

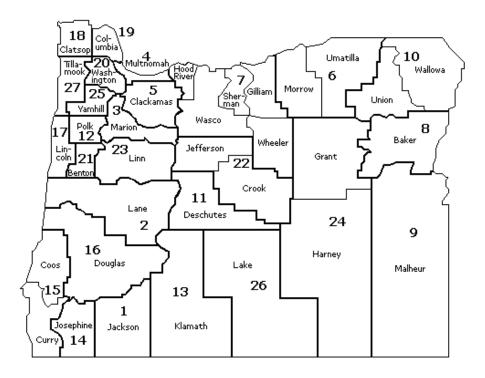
Community Needs Assessment

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PURPOSE OF COMMUNITY ASSESSMENT

This Community Assessment summarizes information about people in Central Oregon, including Crook, Deschutes and Jefferson Counties served by the NeighborImpact. This information can be used to help determine the needs of individuals and families in the tri-county region. Whenever possible, updates from state information data bases have been included to more accurately represent the current realities of the communities served.



This above Oregon map shows all 36 counties and the 27 judicial districts: the judicial districts are shown by number. Counties are named and county boundaries are shown by black lines¹.

¹ http://courts.oregon.gov/OJD/aboutus/courtsintro/pages/judicialdistricts.aspx

NEIGHBORIMPACT PROFILE AND OVERVIEW OF CENTRAL OREGON

NEIGHBORIMPACT, CENTRAL OREGON'S COMMUNITY ACTION AGENCY

NeighborImpact was founded in 1985 as a 501(c)(3) nonprofit organization serving Central Oregon. "Supporting People, Strengthening Communities" is the mission of NeighborImpact and the agency serves all of Crook, Deschutes and Jefferson counties by providing a diversity of programs and services to meet basic human needs such as food and shelter. NeighborImpact also enrich lives by providing access to increased education, skills, and hope for the future. NeighborImpact services assist one in four Central Oregonians to become more independent and self-sufficient.

As the region's lead agency for food, housing services, energy assistance and early childhood education, NeighborImpact invests in preventing homelessness, building savings, weatherizing and rehabilitating houses, preventing foreclosure, and providing mortgage assistance. Programs of NeighborImpact not only help low-income individuals and families, but also benefit working-class and middle-income households.

OVERVIEW OF NEIGHBORIMPACT SERVICE AREA: CROOK, DESCHUTES, AND JEFFERSON COUNTIES OF CENTRAL OREGON

Central Oregon is the region that lies at the center of Oregon, encompassing the varied terrain of the Deschutes River Basin. Here the ponderosa pine forest transitions into the high desert, characterized by arid land, junipers, sagebrush, and bitter-brush. This area is separated from Western Oregon by the Cascade Mountain range, which extends from southern British Columbia through Washington and Oregon to Northern California.

At 10,000 feet and higher, the Cascades have historically created a significant barrier between Central Oregon and the greater Willamette Valley and Portland, limiting transportation through the number of mountain passes and affecting travel in the winter. Because of its geography, the weather in this region is mostly dry and sunny in the summer, snowy and cold in the winter, with light rainfalls and some cloud cover in the spring and fall.

Central Oregon includes three counties, Deschutes, Crook, and Jefferson, which are frequently referred to as the Tri-County region. There are six primary cities, Bend, Redmond, La Pine, Sisters, Madras, and Prineville, as well as the Warm Springs Indian Reservation. Each of these communities is rich in its own unique landscape, character, and activities.

Crook County²

The County was named after George Crook, a U.S. Army officer who served in the American Civil War and various Indian Wars. It covers 2,991 square miles and is rich in forests, rangelands and irrigated agricultural fields. It is geographically isolated from the rest of Central Oregon and Eastern Oregon. According to the U.S. Census, its 2010 population was 20,987, and its projected 2013 population was 20,815, a 1% decrease.³

² <u>http://co.crook.or.us/AboutTheCounty2/AbouttheCounty/tabid/56/Default.aspx</u>

³ 2010 U.S. Census

The county seat is Prineville, which has a population of 10,370. It is Crook's only incorporated town. Powell Butte, Post and Paulina make up its other communities.

Prineville⁴ is the county seat and the only incorporated community in the county. As of the census of 2010, in the City of Prineville there were approximately:

- 10,370 people
- 3,692 households
- 2,407 families

The racial makeup of the city in 2010 was

- 90.4% White
- 0.2% African American
- 1.5% Native American
- 0.7% Asian, 0.1% Pacific Islander
- 4.9% from other races
- 2.2% from two or more races
- 10.1 Latino or Hispanic

32.9% of the Prineville households had children under the age of 18 living with them. Onequarter of residents were under the age of 18, and 7.3% were under 5 years of age. Prineville is the gateway to an extensive array of outdoor recreation options including hunting, fishing, hiking, camping, and rock hounding. Minutes from downtown, lakes and reservoirs are open for year-round fishing, camping, and recreation.⁵

Population Totals for Crook County									
Crook County population increased by 32% between 1995 and 2013.									
Year	2013	2012	2011	2010	2005	2000	1995		
Crook County	20,690	20,650	20,855	20,978	22,775	19,300	15,700		
Prineville	9,270	9,245	9,260	9,253	9,080	7,410	8,205		
Unincorporated	11,420	11,405	11,595	11,725	13,695	11,890	9,947		
Crook County									

Source: Portland State University-Oregon 2013 Population Estimate Report

The table above shows that although Prineville is the largest community in Crook County, more people live outside of the city than in it.

⁴ <u>http://crookcounty.k12.or.us/about/our-community/</u>

⁵ 2010 U.S. Census

-	Table 4. Populations for Oregon and Selected Counties and Incorporated Cities and Towns July 1, 2010 - July 1, 2013 estimates; and Census Counts 1990-2010										
Prepared by Population Research Center, PSU, April 2014.											
County and		July 1 Populati		April 1	Census Popu	lation					
Cities	2013	2012	2011	2010rev	2010	2000	1990				
OREGON	3,919,020	3,883,735	3,857,625	3,837,300	3,831,074	3,421,399	2,842,321				
CROOK	20,690	20,650	20,855	21,020	20,978	19,182	14,111				
Prineville	9,270	9,245	9,260	9,260	9,253	7,358	5,355				
Unincorporated	11,420	11,405	11,595	11,760	11,725	11,824	8,756				

Deschutes Countv⁶

The County was created in 1916 out of part of Crook County and was named for the Deschutes River, which itself was named by French-Canadian trappers of the early 19th century. According to the U.S. Census Bureau, it has a total area of 3,055 square miles, of which 3,018 square miles is land and 37 square miles (1.2%) is water. It is the 11th largest county in Oregon, and the U.S. Forest Service owns 51% of all land.⁷

The 2010 census estimated Deschutes 2013 population to be approximately 162,277. It is the political and economic hub of Central Oregon, and the fastest-growing county in Oregon. 28% of its population lives in rural areas. The County's population forecast predicts a population of 240,118 by the year 2025.

As of the census of 2010, there were 64,909 households and 43,062 families residing in the county. The population density was 52.36 people per square mile. There were 80.650 housing units, and 34.2% of the population lived in rental property.

According to the 2010 census, the racial makeup of the county was

- 94.9% White
- 0.04% Black or African American
- 1.1% Native American •
- 1.0% Asian •
- 0.1% Pacific Islander
- 2.4% were from two or more races •
- 7.6% Hispanic or Latino⁸ •

Out of the 64,909 households, 31% had persons under the age of 18 living with them and 28.5% had their own children under the age of 18 living with them. Twenty percent were married couples living together with their own children who were under the age of 18; 4.6% were female householders with no husband present but with children under the age of 18; and 2.9% were male householders with no wife present but children under the age of 18. 32.9% of all

 ⁶ <u>http://www.edcoinfo.com/maps/where-central-oregon/default.aspx;</u>
 ⁷ 2010 U.S. Census

⁸ Ibid.

households were made up of nonfamily individuals, and 25.7% had someone 65 years of age or older living with them. The average household size was 2.44 persons.⁹

The population breakdown for the County shows the median age as 40.2 years with 6.1% under the age of 5 years.¹⁰

In 2010, the per capita income was \$27,854, and the median household income was \$53,071.¹¹ Between 1999 and 2011, the median household income *decreased* by \$8,577. In 2010, for every 1,000 residents, 9.96 filed for personal bankruptcy, an 18.3% *increase* over 2009. Currently, 13.8% of the County's residents live below the poverty line, a 4.5% *increase* over 1999. Approximately 16,262 related children ages 0-17 live in households with incomes under 200% of the Federal Poverty Level. Each month, 12,418 children are helped by Food Stamps.¹² Deschutes County includes only four incorporated communities: Bend, LaPine, Redmond and Sisters. The county seat is Bend, and the other three communities are within approximately 30-40 miles of Bend on main highways.

Bend¹³ is the fifth-largest metropolitan area in Oregon and the largest city east of the Cascades. With a 2010 population of 76,639, it comprises half of the total population of Deschutes County. The city grew rapidly in the 1990s and early-to-mid 2000s; however the housing downturn significantly reduced housing values and employment. Employment is not projected to return to a level near its 2007 peak until 2020.

Bend's 2010 per capita income was \$29,700, and 12.1% of the population lived below the poverty line. Children ages 5 and under made up 6.9% of the population. The ethnic breakdown showed:

- 91.3% are White
- 8.2% are Latino or Hispanic
- 0.5% are Black or African American
- 0.8% are Native American
- 1.2% are Asian
- 0.1% are Pacific Islander
- 2.1% are from two or more races¹⁴

Set in a beautiful location, Bend offers residents and tourists opportunities for golfing, white water rafting, fishing, hunting, mountain bike riding, boating, hiking, rock climbing, snow skiing, fishing, camping, horseback riding. Health/medical care is a major employer.

