

SUBSTANCE USE DISORDER SERVICES NEEDS ASSESSMENT & PRIORITY SETTING

Coos County, Oregon

June 2022

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EXECUTIVE SUMMARY

Coos County, Oregon is a midsized coastal county. There is a large senior population; the proportion of people 65 years or older is 53% higher than the state proportion. Compared to the state, Coos County has a slightly higher unemployment rate, a 28% lower median household income, and residents are nearly half as likely to have a bachelor's degree. Regarding housing, rental units in Coos County are much less crowded compared to the state and the nation.

Residents of Coos County are more likely to die from suicide and accidents compared to the state and the nation. The suicide mortality rate in Coos County is more than twice the statewide rate and the accident mortality rate is over 1.5 times higher.

Regarding prescribing and overdose patterns, compared to the state, Coos County has higher rates of¹:

- All opioid prescription fills
- Opioid prescriptions that were >90 daily MEU
- Overlapping opioid/benzodiazepine prescriptions
- Opioid overdose hospitalizations

Coos County has increasing trends of:

- Opioid overdose hospitalizations
- Stimulant prescribing
- Stimulant overdose mortality

To investigate further, key partners were invited to participate in interviews to collect information about current issues, resources and services available and challenges to access them, and additional resources or services needed in Coos County.

Participants discussed issues related to substance use and mental health concerns. In addition to concerns with methamphetamine, opioid, marijuana, and alcohol use, partners also were concerned about vaping among youth. Further, partners reported an increasing presence of substances in young children, including infants, and attributed early use or exposure to substances to cultural aspects, including intergenerational substance use, in Coos County. Regarding overdose, partners reported increases in overdose with limited supplies of naloxone.

To address these concerns, partners discussed a variety of services available including treatment, peer support services, and harm reduction services. Service providers described care coordination as easy and not duplicative.

Despite having some services available, challenges to accessing resources or services were at the community, service, and individual level. In addition to concerns previously mentioned, people in Coos County also face issues including insufficient recovery supports, stigma, lack of

¹The most recent years of reporting for prescription fills, overdose mortality, and hospitalizations are 2021, 2019, and 2018, respectively.

detoxification facilities and inpatient treatment options, and limited individual capacity to seek treatment while in "survival mode."

To address these barriers, most notably, partners discussed a need for additional resources or services including a detoxification center, sobering center, more expanded treatment options, quicker access to care, and more naloxone. Other needs were also identified related to the behavioral health workforce, recovery supports, harm reduction services, peer support services, and services specific for families, veterans, and people who were previously incarcerated.

When reviewing information in this needs assessment, it is important to note that the data presented are static and captured in a single moment in time. Data from interviews are the perspective of those who participated and cannot be generalized to the thoughts of everyone in the county or sector. Additionally, information provided may not adequately represent current activities in the county. Some of the suggestions provided by partners may be duplicative or represent activities that are already occurring. The purpose of this needs assessment was to compile information to be used by the county to develop a strategic plan. Priorities, next steps, and intended activities will be outlined in the strategic planning document.

INTRODUCTION

As part of Oregon’s Overdose Data to Action (OD2A) funding from the Centers for Disease Control and Prevention (CDC) and State Opioid Response (SOR) funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), Oregon Health Authority’s (OHA) Injury and Violence Prevention Program (IVPP) and Health Systems Division (HSD) funded Lines for Life, Synergy Health Consulting, and Comagine Health to facilitate a Substance Use Disorder (SUD) Services Strategic Planning Initiative in four Oregon counties.

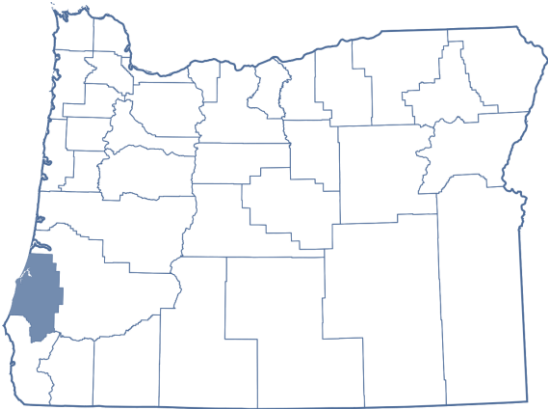
The goal of the SUD Services Strategic Planning Initiative is to strengthen and expand substance use disorder prevention, treatment, and recovery services and harm reduction services in rural counties. As part of the SUD Services Strategic Planning Initiative, community leaders convene to support the development of a SUD needs assessment and strategic plan and receive technical assistance to build readiness and capacity to apply for grant funding (e.g., Health Resources and Services Administration implementation grants).

BLOOM CONSULTING

The SUD Services Strategic Planning Initiative in Coos County is being led by Bloom Consulting, LLC. Bloom Consulting provides thought leadership and technical skills to solve complex problems, spark collective action, incubate ideas, and launch new initiatives. Bloom Consulting has worked with coordinated care organizations, health systems, nonprofits, counties, county and state public health administrators, and interdisciplinary teams to make the community shifts necessary to solve population health and civic concerns and reinforce the economic, cultural, political, and health systems that serve Oregon communities.

GEOGRAPHY

The geographic service area for this needs assessment is Coos County, a midsized, coastal county. The 16th most populous county in Oregon, it had 64,999 residents in 2021 with a population density of 39.5 people per square mile. By comparison, the population density is 39.9 and 87.4 people per square mile in Oregon and the United States, respectively. Between 2015 and 2019, the population in Coos County grew by 2.9%, compared to 4.6% in Oregon and 2.1% nationwide. Coos County ranks 23rd among Oregon counties in land area, 1,596 square miles.



METHODS

This needs assessment includes information from three data collection activities: 1) collating publicly available administrative data, 2) organizing findings from local key partners' presentations and reports, and 3) conducting interviews with local key partners.

Data from this report were collected from April to May 2022, during the continued COVID-19 pandemic. Rapidly changing circumstances required those working in SUD prevention, treatment, and recovery and overdose prevention to quickly adapt the ways services were provided. Communities addressed staffing shifts, embraced the virtual world, and innovated solutions. Many activities and initiatives were postponed or restructured during the pandemic. Data collected during this time reflects the impacts of this context.

ADMINISTRATIVE DATA

Demographic information about Coos County were obtained from multiple sources including the United States Census Bureau's American Community Survey, the State of Oregon Employment Department, and the Oregon Health Authority (OHA).

Drug-related information in the county were obtained from [Oregon's Prescribing and Drug Overdose Data Dashboard](#). The Prescribing and Drug Overdose Data Dashboard is an interactive tool containing state- and county-level data on controlled substance prescribing and drug overdose health outcomes, such as hospitalizations and deaths. Controlled substance prescription data comes from the Oregon Prescription Drug Monitoring Program (PDMP) which collects all Schedule II, III, and IV outpatient retail pharmacy fills dispensed in Oregon or to Oregonians. Other data populating the dashboard comes from published and unpublished OHA datasets.

LOCAL PRESENTATIONS AND REPORTS

Starting in March 2022, leaders and key partners involved in substance use disorder and overdose prevention services in Coos County attended monthly, 60-minute virtual meetings. During these meetings, participants were invited to share information about services provided in the county and to present data or reports to highlight the successes, challenges, and gaps. Comagine Health reviewed the meeting notes, recordings, presentations, and reports and summarized key findings across the information provided.

KEY PARTNER INTERVIEWS

Between May 11th and May 24, 2022, Synergy Health and Comagine Health collected data from SUD treatment providers, mental health providers, peer recovery support specialists, harm reduction service providers, public health, emergency medical service providers, probation officers, law enforcement officers, jail staff, treatment court staff, community and youth services

staff, community college staff, people working in detox and housing facilities, and a parent of a person with lived experience with drug use to understand experiences and areas for additional support related to care coordination, collaboration efforts, barriers, and related topics. In total, 26 interviews of 47 participants were conducted via Zoom.

Kate Frame of Bloom Consulting leveraged long-standing relationships to coordinate with SUD service provider and community leadership to engage agencies in interview participation. Synergy Health also attended standing Local Alcohol & Drug Planning Committee (LADPC) and Coos & Curry Behavioral Health meetings to learn about current SUD service-related initiatives, recruit participants, and share SPI project updates.

All data from interviews was analyzed by Comagine Health. See **Appendix A: Key Partner Interview Questions** for a list of interview questions.

RESULTS

Data collected for this needs assessment were combined to assess success, challenges, and gaps in SUD prevention, treatment, and recovery services and harm reduction services in Coos County, Oregon. To better understand the needs, this section presents county characteristics, prescribing and overdose rates, service descriptions, and results from primary data collection efforts.

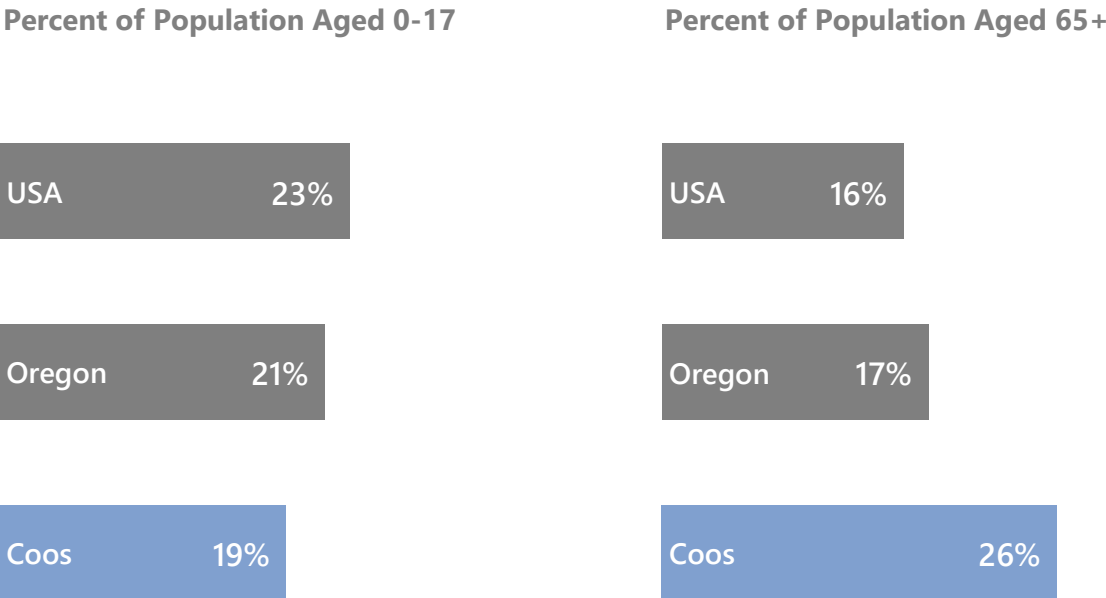
ADMINISTRATIVE DATA

Demographic Information

Age. Coos County has an older population compared to the state and the nation. According to the U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019)², the proportion of residents aged 65 and older in Coos County (25.5%) is 48% higher than the state (17.2%) and 63% higher than the nation (15.6%). Coos County also has a smaller proportion of residents under 18 (18.5%) than both Oregon (21.0%) and the United States as a whole (22.6%).

Exhibit 1 Age Distribution

Coos County has a smaller proportion of youth and a greater proportion of seniors.

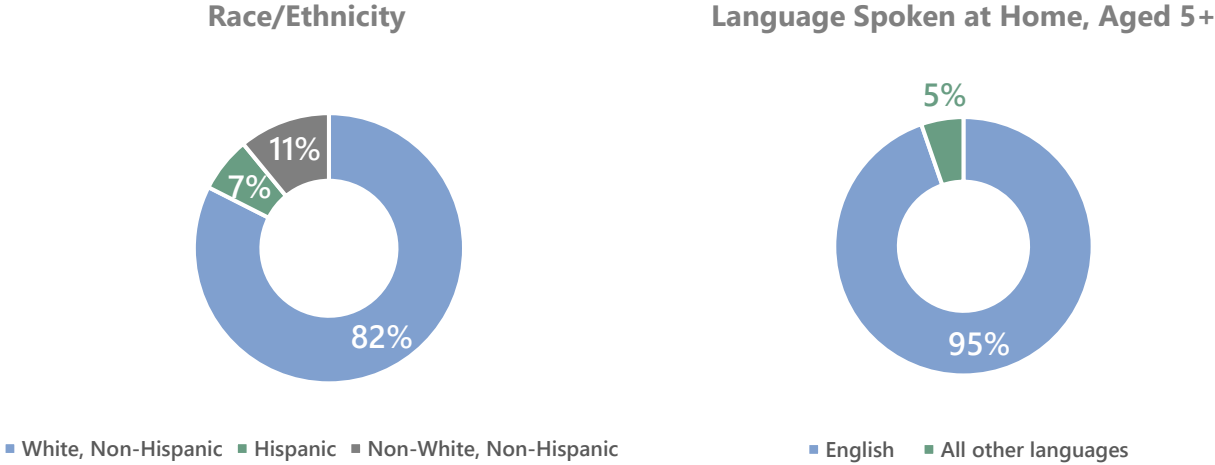


² In the remainder of this report, data obtained from the U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019) is referred to simply as "Census Bureau" data.

Race/Ethnicity and Language. Census Bureau data show that the majority of Coos County residents are non-Hispanic white (82.5%) while 6.6% are Hispanic/Latinx. Among residents aged 5 and older, 5.3% live in a home where a language other than English is spoken.

Exhibit 2 Race/Ethnicity & Language Spoken at Home

The majority of Coos County residents are non-Hispanic White and only 5% of people speak a language other than English in the home.

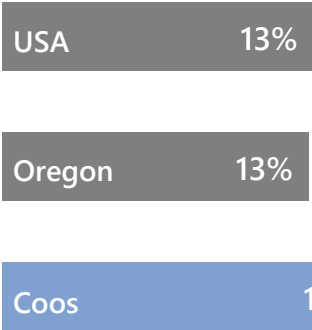


Income. The poverty rate is higher and the median household income is lower in Coos County. Per Census Bureau data, 16.1% of Coos County residents are living in poverty compared to just over 13% in both Oregon and the United States. The median household income in Coos County, \$45,051, is 28% lower than that of the state (\$62,818) and the nation (\$62,843).

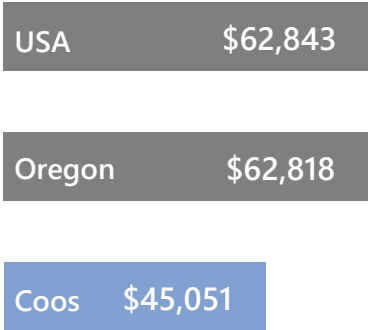
Exhibit 3 Income & Poverty

The poverty rate is higher and the median household income is lower in Coos County.

Percent of Residents Living in Poverty



Median Household Income



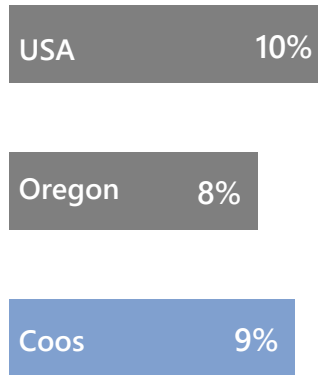
Insurance Coverage.

Census Bureau data indicate that 9.2% of Coos County residents under the age of 65 do not have health insurance, a proportion similar to that in Oregon (8.0%) and the United States (10.3%).

Exhibit 4 Health Insurance

A similar proportion of Coos County residents under 65 lack health insurance as Oregon and U.S. residents.

Percent Under 65 Without Health Insurance

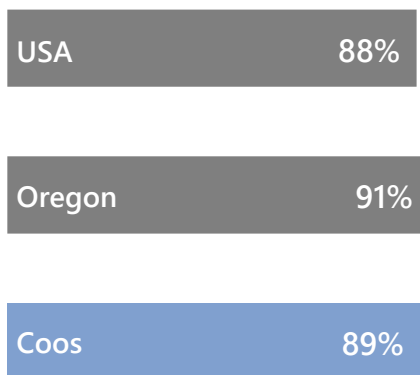


Education. Coos County residents are almost half as likely to have a bachelor’s degree. According to Census Bureau data, residents of Coos County have similar rates of graduating high school by age 25 (88.8%) as Oregon residents (90.7%) and all residents of the United States (88.0%). However, a much lower percentage of Coos County residents have a bachelor’s degree or higher by age 25 (17.8%) than Oregon residents (33.7%) and all residents of the nation (32.1%).

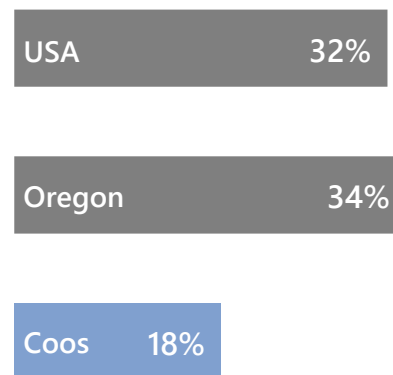
Exhibit 5 Educational Attainment

Coos County has a similar high school graduation rate, but a much lower proportion with a bachelor’s degree or higher compared to Oregon and the United States.

