER - H.F.T. 1ST QUARTER

HOLY FAMILY TABLE - NEWSLETTER
4TH QUARTER

WHAT IS THE HOLY FAMILY TABLE?

The Holy Family Table is a soup kitchen that is open for breakfast from 8:00 am to 9:30 am, seven days a week, every day of the year. Most mornings, 200 -250 meals are served, but sometimes there are over 500 meals served. The Table provides a nutritious meal, free of charge, to anyone who is hungry-regardless of age, religion,

<https://www.sjoachim.org/hft.html>

WHERE IS IT LOCATED?

The Table is located in Griffin Hall at 201 North C Street in downtown Madera. Griffin Hall is owned by St. Joachim's Catholic Church.



WORKFORCE ASSISTANCE CENTER



America's **JobCenter** of California™



- An English language Learner?
- A Person with a Disability?
- An Out of School Youth Between the Ages of 18 – 24?
- Interested in Occupational Training?



- Been incarcerated, on parole or probation?
- Been impacted by COVID-19?
- Been laid off?
- Lost wages?

If YES - call us! We can help!
(559) 662-4515

Equal opportunity employer/program. Auxiliary aids and services available upon request to individual with disabilities.
2037 W. Cleveland Avenue, Madera, CA 93637 | P: 559-662-4500 | F: 559-673-1794 | CRS: 711

Caljobs.ca.gov

Animamos a nuestros clientes a que se registren en www.caljobs.ca.gov. Esto les dará acceso total al menú de servicios disponibles en el Centro.



- Creador de resume o currículo
- Auto evaluaciones
- Aplicaciones
- Lista de Empleos
- Reclutamiento Virtual
- Búsqueda de Empleo
- Centro De Mensajería



California Indian Manpower Consortium, Inc.
www.cimcinc.org

Central Valley Opportunity Center
www.cvoc.org

The Housing Authority of the City of Madera
www.maderaha.org

Job Corps
www.jobcorps.gov

Madera County Department of Social Services
www.maderacounty.com/government/social-services

Madera Adult School
<http://www.madera.k12.ca.us/adulted>

Madera County Workforce Investment Corporation
www.maderaworkforce.org

SER Jobs for Progress
www.sercalifornia.org/services

State Center Adult Education Consortium
www.statecenteraec.org

State Center Community College District
www.scccd.edu or www.maderacenter.com

State of California Department of Rehabilitation
www.dor.ca.gov

State of California Employment Development Department
www.edd.ca.gov

MADERA:
2037 W. Cleveland Avenue
Madera, CA 93637
Phone: (559) 662-4500
FAX: (559) 673-1904
California Relay System: 711
¿No vive en Madera? Llamenos para su cita



WORKFORCE
ASSISTANCE
CENTER

America's **JobCenter**
of CaliforniaSM

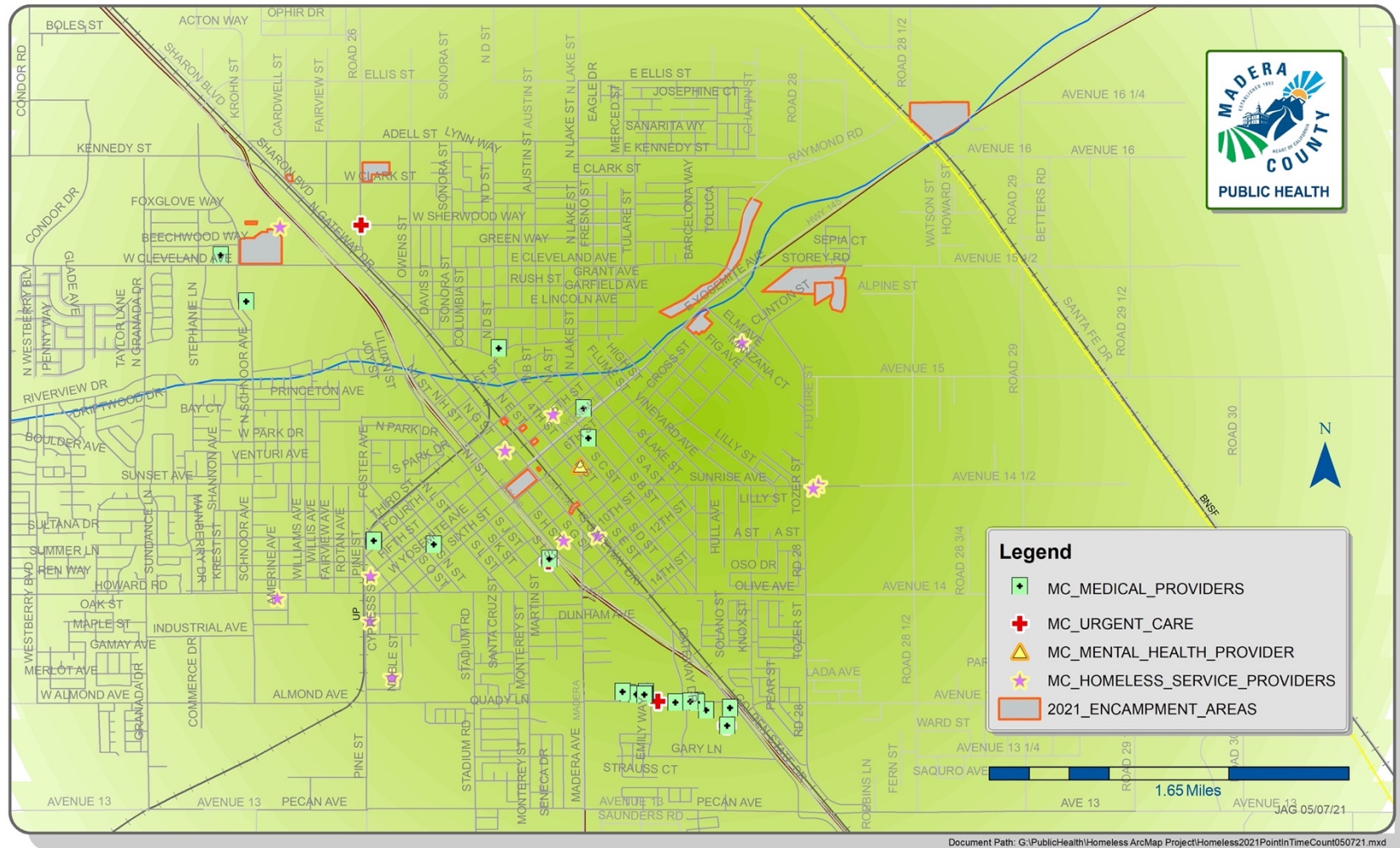
Somos un empleador/programa con oportunidad de igualdad Ayudas auxiliares están disponible cuando sean pedidas para individuos con incapacidades.

Appendix D: Provider Density Maps

City of Chowchilla Homeless Encampments & Providers: Medical, Urgent Care, Mental Health & Homeless Services



City of Madera Homeless Encampments & Providers: Medical, Urgent Care, Mental Health & Homeless Services



Mtn. Area/Oakhurst Homeless Encampments & Providers: Medical, Urgent Care, Mental Health & Homeless Services