Redmond is located 16 miles north of Bend and has a population of 26,300. Agriculture is a key economic driver. Recreation and tourism are also important economic drivers because of Redmond's proximity to skiing, rock-climbing, hiking, the Cascades lakes, and rivers.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² 2010 U.S. Census; American Community Survey and 2011 Status of Oregon's Children

¹³ http://www.bendoregon.gov/modules/showdocument.aspx?documentid=10847

¹⁴ 2010 U.S. Census

Redmond's 2010 per capital income was \$19,063, and 21.6% lived below the poverty line. Children ages 5 and under made up 8.1% of the population. The ethnic breakdown showed:

- 89% are White
- 12.5% are Latino or Hispanic
- 0.4% are Black of African American
- 1.3% are Native American
- 0.8% are Asian
- 0.2% are Pacific Islanders
- 2.9% are from two or more races

Sisters lies 20 miles west of Bend at the foot of the Cascade Mountains. It is a tourism hub in Central Oregon with a population of 2,055. The Deschutes National Forest offers a 1.6 million-acre playground laced with miles of trails, rivers, lakes, wilderness areas, and scenic drives. Nearby skiing and hunting and fishing bring thousands of visitors each year.

Sister's 2010 per capita income was \$22,504, and 15% of the population lived below the poverty line. Children ages 5 and under made up 6.25% of the population. The ethnic breakdown showed

- 94.2% are White
- 5.4% are Latino or Hispanic
- 0.2% are Black or African American
- 1.8% are Native American
- 1.1% are Asian
- 0.0% are Pacific Islander
- 2.7% are from two or more races

LaPine¹⁵ is located in south Deschutes County and has a population of 1670 people. A community among thousands of tall pines, LaPine is a recreation center close to the Cascade lakes and the Newberry National Volcanic Monument. It boasts spectacular outdoor recreation opportunities through its hometown slogan "The Outdoors at Your Front Door." Highway 97 runs through LaPine and is a major north-south route from Washington to California.

LaPine's 2010 per capita income was \$13,522, and 18% of the population lived below the poverty line. Children ages 5 and under made up 4.62% of the population. The ethnic breakdown showed

- 95.8% are White
- 2.2% are Latino or Hispanic
- 0.9% are Black or African American
- 1.3% are Native American
- 0.2% are Asian
- 0.1% are Pacific Islander

¹⁵ <u>http://bluebook.state.or.us/local/cities/lr/LaPine.htm</u>

• 1.9% are from two or more races¹⁶

Descrittes County population increased by 82% between 1995 and 2015										
Year	2013	2012	2011	2010	2005	2000	1995			
Deschutes	162,525	160,140	158,875	157733	143,490	116,600	89,500			
County										
Bend	78,280	77,455	76,925	76,639	52,800	29,425	29,425			
LaPine	1,670	1,670	1,670	1,653	-	-	-			
Redmond	26,590	26,345	26,305	26,215	20,010	13,770	9,650			
Sisters	2,115	2,080	2,055	2,038	1,660	975	765			
Unincorporated	53,870	52,590	51,920	51,188	51,490	49,055	49,600			

Population Totals for Deschutes County

Deschutes County population increased by 82% between 1995 and 2013

Source: Portland State University - 2013 Oregon Population Estimates Report

Table 4. Popu	Table 4. Populations for Oregon and Selected Counties and Incorporated Cities and TownsJuly 1, 2010 - July 1, 2013 estimates; and Census Counts 1990-2010										
Prepared by Population Research Center, PSU, April 2014.											
County and July 1 Population Estimates						Census Popu	lation				
Cities	2013	2012	2011	2010rev	2010	2000	1990				
OREGON	3,919,020	3,883,735	3,857,625	3,837,300	3,831,074	3,421,399	2,842,321				
DESCHUTES	162,525	160,140	158,875	157,905	157,733	115,367	74,958				
Bend	78,280	77,455	76,925	76,740	76,639	52,029	20,447				
La Pine	1,670	1,670	1,670	1,660	1,653	Not incorpora	ited yet.				
Redmond	26,590	26,345	26,305	26,225	26,215	13,481	7,165				
Sisters	2,115	2,080	2,055	2,040	2,038	959	708				
Unincorporated	53,870	52,590	51,920	51,240	51,188	48,898	46,638				

Jefferson County

Jefferson County was created on December 12, 1914, out of territory that was once part of Crook County. The County was named after Mount Jefferson, the second highest peak in Oregon with an elevation of 10,497 feet, which marks the County's western skyline. The County is bounded on the north by Wasco County, on the east by Wheeler and Crook Counties, on the south by Deschutes County, and on the west by Linn and Marion Counties.

The County encompasses 1791 square miles, 10 square miles of this being water. Madras, named after the city in India, was incorporated in 1911 and serves as the County seat. County government is administered by a three-member Board of Commissioners. The County's population at its first federal census in 1920 was 3,211. The 2000 population of 19,073 represented a 39% increase from 1990 and the 2010 population of 21,750 represented a 13% increase from 2000. Principal industries are agriculture, forest products, and recreation. The fertile North Unit Irrigation District in the central part of the county produces seed, potatoes, hay,

¹⁶ 2010 U.S. Census

and mint. The eastern part of the county has dry wheat farming and grazing land for cattle, and the western part is timber country.

The reservation is located on portions of land in four counties including 236,082 acres in the northwestern corner of Jefferson County. The County owes much of its agricultural prosperity to the arrival of the railroad in 1911 and to the development of irrigation projects in the late 1930s. The railroad, linking Madras with the Columbia River, was completed after constant feuds and battles between two lines working opposite sides of the Deschutes River.

According to the 2010 U.S. Census, the racial makeup of the county is

- 68.98% White
- 0.26% Black or African American
- 15.68% Native American
- 0.30% Asian
- 0.22% Pacific Islander
- 11.32% from other races
- 3.23% from two or more races
- 17.74% of the population were Hispanic or Latino of any race
- 82.2% Speak English, 15.5% Spanish and 1.0% Sahaptian as their first language

There were 6,727 households out of which 35.60% had children under the age of 18 living with them, 60.50% were married couples living together, 10.50% had a female householder with no husband present, and 23.20% were non-families. 18.60% of all households were made up of individuals and 6.90% had someone living alone who was 65 years of age or older. The average household size was 2.80 and the average family size was 3.16.

The median income for a household in the county was \$35,853, and the median income for a family was \$39,151. Males had a median income of \$31,126 versus \$22,086 for females. The per capita income for the county was \$15,675. About 10.40% of families and 14.60% of the population were below the poverty line, including 22.20% of those under age 18 and 5.90% of those age 65 or over.

Population Totals for Jefferson County

Jefferson County population increased by 35% between 1995 and 2013

Year	2013	2012	2011	2010	2005	2000	1995
Jefferson	22,897	21,940	21,845	21,750	19,974	19,073	16,949

Source: Portland State University – 2013 Oregon Population Estimates Report

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County and		July 1 Populat	ion Estimates	April 1	Census Popu	lation					
Cities	2013	2012	2011	2010	2010	2000	1990				
OREGON	3,919,020	3,883,735	3,857,625	3,837,300	3,831,074	3,421,399	2,842,321				
JEFFERSON	22,040	21,940	21,845	21,750	21,720	19,009	13,676				
Culver	1,370	1,370	1,370	1,365	1,357	802	570				
Madras	6,255	6,260	6,225	6,050	6,046	5,078	3,443				
Metolius	705	705	710	710	710	729	450				
Unincorporated	13,710	13,605	13,540	13,625	13,607	12,400	9,213				

Source: Portland State University – 2013 Oregon Population Estimates Report

DEMOGRAPHICS

POPULATION TRENDS

Population trends vary significantly between the three counties. Although both experienced population growth from 2000 to 2010, the rate of growth for Deschutes County was much higher. In fact, Deschutes was the fastest growing community in the state and much of the nation. This was due to its lower unemployment rates, larger number and diversity of employers, many recreational opportunities, excellent climate and natural beauty. In comparison, Crook County had slow growth through 2010 and then experienced a small decrease in 2011 as its economy declined.

Estimates of Population Age Groups (ages under 18 yrs., 18-64 yrs., and 65 yrs. and over) for Oregon and Its C Prepared by Population Research Center, Portland State University, January 2015.

	Total Population	Ages 0-17	Ages 0-17 as % of Total Population	Ages 18-64	Ages 18-64 as % of Total Population	Ages 65 and over	Ages 65 and over as % of Total Population
OREGON	3,962,710	866,518	21.9%	2,463,436	62.2%	632,755	16.0%
Counties							
CROOK	20,780	4,217	20.3%	11,580	55.7%	4,983	24.0%
% of State Total	0.52%	0%		0%		1%	
DESCHUTES	166,400	37,469	22.5%	100,682	60.5%	28,248	17.0%
% of State Total	4%	4%		4%		4%	
JEFFERSON	22,205	5,271	23.7%	13,032	58.7%	3,902	17.6%
% of State Total	1%	1%		1%		1%	

	Population Growth by County ¹⁷										
	2000 Census	2010 Census	2011	% population growth 2010-2011	% Under 5 years Age	Density- persons per square mile	State Rank in Density				
Deschutes	115,367	157,733	158,8875	1 %	6.1%	52.36	11				
Crook	19,182	20,978	20,885	-1%	4.8%	7.00	26				
Jefferson	19,009	21,720	21,708	-1%	7.7%	12.2	22				

Population and Ethnicity

The following chart details the population of each county by ethnicity, according to data from the 2010 U.S. Census Population Estimates.