High School Graduate or Higher,
Percent of Residents Aged 25+



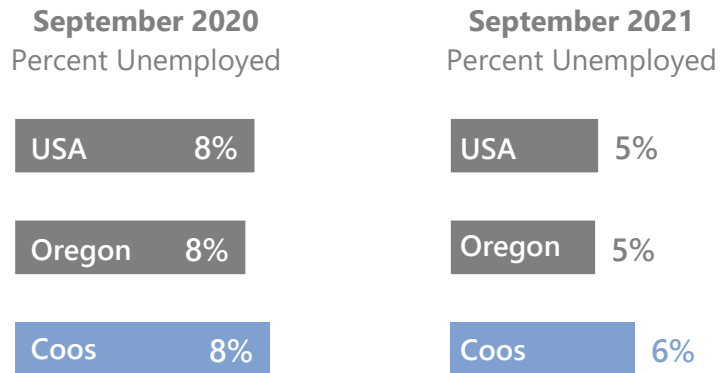
Bachelor’s Degree or Higher,
Percent of Residents Aged 25+



Employment. Unemployment in Coos County is slightly higher than state and national rates. The seasonally adjusted unemployment rate was **8.3%** in Coos County, 7.5% in Oregon, and 7.8% in the United States in September 2020, according to the Oregon Employment Department. The next year, the unemployment rate was **6.0%** in Coos County compared to 4.7% and 4.8% in the state and nation, respectively.

Exhibit 6 Unemployment Rates

Unemployment in Coos County is consistently slightly higher than the state and national rate.



Housing

Housing is slightly more available in Coos County than the state and nation with average affordability.

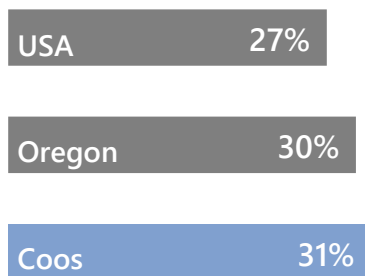
Housing Availability. The Census Bureau estimated **31,378** available housing units for the 64,929 Coos County residents in 2020, which is **2.1** people per housing unit, slightly less than for Oregon (2.3) and the nation (2.4).

Housing Affordability. According to the 5-year Census Bureau estimate for 2020, **31.2%** mortgage-paying homeowners in Coos County spend 30% or more on housing costs, compared to 29.9% in Oregon and 27.4% in the U.S. Almost half (**48.9%**) of renters in Coos County spend 30% or more of their income on housing compared to 50.6% in Oregon and 49.1% in U.S.

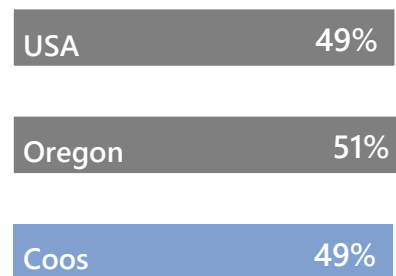
Exhibit 7 Percent of Income Spent on Housing

A similar proportion of homeowners and renters spend 30% or more of their incomes on housing in Coos County, Oregon, and the U.S.

Owner Costs ≥30% of Household Income



Rent ≥30% of Household Income



Crowded Housing Among Renters.

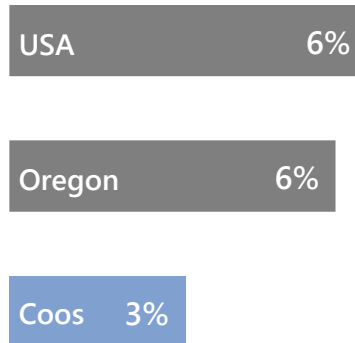
Crowded housing is defined as more than one occupant per room.

According to the 2020 5-year Census Bureau Estimate, **3.0%** of renters in Coos County live in crowded housing compared to 5.6% in Oregon and 6.2% in the United States.

Exhibit 8 Crowded Housing Among Renters

Renters in Coos County are half as likely compared to renters in Oregon and the U.S. to live in crowded housing.

Percent of Housing Units with >1 Renter per Room



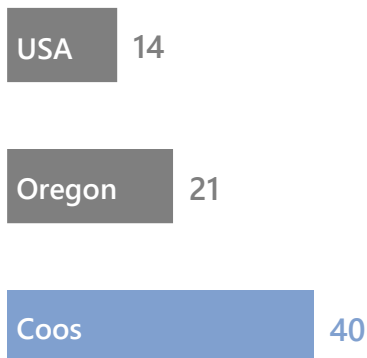
Suicide and Accident Mortality Rates

According to Oregon Vital Statistics Injuries Dashboard, both crude suicide and accident mortality rates in Coos County were higher than in Oregon and the United States. The crude suicide mortality rate in Coos County was **39.5** people per 100,000 population, nearly double the rate in Oregon (21.4) and over 2.7 times the rate in the United States (14.2). The crude accident mortality rate in Coos County was **86.9** people per 100,000 population, over 1.5 times higher than the rate in Oregon (54.6) and the United States (51.1).

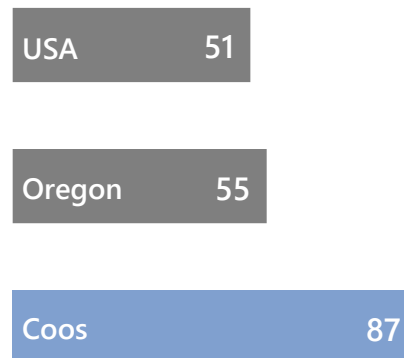
Exhibit 9 Suicide and Accident Mortality Rates per 100,000 residents

Suicide and accident mortality rates are much higher in Coos County.

Suicide Mortality Rate per 100,000 residents, 2019



Accident Mortality Rate per 100,000 residents, 2019



Prescribing Rates

All Opioid Prescription Fills per 1,000 Residents

Exhibit 10 Opioid Fill Rate in Coos County and Oregon

Coos County filled more opioid prescriptions per 1,000 population than Oregon

Opioid Fills per 1,000 Residents, 2012-2021

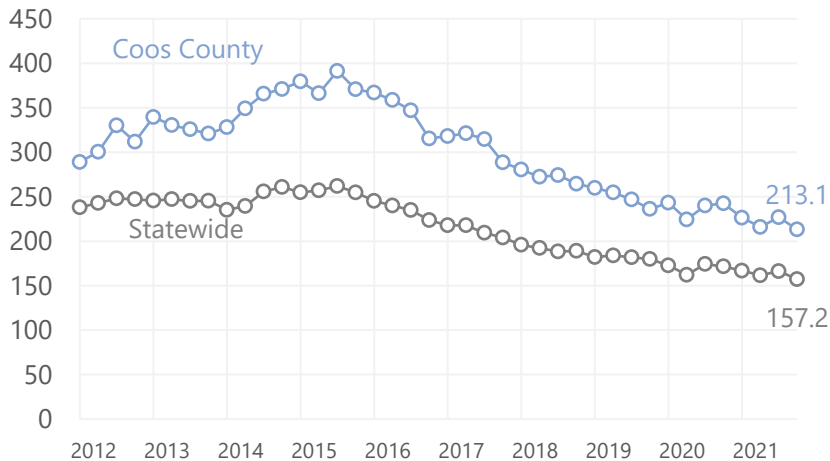
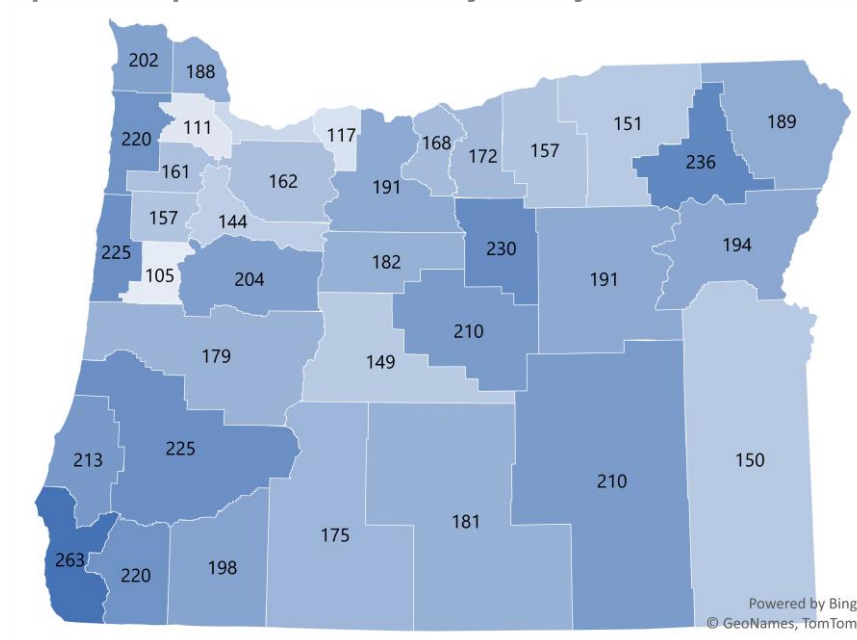


Exhibit 11 Opioid Fill Rate by County

Coos County ranked eighth among Oregon counties

Opioid Fills per 1,000 Residents by County, Q4 2021



The data shown in Exhibits 10 and 11 include full opioid agonist, partial opioid agonist, and combination opioid agonist and antagonist pharmacological classes, including buprenorphine and naloxone combinations as well as codeine antitussives. Rate measurements are calculated using county populations as denominators.

While Coos County has made progress in reducing opioid prescribing in the past 5 years, its rate of opioid prescriptions per 1,000 residents has remained higher than the state's rate. In Q4 2021, Coos County's rate was **213.1** opioid prescription fills per 1,000 residents compared to Oregon's rate of 157.2.

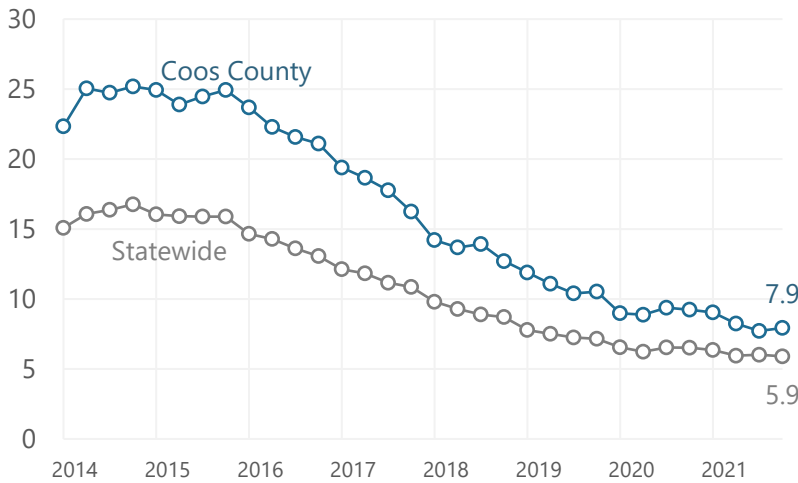
Coos County ranked **8th** among Oregon counties for the rate of opioid prescription fills per 1,000 residents.

>90 MEU Individuals per 1,000 Residents from Any Fill

Exhibit 12 >90 MEU Rate in Coos County and Oregon

Coos County has a higher rate than Oregon

>90 MEU Individuals per 1,000 Residents, 2014-2021

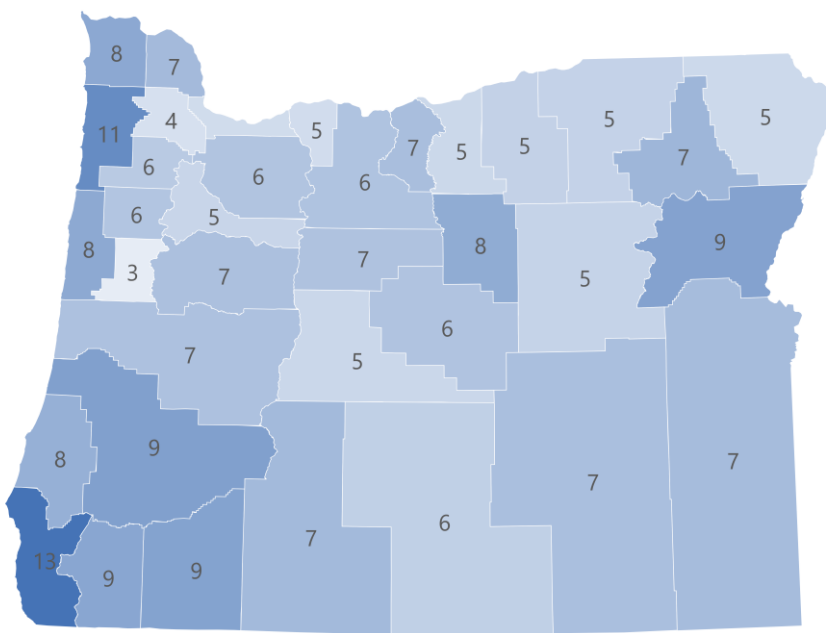


Daily morphine equivalent units (MEU) thresholds of 50, 90, 120, based on patient characteristics, are documented in both national resources, through the CDC's Opioid Prescribing Guidelines, and statewide resources, through an Oregon Medicaid performance improvement project. The Oregon PDMP provides data for high dose, or risky, opioid prescriptions, including the number of individuals receiving 90 or more daily MEU.

Exhibit 13 >90 MEU Rate by County

Coos County ranked tenth among all Oregon counties

>90 MEU Individuals per 1,000 Residents by County, Q4 2021



In recent years, Coos County has decreased high-dose opioid prescribing. The number of >90 MEU opioid prescriptions per 1,000 residents fell from 22.3 in Q1 of 2014 to **7.9** in Q4 of 2021. However, it remains higher than Oregon's rate (5.9) and ranked **10th** among other counties in Q4 of 2021, as depicted in Exhibit 13.

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Overlapping Opioid/Benzodiazepine Individuals per 1,000 Residents

Exhibit 14 Opioid/Benzo Rate in Coos County and Oregon

Coos County has a higher rate than Oregon

Opioid/Benzo per 1,000 Residents, 2014-2021

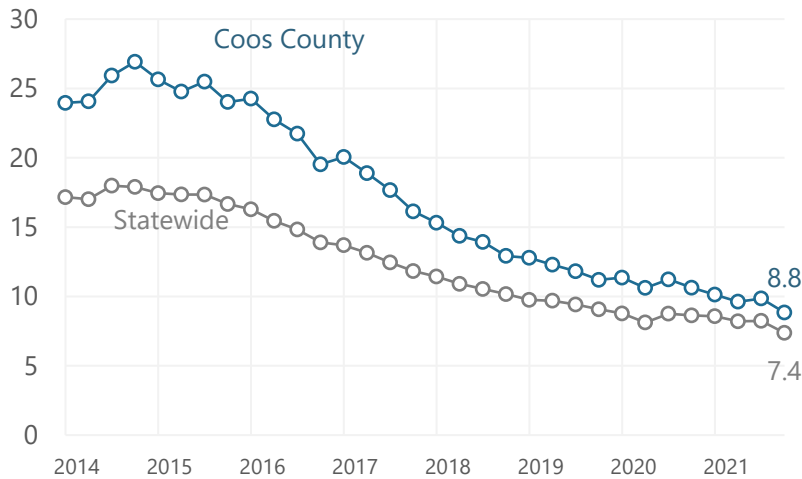
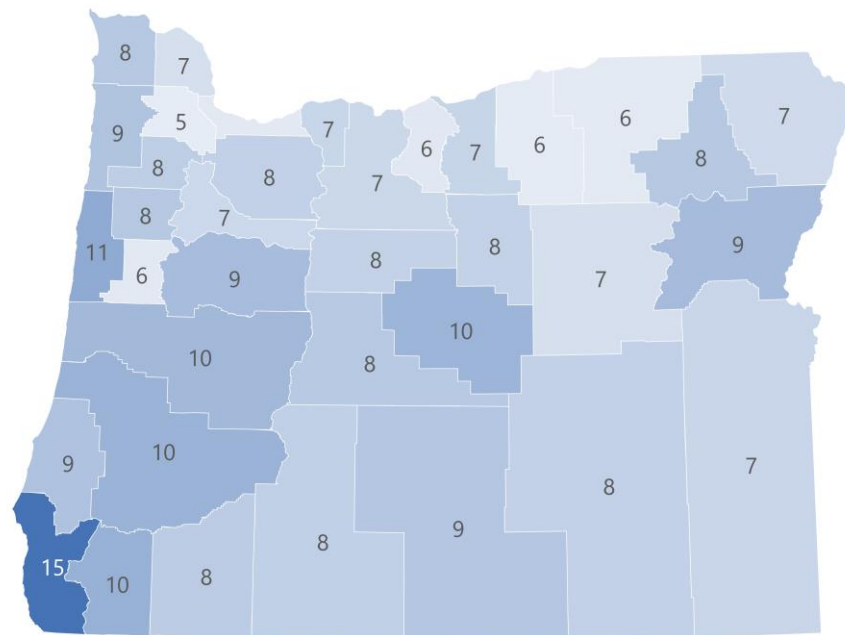


Exhibit 15 Opioid/Benzo Rate by County

Coos County ranked ninth among all Oregon counties

Opioid/Benzo per 1,000 Residents by County, Q4 2021



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Combining opioids and benzodiazepines can be especially risky, as a significant number of opioid overdose deaths occur when the person also used benzodiazepines. The Oregon PDMP tracks the rate of combined benzo-opioid prescriptions in Oregon counties.

As was the case with >90 MEU prescriptions in Coos County, the rate of overlapping opioid and benzodiazepine prescriptions decreased between 2015 and 2021 and is now comparable to the state. In Q4 of 2021, the county's rate of overlapping prescriptions was **8.8** per 1,000 residents, dropping from 24.0 in 2014 but remaining higher than Oregon's rate of 7.4.

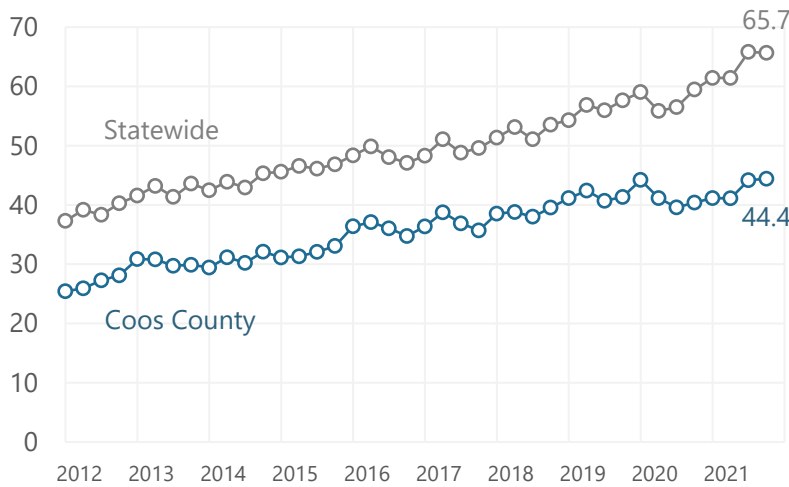
Coos County ranked **9th** among Oregon counties for the rate of overlapping opioid and benzodiazepine prescription fills per 1,000 residents.

Stimulant Prescription Fills per 1,000 Residents

Exhibit 16 Stimulant Fill Rate in Coos County and Oregon

The stimulant fill rate is increasing in Coos County

Stimulant Fills per 1,000 Residents, 2012-2021



The data shown in Exhibits 16 and 17 include stimulant prescription fills. Rate measurements are calculated using county populations as denominators.

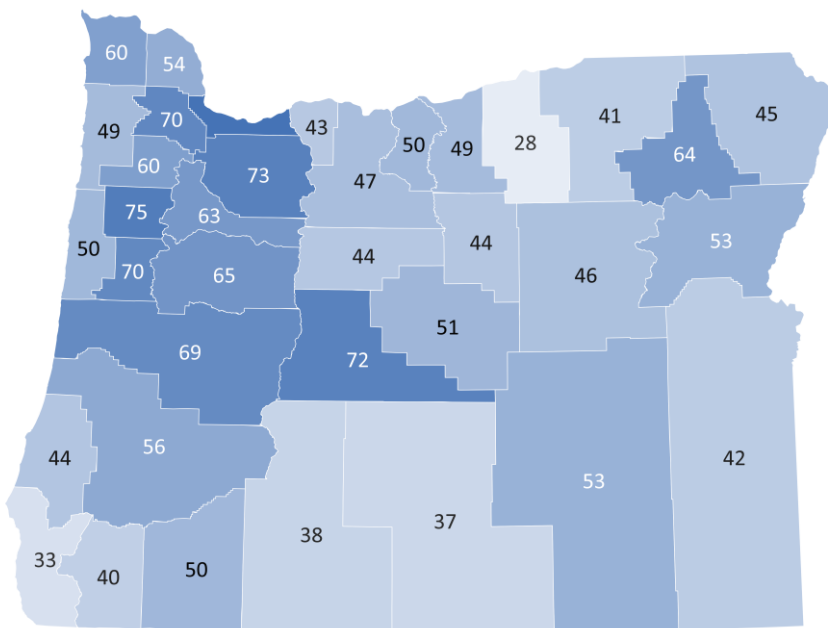
Like Oregon statewide, rates of stimulant prescribing are increasing in Coos County. In Q4 2021, Coos County's rate was **44.4** stimulant prescription fills per 1,000 residents compared to Oregon's rate of 65.7.

Coos County ranked **26th** among Oregon counties for the rate of stimulant fills per 1,000 residents.

Exhibit 17 Stimulant Fill Rate by County

Coos County ranked twenty-sixth among all Oregon counties

Stimulant Fills per 1,000 Residents by County, Q4 2021



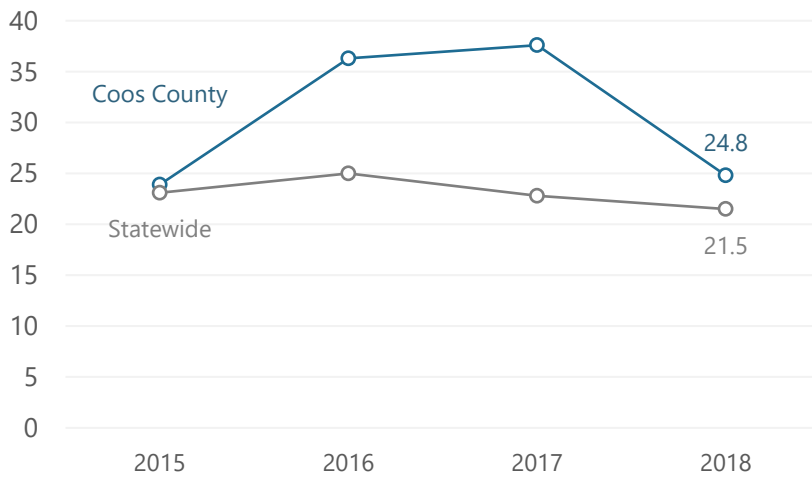
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Any Opioid Overdose Hospitalizations per 100,000 Residents

Exhibit 18 Hospitalization Rate in Coos County and Oregon

Coos County has a higher rate than Oregon

Opioid Overdose Hospitalization Rate, 2015-2018



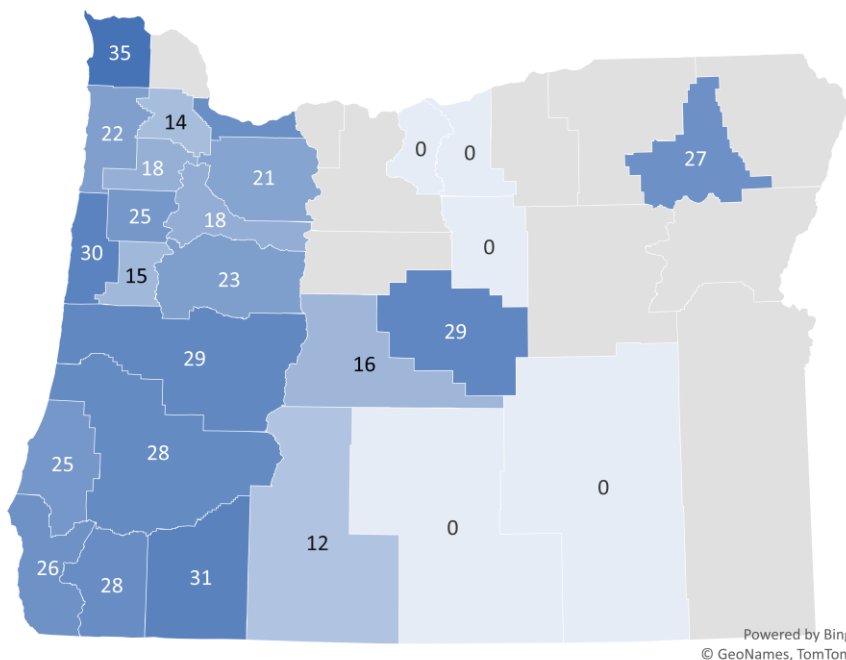
Data shown in Exhibits 18 and 19 are based on the ICD-10 hospital coding system.

Since 2015, when county-level data became available, Coos County has had higher opioid overdose hospitalization rates than the state. Although the rate of opioid overdose hospitalizations per 100,000 in 2018 in Coos County (**24.8**) decreased by 35% from the previous year, it was still higher than the rate in Oregon (21.5).

Exhibit 19 Hospitalization Rate by County

Coos County ranked eleventh among all Oregon counties

Opioid Overdose Hospitalization Rate by County, 2018



Coos County ranked **11th** among Oregon counties for the opioid overdose hospitalization rate.

Stimulant Overdose Deaths per 100,000 Residents

Exhibit 26 Mortality Rate in Coos County and Oregon

The rate in Coos County is usually below the rate in Oregon

Stimulant Overdose Death Rate, 2009-2019

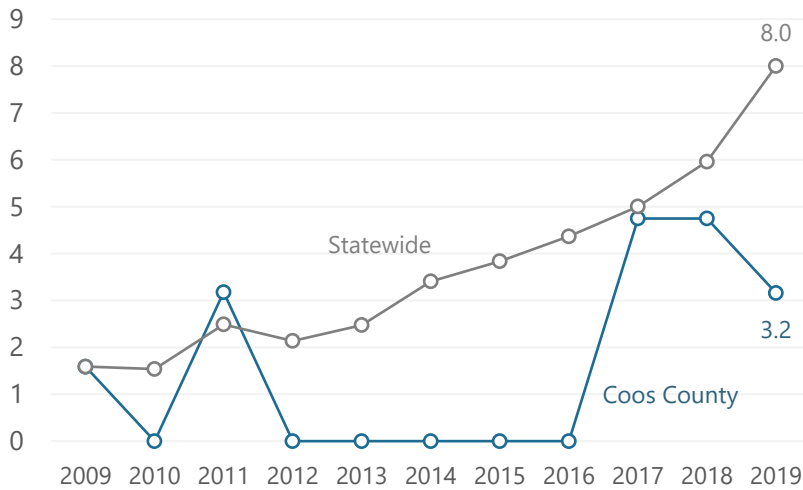
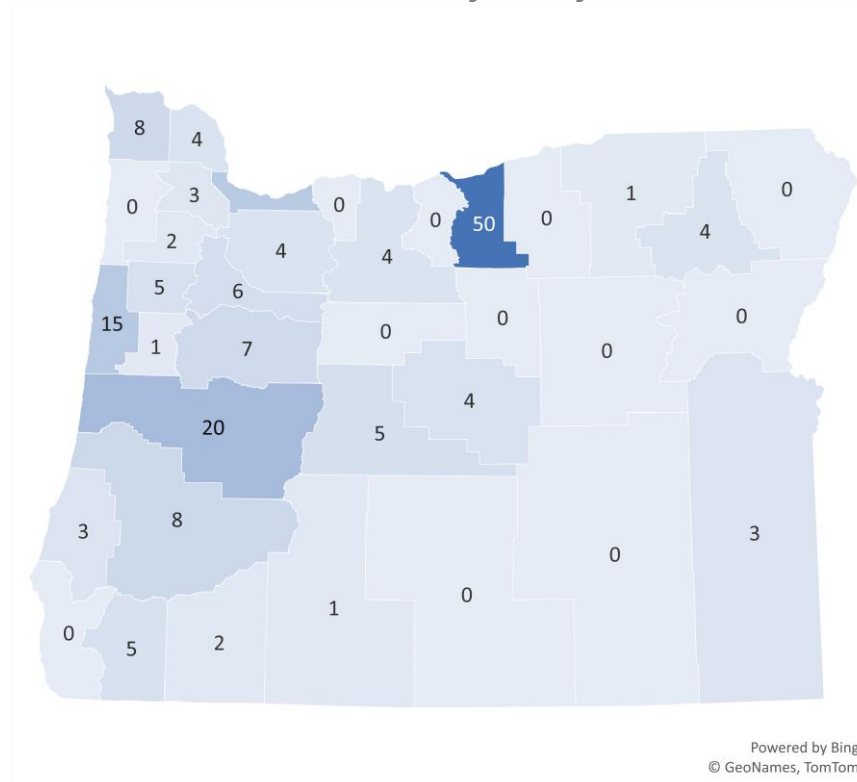


Exhibit 27 Mortality Rate by County

Coos County ranks seventeenth among all Oregon counties

Stimulant Overdose Death Rate by County, 2019



Stimulants include methamphetamine and other pharmaceutical and illicit stimulants.

Stimulant overdose deaths have been increasing in Oregon. Between 2009 and 2019 in Coos County, the stimulant overdose mortality rate was lower than in Oregon in every year except 2011. In 2019, the stimulant overdose mortality rate was **3.2** per 100,000 population compared to 8.0 in Oregon.

In 2019, Coos County ranked **17th** among Oregon counties for the number of stimulant overdose deaths per 100,000 population.

KEY FINDINGS FROM LOCAL PRESENTATIONS AND REPORTS

Leaders and key partners involved in substance use disorder and overdose prevention services in Coos County shared information to highlight successes, challenges, and gaps. Below is a list of the reports shared, summaries, and links to access.

Coos County Community Health Improvement Plan Progress Report

- Full report can be found here: <https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/Advanced%20Health%20Coos%20CHP%20Progress%20Report%202021.pdf>
- The Coos County Community Health Improvement Plan (CHIP) is a community level plan with broad strategies to address significant health issues in Coos County to improve the health of individuals, families, and the community.
- The high-level, broad priority areas of the CHIP are:
 1. Individuals and Families
 2. Health Equity
 3. Access and Capacity, and
 4. Community Outreach and Engagement
- Specific areas of focus are:
 1. Adversity, Trauma, and Toxic Stress
 2. Prevention
 3. Housing and Homelessness
 4. Food and Nutrition
 5. Transportation
 6. Economic Stability
 7. Access and Integration of Services
 8. Behavioral Health and Addictions
 9. Coordination, Collaboration, and Communication

Local Alcohol and Drug Planning Committee Progress and Next Steps, July 2020

- Full report can be found in [Appendix B: LADCP Progress and Next Steps](#)
- Topics include:
 - COVID-19
 - Theory of change, mission, vision, and guiding principles
 - Survey results
 - Next steps

Oregon's Areas of Unmet Health Care Need Report, August 2021

- Full report can be found here: <https://www.ohsu.edu/sites/default/files/2021-09/2021%20Areas%20of%20Unmet%20Health%20Care%20Needs%20Report%202.pdf>
- Summary
 - The Oregon Office of Rural Health first developed the Areas of Unmet Health Care Need Report (AUHCN) in 1998 in response to a mandate from the Oregon Legislature to measure medical underservice in rural areas.
 - The report includes nine variables that measure access to and utilization of primary physical, mental, and oral health care.
 - This report can be used by state partners to prioritize financial and technical assistance, and by health care stakeholders to advocate for unmet needs in their community.
 - Report highlights include:
 - The average travel time in Oregon to the nearest Patient Centered Primary Care Home (PCPCH) is 13.1 minutes.
 - All 10 primary care service areas that have zero primary care provider FTE are rural or frontier.
 - Oregon has 0.5 dentist patient care FTE per 1,000 people. The average in rural and frontier areas is 0.33 FTE.
 - There are 1.25 mental health care provider FTE per 1,000 people in Oregon. The average in rural and frontier is less than half of that at 0.57 FTE.
 - For 2015-2019, the percentage of the population that is above the Medicaid cut-off of 138% Federal Poverty Level (FPL) but still below 200% of the FPL (and therefore unlikely able to afford health insurance unless provided by an employer) is 11% in Oregon.
 - Oregon's five-year (2015-2019) average inadequate prenatal care rate is 60.1 per 1,000 births per year.
 - Oregon's three-year (2018-2020) average preventable hospitalization/ACSC rate is 6.6 per 1,000 people per year. Rural and frontier service areas average 8.2 per 1,000.
 - Oregon has a three-year (2018-2020) average non-traumatic dental emergency department (ED) visit rate of 3.6 per 1,000 people per year. The rate in rural Oregon is 4.7 per 1,000.
 - Oregon has a three-year (2018-2020) average mental health/substance use ED visit rate of 18.0 per 1,000 people per year. This is the only variable where rural and frontier (16.7), on average, do better than urban areas (18.8).
 - Oregon has an average Unmet Need Score of 49.4 out of 90.

Oregon Coast Community Action 2017 Community Assessment

- Full report can be found in **Appendix C: Oregon Coast Community Action 2017 Assessment**
- Since 1965, ORCCA has worked to provide services and resources to help empower individuals and families facing poverty.
- The purpose of the report is to:
 - Meet Federal and other funding requirements
 - Make decisions related to program planning
 - Educate Staff and other stakeholders
 - Address changing priorities and policies in our communities
 - Respond to trends and community changes
 - Mobilize Community Resources and Maximize Community Partnerships
 - Develop new programming and apply for additional funding
- Topics covered in this report include:
 - Causes and conditions of poverty
 - Community needs
 - Recommendations

Coos County Community Health Assessment 2018

- Full report can be found here: https://cooshealthandwellness.org/wp-content/uploads/2019/01/FinalDraft_2018CHA.pdf
- The purpose of the Coos County Community Health Assessment (CHA) is to provide a view into the health of the community.
- Data used in the Community Health Assessment included primary and secondary data, qualitative and quantitative data.
- The number one strength identified in the primary data collection was appreciation for the physical environment and natural beauty of the county. This was followed by (1) recognition of the people that live in the county; (2) how people support one another through volunteerism; and (3) how people value community.