Population by Ethnicity by County[1]										
		% Non-	% Non-	% Native	% Asian	%2 or	%Hispanic	Highest		
	Total	Hispanic	Hispanic	American	Pacific	more		Growth		
	White	Black races								
		-	De	schutes Co	unty	-				
All residents	162,277	88.20%	0.40%	1.10%	1.00%	2.40%	7.60%	Hispanic		
			(Crook Coun	ty					
All residents	20,729	88.90%	0.20%	1.40%	0.60%	2.00%	7.50%	Hispanic		
			Je	fferson Cou	unty					
All residents	21,720	60.20%	0.80%	19.10%	0.20%	3.30%	16.90%	Hispanic		
[1] 2010 U	.S. Census									

TYPES OF FAMILIES

According to the 2010 Census, 26%-39% of the family households with children under the age of 18 in Deschutes, Crook, and Jefferson Counties are single parents. This is a contributing factor in poverty and in overall level of support for a child's physical and educational needs.

	Deschutes	Crook	Jefferson
Families with Children	46%	35%	35.6%
Married	69%	75%	60.5%
Female Single Parent	22%	24%	26%
Male Single Parent	10%	2%	13%
Non-Family Household	33%	11%	23.2%

In Oregon, 26.2% of working mothers of very young children (age 0-3) work in low-wage occupations. 15.5% of Oregon's workforce works in low wage occupations. Parents working in low-wage jobs face particular challenges as breadwinners and caregivers. With limited incomes, parents struggle to meet their children's basic needs: a home in a safe community, nutritious food, and books and toys to encourage their children's learning. Parents also strain to afford the safe and stable child care they need to be able to work, much less the high-quality child care that children need to be successful in school.

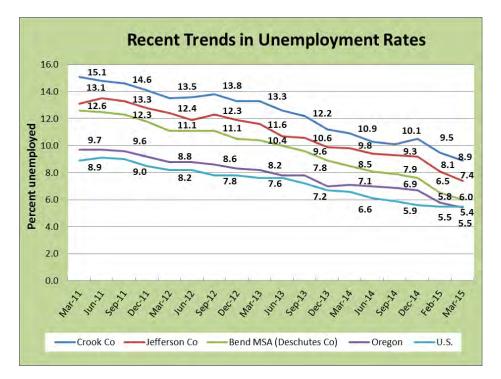
In addition, the working conditions in many low-wage jobs make parenting more difficult. Lowwage jobs often entail unstable, unpredictable schedules over which workers have little control and lack any paid sick or family leave. This can keep parents from spending time with their children on a regular basis, from being consistently available when their children need them and can make it difficult to arrange child care. Working mothers with very young children are more likely than workers overall to be in low-wage jobs. More than half of mothers who have very young children and work in low-wage jobs are raising children on their own; half are working full time; and over one-third are poor. They are disproportionately African-American or Hispanic. They are also less likely to have a college education than workers overall.

ECONOMIC PATTERNS

UNEMPLOYMENT

Regarded as a lagging indicator by most economists, this chart provides a five-year perspective on unemployment in the Tri-County area. Since early 2011, unemployment rates have been reduced significantly. As of March 2015, Deschutes County's unemployment rate of 6.0% is the lowest since December 2007. Crook County's fell to 8.9%, the lowest rate since June 2008. The unemployment rate dropped to 7.4% in Jefferson County from 9.8% the same time last year, a statistically significant decline.

Because of Central Oregon's sustained strong in-migration, job creation typically lags population growth, a reason why historically, Oregon's unemployment rate tracks higher than the national rate.



WAGES AND MEDIAN HOUSEHOLD INCOME

In 2013, state average annual pay was \$44,229.49. Crook County reports an average annual wage of \$33,234, Deschutes County's average annual wage was \$39,456, and Jefferson County average annual wage was \$32,323. All of these average are well below the state average. Lower wage earners in all counties are concentrated in retail/leisure, hospitality, natural resources, mining and manufacturing sectors.

Poverty exists in Deschutes County, and by population, there are more poor families living there than in Crook and Jefferson Counties. Overall, the residents of Deschutes enjoy a lower unemployment rate and higher wages. The result is higher rents and a lower affordability index for purchasing houses, making it more difficult for low-income families to live in Deschutes County.

	Median Household Income ¹⁸									
2008 2009 2010 2011 2012										
Deschutes	\$51,897	\$51,959	\$46,631	\$47,924	\$48,591					
Crook	\$40,263	\$42,342	\$39,867	\$37,473	\$41,232					
Jefferson	<mark>\$</mark>	<mark>\$</mark>	<mark>\$35,853</mark>	<mark>\$</mark>	<mark>\$</mark>					
State	50,165	48,325	46,536	46,876	49,090					

POVERTY

Despite the slowly recovering economy, Oregon continues to struggle. More than one in five Oregonians rely on food stamps and 16.6 percent of Oregonians live in poverty. This table uses several measures of economic well-being to show poverty in Central Oregon. Rural counties, in particular, continue to lag behind the rest of the state. Jefferson County ranks7th in the state in poverty, Crook County ranks 10th, and Deschutes County ranks 28th out of 37 counties.

Poverty – L				
	Oregon	Deschutes	Crook	Jefferson
Poverty	16.6%	15.7%	18.8%	19.9%
Unemployment	6.7%	7.5%	9.3%	8.4%
Food Stamps	20.2%	19.6%	24%	32.8%
Welfare	2.2%	2%	2.6%	5.7%
Medicaid	25.1%	27%	30%	35.3%

^{18 2010} U.S. Census

Crook County STATUS OF OREGON'S CHILDREN 2015

POPULATION	
TOTAL	20,998
Children ages 0-17	4,065
Children ages 0-5	1,091

137 9	
FAMILY SUPPORTS	
Employment Related Day Care	32
Food Stamps (SNAP)	1,696
Cash Assistance (TANF)	355

TRITE

DATA INDICATORS	Previous Year Rate	Most Recent Number	Most Recent Rate	Rank (best to worst)	Most Recent Oregor Average
Immunizations	55.6%		62.6%	21	65.0%
		-			
Infant Mortality (per 1,000 live births)	5.2	1 *	4,5 *	17	5.1
Adequate Prenatal Care	68.6%	145	65.6%	32	76.9%
Teen Pregnancy (per 1,000 girls ages 15-19)	34.5	24	44.3	32	26.1
Uninsured Children	8.0%	258	6,5%	15	5.8%
Child Welfare					
Abuse and Neglect Victims (per 1,000 ages 0-17)	15.3	84	19.9	27	11.6
Children in Foster Care	1.7%	83	2.0%	24	1.3%
Foster Care Aging Out (percentage of all exits)	•		*	-	8.9%
Foster Care Placement Stability	80.0%	36	66.7%	2	55.3%
Financial Stability					
Childhood Poverty (ages 0-17)	28.4%	1,118	28.3%	27	21.6%
Child Food Insecurity	30.4%	-	32.1%	35	25.9%
Free and Reduced Lunch Eligibility	56.5%	1,751	54.1%	18	51.1%
Unemployment	12.3	911	10.1	33	6.9
Early Care					
Early Education Enrollment (percentage of 3 and 4 year-olds in school)	37.3%	-	36.5%	21	41.4%
3rd Grade Math Proficiency	56.7%	123	58.3%	19	60%
3rd Grade Reading Proficiency	72.1%	136	64.8%	21	66%
Youth Development and Education					
8th Grade Math Proficiency	60.0%	137	55.0%	27	62%
8th Grade Reading Proficiency	66.3%	161	64.4%	19	66%
Cohort Graduation Rate	38.3%	126	30.5%	36	72.0%
Homeless Students	2.2%	52	1.6%	7	3.3%
Referrals to Juvenile Justice (per 1,000 ages 0-17)	41.2	134	33.0	36	15.8



† Preliminary data * Data unavailable

Deschutes County STATUS OF OREGON'S CHILDREN 2015

POPULATION

Children ages 0-17

Children ages 0-5

TOTAL

	FAMILY SUPPORTS	
170,388	Employment Related Day Care	530
36,354	Food Stamps (SNAP)	11,125
10,942	Cash Assistance (TANF)	1,929

DATA INDICATORS	Previous Year Rate	Most Recent Number	Most Recent Rate	Rank (best to worst)	Most Recent Orego Average
Immunizations	53.4%	-	59.7%	25	65.0%
Infant Mortality (per 1,000 live births)	4.1	9†	5.0 *	20	5.1
Adequate Prenatal Care	81.0%	1403	78,5%	8	76.9%
Teen Pregnancy (per 1,000 girls ages 15-19)	25.4	109	23.0	8	26.1
Uninsured Children	8.2%	2,451	6.9%	20	5.8%
Child Welfare	12120			21	
Abuse and Neglect Victims (per 1,000 ages 0-17)	8.1	345	9.2	8	11.6
Children in Foster Care	0.7%	231	0.6%	4	1.3%
Foster Care Aging Out (percentage of all exits)	12.5%		*		8.9%
Foster Care Placement Stability	62.9%	96	59.6%	8	55.3%
Financial Stability					
Childhood Poverty (ages 0-17)	21.7%	7,148	20.1%	7	21.6%
Child Food Insecurity	26.1%	-	26.5%	16	25.9%
Free and Reduced Lunch Eligibility	46.8%	12,652	50.3%	13	51.1%
Unemployment	9.5	6,384	7.9	17	6,9
Early Care					
Early Education Enrollment (percentage of 3 and 4 year-olds in school)	39.4%	-	38.3%	18	41.4%
3rd Grade Math Proficiency	69.1%	1,285	71.2%	3	60%
3rd Grade Reading Proficiency	74.7%	1,349	74.7%	6	66%
Youth Development and Education					
8th Grade Math Proficiency	70.1%	1,345	71.5%	3	62%
8th Grade Reading Proficiency	74.1%	1,415	75.1%	3	66%
Cohort Graduation Rate	70.4%	1,572	75.6%	15	72.0%
Homeless Students	4.1%	1,225	4.9%	30	3.3%
Referrals to Juvenile Justice (per 1,000 ages 0-17)	24.4	803	22.1	26	15.8