2021 Alcohol Tobacco and Other Drug Use in Coos County

- The Alcohol, Tobacco, and Other Drug Use Survey is an annual survey distributed in Coos County.
- Comagine Health analyzed 2021 survey data shared in Excel.
- Full report available in **Appendix D: Alcohol, Tobacco, and Other Drug Use, 2021**

Current SUD Initiatives in Coos and Curry Counties (May 2022)

- Full presentation can be found in **Appendix E: Current SUD Initiatives in Coos and Curry Counties**
- Topics include:
 - History
 - Behavioral Health Inequities Planning
 - Workforce investment
 - Measure 110
 - Sobering centers
 - SUD Strategic Planning Initiative
 - Opportunities for expansion
 - Recommendations

Coos County Local Alcohol and Drug Planning Committee – Opportunities for Action

- Full report can be found in **Appendix F: Coos County Local Alcohol and Drug Planning Committee- Opportunities for Action**
- In late 2018, the Coos County Local Alcohol and Drug Planning Committee (LADPC) began a collective strategic thinking process to re-organize after integrating with the Opiate Work Group for Coos County to:
 - Update LADPC organizational and communication documents
 - Agree on county level priority areas and targets for the biennium
 - Identify and agree on roles and action steps in order to reach the shared vision identified in the strategic thinking process
- Themes included:
 - Public awareness and education
 - Public support from elected officials
 - Vision
 - Trust
 - Blame
 - Leadership expansion
 - Relationship building
 - Recovery supports
 - Relationship building
 - Supporting organizational capacity
 - Education
 - Geographic equity

- Shared agenda
- Internal communications
- External communications
- Data

Coos County-Level Data Summary

- Full report can be found in **Appendix G: Coos County-Level Data Summary**
- Synergy Health Consulting summarized other data shared. These data included:
 - The number of drug and alcohol related charges in Q1 of 2022
 - The number of children enrolled in Head Start and Early Head Start
 - The number of unhoused youth by school district
 - The number of unhoused youth by living situation and district
 - Visits to the Coos Drop-in Center
 - Child welfare and neglect reporting
 - Oregon Office of Rural Health Unmet Need Scores

Devereux Center Service Data

- More information can be found at <https://www.thedevereuxcenter.org/our-mission/>
- Mission: At the Devereux Center, we believe in helping people to dream again. Our day center helps the mentally ill and homeless to meet their basic needs, so they can find the hope and dignity to break the cycle of homelessness and depression.
- Vision: 1) Developing sufficient revenue sources and a sustainable professional operation that will keep our day center open at least five days a week; 2) Strengthening and improving relationships with appropriate community services, local government, public safety partners and our neighbors; 3) Creating sustainable housing appropriate for and affordable to people with mental illness; 4) Implementing needed services for people with mental health issues such as mentoring and advocacy.
- Service Data
 - Serving 1200 unique clients per year, 4 days per week
 - Average of 40 breakfasts and 70 lunches served daily
 - Providing access to daily average of 25 showers and 6 loads of laundry
 - We have client volunteers that contribute more than 700 volunteer hours a month
- Client Demographic Data
 - 42% of clients have lived in Coos County longer than 10 years
 - 40% of clients are women
 - 42% of clients are over the age of 50
 - 17% or more of clients sleep in a vehicle
 - 4% of clients are under the age of 18
 - 10% of clients are veterans
 - 7% of clients have a job
 - 28% of clients have some level of cash income

KEY PARTNER INTERVIEWS

In May 2022, Synergy Health Consulting conducted 26 30-60-minute interviews with community partners in Coos County. Community partners were from:

- county government
- education
- law enforcement
- medical and behavioral health
- social service agencies for addiction, treatment, recovery, or harm reduction
- social service agencies for youth

Interviews were audio recorded and transcribed. Notes and transcriptions were analyzed thematically using NVIVO qualitative software. Findings are organized around the following guiding questions:

- What are the current issues related to substance use in the county?
- What resources and services are currently available to address substance use in the county?
- What are the challenges to accessing substance use resources or services in the county?
- What additional substance use resources or services are needed?

Current issues

The most mentioned issues in the county were related to substances used (and subsequent overdoses) and mental health concerns.

Community partners reported that methamphetamine, opioids, fentanyl, marijuana, and alcohol were the most frequently used substances. Participants also noted youth vaping was an area of concern.

Related to overdoses, one community partner spoke about dispensing naloxone more frequently in the past two years and that they “can’t keep enough Narcan on our shelves to respond effectively all the time.” Another community partner said that, based on data from the Overdose Detection Mapping Application Program (ODMAP), the county averages one overdose every 2.5 days. Other community partners emphasized that opioid overdoses “are glaring in our face” and that “people are dying all of the time because of overdoses.” Mental health concerns were focused on comorbidity of substance use and mental health disorders.

Some community partners also indicated they had either heard about or knew of children under the age of 11 using or being exposed to substances. This early age of first use or exposure to substances in the case of infants and young children was described as intergenerational or cultural (e.g., parents glorifying drug or alcohol use, a learned lifestyle, using chewing tobacco as a sign of manhood).

Resources and Services

SUD services in Coos County included medical and behavioral health, treatment and recovery, case management, harm reduction, and training. Many service providers also provided referrals to other organizations.

Specific SUD services in Coos County include outpatient treatment, peer support services, naloxone education and distribution, and telehealth. Other forms of support (that may or may not be connected directly to treatment) are workforce development, housing, meeting basic needs, and youth programs. Care coordination across service providers was generally described as easy and not duplicative.

Challenges to Accessing Resources or Services

Challenges to accessing resources or services were at multiple levels including community, service provider, and individual—each of which might overlap.

Community challenges include insufficient housing, transportation, stigma, intergenerational substance use, low supplies of naloxone, youth access to substances, and a culture of self-sufficiency. At the **service** level, community partners spoke about needing to provide services immediately when a person is ready and motivated to seek treatment. One community partner said, “When people are ready to make the change, the community service needs to be ready to make the change with them at that time.” Community partners also mentioned a need for more behavioral health services for adults and youth. Related to the importance of access during the motivational window, one community partner said:

“When a person, or family, decides they would like to seek care for mental health, that opportunity is so slim. They would be on a wait list forever trying to get in. [They] get to the place where they want to reach out for mental health care, but we have very few places and professionals where they can access that.” (Youth Services)

Other barriers to services include philosophical divides about whether treatment needs to be abstinence-based or not, the lack of a detox center or inpatient treatment in the county, waitlists and limited treatment beds, and service providers with limited hours or staffing. At the **individual** level, people who need support for SUD could be in survival mode and not have the capacity to seek treatment, might have an aversion to technology to reach telehealth providers, and might not have a phone or internet access. As one community partner noted, “When [you’re] stuck in survival mode, you’re worried about where you are going to put your tent.”

Additional Resources or Services Needed

The most frequently mentioned needs were a detoxification center, a sobering center, more and expanded treatment options (inpatient, outpatient, residential, and telehealth), quicker access to care for people with substance use disorder, and more naloxone.

Other needs were housing (e.g., supportive, affordable, transitional, and sober); workforce development; more staff (across all types of service providers and law enforcement); peer support services; more services for families, parents with SUD, and youth; more services for veterans; more harm reduction; more wraparound services; and more community education around substance use—particularly for parents and youth.

Several community partners emphasized the importance of peer support services for specific groups: veterans, parents, youth, and people who were formerly incarcerated.

Suggestions for targeted peer support services included:

- **Veteran** peers who understand military culture and know how military experiences differ by generation (e.g., Vietnam veterans, Gulf War veterans).
- **Parent** peer support services centered around a parenting curriculum that is specific to SUD and that also includes a component where children learn with other children.
- **Parent Cafes** at schools where people talk and hear each other on topics that matter to them, such as the challenges and victories of raising a family, navigating landscapes of inequality, enhancing well-being, or being involved in the recovery process of someone they love.³
- **Youth** peer support and SUD prevention services in schools about how to be prosocial, participate in healthy activities, and increase mental health awareness.
- Peer support services for people who were **formerly incarcerated**.

³ <https://www.beststrongfamilies.org/cafes-overview>

APPENDIX A: KEY PARTNER INTERVIEW QUESTIONS

INTERVIEW INTRODUCTION LANGUAGE

Thank you for participating in this interview to understand your experiences and assess substance use disorder care coordination and service needs. This survey is anonymous, and your answers will be kept confidential. Responses to these questions will inform a Coos County strategic plan to enhance substance use treatment care coordination. This needs assessment is being conducted by Synergy Health Consulting and Comagine Health as part of the OHA funded Strategic Planning Initiative project.

KEY INFORMANT INTERVIEW QUESTIONS

What is your role in your organization?

Current issues

Drug-related

1. Which substances (drugs and/or alcohol) are most frequently used by patients/clients you serve?
2. Have you noticed changes in the drugs of choice used by your patients/clients?
3. At what age do you observe people beginning to use alcohol and/or drugs? Are you aware of how people are introduced to alcohol and/or drugs the first time they use?

General

4. Are your clients able to access services to meet their basic needs (ex. food, shelter, education, employment)?

Resources available

What are people aware of?

5. Are you able to access MAT/harm reduction services for your clients?
6. What SUD prevention services/communication campaigns are you aware of in the community?
7. What education is your organization providing to patients about naloxone and safer drug use?

What do their specific organizations and agencies offer?

8. What services do you provide through your organization?

What does collaboration currently look like?

9. What organizations do you coordinate care with most frequently?
10. Where are people seeking SUD related services referred to when an organization is at capacity (ex. treatment, detox, wraparound services)?

Challenges

What are the biggest barriers right now?

11. What barriers do your clients face when seeking engagement with SUD related services?
 - (ex.) Can the individual get to the pharmacy to pick up medication? Are the pathways to services too challenging for the client to navigate?

Solutions

What do people suggest the community invest in?

12. Do you have the staffing that you need? If not, what roles are needed?
 - What data would be helpful for you in your role? (ex. OHP service use data, public health surveillance data, treatment organization waitlist data)
13. Do you have data from your organization related to services provided to people with substance use disorder that you are willing to contribute to this needs assessment?
14. What additional training would support you in your role (ex. neurobiology of addiction, effects of trauma & stigma, harm reduction, etc.)?
15. What changes to services or new services would you like to see in Coos County? And why?

APPENDIX B: LADCP PROGRESS AND NEXT STEPS

See next page.

LADPC Progress and Next Steps

July 2020

Theory of Change, Mission, Vision, and Guiding Principles

Written Spring 2019

Vision

Coos County will be a healthy, safe environment where everyone will have access to resources that promote well-being and happiness.

Covid-19

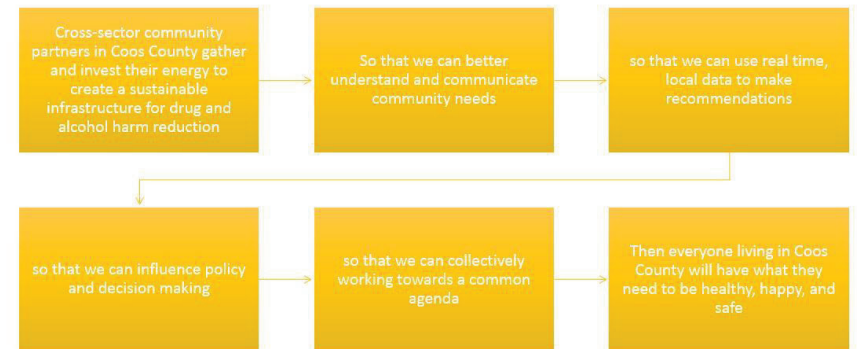
Delayed strategic work

Virtual meetings- communication confusion at times

LADPC became less of a priority for many who were responding to the crisis

People with SUD particularly vulnerable at this time

AND...Coos County Commissioners signed our resolution!



Mission

To build a platform for reducing the negative effects of alcohol, tobacco, and other drugs.

Guiding Principles

- Resilience overcomes trauma
- Each community in Coos County has unique strengths and needs
- All people deserve help, even the most complex and those furthest from opportunity
- Relationships where people feel safe and have a voice are foundational to change

Survey Results

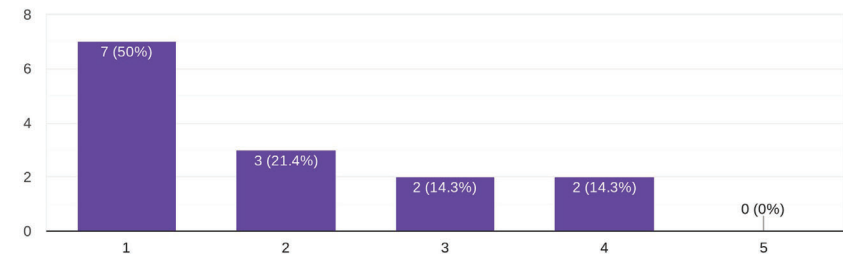
Completed by 14 participants, some of them committee members and some external stakeholders less familiar with LADPC internal work

LADPC Focus Areas

- Public perception of substance use disorder and recovery
- Culture
- Right people on board and organizational capacity to partner
- Communication and good record to share

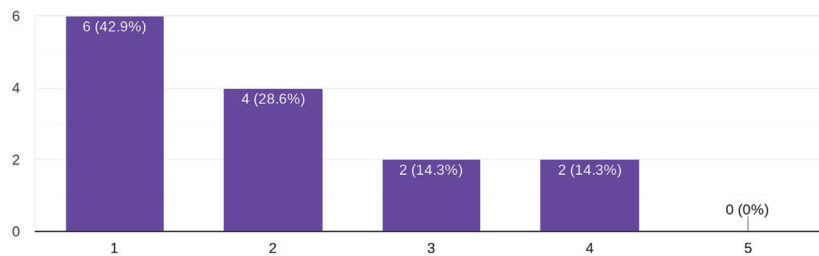
LADPC has developed a shared vision, mission, and guiding principles

14 responses



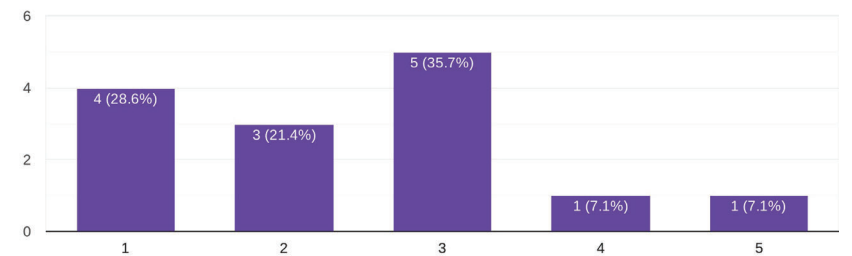
LADPC has garnered support from elected officials

14 responses



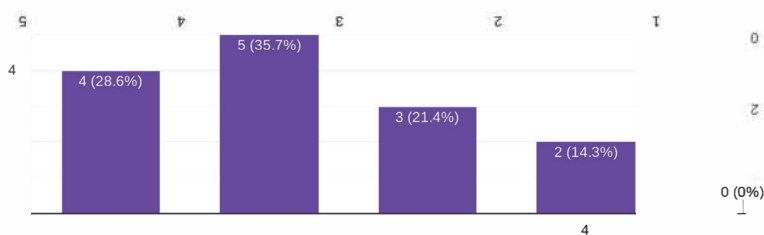
LADPC has raised public awareness about substance use disorder risks and available resources

14 responses



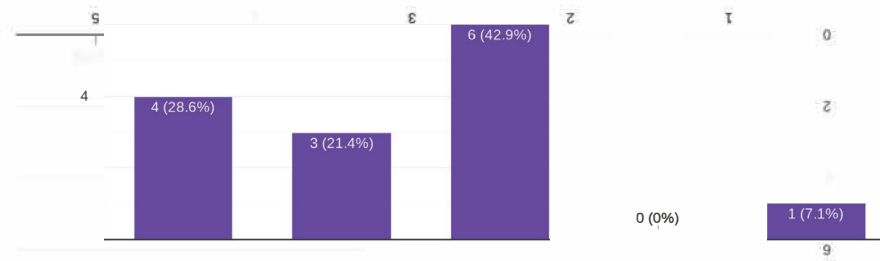
LADPC has built community trust in their efforts

14 responses



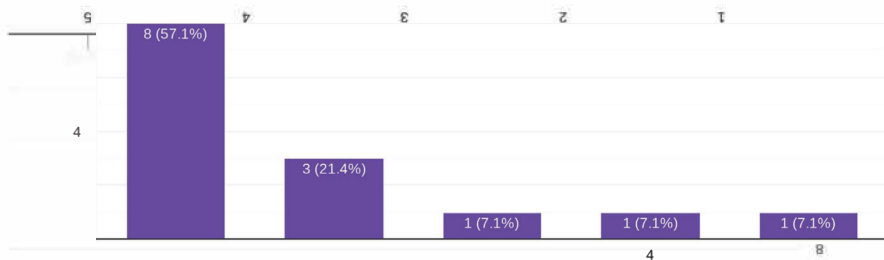
LADPC has reduced situations of blame regarding the impacts of substance misuse

14 responses



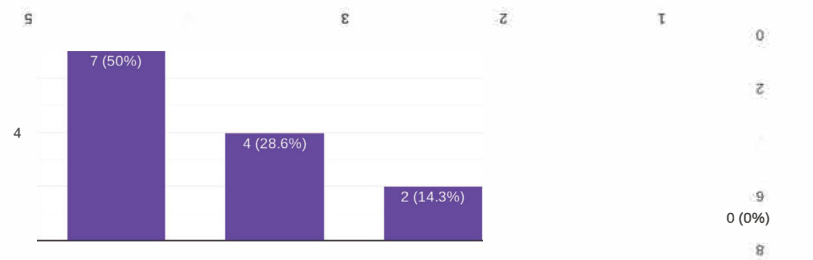
LADPC has expanded leadership from "experts" to "everyone who cares"

14 responses



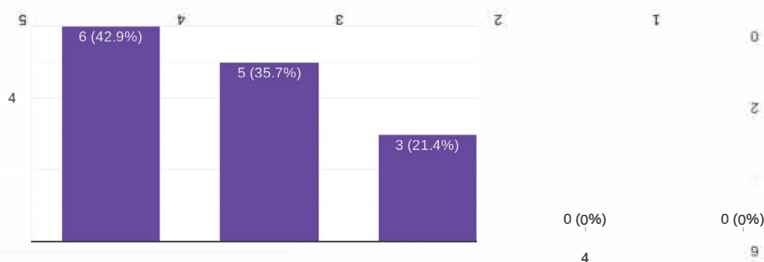
LADPC efforts have built relationships with community members and people with lived experience

14 responses



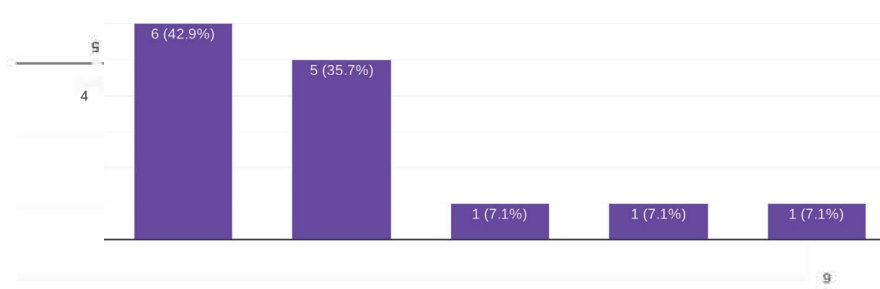
LADPC has promoted that recovery is lifelong and non-linear, requiring an ongoing continuum of care