† Preliminary data * Data unavailable

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Jefferson County STATUS OF OREGON'S CHILDREN 2015

POPULATION	
TOTAL	22,192
Children ages 0-17	5,359
Children ages 0-5	1,798

FAMILY SUPPORTS	
Employment Related Day Care	92
Food Stamps (SNAP)	3,025
Cash Assistance (TANF)	881

DATA INDICATORS	Previous Year Rate	Most Recent Number	Most Recent Rate	Rank (best to worst)	Most Recent Oregor Average
Immunizations	71.6%	-	69.6%	11	65.0%
Infant Mortality (per 1,000 live births)	10.0	1 *	3.6 *	12	5.1
Adequate Prenatal Care	66.3%	191	68.0%	30	76.9%
Teen Pregnancy (per 1,000 girls ages 15-19)	\$6,6	25	35.8	24	26.1
Uninsured Children	10.5%	501	9.6%	35	5.8%
Child Welfare					
Abuse and Neglect Victims (per 1,000 ages 0-17)	14.1	51	9.7	12	11.6
Children in Foster Care	1.3%	72	1.3%	15	1.3%
Foster Care Aging Out (percentage of all exits)	*	*	*	-	8.9%
Foster Care Placement Stability	70.0%	20	58.8%	11	55.3%
Financial Stability					
Childhood Poverty (ages 0-17)	34.1%	1,769	33.9%	34	21.6%
Child Food Insecurity	31.2%	-	30.1%	30	25.9%
Free and Reduced Lunch Eligibility	81.0%	2,241	60.6%	25	51.1%
Unemployment	10.7	848	9.0	26	6.9
Early Care					
Early Education Enrollment (percentage of 3 and 4 year-olds in school)	25.7%**	+	26.2%	32	41.4%
3rd Grade Math Proficiency	42.9%	148	50.2%	32	60%
3rd Grade Reading Proficiency	54.8%	174	59.2%	30	66%
Youth Development and Education					
8th Grade Math Proficiency	62.6%	154	59.2%	20	62%
8th Grade Reading Proficiency	55.5%	125	47.9%	36	66%
Cohort Graduation Rate	70.8%	150	62.5%	33	72.0%
Homeless Students	5.7%	240	6.7%	34	3.3%
Referrals to Juvenile Justice (per 1,000 ages 0-17)	31.8	138	25.8	29	15.8

† Preliminary data * Data unavailable



School District Poverty Data

An indicator of poverty is the total percent of children in school who qualify for free and reduced lunch. Free lunch is available to families with income 130% of Federal Poverty Level (FPL). Reduced lunch is available to families with income between 130% and 185%. For a family of four the 2013 income levels were as follows:

Family of Four 2013 Income Levels ¹⁹				
FPL	Family Income Level			
100% FPL	\$23,550			
130% FPL	\$30,615			
185% FPL	\$43,568			

In comparing data over the last four years, rates of free and reduced lunch eligibility have remained relatively stable over the past four years, with the exception of Jefferson County seeing a dramatic decrease between 2013-2014 and 2014-2015. Deschutes County eligibility rates increased to 50.3%, the highest in the past four years.²⁰

Percentages of eligible students were consistently lowest in the Sisters district compared to the other area districts. Out of the children income eligible for free or reduced lunch, over 87% were eligible for free lunch, indicating a family income level of 130% of the FPL or below.

Percentage Of Students Income Eligible For Free or Reduced Lunch						
by year and School District ²¹ School Districts: 2014-2015 2013-2014 2012-2013 2011-2012						
Deschutes County	50.3%	46.8%	47.6%	48%		
Bend-LaPine	46.1%	42.5%	44.6%	46.7%		
Redmond	61.8%	58.1%	55.2%	52.1%		
Sisters	32%	33.7%	36.2%	35.1%		
Crook County	54.1%	57%	64%	63%		
Prineville	53.5%	56.5%	63.3%	63%		
Jefferson County	*	81%	81.3%	81.1%		
Jefferson County SD	*	83.8%	84.6%	83.9%		
Culver	69.9%	70.9%	71%	69%		

*Jefferson County SD went with a new system of qualifying children for eligibility. Therefore, comparisons between 2014-15 and previous years is not accurate or reliable.

¹⁹ http://www.ode.state.or.us/sfda/reports/r0061select.asp

²⁰ http://www.ode.state.or.us/sfda/reports/r0061select.asp

²¹ http://www.ode.state.or.us/sfda/reports/r0061select.asp

Migrant/Seasonal Population

As an agricultural state, Oregon relies on the labor of migrant and seasonal farmworkers (MSFWs) to produce and process food crops as well as landscape plant nurseries and Christmas tree operations. Although over 87,000 MSFWs work in Oregon, most work outside Central Oregon in the Willamette Valley. Findings of a recent census²² of Oregon MSFWs are summarized in the table below.

Number of				
	Oregon	Crook County	Deschutes County	Jefferson County
Migrant Workers (M)	27,257	25	40	158
Seasonal Farm Workers (SFW)	59,800	50	80	313
Total MSFW	87,057	75	120	471

This same Oregon census documented the **statewide age distribution of children and youth among MSFW families** as shown below:

Distribution of MSFW Children ²³			
Age Percentage Distribution			
Under 1 year	2.2%		
1-4 years	17.9%		
5-12 years	51.6%		
13-14 years	10.4%		
15-18 years	16.3%		
19 years	1.6%		

In Central Oregon there are increasing numbers of Latino families, some of whom are former MSFWs. However, these are not families that have migrated into the community and then left at the end of an agricultural season. Although many are not English speaking, they have settled into the area.

Type of Family Units

	Oregon	Deschutes	Crook	Jefferson
Families with Children	27.5%	28.3%	25.9%	28.9%
Married	18.9%	20.4%	18.6%	17.8%
Female Single Parents	5.0%	5.1%	2.3%	12.6%
Male Single Parents	2.3%	2.8%	5.0%	6.3%
Non-Family Household	36.3%	32.2%	30.8%	33.7%

²²http://www.oregon.gov/oha/OHPR/PCO/Documents/2013%20Update%20to%20MSFW%20Enumeration%20Studies%20Report.p

23 Ibid.

²⁴ http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

EDUCATION, HEALTH AND WELLBEING, AND SOCIAL SERVICES

Educational Attainment

Research indicates that the educational level of the mother is a primary indicator of the success of children in public school. Increasingly, education is also the key to individual economic success.

Educational Attainment by Con	unty for Ages 25	5 & Over: 2008-2012	
Estimate ²⁵			
	Deschutes	Crook	Jefferson
Less than 9 th grade	2.0%	4.3%	5.6%
Grades 9 -12, no diploma	5.0%	10.3%	9.7%
High school graduate or GED	23.3%	35.2%	33%
Some college	29.0%	28.6%	27.3%
AA Degree	10.1%	7.2%	7%
BA Degree	20.3%	9.5%	11.8%
Graduate or Professional	10.2%	5.0%	5.5%
Degree			

Educational Attainment by Community for Ages 25 & Over: 2008-2012 Estimate ²⁶							
	Oregon	Bend	LaPine	Redmond	Sisters	Prineville	Madras
Less than 9 th grade	4.1%	2.3%		2.1%		6.3%	7.4%
Grades 9-12, no diploma	6.8%	3.5%		9.1%		12.6%	11.8%
High school graduate or GED	24.8%	17.7%		30.0%		34.1%	34.3%
Some college	27.0%	28.4%		31.5%		29.3%	22.7%
AA Degree	8.1%	10.4%		10.1%		7.0%	5.4%
BA Degree	18.5%	26.1%		12.1%		6.6%	11%
Graduate or Professional Degree	10.8%	11.6%		5.0%		4.2%	7.3%

²⁵ http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk
²⁶ http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

HIGHER EDUCATION

Central Oregon is home to two major higher education institutions: Central Oregon Community College (COCC) and Oregon State University–Cascades (OSU-C), a branch campus of Oregon State University (OSU) in Corvallis, Oregon.

Central Oregon Community College (COCC)²⁷

The COCC District encompasses all of Crook, Deschutes and Jefferson Counties, as well as the southern part of Wasco and northern portions of Klamath and Lake Counties. In fall 2012, COCC faculty included over 300 individuals (119 full time; 47 adjunct and 130 part time); approximately 40 percent of full-time faculty held Ph.D. or terminal degrees.

In 2011-12, approximately 69 percent of certificate/degree seeking students received financial aid (depending on their enrollment status) via national programs or COCC Foundation scholarships/loans.

The COCC main campus is in Bend and smaller satellite campuses are located in Redmond, Madras, and Prineville (Crook County). In fall 2013, COCC enrollment²⁸ totaled 1913 students, including 1793 credit students and 119 non-credit community education students.