14 responses



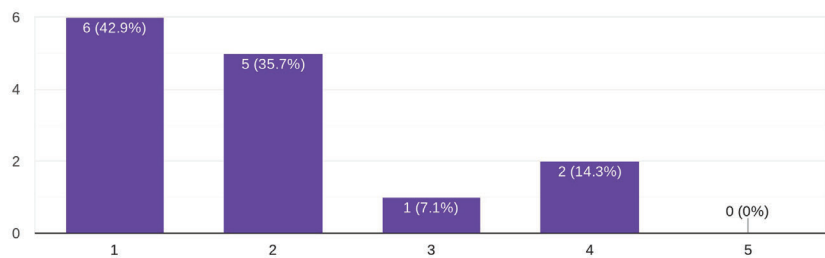
LADPC has increased cross-sector relationships

14 responses



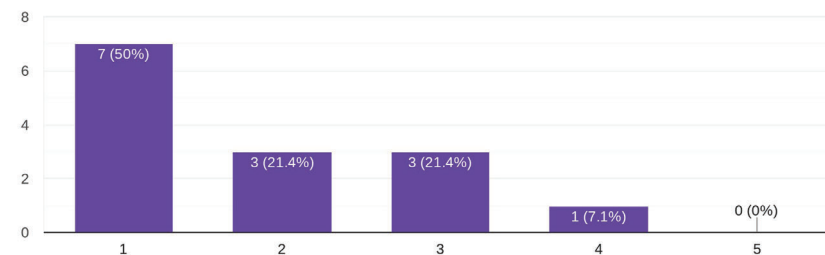
LADPC has increased their capacity as a committee by utilizing common frameworks and staying true to the committee mission, vision, and guiding principles

14 responses



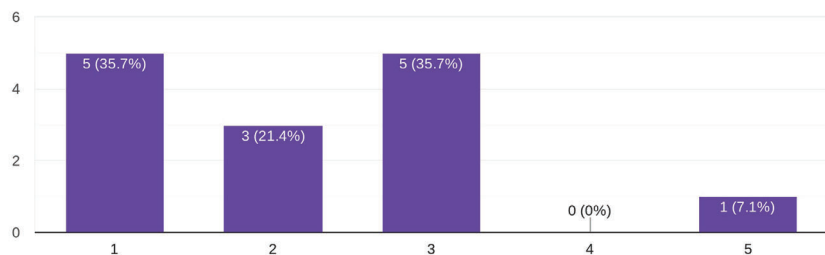
LADPC has created opportunities for shared learning

14 responses



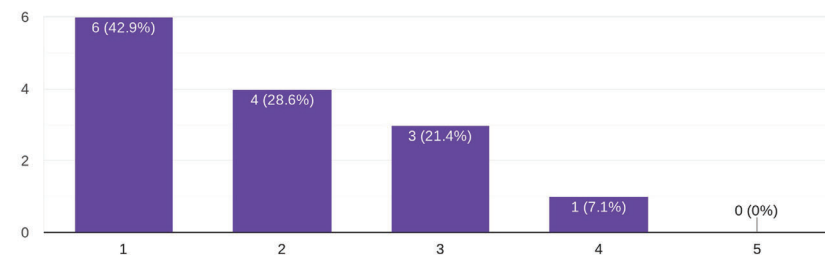
LADPC has prioritized geographic equity by expanding to reflect the whole county

14 responses



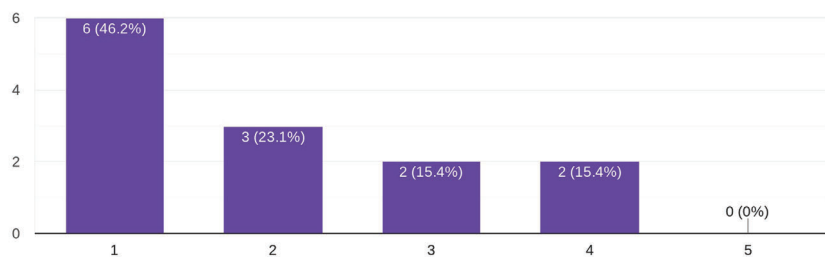
LADPC has an agenda that reflects the interests and needs of all stakeholders

14 responses



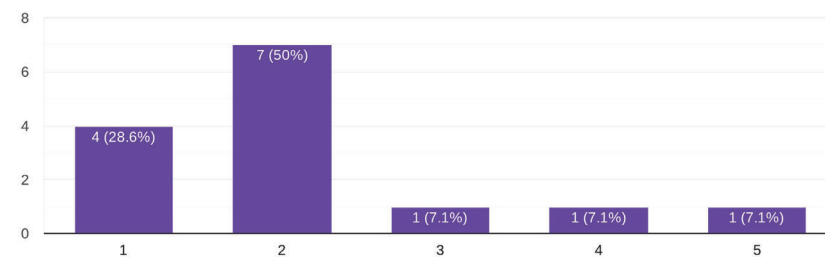
LADPC has developed strong internal communication among committee members

13 responses



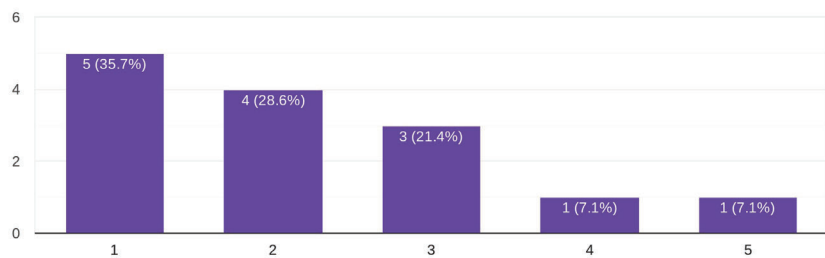
LADPC has good communication outside of the committee with the public and stakeholders

14 responses



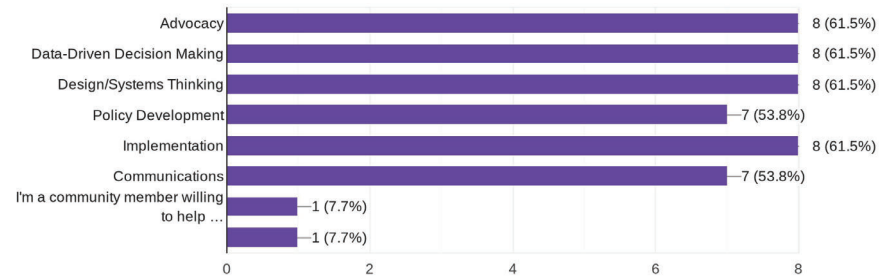
LADPC uses data in planning and communicates about community patterns and needs that emerge from data analysis

14 responses



What skills can you contribute to LADPC efforts? Check all that apply.

13 responses



Themes and insights

There is still infrastructure to build, and this is hard to do with a 15 person committee.

Getting complex work done virtually poses a challenge and requires really solid, clear infrastructure to be successful- roles, committed attendance, clear goals.

We have the necessary skills at the table, we just need to adjust the approach.

Communication, governance, and data remain priority areas.

It is really hard to move work forward when different people are joining in at different times.

Basecamp is working really well.

Next Steps

Adopt new meeting processes

Form governance and communications work groups, maintain data work group

All LADPC members join a work group and commit to regular attendance

Data and Governance committee meetings every month

LADPC quarterly

Work groups communicate via Basecamp between meetings

Recruit two new LADPC members

APPENDIX C: OREGON COAST COMMUNITY ACTION 2017 COMMUNITY ASSESSMENT

See next page.



2017 Community Assessment

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Executive Summary

Oregon Coast Community Action (ORCCA) is pleased to present our 2017 Community Needs Assessment. Since 1965, ORCCA has worked to provide services and resources to help empower individuals and families facing poverty. By assessing and understanding regional needs, we can ensure that our programming aligns with both our mission and the needs of the communities we serve.

Causes and Conditions of Poverty

This assessment reflects the multilayered causes and conditions of poverty that occur throughout our service area. The housing crisis affecting our area is a key barrier in individual and family financial stability. Availability and the high cost of housing were both noted as top concerns in surveys. Surveys also highlighted the lack of good paying jobs, high cost of childcare, lack of transportation, and healthcare provider shortages as concerns impacting poverty.

Poverty rates across our service area have remained higher than state and national percentages. Families, especially those with young children, are most impacted, with more than 1 in 5 children in our area experiencing poverty, and the poverty rate for our youngest children at just under 30%. The majority of children in our area are eligible for free/reduced lunch and among children under the age of 18, approximately 28% experience food insecurity.

Although 90% of the population in our service area reports their race as White, data reflects increasing diversity throughout the region, especially among families and younger residents. Data reflects that people of color and those who do not speak English in our region face disparities similar to the rest of the state, compounding challenges related to poverty for this population.

Community Needs

Ongoing concerns with economic conditions and lack of related services and supports contribute to significant challenges in addressing poverty throughout our service area. Survey responses indicate a significant need for increased focus around housing. The high cost of rent payments combined with a lack of available, quality housing leaves many without options.

There is also a need for living wage jobs as well as education and training to ensure individuals can take advantage of available employment opportunities. Availability and affordability of childcare need to improve if we are to provide opportunities for families to work and improve their own financial stability. Our rural, broad geographic area, combined with a lack of affordable transportation options is particularly challenging for those seeking assistance. Reliable, accessible transportation is not only a key for obtaining employment, but also for accessing social services, healthcare and other limited, centralized services. Additional

employment supports, including addressing transportation barriers are also needed to assist individuals to increase their economic mobility.

ORCCA 2017 Community Surveys provided additional information related to community needs. Respondents indicated a need for more healthcare resources, citing a lack of providers who are taking new patients and medical provider turnover. Additional resources for mental health supports and substance abuse treatment were reflected in concerns around drug activity and criminal behaviors. Finally, information collected reflects a need to focus on increasing food security and access to healthy food in the communities we serve.

Recommendations

The information from this Community Assessment demonstrates the continued opportunities ORCCA has to enhance programming to positively impact our communities. The agency should continue to offer its current high quality programming with a focus on key areas of impact, including efforts in increasing housing infrastructure, stability and supports, individualized case management, and comprehensive services that support individuals in meeting their basic needs, as well as access to education, employment and long-term economic mobility. The agency should continue its “grow your own” philosophy with internal and collaborative efforts to provide living wages and employment opportunities for career development and growth.

ORCCA should continue to provide assistance and partnerships that assist low-income individuals and families to meet their basic needs, including access to healthy food. With an extensive service area and transportation barriers, collaborative efforts will continue to be key in providing services and enhancements to have the greatest impact. ORCCA should work to maintain services and collaborative efforts, taking advantage of opportunities for program innovation, expansion and partnerships as they arise. Programming, including Head Start, Early Head Start and Great Afternoons provide high quality preschool services and family supports that are key in interrupting the cycle of intergenerational poverty. A careful consideration for cultural and linguistic responsiveness to vulnerable populations is increasingly important as the population we serve grows increasingly diverse. The agency should take advantage of opportunities for program expansion, including the expansion of Early Head Start, and the duration of program services, as well as provide support to innovative programming that provide comprehensive supports for families and children.

ORCCA should continue to work to coordinate service delivery internally and with community partners to more seamlessly serve low-income individuals and families. Ongoing feedback from partners and stakeholders should be utilized to focus resources and collaborative project development, with a priority on services that address the needs indicated in this assessment. Lack of living wages, combined with the high cost of housing in our area results in many extremely low-income individuals and families spending more than 50% of the income on housing costs. The local housing crisis needs to be a continued focus for ORCCA, with partnerships that support infrastructure development and local advocacy to increase

awareness, expand partnerships, and coordinate resources. ORCCA programs should also continue to actively seek resources to provide individualized support, skill building, and education and training to help clients in poverty access housing resources and opportunities.

ORCCA can continue to be a foundational support to our local schools. Empowering parents, those experiencing the stressors of poverty, to be strong advocates for their children can begin early with the support of ORCCA's child and family services programs and partners, including South Coast Head Start, Great Afternoons and the South Coast Regional Early Learning Hub. ORCCA can also support education partners by providing ongoing training and information related to the effects of poverty, which will help increase understanding, connections and partnerships.

Purpose

The Community Assessment is the collection and analysis of information on the needs and characteristics of clients and potential clients in our service area. It identifies program and community resources available to meet needs and specifies where there are gaps. The report also identifies issues and trends in the service area having the greatest impact on clients, including families and children. Within ORCCA, the report is used to:

1. Meet Federal and other funding requirements
2. Make decisions related to program planning
3. Educate Staff and other Stakeholders
4. Address changing priorities and policies in our communities
5. Respond to trends and community changes
6. Mobilize Community Resources and Maximize Community Partnerships
7. Develop new programming and apply for additional funding

Methodology

This assessment was created through the collection and analysis of quantitative and qualitative data, in the form of feedback from our clients, employees, and community partners.

Community Assessment Surveys were distributed from January 5th through January 18th, 2017 to clients, partners, community members, ORCCA staff and Board members utilizing paper and electronic strategies. Paper copies of surveys were available to be completed with or without staff assistance. Surveys were made available in both English and Spanish. A total of 522 surveys were returned, with a varying number of responses to each survey question. Data was also disaggregated to examine the perceptions of the 198 current and past ORCCA clients that responded to the survey.

Data sources are cited throughout the report and Appendices include full survey data and additional resources. Data, feedback and recommendations were reviewed and analyzed at

various meetings between January and March 2017. Reviewers included ORCCA Leadership Teams, South Coast Head Start Policy Council, and the ORCCA Board of Directors. A draft assessment report was then sent to leadership and community partners for final review and input. The results of the Community Survey reported can only be considered the opinions of the survey participants and should not be generalized to represent our entire client population. This report is intended for informational purposes only.

ORCCA Programs & Services

Oregon Coast Community Action (ORCCA), is a private non-profit organization-501(c)(3) created in 1965 as the Community Action Committee, Inc. to serve the Southern Oregon Coast. The current name was adopted in 2006. ORCCA provides cost effective joint administration, leadership, and support for children's programs and emergency services on the Southern Oregon Coast. Community Action Agencies were created in 1964 by the Economic Opportunity Act as part of the War on Poverty. The War on Poverty was declared by President Johnson to eradicate poverty from our society. More than 50 years later, over 1,000 Community Action Agencies are still fighting the war.

Since 1965, our Community Action Program has adapted to the needs of our community. The main ORCCA campus is located at 1855 Thomas Avenue in Coos Bay, Oregon with satellite offices and program services located throughout the service area.

Service Area

ORCCA aims to serve communities throughout Coos, Curry and Western Douglas Counties, implementing services and strategies which break barriers related to poverty. In 2015, ORCCA also began serving as the backbone organization for the South Coast Regional Early Learning Hub, serving Coos, Curry and Western Douglas Counties.

Mission

Positive change for thriving communities.

Vision

Oregon Coast Community Action provides services and resources; helping people in need, fostering self-sufficiency, and empowering individuals and families.

Core Values

- Treat everyone with dignity and respect;
- Have dedicated employees who are committed, caring, and compassionate;
- Empower communities through collaborative partnerships;
- Offer hope and celebrate success.

ORCCA: What We Do

CASA of Coos County

Court Appointed Special Advocates (CASA) of Coos County was established in 1993. Our mission is to recruit, train, and supervise volunteers to advocate for the best interests of abused and neglected children in foster care. CASA advocates are appointed by a juvenile court judge to speak up in court for the children and monitor their cases until they are placed in safe, permanent homes.

South Coast Head Start & Early Head Start (SCHS)

SCHS is a comprehensive early childhood program that serves children ages 0-5 and pregnant women of income eligible families throughout the Southern Oregon Coast. The program is funded by both state and federal grants. All services are provided at no cost to the families. Head Start provides activities for children that help them grow mentally, socially, emotionally, and physically. The program supports parents as the first and most important teacher of their children.

South Coast Regional Early Learning Hub (SCREL)

ORCCA serves as the backbone agency for the South Coast Regional Early Learning Hub. The purpose of the SCREL Hub is to develop a system that provides positive outcomes for children ages 0-8 and their families in our region. SCREL focus areas include system integration and development across all sectors of our communities with assessment of strengths, gaps, overlaps and outcomes that focus our development of a comprehensive menu of choices for families.

Great Afternoons

Great Afternoons is the only sliding-scale daycare service in the Reedsport area. Great Afternoons enables many parents to better support their families, seek higher education or other methods that can improve their lives, and the lives of their children.

Energy and Weatherization

The Energy Assistance and Weatherization program provides assistance to the citizens of Coos and Curry counties. Eligible residents can receive financial support to offset residential energy costs. Findings confirm that there have been dramatic increases in home energy costs that impose a burden on fixed and low-income households. The Weatherization program provides free services to income eligible residents in Coos and Curry counties. Approximately 15-30 homes are serviced each year. Energy audits are conducted to identify and prioritize cost-

effective weatherization measures. Weatherization measures may include: ceiling, wall and floor insulation; energy related minor home repairs; infiltration reduction; heating duct improvements; and energy conservation education.

Client Services and Housing

The Charity, Peace and Justice Fund is composed of private contributions indented to assist individuals and families with needs not otherwise met through other social service programs. Types of assistance include: work related needs such as required footwear or clothing and tools; transportation assistance; education; prescription assistance. Each year the program assists over 400 people with this fund.