COCC offers over 30 professional-technical programs and transfer degrees that facilitate moving on to 4 year institutions.

• Certificates and Associate of Applied Science (AAS)²⁹: provide technical skills in a specific area. This degree provides students with the hands-on, technical skills to get jobs following completion Majors include dental assisting, fire science, automotive technology, and other fields.

Two year degrees are also offered in **Applied Science (AAS)** and **Associate of Arts** (**AAOT) transfer degree in Early Childhood Education**. These provide foundational knowledge, field experiences, and common skills and strategies that prepare students for multiple roles within the field of early childhood education. ECE courses are offered on campus as well as online.

In 2013, COCC initiated a **Certificate in Child, Family and Community Services** that requires one year of study. Classes offered for the Certificate include classes offered for AAS and AAOT degrees. COCC also facilitates study for the national **Child Development Associate (CDA) Credential.**³⁰

OSU-Cascades (OSU)³¹

OSU offers over 25 program options ranging from business administration to science to tourism and outdoor leadership; located on the COCC campus, the first two years of study must be

²⁷ http://www.cocc.edu/about/cocc-quick-facts/

²⁸http://www.cocc.edu/uploadedfiles/departments_/institutional_effectiveness/enrollment_reports/4th_week_enrollment_report/fall%2 02013%204th%20week.pdf

²⁹ http://www.cocc.edu/degrees-classes/career-and-technical-education-programs/

³⁰ http://www.cdacouncil.org/

³¹ http://www.osucascades.edu/academics/undergraduate

completed at COCC or another Community college. Beginning in fall of 2015, OSU begin functioning as a full 4 year institution, offering both lower and upper division coursework. Students, however, may still choose to complete their first two years at accredited community colleges, including COCC. Official fall enrollment numbers for 2013 showed a total of 936 students are taking classes; this is a 19 percent increase in undergraduate students and an 8 percent increase in students taking graduate level courses.

Distance degree program at the University of Oregon

Many colleges and universities are offering online classes that meet the credentialing requirements in the Head Start Act. NeighborImpact is currently working with the University of Oregon to help staff obtain a bachelor's degree tailored for Head Start. The Family and Human Services program-Early Childhood Emphasis (FHS-ECE) at the University of Oregon College of Education has designed a two-year bachelor's degree program that not only satisfies the federal requirements for teaching in a Head Start program, with a mix of human services and early childhood classes, it qualifies students to pursue a wide variety of related career paths such as early childhood teacher, family advocate, case worker, or other human-service careers. It also prepares students to pursue an advanced degree, such as a master's in social work or early intervention/special education.

Future of Higher Education in Central Oregon

In the fall of 2009, the Higher Education Assessment Team for Central Oregon (HEAT)³² was formed as a working group under the Academic Strategies Committee of the Oregon State Board of Higher Education (the "Board") to determine the collective higher education needs of the region, for today and into the future.

The HEAT process supported a stand-alone university (OSU-Cascades) and a strong Central Oregon Community College (COCC). These were identified as essential to support enrollment growth at all levels, regional population growth, and robust economic development and workforce demand.

³² http://www.ous.edu/sites/default/files/state_board/meeting/dockets/ddoc100709-HEAT.pdf

HEALTH AND WELLBEING

Wellbeing at all life stages is largely influenced by health behaviors, such as use of tobacco, alcohol and other drugs (ATOD), diet and exercise, sexual activity as well as personal, social and physical environments, including access to nutrition, housing, medical care, employment, income, family and social support, community safety, and environment quality. In 2012, the State of Oregon collaborated with the three Central Oregon Counties and the Warm Springs Confederated Tribes to produce a comprehensive look at the health and wellbeing of Central Oregonians. Entitled the *2012 Central Oregon Regional Health Assessment*, ³³ this in-depth report is the primary source for this section of our Community Assessment Report, if not otherwise referenced.

Sections under Health and Wellbeing

- 1. Food Insecurity, WIC
- 2. Homelessness
- 3. Prenatal Care, Birth Weight and Infant Mortality and Infant Wellbeing
- 4. Childhood Immunizations
- 5. Health Behaviors among Youth and Adults
- 6. Acute and Chronic Conditions
- 7. Health Insurance
- 8. Health Care Access: Medical
- 9. Health Care Access: Dental
- 10. Regional Health Improvement Plan: 10 Priority Areas

1. Health Status: Food insecurity and WIC

Food insecurity affects millions of people, and children are especially vulnerable. The USDA³⁴ defines two levels of food insecurity: **Low food security** reports of reduced quality, variety, or desirability of diet. **Very low food security** reports of multiple indications of disrupted eating patterns and reduced food intake. Despite recent small gains, Oregon remains among the most food insecure states in the US; Crook County is among the most food insecure of all Oregon counties. Nationally, over half of all children who are food insecure are NOT currently income eligible for federal assistance. In our two counties, the percentages of food insecure children who are not eligible are even higher (see table below).

³³ 2012 Central Oregon Regional Health Assessment is available at:

http://www.deschutes.org/Health-Services/Health-Statistics.aspx; executive summary at:

executive summary

https://www.dropbox.com/s/rblg18dtzvo2qj3/EXECUTIVE%20SUMMARY_REGIONAL%20HEALTH%20REPORT_6-15-2012small.pdf

full report at

www.dropbox.com/s/5iv65qi876n1be9/CO%20Health%20Report%202012_FULL%20REPORT_FINAL.pdf?n=14343718 ³⁴ http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UycYC_IdVu4

Child Food Insecurity Rates and Numbers, 2011 ³⁵			Estimated % eligible for federal assistance programs ³⁶
Crook	31.3%	1480	78%
Deschutes	25.9%	9,430	67%
Jefferson	33.4%	1860	88%
Oregon/US	29.2%/23.2%	25,180/16.2 million	59%

Fruit and Vegetable Consumption 2015		
	Adults	
	18	
	and	
	Older	
Crook County	14%	
Deschutes County	26%	
Jefferson County	33%	

This indicator shows the percentage of adults who eat five or more servings of fruits and vegetables per day. Source: Oregon Behavioral Risk Factor Surveillance System

Free and reduced lunch is a major food source for low-income children; as noted earlier in this report. In 2012-2013, free and reduced lunch participation rates ranged from 35% in Sisters, over 50% in Bend-LaPine and Redmond, and 60.7% in Jefferson County. Free lunch programs continue over the 3 summer months. In 2013, 4,491 lunches were served during the summer in Deschutes County³⁷ and almost 300 lunches were served in Crook County³⁸.

³⁵ http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx

³⁶ Data relative to utilization of free and reduced lunches I schools is presented earlier in this report,

³⁷ http://www.cffo.org/images/pdf_downloads/county_data_books/Deschutes%20County.pdf

³⁸ http://www.cffo.org/images/pdf_downloads/county_data_books/Crook%20County.pdf

Women, Infants, Children (WIC)

The Women, Infants, Children (WIC) services provide nutrition education, vouchers and referrals with the goal of ensuring adequate nutrition for children under age 5 and pregnant, post-partum, breastfeeding women. The table below details the WIC services offered in 2014 in Crook, Deschutes and Jefferson Counties.³⁹

	Crook	Deschutes	Jefferson
Number of Infants and children under age 5	758	4438	858
Number of Pregnant, breast-feeding, postpartum women	314	1865	301
Total dollars to local authorized retailers of healthy foods	\$499,034	\$2,422,204	\$471,768

2. Health Status: Homelessness

Federal policy defines a homeless individual in section 330(h)(4)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)] Instability of an individual's living arrangements is critical to the definition of homelessness; thus homelessness includes individuals who "double-up" or "couch surf."

Homelessness and poor health are strongly related among both adults and children

- Poor health (illness, injury and/or disability) can cause homelessness when people have insufficient income to afford housing. This may be the result of being unable to work or becoming bankrupted by medical bills.
- Homelessness exacerbates existing chronic (asthma, diabetes, etc.) and acute (pneumonia, infection, injury, etc.) health problems. Homelessness also increases the risk of communicable disease (such as STDs or TB) and violence

Based on the one night homelessness survey conducted January 10, 2014, the *Homelessness Leadership Coalition of Central Oregon*⁴⁰ provides the following facts regarding homelessness in the three counties in Central Oregon:

- An alarming number of Central Oregonians are chronically homeless
- Affordable housing options are virtually nonexistent in the region

³⁹www.dropbox.com/s/5iv65qi876n1be9/CO%20Health%20Report%202012_FULL%20REPORT_FINAL.pdf?n=14343718

⁴⁰ http://www.cohomeless.org/homeless_count.html

- Despite an improving economy, the number of homeless individuals and families is worsening; homelessness is up in all three counties this year.
- A total of 2,410 individuals self-identified, which includes 116 veterans. That's a jump of 420 individuals over 2013.
- 172 more households also experienced homelessness. Those numbers were particularly higher among the youth, elderly, and the disabled.
- The most startling number is the rise of the chronically homeless, which now stands at 522, an increase of 266 over last year. To be considered chronically homeless, an individual must be 18 years of age, have a disability and have been homeless for at least a year or experienced four episodes of homelessness in the past three years. Every community in Central Oregon saw this number increase.
- Current market conditions are making it nearly impossible for people to find adequate housing. Vacancy rates for rental units are at .7% for all of Central Oregon. Housing Works issued 200 vouchers to qualified applicants in March but it is anticipated that only 30% being used, because the lack of available housing options.
- According to the Central Oregon Rental Owners Association, only 37 units are currently available out of 3,862 surveyed throughout the entire region.
- Those who responded to the Point in Time survey said a lack of affordable housing and unemployment were the two main reasons they experienced homelessness. Scott Cooper, Executive Director of NeighborImpact, which provides many of the region's emergency services, notes, "Lack of stable housing options is a huge and growing concern. We don't have enough resources to meet all the needs of the disadvantaged now. The journey to self-sufficiency begins with stable housing and is impossible without housing options."