ORCCA operates multiple housing assistance programs aimed at supporting housing stabilization for individuals and families. Last year over 300 people obtained housing services through ORCCA. Housing programs are designed to help low-income individuals, veterans and families maintain or transition into permanent housing. Services include but are not limited to; deposit, short and long-term rent assistance, housing crisis program and supportive services for veterans. ORCCA is a Fair Housing Provider

South Coast Food Share (SCFS)

As a program of ORCCA, South Coast Food Share (SCFS) has been focused on providing hunger relief and serving as the Regional Food Bank of Coos and Curry Counties since 1965. South Coast Food Share helps to provide an average of 1.8 million pounds of shelf stable, refrigerated and frozen food throughout its network of 31 Partner Agencies and Programs. Agencies are then able to provide our hungry community members product diverse Emergency Food boxes, hot & cold meals, snacks and more. SCFS also oversees the Snack Pack program which provides 536 youth weekend nutrition during the school year. SCFS is also a member of the Oregon Food bank Network, a statewide network of 21 Regional Food Banks and approximately 970 private non-profit partner agencies that provide food to people experiencing hunger throughout Oregon and Clark County, Washington. Through Network collaboration we are able to leverage our collective resources, equitably distribute food and enhance our capacity to serve food insecure people throughout our service area.

Area Demographics

Service area (most information includes data for Coos and Curry Counties) demographic information is included below along with statistics from the state of Oregon, for comparison purposes.

Population

Population change between 2000-2014 is shown below. During the 14 year period, total population estimates for our area have shown small growth, compared with the state of Oregon. Over this time period, Curry County has shown a small gain in population, while Coos County has remained stable.

	TOTAL POPULATION, 2000 CENSUSⁱ	TOTAL POPULATION, 2010-2014ⁱⁱ	TOTAL CHANGE IN POPULATION	% CHANGE IN POPULATION
SERVICE AREA	83,915	85,019	1,104	+1.3%
COOS COUNTY	62,778	62,678	-100	-.1%
CURRY COUNTY	21,137	22,341	1,204	+5.7%
OREGON	3,421,398	3,900,343	478,945	+14.0%

Age & Gender

According to the data below, the largest percentage of the population is the combined age grouping of 18-64 year-olds, which is comparatively smaller than the state percentage. Both Coos & Curry Counties have a large population of individuals 65 and older, with Curry County holding a population of almost 30% in this age group.

POPULATION BY AGEⁱⁱⁱ	0-4	5-17	18-64	65+
SERVICE AREA	4,089 (4.8%)	11,106 (13.1%)	48,982 (57.6%)	20,842 (24.5%)
COOS COUNTY	3,080 (5.2%)	8,615 (13.7%)	36,742 (58.6%)	14,241 (22.7%)
CURRY COUNTY	1,009 (4.5%)	2,491 (11.2%)	12,140 (54.6%)	6,601 (29.7%)
OREGON	231,807 (5.9%)	628,282 (16.1%)	2,457,981 (63.0%)	582,273 (14.9%)

POPULATION BY GENDER^{iv}	MALE	PERCENT MALE	FEMALE	PERCENT FEMALE
SERVICE AREA	41,565	48.9%	43,454	51.1%
COOS COUNTY	30,785	49.1%	31,893	50.9%
CURRY COUNTY	10,780	48.3%	11,561	51.7%
OREGON	1,929,053	49.5%	1,971,290	50.5%

Race & Ethnicity

Population by race & ethnicity data is show below. According to Race & Ethnicity data for the service area, the white population comprised over 90% of the total population. Noted is the increased relative Hispanic/Latino population from 2000-2010. Also noted is the trend of increased racial diversity in our area among younger age groups as demonstrated by median age by race data.

POPULATION BY RACE^v	WHITE	BLACK	ASIAN	NATIVE AMERICAN/ ALASKA NATIVE	NATIVE HAWAIIAN/ PACIFIC ISLANDER	OTHER RACE	MULTIPLE RACES
SERVICE AREA	76,685 (90.2%)	581 (0.7%)	930 (1.1%)	2,360 (2.8%)	85 (0.1%)	1,246 (1.5%)	3,132 (3.7%)
COOS COUNTY	56,070	579	833	1,913	82	899	2,302
CURRY COUNTY	20,615	2	97	447	3	347	830
OREGON	3,317,668	70,700	152,259	47,155	14,513	144,234	153,814

POPULATION BY ETHNICITY^{vi}	HISPANIC / LATINO	PERCENT HISPANIC / LATINO	NON-HISPANIC	PERCENT NON-HISPANIC	POPULATION CHANGE BY NON-HISPANIC ORIGIN (2000-2010)	POPULATION CHANGE BY HISPANIC ORIGIN (2000-2010)
SERVICE AREA	4,931	5.8%	80,088	94.2%	-0.3%	+58.6%
COOS COUNTY	3,586	5.7%	59,092	94.3%	-1.6%	+59.0%
CURRY COUNTY	1,345	6.0%	20,996	94.0%	3.9%	+57.8%
OREGON	473,729	12.2%	3,426,614	87.8%	7.5%	+63.5%

MEDIAN AGE BY RACE^{vii}	WHITE	BLACK	ASIAN	NATIVE AMERICAN/ ALASKA NATIVE	NATIVE HAWAIIAN/ PACIFIC ISLANDER	OTHER RACE	MULTIPLE RACES
COOS COUNTY	50	20.8	30.2	34	47.2	22.9	31.9
CURRY COUNTY	55.1	No data	51.6	42.5	No data	39.6	30.1
OREGON	41.1	31.3	33.5	35.6	27.6	25.8	21.6

Disabilities

Data below reflects a slightly higher population percentage of people with disabilities in our service area compared with the state of Oregon, with the highest percentage of the population with disabilities in the 65 and older age group.

POPULATION WITH ANY DISABILITY BY AGE^{viii}	UNDER AGE 18	AGE 18-64	AGE 65+
SERVICE AREA	5.7%	20.7%	44.4%
COOS COUNTY	5.6%	20.8%	44.9%
CURRY COUNTY	6.0%	10.3%	43.3%
OREGON	4.6%	12.0%	37.7%

Veterans

Data below reflects Veterans demographics for Coos and Curry Counties. The service area holds a higher percentage of Veterans than the average for the state of Oregon other than the age group of 55-64 year-olds.

VETERANS^{ix}	TOTAL	MALE	FEMALE	AGE 18-34	AGE 35-54	AGE 55-64	AGE 65-74	AGE 75+
SERVICE AREA	10,759 (15.5%)	92.8%	7.2%	4.7%	8.6%	14.2%	29.1%	31.8%
COOS COUNTY	7,479 (14.8%)							
CURRY COUNTY	3,280 (17.4%)							
OREGON	313,261 (10.3%)			2.4%	6.0%	19.6%	19.3%	24.5%

Poverty Data

*Poverty Guidelines 2017**

The Department of Health and Human Services annually publishes updates of the poverty guidelines used to establish eligibility for a number of federal programs. Poverty threshold is calculated based on annual family/household income.

2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

For families/households with more than 8 persons add \$4,180 for each additional person.

Poverty Rates & Characteristics

US Census data indicates an overall poverty rate of 17.3%. In our service area, poverty impacts a larger percentage of females than males, and people of color, including Hispanic/Latino populations, according to both US Census data^{xi} and statewide reports from Children First For Oregon^{xii}. Extreme poverty effects 7.4% of the South Coast population, with 6,155 individuals living in households with income below 50% of the Federal Poverty Level.^{xiii}

Although poverty affects all age groups, children are the most impacted by poverty on the South Coast. Updated estimates from Children First for Oregon calculate the childhood poverty rate for Coos County at 30.1% and Curry County at 25.3%, both higher than the state percentage of 21.6%. The estimated number of children living in poverty under age 5 for Coos and Curry Counties is 1,411, almost 29%.^{xiv}

POVERTY RATES, INDIVIDUALS BELOW 100% FPL^{xv}	TOTAL POPULATION	MALES	FEMALES	UNDER AGE 18
SERVICE AREA	17.3%	16.2%	18.3%	21.1%
COOS COUNTY	18%	17.5%	18.5%	22.9%
CURRY COUNTY	15.37%	12.6%	17.9%	15.5%
OREGON	16.7%	15.9%	17.5%	22.1%

Targeted tracts or poverty “hot spots” within our service area were defined by the Oregon Department of Human Services^{xvi}. The report identified the neighborhoods and communities in Barview/Charleston, West Coos Bay, and Myrtle Point/Powers as hotspots in Coos County. The community of Port Orford in Curry County and the community of Reedsport in Western Douglas County were also identified as poverty hotspots within our service area.



Community Strengths & Concerns

Oregon Coast Community Action, through a recent Community Survey, identified multiple community concerns that contribute to poverty^{xvii}. These areas of concern include:

1. Housing
2. Employment/Income
3. Education
4. Health/Nutrition
5. Transportation

Community needs and barriers related to economic mobility were identified through the surveys. No area of concern exists in a vacuum, as the nature of poverty is such that each area affects the others.

In ORCCA's survey, 437 individuals answered the question "What do you see as the three most significant strengths of the community/area where you live?" For the entire ORCCA service area, the top three noted areas of strength were:

1. Recreational Opportunities (52%)
2. Community Involvement (40%)
3. Family Togetherness (28%)

Over 26% of all respondents also noted Social Support Networks, Religious Involvement and Education as strengths. When broken down by county, the results varied slightly. Coos County had a total of 366 responses, which matched and drove the overall strengths rankings for the area. In Curry County, 55 individuals responded to this question, with the highest noted strengths being Community Involvement (47%), Recreational Opportunities (47%), and Religious Involvement (44%).

A total of 198 ORCCA clients participated in the survey. Clients included families with children currently or formerly receiving services from ORCCA's children's programming (South Coast Head Start, Great Afternoons, CASA, or Snack Pack) and clients who have received services through ORCCA's Energy, Weatherization, Housing, Food, or Emergency Services. Client perspectives of community strengths aligned with overall results, with Recreational Opportunities (47.3%), Community Involvement (40.2%) and Family Togetherness (33.7%) rating as the top three strengths.

Of note, is the community of Reedsport, with 12 survey responses (nine of 12 receiving services through the ORCCA Great Afternoons program). This group ranked Community Involvement (42%), Child Care (42%), and Safety (33%) as their top community strengths.

HOUSING

Safe, affordable housing is a foundational aspect of financial stability for individuals and families. Barriers to meeting this basic need creates a roadblock to moving out of poverty, with the need to frequently move disrupting the continuity of employment and education. Unstable housing can also contribute to family instability and negative health outcomes for individuals, families and children.

In the 2017 ORCCA Community Survey, 426 individuals responded with concerns in this area, including the cost of rent payments and a lack of affordable, quality housing. Of respondents who reported they received at least one ORCCA service, the cost of utilities was also a top concern. Of the total survey respondents, individuals reported an average of 3.25 people living in their households, with the number of people ranging from 1 to 12. The majority of survey respondents owned housing (57%), with 40% renting, and 4.5% reporting homelessness, including shared housing, motel/hotel, transitional housing or other housing situations.

US Census Data reflects that 13,372 (37%) of occupied housing units in our service area have one or more substandard conditions. This is in line with state and national trends that reflect ongoing concerns with housing conditions.^{xviii} Although our area reflects a high housing vacancy rate, only 18.5% of vacant housing is for rent and 18.6% is for sale. The remaining 62.8% of vacant units are classified for other use.

Additional Housing Information^{xix}:

- 1 in 17 students in Coos & Curry Counties experienced homelessness during the 2015-16 school year.
- 1 out of 4 renters in Coos County and 2 in 10 renters in Curry County are paying more than 50% of their income in rent.
- Across the region, 6 in 10 renters with extremely low incomes are paying more than 50% of their income in rent.
- Housing shortages are critical, with 28 housing units available for every 100 families with extremely low incomes in Curry County and 33 housing units for every 100 families with extremely low income in Coos County.

ORCCA operates multiple programs that support Coos and Curry counties in meeting their basic needs. Our housing department is dedicated to the creation of affordable housing and rental assistance as well as programs, resources and services that offer people the opportunity to live in healthy and safe housing.

The Energy Assistance and Weatherization programs provide assistance to the citizens of Coos and Curry counties. Eligible residents can receive financial support to offset residential energy costs. Findings confirm that there have been dramatic increases in home energy costs that

impose a burden on fixed and low income households. ORCCA provides energy assistance to over 1,000 people every year. The Weatherization program provides free services to income eligible residents in Coos and Curry counties. Approximately 15-30 homes are completed each year. An energy audit will be conducted to identify and prioritize cost-effective weatherization measures. Weatherization measures may include: ceiling, wall and floor insulation; energy related minor home repairs; infiltration reduction; heating duct improvements; and energy conservation education.

ORCCA operates multiple housing assistance programs aimed at supporting housing stabilization for individuals and families. Our housing department is dedicated to the creation of affordable housing and rental assistance as well as programs, resources and services that offer people the opportunity to live in healthy and safe housing. Last year over 300 people obtained housing services through ORCCA. Housing programs are designed to help low-income individuals, veterans and families maintain or transition into permanent housing. Services include but are not limited to; deposit, short and long-term rent assistance, housing crisis program and supportive services for veterans. ORCCA is a Fair Housing Provider.

Community Resources for Housing

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
Nancy Devereux Center	Behavioral/Mental Health, Homeless, Veterans Services - meals, laundry	X		
Women’s Safety & Resource Center	Domestic Violence Services – Shelter	X		
OASIS Shelter Home	Domestic Violence Services – Shelter		X	
Southern Oregon Project Hope	Homeless Services	X		
South Coast Gospel Mission	Homeless Services - shelter, meals	X		
T.H.E. House	Homeless services - shelter, meals, food	X		
ARK Project	Homeless Youth & Family Services – education, clothes, resources	X		
Powers Housing	Housing Assistance	X		
North Bend/Coos-Curry Housing Authorities	Housing Assistance	X	X	

Confederated Tribes	Housing Assistance	X		
Coquille Indian Housing Authority	Housing Assistance	X		
Neighborworks Umpqua	Housing Assistance	x	x	x
Oregon Coast Community Action	Housing Assistance, Energy Assistance, Weatherization	X	X	
Bay Area First Step	Substance Abuse Services, Housing	X		
VA Housing Program	Veteran's Services - Housing	X		

EMPLOYMENT AND INCOME

Economic mobility is defined as the ability of an individual, family or other group to improve their economic status, usually measured by income. Income level is the determining factor of poverty, with many issues influencing each individual's income level, including, but not limited to employment.

In our nonurban counties, the current minimum wage is \$9.50/hour and is set to increase to \$10.00 in July 2017.^{xx} Even at \$10.00/hour, an individual working 40 hours/week grosses \$20,800 annually. This places a single parent, working full time with two children, earning minimum wage just over the federal poverty rate (\$20,420 for a family of up to three). However, other factors, including the costs of housing, transportation, and childcare, impact families' abilities to cover basic needs and other expenses.

The majority of individuals who completed the 2017 ORCCA Community Survey responded with concerns related to employment and income, including a lack of good paying jobs, and overall availability of jobs. Other concerns related to barriers to maintaining employment include affordable childcare. Financial skills around economic mobility were also reflected as a need, including money management, budgeting and managing debt/credit.

Concerns related to lack of income were apparent through almost every survey topic area, including cost of rent payments, need good paying jobs, cost of out-of-pocket health care expenses, cost of insurance and vehicle maintenance, lack of income to buy healthy food, lack of money for tuition and fees, cost of child care, and money management. Over 2,800 concerns throughout the survey were related to income or expenses.

The economic conditions of Southwestern Oregon are impacted by several factors. The area has a large older and aging population and low number of youth that remain in the area. This creates concerns in the long-term forecasts for a stable labor force to support the local economy. The historical regional income from timber resources have continued to be impacted by land-use constraints. Isolation from the I-5 corridor and transportation resources further impacts industries. Public and private education and health services rank as the top employment sector, with trade, transportation, utilities, and leisure and hospitality as second and third. The area has been slow to recover from the Great Recession and continued to experience job losses well into 2014. Although current unemployment rates are below pre-recession averages, the number of area jobs in many industries have not fully recovered the levels seen in early 2007 before the recession struck.^{xxi} Although manufacturing, education & health services, and leisure and hospitality industries have shown growth over the past 10 years, traditional industries, including construction, professional & business services, mining and logging, trade, transportation and utilities have not recovered to pre-recession levels.^{xxii}

In our community assessment survey, 490 people reported their work status. The majority of respondents worked full time (67%), with an additional 12% working part-time, 2% self-employed and 2% in seasonal work positions. Of the 19% of respondents who reported they were not working, 26% were retired, 23% were unemployed with SSI/Disability, 20% were unemployed by choice, and 15% reported that they could not find a job. The remainder reported other reasons.

Additional Employment and Income Information:

- From 2014-2016 unemployment rates declined, yet unemployment rates for our area remained higher than the state of Oregon, with November 2016 rates for Coos County at 6.7% and Curry County at 7.2% compared with 5% for the state.^{xxiii}
- Median Family Income for Coos County is \$48,815 and Curry County is \$48,878, compared with a state median income of \$61,890.^{xxiv}
- Single females with children have the lowest median family income in our service area at \$16,690 for Coos County and \$14,892 for Curry County.^{xxv}
- 5.8% of households in Coos and Curry counties receive public assistance (TANF – Temporary Assistance to Need Families) income, compared to 3.9% of households throughout the state of Oregon. 2,114 households receive public assistance and the average public assistance dollars received in our area is \$3,250 annually.^{xxvi}

ORCCA programs provide individualized case management and comprehensive services that support individuals and families in meeting their basic needs, including connections to education and employment supports that influence long-term economic mobility. The agency employs a “grow-your-own” philosophy to provide employment opportunities for career development and growth. With an extensive service area and transportation barriers, ORCCA programs work with partners to help address transportation needs whenever possible.

Community Resources for Employment

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
Star of Hope	Disabilities - Community support services for adults with developmental disabilities	X		
Bay Area Enterprises	Disabilities - Employment & training for people with disabilities	X		
South Coast Business Employment Corporation	Employment Resources	X		

Oregon Employment Department	Employment Resources, Unemployment Assistance	X	X	X
Southwestern Oregon Community College	Higher Education, GED/ABE, ESL, Business Development Services	x	x	X

EDUCATION

Education provides a foundation for financial security and mobility and is highly correlated with economic outcomes. ORCCA recognizes the importance of high quality education beginning in early childhood to give each child and family the support needed to get the best possible start to achieve future success. Educational attainment is a cornerstone in interrupting the cycle of intergenerational poverty, impacting individual and family outcomes.

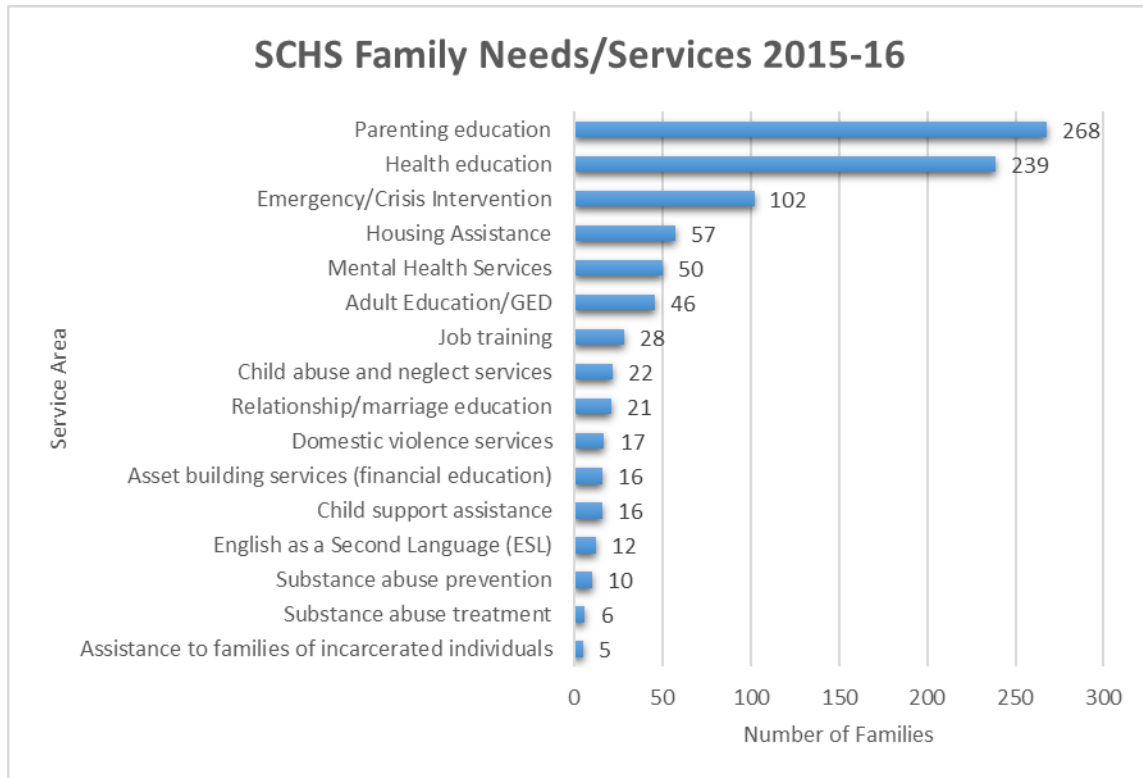
EARLY CHILDHOOD EDUCATION

2017 ORCCA Community Survey respondents noted concerns regarding Early Childhood Education and related childcare services, including the cost of child care, a lack of childcare for infants/toddlers, and a lack of child care availability for evening or weekends.

South Coast Head Start served a total of 497 families during the 2015-16 program year. 59% of families were two-parent families, while 41% were single-parent families. 90% of two-parent families served were parent headed-households, while 6% were foster parents, 4% were grandparents or other relatives. For single-parent households, 79% were headed by the mother, 11% were headed by the father of the child, 7% were grandparents or other relatives and 3% were foster parents.

Of families served by Head Start, 69% have one or more parents working. 34% have at least one parent in job training or school. 54% of families have one or more parents with at least a high school diploma or GED. 17% have an associate's degree and 5% have a baccalaureate or higher. 15% had not received a high school diploma or GED.

Head Start families are assessed through a Family Interest Survey at the beginning of each program year to identify interests and needs in the process of developing family goals and partnerships to enhance foundational Head Start services. Individualized services provided based on identified needs during the 2015-16 program year are included below:



The South Coast Head Start Eligibility, Recruitment, Selection, Enrollment & Attendance (ERSEA) team conducted telephone interviews with enrolled and waitlisted families throughout the month of February 2017. The intent of the interview was to gather information related to the childcare needs of current and potential SCHS Families. Complete results from the 271 families interviewed are included in the Appendix of this report.

48% of families interviewed worked full time. From the interviews conducted, 31% reported a need for Full Day childcare on weekdays. The second largest need was part-time care in the mornings (16%), followed by part-time care in the afternoons (14%). Few families reported a need for only weekend care, but 9% of families needed full time care on both weekdays and weekends. Families were also asked for their perspective on their current childcare. The majority (69%) reported their childcare as good/excellent, 19% reported average childcare, and 12% reported their childcare as below average/needs improvement.

Additional Early Childhood Education Information^{xxvii}

- Oregon ranked 32nd in child well-being and 34th in Education compared with the rest of the nation.
- The South Coast has only 12 visible childcare slots per 100 children; the annual cost of care for a toddler is over 30% of the annual income of a minimum wage worker.^{xxviii}
- In 2016, an average of 306 children were in foster care in Coos and Curry counties, ranging from 299-321. This is an increase of 8.5% from 2015-2016. The average for 2015 was 282 children.

- Coos County has 39.3% early education enrollment, while Curry County’s rate is reported at 15.8%.
- 3rd Grade Math Proficiency for Coos County is 29.9% and English Language Proficiency is 45.3%.
- 3rd Grade Math Proficiency for Curry County is 22.8% and English Language Proficiency is 34.9%.

ORCCA operates multiple early childhood education initiatives: South Coast Head Start and Early Head Start in Coos and Curry counties, and Great Afternoons/Great Beginnings in the community of Reedsport. The agency also serves as the fiscal and legal backbone agency for the South Coast Regional Early Learning Hub, which is charged with coordinating services to increase the combined impact of quality schools, organization and childcare programs along the South Coast that support school readiness and family stability. Early childhood programs throughout the service area focus on parents as the primary educator of their children and understand that supporting family stability leads to improved outcomes for children.

With a large geographic area and transportation challenges, home visiting is an area of focus along the South Coast. A recent Home Visiting Systems Coordination grant from the Ford Family has allowed Home Visiting programs across the region to work on systems building, coordination and collaboration. This important work is vital in providing outreach and services to families that may be isolated throughout our communities.

The South Coast is beginning to develop more publicly funded state preschools in districts throughout the area. The Lincoln School of Early Learning began providing preschool services in 2015 and continues to look for opportunities to provide education and services to families with young children. Myrtle Point School District began a preschool program in their school in the Fall of 2016. North Bend School District has also contracted with local early childhood programs to provide district students with opportunities to attend Pre-K prior to entering school. Powers also offers a publicly funded Pre-K option.

Great Afternoons

Located in Western Douglas County, the communities of Reedsport, Gardiner and Winchester Bay are in a coastal location that creates isolation from centralized services and supports. The ORCCA Great Afternoons programs operate out of Reedsport School District buildings in Reedsport, providing sliding-scale Preschool for 52 children, childcare space for 15 infants and toddlers and out of school time programming for over 75 school age students in this poverty “hot-spot” location. Great Afternoons also contracts with United Community Action Network in Douglas County to provide a Head Start classroom for 20 additional preschoolers. The program, largely funded by private grant contributions, parent pay and childcare subsidies, and local donations serves to support family employment and education through quality childcare and early childhood and family services. The uncertainty of grant funding to support universal services for a population with high poverty rates is an ongoing challenge for the program. Coordination with local and regional partners to develop long-term sustainability plans is a

focus to ensure that the program can continue to provide the vital services that serve to meet so many community and educational needs.

2016-17 Great Afternoons locations and services:

Community Served	Location	Head Start	Preschool	Infant/Toddler	School Age/ After school or summer care
Reedsport	2605 Longwood Drive	20	52	15	75

CASA

CASA of Coos County was established in 1993. Our mission is to recruit, train, and supervise volunteers to advocate for the best interests of abused and neglected children in foster care. CASA advocates are appointed by a juvenile court judge to speak up in court for the children and monitor their cases until they are placed in safe, permanent homes.

In 1977, a Seattle juvenile court judge concerned about making drastic decisions with insufficient information conceived the idea of citizen volunteers speaking up for the best interests of abused and neglected children in the courtroom. From that first program has grown a network of nearly 1,000 CASA and guardian ad litem programs that are recruiting, training and supporting volunteers in 49 states and the District of Columbia. In Oregon, CASA programs are given authority under Oregon Revised Statute 419B.112 to advocate for every child in foster care.

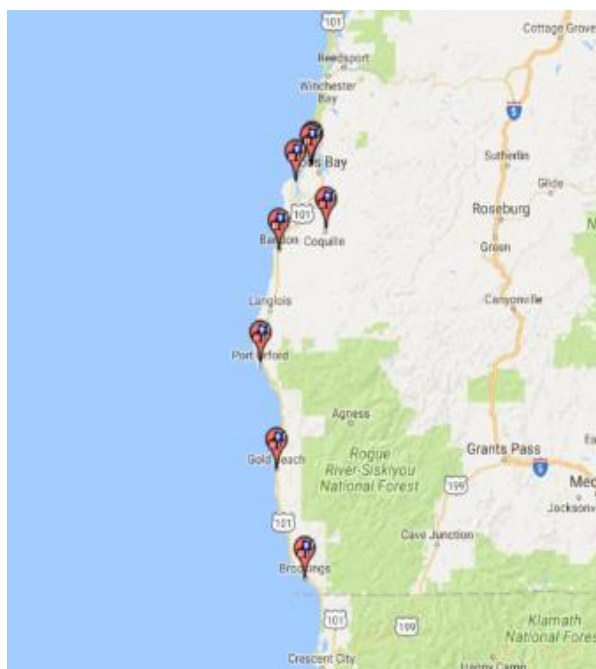
Our CASA program supports our volunteers to give them courage to stand up for the children they serve, not to back down when the best interest of the child is at stake, and to be creative in their advocacy, focusing on the unique needs of each child they serve. CASAs don't settle for child welfare system norms, they are tenacious and constantly seek out resources and facilitate interventions that will best serve the children.



CASAs work with a host of partners, including the youth in foster care and their families, the District Court, DHS/child welfare, our district schools, counselors and mental health professionals, foster parents, attorneys, legal parties, and anyone who holds a concerned interest in the youth we serve.

Our short-term goal is to serve 150 children in the 2016-2017 fiscal year. Our long-term goal is to serve every youth who enters foster. Last year alone, 378 children went through the foster care system in Coos County. Thus, we need to continue to seek resources, volunteers, and program partner collaborations that will help us meet our goal of serving every child by 2022.

South Coast Head Start & Early Head Start



During the 2016-17 program year, South Coast Head Start was funded to serve 390 preschool children and their families in Head Start, and 74 infants, toddlers and expectant parents and their families in Early Head Start, for a total of 464 children and expectant parents. Head Start is funded through Federal Head Start, Oregon Pre-Kindergarten, USDA Child & Adult Care Food Program, Employment Related Daycare and local grants and donations.

As of December 2016, 60 Head Start children were identified as having diagnosed disabilities (12%) according to the program's ChildPlus database. Of those disabilities, 42 were a speech or language impairment, 14 were non-categorical developmental delays, two were autism and two were other delays. Seven children in Early Head Start were identified as having diagnosed disabilities (10%). Of those disabilities, four were speech or language impairment related and three were non-categorical/developmental delays.

Ensuring children are ready for school is the core focus of South Coast Head Start. With the foundational philosophy that parents are the first, and most important, teacher of their children, SCHS will continue to focus on building individual relationships between families, SCHS, and local schools to engage parents in their child's education and transitions to kindergarten.

A continued program focus on family stability and systems navigation is vital in ensuring that families are connected with opportunities to meet their individual needs and goals. Outreach

through home visits, comprehensive services, including health, nutrition, support for disabilities and mental health needs, social services, and transportation assistance help families connect with the resources and support they need to meet their goals and provide a foundation for future school success.

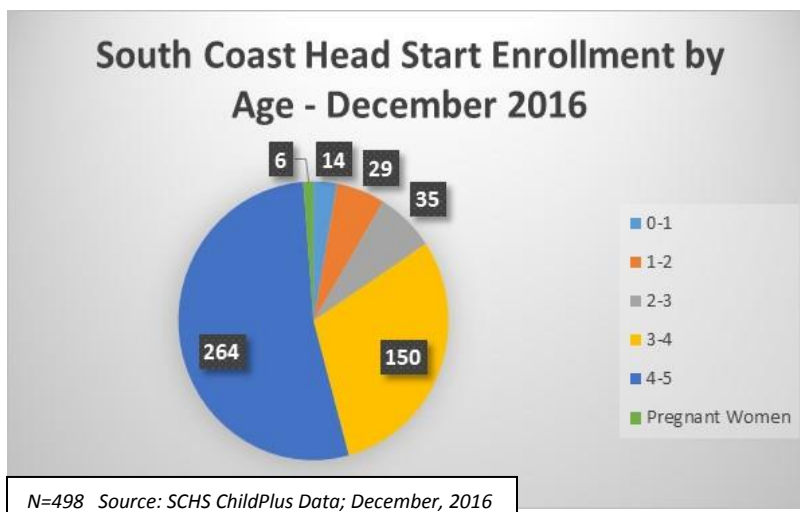
2016-17 South Coast Head Start locations and service options:

Community Served	Location	Head Start Program(s) offered	HS Children Served	Early Head Start Program(s) offered	EHS Children served
Bandon	Bandon Head Start - 590 Filmore Avenue SE	1 Class, Center-based ¹	19	N/A	N/A
Brookings	Brookings Head Start - 420 Redwood Spur	2 Classes, Center-based	38	Home-based option ⁴	10
Charleston	Charleston Head Start - 63297 Sunrise Street	2 Classes, Center-based	38	Home-based option (shared with Coos Bay)	N/A
Coos Bay	Child & Family Resource Center - 1855 Thomas Ave.	6 Classes, Center-based 1 Class, HS Full-Day ² 1 Class, HS Combination ³	114 18 12	Home-based option 1 Class, EHS Combination ⁵ 2 Classes, EHS Full Day ⁶	20 8 16
Coquille	Coquille Valley Head Start - 1366 N. Gould Street	2 Classes, Center-based	37	Home-based option	10
Gold Beach	Gold Beach Head Start - 29513 Ellensburg Avenue, Ste 2	1 Class, Center-based	19	Home-based option (share enrollment with Port Orford)	5
North Bend	North Bend Head Start - 2710 Oak Street	4 Classes, Center-based	76	Home-based option (shared with Coos Bay)	N/A
Port Orford	Port Orford Head Start - 2040 Washington Street	1 Class, Center-based	19	Home based option (shared enrollment with Gold Beach)	5

¹Center-based – 4 class days/week (3.5 daily hours, 448 hours annually, September-May) 2 educational home visits/year. ²HS Full Day – 5 class days/week (10.5 daily hours offered, 2,121 hours annually, 47 weeks) 2 educational home visits/year. ³HS Combination – 3 class days/week (3.5 daily hours, 350 hours annually, September-May) 9 educational home visits/year ⁴Home-based – 44 annual home visits, 20 Group Socialization Activities ⁵EHS Combination – 2 class days/week (2 daily hours, 264 hours annually, 47 weeks) 2 educational home visits/month ⁶EHS Full Day – 5 class days/week (6.5 daily hours offered, 1,313 hours annually, 47 weeks) 2 educational home visits/year.