The coalition has worked this past year to preserve affordable housing units at Healy Heights and Ariel Glen and is currently working on funding a youth drop-in center. Admittedly the numbers are discouraging, but the coalition will continue its efforts to promote affordable housing options and better educate community groups about the negative impacts of homelessness in Central Oregon. School Districts also report on the number of homeless children enrolled each year. These data more accurately capture the extent of family homelessness than is possible in a one night count.

In the 2014-15 school year, School Districts in Central Oregon reported 1365 K-12 students were homeless, 6.24% of enrolled students. Statewide 3.6% of K-12 students are homeless, approximately 20,500 students.

Homeless Students by County						
2014-15 Crook Deschutes Jefferson Total						
# K-12 Homeless Students	96	1264	211	1365		
% homeless Students	2.91%	5.03%	10.78%	6.24%		

Community Resources to End Homelessness

The Homeless Leadership Coalition (HLC) works with NeighborImpact to address homelessness in Deschutes, Crook and Jefferson counties. Groups currently involved with the HLC include:

- Oregon Department of Human Services
- Central Oregon Council on Aging
- Central Oregon Veteran's Outreach
- Law enforcement
- School advocates
- Community shelters
- The faith community
- Housing Works
- NeighborImpact
- Legal Aid
- Libraries

NeighborImpact's Answer book for 2013⁴¹ provides information on local services and supports to assist low income households, including persons who are experiencing homelessness. This identifies seven shelter resources, including six in Bend; five of these shelters serve families. Eligibility, length of stay, and services vary by shelter.

HOUSING / REAL ESTATE TRENDS Average Monthly Rent

The Central Oregon rental market continues to face heightened demand in the midst of constrained supply. According to the Central Oregon Rental Owners Association, current vacancy rates have shrunk to 1.04% as of March 2015, down from 12.4% in 2009. The high demand has exerted pressure on prices and a growing interest in multi-family residential construction, particularly in Bend and Redmond. In the last year, two and three bedroom rental houses increased more on a percentage basis than apartments and duplexes. 2014 average rent prices for a 3 bedroom home were up slightly from 2013 in nearly all Central Oregon communities. Our expectation is that 2015 annual rental figures will be up sharply in Bend, Redmond, Prineville, and Sisters amidst strong in-migration and near record low vacancies.

⁴¹ <u>http://www.neighborimpact.org/2013_AnswerBook.pdf</u>

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New Units Revel New? Units Rev New? 10% Rev 0 10%
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778.00 eree In David Aviant In 1,00 1 1,247.00 2
29 5 5 3 9 5 5 3 9 5 5 3 9 5 5 3 9 5 5 5 5

Home Prices

As with much of the rest of the country, residential property prices peaked to all-time highs in 2007 and declined in value by as much 40% in the following years. Prices are now rebounding substantially - both median and average home prices increased in 2014 across the region, but are still be-low 2005 levels.



3. Childhood Immunizations

Childhood immunizations involve multiple administrations for multiple diseases, including measles, mumps, diphtheria, polio, hepatitis and other conditions. Tracking rates is complex because required immunizations are administered over time. Thus, the concept of Up-To – Date (UTD) immunization is critical. The table below shows the percentages of 2 year olds who were Up-To-Date (UTD) for the immunization series that includes 4 doses of DTaP, 3 doses of IPV, and 1 dose of MMR vaccine in 2013^{42} .

2013 Percentage of 2 year olds (24-35 months) with UTD immunizations			
Crook 81.8% ⁴³			
Deschutes	77.7%		
Jefferson	90.1%		

UTD immunizations are required to attend child care or school settings, although there are exemptions.

4. Health Behaviors among Youth and Adults

Alcohol is the most widely used addictive substance in Oregon. Men drink more than women do. Men are $2\frac{1}{2}$ times more likely to binge-drink and are much more likely to die of alcohol-related causes.

⁴²<u>http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/researchchild.aspx</u>

⁴³http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/county/Crook.pdf

Rates of Alco				
	Crook 45	Deschutes ⁴⁶	Jefferson	Oregon
Past month Female				
Any alcohol use	55%	60%	33%	54%
Binge use	15%	10%	5%	15%
Heavy Use	2%	7%	2%	6%
Past month Male				
Any alcohol use	79%	74%	60%	66%
Binge use	18%	23%	20%	22%
Heavy Use	3%	9%	8%	6%
Drinking after heavy	Each month, abo			
drinking	driving after drin			
	a parent or other	adult who had be	en drinking.	
Drive with child in car after	3% of Oregoniar			
drinking	heavy drinking			
Adult, 18-25 Marijuana	23%	23%	23%	23%
use				
Illicit Drugs use other than marijuana	10%	10%	10%	10%

5. Acute and Chronic Health Conditions

In addition to the acute infections and injuries considered normal in childhood, over the past decades growing numbers of young children have developed asthma and potentially life-threatening allergies.⁴⁷ Asthma is now the leading chronic health condition among U.S. children; in Oregon about 10% of children and adults have asthma. During an asthma episode or attack, the airways carrying oxygen in and out of the lungs become irritated and swollen. In Oregon, children under age 5 are the most likely to be hospitalized for asthma.

A person's immediate environment may trigger serious, even life-threatening asthma attacks; common triggers include: chemicals, dust, animals, mildew, tobacco smoke, and strong chemicals odors, such as those from cleaning agents. There is a strong correlation between asthma and income level. Oregonians from a household with an annual income of less than \$15,000 consistently report higher percentages of asthma than all other income levels. However, most problems associated with asthma, including emergency room visits and hospitalizations, can be avoided if asthma symptoms are well-managed. Effective self-management includes control of exposure to factors that trigger attacks and use of asthma medications (including "rescue medications") according to a medical provider's directives. In addition to appropriate medical treatment, it is essential that children's caregivers work to reduce environmental risks and know how to offer emergency care for affected children. Similarly, allergies to common foods such as peanuts pose very serious threats to sensitive children.

6. Health Insurance Coverage

⁴⁴ http://www.oregon.gov/oha/amh/pages/ad/main.aspx

⁴⁵ http://www.oregon.gov/oha/amh/ad/data/crook.pdf

⁴⁶ http://www.oregon.gov/oha/amh/ad/data/deschutes.pdf

⁴⁷ http://www.deschutes.org/Health-Services/Health-Statistics.aspx;

In 2013, the Oregon Health Authority estimated that almost 17% of Central Oregonians lacked Health insurance. Insurance coverage rates varied by age and county of residence, as follow:

Percentage of Persons				
20	2013 2013			
	Crook	Deschutes	Jefferson	
Under 18	93.2%	92.8%	90.1%	
19 years and older	78.1%	77.2%	69.3%	

7. Health Care Access: Medical

Despite recent federal and state efforts to improve health insurance coverage, there remain problems with access; some providers do not accept Oregon Health Plan (OPH/Medicaid) payments.

Mosaic Medical is a non-profit Federally Qualified Health Center (FQHC) with offices in both Deschutes County (Bend, LaPine), Crook County (Prineville), and Jefferson County (Madras). Mosaic serves individuals regardless of insurance, age, ethnicity or income. It is the major health provider for low income individuals and families in Central Oregon. In 2014, Mosaic provided care to

- 19,606 people (62,054 visits)
- 625 children under age one
- 1,003 children ages 1 to 4
- 1,241 children ages 5 to 9

The following insurance types were used (2014)

- 21% Uninsured/No insurance
- 11% private insurance
- 16% Medicare
- 52% Medicaid

A second medical resource is **Volunteers in Medicine** (**VIM**).⁴⁸ VIM provides healthcare on a donation basis to working adults in Deschutes County who have no medical insurance or means to pay for care. VIM uses a community approach, with 544 in-clinic volunteers and over 400 local medical partners collaborating to provide patients with necessary primary and specialty medical care, prescription medications, mental health care, and/or basic dental care. Almost 10,000 patient visits were completed in 2012-13 in the VIM clinic. Another 1,998 were completed, donated by community providers for a total of 11,624, an increase of 29% from the prior year.

⁴⁸ http://www.vim-cascades.org/2012-13%20VIM%20Facts-FINAL-June%205,'13.pdf

VIM patients include construction workers, tradespeople, hospitality workers, fast-food employees, ski instructors, bank tellers, landscapers, ranchers, self-employed entrepreneurs, home health care workers, retail clerks, restaurant servers, small business owners, craftspeople, artists, and students. One fifth of VIM patients were Hispanic, and all had incomes below 200% of the federal poverty level.

8. Health Care Access: Dental

According to Volunteers in Medicine (VIM- see previous section), low income residents in Deschutes County lack access to affordable dental care, making it the largest unmet medical need for low-income adults in the County. To address this need, VIM partners with the Dental Assisting Program at Central Oregon Community College (COCC) to provide limited dental care during five-hour clinics every other week throughout the school year.

However, access to dental care remains a major issue⁴⁹. The Oregon Dental Association ⁵⁰attempts to link patients with low cost clinics and private providers through its website. Patients enrolled in the Oregon Health Plan⁵¹ have limited dental resources due to the low reimbursement rates; most dentists limit or entirely refuse to see the patients using Medicaid/Oregon Health Plan.

Advantage Dental was built on the philosophy that no one in the community should miss a day of work or school because of tooth pain. That is why Advantage Dental works to make sure everyone gets treatment, no matter what their income level.

- **9. Central Oregon Regional Health Improvement Plan** The Central Oregon Health Report notes several priorities over the next several years. These priority areas are:
 - 1. Address Disparity/Equity Concerns related to county/community residence, income, race/ethnicity and education,
 - 2. Improve Access to resources especially for rural residents,
 - 3. **Promote Early Childhood Wellness** by addressing unmet needs and promoting supportive family and community environments,
 - 4. **Reduce Food Insecurity** by improving rural access to affordable, healthy food and reducing the number of people, especially children, who do not qualify for food assistance,

⁴⁹<u>https://www.dropbox.com/s/rblg18dtzvo2qj3/EXECUTIVE%20SUMMARY_REGIONAL%20HEALTH%20REPORT_6-15-</u> 2012small.pdf

⁵⁰http://www.oregondental.org/custom/directory/community_access_dir.cfm?pageid=3677&showTitle=1&showDebugOutput=false& widgetPreview=0&page_version=

⁵¹<u>http://www.oregondental.org/custom/directory/community_access_dir.cfm?pageid=3677&showTitle=1&showDebugOutput=false&</u> <u>widgetPreview=0&page_version</u>=

- **5. Promote Oral Health** by addressing lack of access to preventive dental care and treatment,
- 6. Promote Safety and Reduce Crime and Violence in all communities,
- 7. Reduce Chronic Illness and its related costs and burdens, and
- 8. **Reduce Alcohol, Drug, and Tobacco Use** that contribute to poor health outcomes across the lifespan.

SOCIAL WELFARE SERVICES Child Abuse and Neglect

During 2014, the Oregon Department of Human Services received 67,863 reports of suspected child abuse or neglect, an increase of 5.5 percent from the prior year. Of those, 29,382 reports were referred for investigation.

Child abuse rates in Crook, Deschutes and Jefferson Counties are based on Oregon investigations by the Oregon Department of Human Services (DHS) Office of Investigations and Training.

Child Victims ages 0-17 by County and State The Child Victim Rates per 1,000 children ages 0-17.						
	2012	2013	2014			
Crook	20.8	15.3	19.9			
Deschutes	7.1	8.1	9.2			
Jefferson	11.1	14.1	9.7			
Oregon	11.6	12.3	11.6			

Resources to Prevent Child Maltreatment and Promote Positive Parenting

Central Oregon is home to several parenting education resources in addition to the KIDS Center and services offered by the Child Welfare Division in conjunction with child protective services. Among the resources are the following:

- Family Resource Center (FRC) is located in Bend. This center offers evidenced-based parenting education and support programs throughout Deschutes and Crook Counties. FRC offers parenting & family skills classes, and the Community Helpline (211). Programs are supported through grants and donations, at no cost to families, and offered in both English and Spanish.
- Family Access Network (FAN) is a school-based initiative to assist families with referrals and access to food, shelter, clothing, health insurance resources and services, and school supplies. FAN is located in each school K-12 and offers services in both English and Spanish.
- **Oregon State University Extension Service (OSU)** is one of the nation's land-grant education universities and offers free community based non-credit training in variety of

areas, including family health, nutrition and parenting education. OSU provides programs and materials in both English and Spanish throughout Central Oregon. It leads the State's Parenting Resource and Development Education Center in Corvallis, which is funded by the Oregon Community Foundation and the Ford Family Foundation.

- **Together for Children (TOC) is** located in Sisters, Oregon and provides parent/child classes, parenting classes, family activities, a parent library, play groups and special programs for Latino families and fathers. TOC's focus is on families with young children; it uses a sliding scale and offers scholarships.
- **Healthy Beginnings (HB)** serves all of Central Oregon offering screening/consultation and referrals for: health, vision, hearing, nutrition, dental, behavior, speech/language, parental training, information and support. Services are offered in English and Spanish and are free to families.

Transportation:

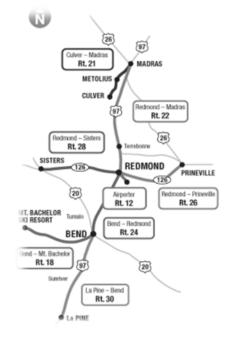
Cascades East Transit (CET) is a public transportation system providing local on-demand bus service in the Redmond, Prineville, Madras, La Pine and Sisters communities. Bend CET provides fixed route bus service for the general public and pre-scheduled Dial-A-Ride services for qualifying persons with disabilities; seniors who qualify as low income; eligible Medicaid clients for covered Medicaid (OHP) services; and *local* rides for veterans when authorized by a Veteran's Service Officer. Transportation to the Veterans Administration in Portland is also available. In addition, CET provides shuttle service on the COCC campus. Rider guides are available in English and Spanish.

The CET Community Connector bus service provides fixed route bus service *between* the communities of Bend, Redmond, Terrebonne, Prineville, Madras, Culver, Metolius, Warm Springs, La Pine and Sisters. Regional bus service between Oregon counties is available several days each week.

Bus fares are set according the number of zones (1 to 4) through which a passenger travels, and range from \$1.50 for one zone (\$0.75 with discount) to \$3.74 for multi-zones (\$3.00 with discount).

Most fixed bus routes operate frequently throughout the day, providing an inexpensive way for residents to travel to work, medical appointments, and shopping. Bike racks and wheel chair lifts are readily available on most buses.

FARE SCHEDULE							
cet	ZONE 1	ZONE 2,3,4	MULTI- ZONE (ZONES 1-4)				
Single Ride	\$1.50 / 75¢ Full / Discounted	\$1.25 / \$1 Full / Discounted	\$3.75 / \$3 Full / Discounted				
Day Pass	\$2.50 / \$1.25 Full / Discounted		\$6.25 / \$5 Full / Discounted				
Ticket Book	6 tickets \$12 / \$6 Full / Discounted		12 tickets \$60				
Monthly Pass	\$30	\$35	\$100				
Youth Monthly Pass	\$20	\$35	Trips requiring travel in				
Senior/Disabled* Monthly Pass	\$15	\$25	two or more zones is a multi-zone fare.				



PARENT AND COMMUNITY SURVEYS AND REPORTED NEEDS

STATEWIDE SURVEYS Statewide survey of Pregnant Women and Parents of Young Children

This survey was conducted in 2011 as part of Assessment of the Needs of Families served or eligible for various Oregon Home Visitation programs. The 4,628 participants represented all 36 Oregon counties. Slightly more than half (51%) of the survey respondents received home visiting services in 2010; 49% were eligible but not served to program capacity limitations.

Ninety-four percent of the participants were female; among the 6 % male respondents all were custodial parents of one or more young children. The respondent sample closely resembles the Head Start parent/family group, thus we believe that the findings of this statewide survey can inform our understanding the needs of Head Start eligible families.

Surveys of Young Families—State vs. NeighborImpact					
	Statewide Survey of Young families	NeighborImpact families during the 2012-2013 Program Year			
Mean age	30 years	unknown			
Race/Ethnicity White, not Hispanic Hispanic Other 	54% 34% 12%	152 or 29% of the 516 children served in the 2012-2013 Program Year are of -Hispanic or Latino Origin			
Education Less than HS/GED Hs grad/GED 	26% 26%	 Of the 488 families, the highest level of education obtained: 24% Less than high school graduate 65% HS Graduate or GED 5% An Associate degree or vocational school or some college 4% An advanced degree or baccalaureate degree 			
185% FLP or below 18%5 FPL or above	79% 21%	4% An advanced degree or baccalaureate degree 254 of 516 or 49% eligible due to income below 100% FPL 222 of 516 or 43% eligible for HS receipt of public assist 24 of 516 or 5% eligible status as a foster child 16 of 516 or 3% eligible status as homeless 0 over-income above 100% FPL			
Employed, Full or Part-time	46%	38%			
% of family members who have medical insurance	75%	unknown			
Home language other than English	32%	16%			
Special needs child in family	53%	23%			
Two-parent family	71%	47%			
Rural/frontier community	31%	Unknown			
Enrolled in Home Visiting Program	51%	100%			

COMMUNITY SURVEYS & PARENT REPORTED NEEDS

Statewide Survey of Low income Parents of Young Children

	Percent Needing services			Among those needing service, Percent having difficulty getting needed services		
	All families	Receiving Home	No home visitation	All Families	Receiving Home	No home visitation
Service Need areas:		Visitation			Visitation	
Parenting information	45.5%	59.2%	31.0%	17.3%	12.8%	27.1%
Pregnancy/Newborn needs	32.6%	40.6%	23.8%	14.0%	11.6%	18.6%
Services for special needs child	20.3%	24.9%	15.6%	48.0%	43.9%	54.5%
Language needs	20.7%	27.6%	13.1%	54.8%	50.8%	64.5%
Basic needs (food, Shelter, etc.)	41.0%	48.2%	33.3`%	50.7%	46.7%	57.6%
Employment/Job needs	25.9%	29.6%	21.7%	68.0%	62.9%	75.5%
Mental health,						
substance abuse. domestic violence	11.0%	12.4%	9.5%	54.2%	50.0%	59.9%
Health care	61.4%	59.7%	64.7%	32.5%	34.1%	30.3%
Child care	32.9%	32.1%	30.5%	62.7%	57.0%	68.2%
Information about other resources/ services	44.7%	58.2%	30.5%	43.8%	35.1%	63.6%

Analysis of these data revealed the following:

Half of Oregon's lower-income parents of young children reported needs related to:

- Parenting information (45.5%)
- Basic needs such as food, shelter (41%)
- Health care (61.4%)
- Information regarding available resources and supports for their families (44.7%)

Over one-quarter reported needs related to:

- Employment and jobs (25.9%)
- Child care (32.9%)

Families' not receiving home visits had difficulty getting needed services and supports, compared to similar families who were receiving home visitation (See last 3 columns of table above.)

In addition, English speaking families, families with incomes above 185% FPL, employed families and two parent families reported *fewer* needs than other families. In contrast, rural, single parent families, lower income families and families with special needs children reported needs in more areas than other families.

Community Resources

Abilitree -

Provides jobs, training, community service and independent living opportunities for people with disabilities

Advantage Dental

Largest provider of dental care services for Medicaid and indigent adults and children in the region

Advantage Smiles for Kids

Orthodontics and related dental care to at-risk children from low-income families

ALS Association of Oregon and SW Washington

ALS resources and support, adult respite care, general health education programs, medical equipment provision, referrals, speech aid

American Legion

Advocacy, recreation, referrals for veterans

American Red Cross

Disaster relief, disaster preparedness, local training and education, first aid, CPR, cardiac emergency training

Assistance League of Bend

Assist vulnerable children and adults in the community; new clothes, shoes and school supplies for K-12, breakfast with Santa for foster kids; serving seniors in local care facilities; hats and gowns for cancer patients; cooking and nutrition classes for elementary kids

Bakestarr

Type 1 diabetes information and referrals

Barbara's Place

Supportive housing for persons living with disabilities

Bend Parks and Recreation

Parks and Recreation for adults, children and families

Bend Senior Center

Health Fair and Flu Shot Fest; Aging Well, Living Well, foot clinics, stroke awareness, nutrition

Bend Area Habit for Humanity Affordable housing

Bend City Care

Provides sustainable housing, financial assistance to city's underprivileged.

Bend Community Center Senior meal program, feed the hungry, firewood voucher, Becca's closet

- Bend Community of Christ Church Emergency food pantry
- Bend-La Pine School District Health Services School district health services
- Bend-La Pine School District Nutrition Services School district nutrition services
- Bend Learning Center Helps children with learning differences understand and reach their potential

Bend Metro Park and Recreation Multiple educational opportunities and physical activities

Best Care Treatment Drug and alcohol rehabilitation

Bethlehem Inn -Emergency shelter

Big Brother Big Sisters of Central Oregon

Community-based mentoring program that matches disadvantaged youth ages 6-18, predominantly from low-income, single-parent households with adult volunteer mentors

Birthing and Beyond Childbirth preparation; parenting support and classes

Boys and Girls Clubs of Central Oregon Youth development

Cascade Child Treatment Center, Inc. Child psychiatric treatment

Central Oregon AA Intergroup Inc.

Alcoholics Anonymous meetings, mental health, crisis intervention and substance abuse treatment

Central Oregon Disability Support Network Support, information, education for individuals and families of those with disabilities

Central Oregon Down Syndrome Network

Health education; parent support groups

CASA of Central Oregon

Child abuse prevention and intervention; social services and legal navigation

Cascade Youth and Family Center

Basic Center Program; Transitional Living Program; Street Outreach Program

Cascades East Transit Transportation

Central Oregon Chapter of Compassionate Friends Support for grieving the loss of a child

Central Oregon Council on Aging (COCOA)

Advocacy, family caregiver support program, health insurance counseling, health and wellness, information and referral services, legal services, long-term care ombudsman program, housekeeping and personal care services, outreach, volunteer opportunities, home meal deliveries, nutrition counseling

Central Oregon Food Policy Council Helping to secure the future of the local food system

Central Oregon Intergovernmental Council

Provides education, retraining and economic development services to positively affect regional employment, individual lives, the business community and local government

Central Oregon Veteran Outreach

Medical, shelter, food and other assistance to veterans and homeless veterans

City Care Clinic

Medical clinic; weekly dental vans

Clare Bridge of Bend Alzheimer's care group

CO Autism Spectrum Resource & Family Support Group Autism support group, public lectures, information and referral

Central Oregon Community College Education resources

Commute Options

Promoting choices that reduce the impacts of driving alone; carpooling, walking, biking, public transportation

Critical Care Dental Clinic Urgent and emergency dental care

Deschutes County Health Department -

Mental and physical health programs, public health, child and family services, maternal health services

Department of Human Services

Food benefits, medical coverage eligibility services, cash assistance for low-income families, adult and child protective services, adoption services, domestic violence services

Family Access Network

Various health and human service needs addressing children

Family Kitchen

Emergency meals

Family Resource Center

Hub for parenting education and support; parenting classes, discussion groups, 2-1-1 helpline

Full Access Brokerage

Services for special needs adults

Full Circle Outreach Center

Year-round clothing closet for families and individuals in need

Goodwill Industries

Enhance the dignity and quality of life of individuals and families by strengthening communities and eliminating barriers to opportunity and learning through the power of work

Grandma's House of Central Oregon

Pregnancy resources for women aged 12-19

Hanger Prosthetics and Orthotics

Amputee empowerment, support groups

Healing Reins

Therapeutic riding center for riders with special needs, troubled youth, cancer patients

Healthy Beginnings

Health and developmental screenings for children ages birth- age five

Healthy Families of the High Desert

Services to high-need, first time parents of children birth to 3 years; home visits, education on child development, positive parenting, child health and safety, community referrals

Healthy Kids

Connect kids to OHP services

Hearing Loss Association of Central Oregon Hearing loss support

Heart of Oregon Corps

Reduces poverty, stimulates economic growth and maintains the natural environment of Central Oregon, through youth and young adult job skills training and educational programming

High Desert Education Services District Early childhood intervention

Hospice House

Hospice services

House of Hope

Housing assistance, shelter

Housing Works

Serves seniors, veterans, special needs, workforce, farm workers and homeless people in Central Oregon providing access to well-maintained communities, homeownership opportunities and financial assistance

Hunger Prevention Coalition of Central Oregon

Public and private groups addressing hunger in Central Oregon

J Bar J Youth Services

Services for at-risk youth and their families; Academy at Sisters, Big Brothers Big Sisters of Central Oregon, Cascade Youth and Family Services, J Bar J Boys Ranch, J Bar J Learning Center

KIDS Center

Child abuse intervention center

Kids in the Game

Services to inspire kids to thrive in life through resources that involve kids in sports Kidtalk, Oregon Scottish Rite Clinics

Hearing screenings, speech and language therapy

Latino Community Association

Referrals to community resources for housing, food, health, legal, translation services and job connections

Meals on Wheels

Meals for sick and elderly

Methamphetamine Action Coalition

Grassroots organization in Central Oregon comprised of local citizens, business professionals, treatment professionals and government agencies who have come together to fight the scourge of meth and other drugs in the community

Mosaic Medical

Medical clinic with a sliding scale for patients with limited or no medical insurance, OHP/Healthy Kids, private insurance and Medicare

Mountain Star Family Relief Nursery

Child abuse and neglect prevention and intervention, therapeutic development treatment, crisis intervention for parents

Mt. Bachelor Sports Education Foundation

Free sports physicals with health and wellness fair and free helmets; a not-for-profit organization whose guiding philosophy is to encourage academic achievement and promote the positive values of competitive alpine, cross country, snowboarding/free ride and cycling

NeighborImpact

Head Start, child care resources; energy assistance, tax help, food program, Nancy's House Family Shelter. The organization works to break the cycle of poverty by helping remove the barriers that prevent people from achieving economic self-sufficiency

New Priorities Family Services

Youth and family counseling, outpatient mental health and drug/alcohol services for youth, families and adults, help for those with OHP, no insurance and sliding scale fees

Opportunity Foundation of Central Oregon

Independent living services for adults with disabilities

Partners in Care

Hospice, home health, transitions dealing with illness, adult grief support, child grief support and community education series

Pregnancy Resource Centers of Central Oregon

Pregnancy resources for women aged 12-19

Ronald McDonald House

Home away from home for families of pediatric patients who travel to Bend for medical treatment, as well as women with high-risk pregnancies

Saving Grace

Domestic violence and sexual assault services

Serenity Lane

Inpatient, residential and outpatient services to adults along with family programs and recovery support

Shepherd's House

Daily shelter and meal program, long-term (10-22 months) residential program, addiction, recovery, job search, mental health

Sparrow Clubs

Helping kids help kids in medical need

The Center Foundation

School-aged education in the areas of health and wellness, sports wellness and protection

The Giving Plate

Food relief and outreach ministry

The Salvation Army Bend Corps Church

Emergency food distribution, rent/housing assistance, utility assistance and prescriptions

United Way

Central Oregon 211 - resource directory, FamilyWize prescription drug discount card program, raises money for partner agencies

Veterans of Foreign Wars

Veteran support and assistance

Volunteer Connect, Project Connect

Volunteer center, one day outreach to homeless including medical, dental, clothing, food, veterinary, children's services, financial and legal advice and education assistance. Project Mobile Connect provides outreach to those who are unable to attend Project Connect

Volunteers in Action

Volunteers assist elderly and individuals with disabilities, transportation, shopping, small chores, build ramps, etc.

Volunteers in Medicine

Provides health care on a donation basis to working adults in Deschutes County with no medical insurance or means to pay for care

Vocational Rehabilitation Services

Assist individuals with disabilities in getting and keeping a job that matches their skills, interests and abilities

Willing to Help

Help for people in need including housing expenses, auto repairs and medical expenses

Women's Resource Center of Central Oregon

Education, training, counseling (sliding scale) support services and resource referrals