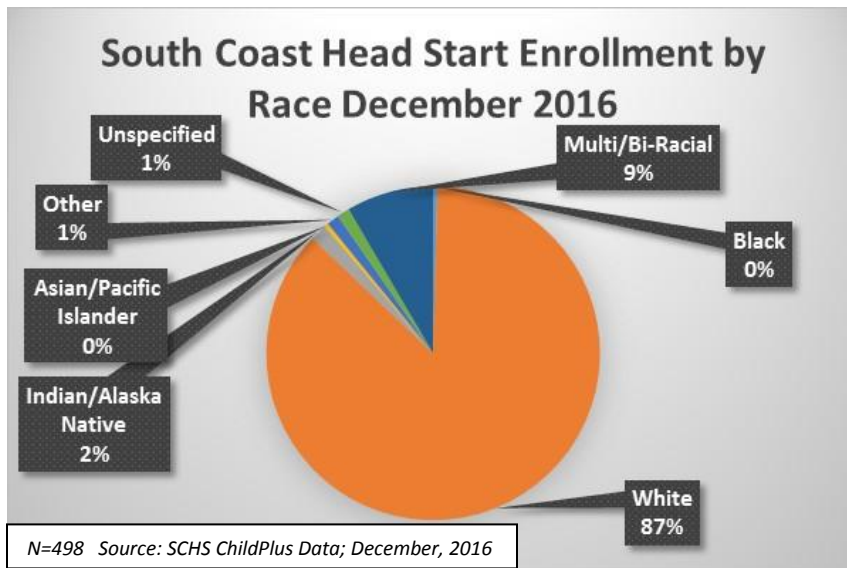
Cumulative Enrollment Comparisons 2013-14 through 2016-17 as of December 2016

Program Year	2013-14 PIR Data	2014-15 PIR Data	2015-16 PIR Data	2016-17 (through December 2016)
HS Funded Enrollment	368	375	390	390
HS Cumulative Enrollment	418	424	440	415
HS Turnover Percentage	14%	13%	13%	N/A
EHS Funded Enrollment	56	74	74	74
EHS Cumulative Enrollment	79	104	101	83
EHS Turnover Percentage	41%	41%	36%	N/A
Total SCHS Enrollment	472	528	541	498

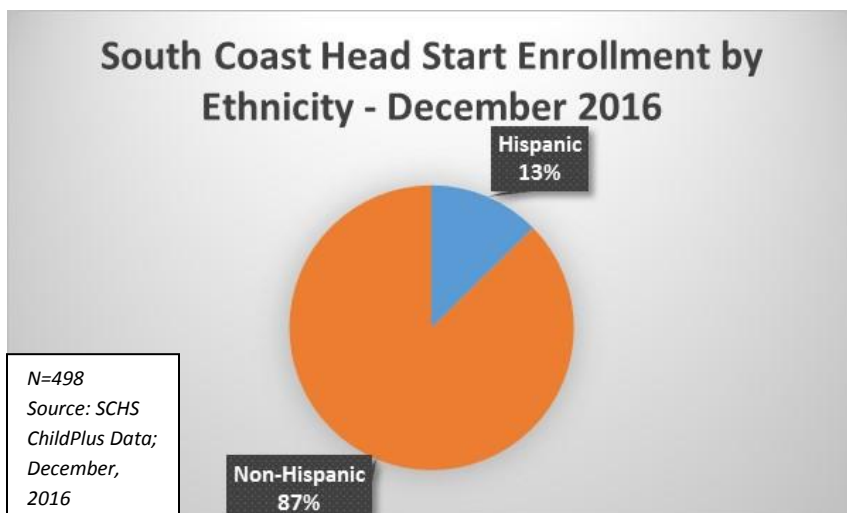


SCHS child enrollment represents 12% of the total under-five population within Coos and Curry counties. 264 males and 233 females were enrolled in the program through December 2016. Based on current child poverty data from Children First for Oregon, we estimate that we are serving 73% of 3-5 year-old children who are income eligible in our

service area. We estimate that we serve 9% of 0-3 year-old children who are income eligible. Overall South Coast Head Start serves approximately 12% of the total 0-5 year-old population on the South Coast.



US Census data shows 82% of children under age 5 in our service area identified as White, 8% Multiple Races, 4% Native American/Alaska Native, 3% Black/African American, 3% Some Other Race, and <1% as Asian/Pacific Islander.



US Census data shows 12% of children under age 5 in our service area identified as Hispanic. SCHS enrollment reflects this demographic with 13% of enrolled participants identified as Hispanic.

SCHS ChildPlus data as of December 2016 reflects that 484 children spoke English (97%) as their primary language at home. Twelve children spoke Spanish (2%), one child spoke Chinese, and one child spoke Japanese. The program provided language support in the classroom for children with limited English proficiency interpreting and translation services for families, whenever possible.

Coos, Curry & Western Douglas Home Visiting Programs

Program Name	Age Range	Number Served	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
South Coast ESD – Early Intervention	Birth-3	14 Curry 60 Coos	X	X	X
Family Support & Connections	Birth-18	65	X	X	
South Coast Head Start	3-5	390	X	X	
South Coast Early Head Start	Prenatal-3	74	X	X	
South Coast Family Harbor (Relief Nursery)	2-4	39	X		
Healthy Families Oregon	Prenatal-3	42	X	X	X
Babies First/Cacoon – Curry Community Health	Birth-21	68		X	
Babies First – Coos Health & Wellness (CHW)	Birth-5	103	X		
Cacoon – CHW	Birth-21	64	X		
Parents as Teachers – CHW	Birth-5	34 (offered as part of Babies First/Cacoon)	X		
Mom’s Program – Bay Area Hospital	Prenatal-postpartum	630	X		
Children’s Behavioral Health – CHW	2-18	UK	X		
Kairos	4-17	UK	X		
Coquille Tribal Head Start	3-5	20	X		
UCAN Head Start	3-5	20			X

* South Coast Regional Early Learning Hub – Home Visiting Systems Coordination, Simplified Home Visiting Matrix – Coos & Curry Counties, September 2016.

Publically funded state and local preschools

Program Name	Age Range	Number Served	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
South Coast Head Start	3-5	390	X	X	
South Coast Early Head Start	Prenatal-3	74	X	X	
South Coast Family Harbor (Relief Nursery)	2-4	39	X		
Coquille Tribal Head Start	3-5	20	X		
UCAN Head Start	3-5	20			X
Coquille School District	3-5	48	X		
Myrtle Point School District	3-5	30	X		
North Bend School District	3-5	20	X		
Powers School District	3-5		X		

**Information gathered through questionnaires sent to local programs and elementary principals, February 2017*

Counts of South Coast Childcare Programs

	(CCC) Other - Unlicensed	Child Care Center	Family Child Care	Preschool Program	School Age Program	Grand Total
Bandon		1	5	1		7
Brookings		2	11	1	2	16
Coos Bay	2	9	30	3	1	45
Coquille			8	3		11
Gold Beach				2		2
Lakeside	1					1
Myrtle Point/ Broadbent			6			5
North Bend	1	2	18	3		24
Port Orford/ Langlois		1	1	1		2

**Information provided by Cheri Freedman, Project Specialist, Center on Early Learning, The Research Institute at Western Oregon University – February 2017*

***Information provided by Christine Marsh, Great Afternoons March 2017*

Youth Education

2017 ORCCA Community Survey concerns in this area included the conditions of school buildings/facilities (51%), lack of parent/family engagement in schools (48%), and high drop-out rates (48%). Local area schools have struggled with enrollment levels and aging facilities, creating challenges in providing high quality, age appropriate environments that support learning. School districts throughout the regions have addressed this need in various ways, including reassigning grade levels into existing facilities and seeking funds for facility improvements through grants and bond measures. Districts are also exploring and implementing various strategies to improve parent engagement, including family-focused activities, and additional resources and collaborations that support family stability.

At-risk youth are adolescents who are less likely than their peers to graduate and successfully transition into adulthood and economic stability. Poverty and family instability are among the factors that may contribute to a youth being at-risk. Youth who are at-risk are more likely to experience teen pregnancy and are more likely to become incarcerated or experience poverty as adults.

ORCCA provides limited services for at-risk youth, including housing and food services. Youth in foster care may be assigned a CASA advocate. ORCCA programs coordinate with schools and other community organizations to fill gaps and support youth throughout the South Coast, including afternoon school care and enrichment activities in Reedsport through the Great Afternoons program. ORCCA also provides volunteer and skill-building opportunities for youth throughout our area, with placements available in Food Share, Head Start, Great Afternoons, and other ORCCA programs.

Youth Education Information^{xxix}

- Cohort graduation rate in Coos County is 57.3% and in Curry is 67.8%.
- Teen pregnancy rate in Coos County is 25.7 (per 1,000 girls ages 15-19)
- Teen pregnancy rate in Curry County is 31.2 (per 1,000 girls ages 15-19)
- Coos County: 8th Grade Math Proficiency: 29.9%; 8th Grade English Language Arts Proficiency: 49.9%
- Curry County: 8th Grade Math Proficiency: 22.8%; 8th Grade English Language Arts Proficiency: 43.8%
- 4.2% of students in Coos County and 5.8% of students in Curry County are homeless
- Rate of referrals to Juvenile Justice (per 1,000 ages 0-17): Coos – 13.5; Curry – 28.5; Oregon – 14.7

Community Resources for Youth and Families

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
South Coast ESD	Disabilities - Services for Children with Disabilities	X	X	X
Bandon School District	Education	X		
Brookings School District	Education		X	
Central Curry School District	Education		X	
Coos Bay School District	Education	X		
Coquille School District	Education	X		
Myrtle Point School District	Education	X		
North Bend School District	Education	X		
Port Orford School District	Education		X	
Powers School District	Education	X		
Reedsport School District	Education			X
ARK Project	Homeless Youth & Family Services – education, clothes, resources	X		
Alternative Youth Activities, Inc. (AYA)	Education	X		
Teen Parent Program	Education	X		
Coos County Juvenile Dept.	Juvenile Corrections	X		
Curry County Juvenile Dept.	Juvenile Corrections		X	
Oregon Youth Authority	Juvenile Corrections	X	X	X
Start Making A Reader Today (SMART)	Education	X	X	X
Bandon Community Youth Center	Youth Programs	X		
Boy Scouts of America	Youth Programs	X	X	X
Girl Scouts of Oregon & SW Washington	Youth Programs	X	X	x
4-H/OSU Extension	Youth Programs	X		
Boys & Girls Club (SWOYA)	Youth Programs, after-school programming	X		
Belloni’s Shelter Care	Youth residential shelter program	X		
South Coast ESD – Youth Transition Program	Youth Services for Individuals with Disabilities	X	X	X

Adult Education

2017 ORCCA Community Survey respondents shared concerns including a lack of money for tuition/fees, lack of technical/vocational opportunities, and transportation barriers that affect access to adult education. ORCCA programs collaborate with community partners providing adult education and skills development to assist our clients in accessing comprehensive resources to meet their goals. ORCCA also provides volunteer, training, skill-building and career development opportunities for adults, including Head Start and Early Head Start parents, throughout our area, with placements available in Food Share, Head Start, Great Afternoons, and other ORCCA programs. An opportunity exists to further collaborate and build this programming to provide additional placements and opportunities.

Adult Education Information^{xxx}

- 10.8% of South Coast residents age 25 or higher have no High School Diploma, similar to the rest of the state.
- 21.4% of Hispanic/Latino residents compared to 10.4% of non-Hispanic/Latino residents have no High School Diploma.
- 28.8% of South Coast residents have obtained an Associate’s level degree or higher, compared with 38.3% of Oregon residents.
- 19.8% of South Coast residents have obtained a Bachelor’s level degree or higher, compared with 30.0% of Oregon residents.

English Proficiency

The table below reflects the service area population with Limited English Proficiency (LEP) and the percent of population that is linguistically isolated in our area. The data shows a smaller LEP population percentage compared to the state, with the majority of the LEP population speaking Spanish as their primary language.

POPULATION WITH LIMITED ENGLISH PROFICIENCY^{xxx}	POPULATION WITH LIMITED ENGLISH PROFICIENCY	PERCENT LINGUISTICALLY ISOLATED POPULATION	SPANISH AS PRIMARY LANGUAGE SPOKEN AT HOME	OTHER INDO-EUROPEAN LANGUAGES AS PRIMARY LANGUAGE SPOKEN AT HOME	ASIAN & PACIFIC ISLAND LANGUAGES AS PRIMARY LANGUAGE SPOKEN AT HOME	OTHER LANGUAGES AS PRIMARY LANGUAGE SPOKEN AT HOME
SERVICE AREA	1.1%	0.3%	50.5%	25.5%	22.2%	2.3%
COOS COUNTY	1.3%	0.3%				
CURRY COUNTY	0.5%	0.3%				
OREGON	6.1%	3.36%				

Community Resources for Adult Education

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
South Coast Business Employment Corporation	Employment Resources	X		
Southwestern Oregon Community College	Higher Education, GED/ABE, ESL, Business Development Services	X	x	x



OVERCOMING POVERTY IS NOT A GESTURE OF CHARITY, IT IS AN ACT OF JUSTICE.

Nelson Mandela



HEALTH & NUTRITION

Food/Nutrition

Nutrition is a major factor in overall health. 2017 ORCCA Survey respondents noted their top three concerns related to Food/Nutrition as not enough income to purchase food, lack of healthy food options and SNAP benefits (Supplemental Nutrition Assistance Program, formerly known as food stamps) benefits run out before the end of the month. Approximately 66% of children in Coos and Curry counties are eligible for free/reduced price lunch.^{xxxii} According to SNAP Flash Figures for January 2017, a total of 4,262 households received SNAP benefits in Coos County and 1,373 received benefits in Curry County, with numbers remaining similar in the prior three months. Numbers showed an increase of almost 3% from the prior year.

According to a 2013 report from Feeding America, our service area has an estimated 17% of the population that experiences food insecurity. For children under age 18, that number is higher at almost 28% and almost 25% of children experiencing food insecurity are ineligible for assistance.^{xxxiii}

ORCCA's South Coast Food Share (SCFS) program has been focused on providing hunger relief and serving as the Regional Food Bank of Coos and Curry Counties since 1965. In 2016 the SCFS distributed 1,542,469 pounds of food to its network partners, who in turn helped to bring nourishment to members of our community through the distribution 44,600 Emergency Food Boxes and 145,400 meals. With a large focus on increasing availability of protein and fresh fruits and vegetables to our neighbors in need.

The SCFS Snack Pack program provides weekend nutrition to 536 youth throughout the school year. This program works with 12 Schools in Coos, Curry and Western Douglas and is largely supported by the volunteer efforts of Elks BPOE1160 and the Marshfield High schools Mr. MHS Leadership class. This effort supports not only the youth receiving the pack but the growth and education of those youth who support the program through volunteering.

The SCFS also provides program over site and guidance for various collaborative youth programs such as the NB Bulldog Youth Pantry, Child Welfare Pantry at DHS and Powers School Pantry; The North Bend High School Youth Transition Program facilitates the Bulldog Youth Pantry in their high school and is focused on bringing hunger relief to homeless youth and families of the North Bend School District; The DHS Pantry is a collaborative effort between SCFS, CASA and DHS which is focused on providing food to youth and their families as they transition through DHS programs; The Powers School Pantry provides fresh fruits and vegetables as well as healthy items that the youth can heat and eat, or eat on the go.

Locally, WIC services are offered in Coos County through Coos Health and Wellness and in Curry County through the Curry Community Health Program. South Coast Head Start has an active

partnership with WIC, providing satellite locations for services at our CFRC and Bandon sites. WIC supports family health by providing health foods, community and health referrals, nutrition education, breastfeeding support, and health and growth screening.

Healthcare

In our 2017 Community Survey, individuals shared their primary concerns around health care. Primary concerns were related to access to providers, with respondents concerned about the lack of providers accepting new patients and medical provider turnover. Respondents were also concerned about the cost of out-of-pocket expenses related to care. Another area of high concern was lack of resources for mental health, correlating with overall community concerns around drug use/addiction.

Both Coos and Curry counties have created Community Health Improvement Plans with targeted goals and objectives for the improvement of overall health.

Priorities for Coos County include:

- Increased access to care providers
- Decreased tobacco initiation and use
- Healthy eating and active living
- Suicide prevention
- Increased timely prenatal care

Priorities for Curry County include:

- Improved maternal and child health
- Expanded utilization of the School Based Health Center (SBHC)
- Increased oral health services
- Reduction in the proportion of adults living with chronic disease
- Reduced use of tobacco products
- Reduced incidence of obesity
- Reduced cases of vaccine-preventable disease
- Increased percentage of adults who are vaccinated against influenza and pneumococcal disease
- Increased communication about available services
- Increased community health investments
- Ensure access to health insurance

The plans for both counties include goals around increased access to care and providers, reduction in tobacco use, improved maternal/prenatal health, and obesity reduction. This area has high percentages of adult smoking and obesity rates. The number of providers in our area cannot sufficiently serve the need in our area, especially for mental health services. Area suicide rates are higher than the state average as well.^{xxxiv}

Tobacco Use

According to Tobacco Free Kids, 27.5% of cancer deaths in Oregon are attributable to smoking. Annual smoking-related health care costs in the state exceed \$1.5 billion. In the most recent publication of DHS Quick Facts (Appendix F), 26% of adults in Coos County and 21% of adults in Curry County report smoking at least most days. This is significantly higher than the state report of 16%. Additionally, 18% of adults in Coos County and 17% of adults in Curry County report drinking excessively, slightly higher than the state report of 16%.

The decrease of tobacco initiation and use is a current 5-year goal articulated in the Coos County Health Improvement Plan (CCHIP, May 2015) and includes objectives for adults, youth and pregnant women. The Curry County Health Improvement Plan also places a priority on reducing the use of tobacco products in their long-term plan (CCH-CCHIP, September 2015).

Alcohol Use

According to the most recent publication of DHS Quick Facts, 18% of adults in Coos County and 17% of adults in Curry County report drinking excessively, slightly higher than the state report of 16%. In comparison, from the Behavioral Health Barometer for Oregon, published by SAMHSA in 2015, 7% of individuals in Oregon reported alcohol dependence or abuse in the year prior to the survey. However, only 8% of individual aged 12 or older with alcohol dependence or abuse in Oregon received treatment in the year prior to being surveyed, similar to the national average of 7.3%.

Illegal Drug Use

According to Behavioral Health Barometer for Oregon, 2.9% of individuals in Oregon, ages 12 or older were dependent on or abused illicit drugs in the year prior to being surveyed, with the percentage remaining relatively stable from 2010-2014. Per the same report, only 10.9% received treatment for illicit drug use, similar to the national average of 14.1%.

ORCCA programs support health and mental health care through programming and referrals. Case managers provide referrals and support to assist clients in accessing insurance coverage for individuals, children and families. Our Head Start and Early Head Start programs focus on ensuring children are up-to-date on immunizations, medical, and dental care and obtain follow-up care, as needed. Additional mental and behavioral supports are accessed through consultants that work with program children, staff and families.

Community Resources for Food/Health

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
Bandon Restoration Center	Food	X		
Charleston Food Bank	Food	X		
Christian Valley Center	Food	X		
Coos Bay Seventh-Day Adventist Church	Food	X		
Coquille Seventh-Day Adventist Church	Food	X		
Coos Food Cupboard	Food	X		
Emanuel Episcopal Church Food Cupboard	Food	X		
EAT (Everyone At Table) (Bandon)	Food	X		
Myrtle Point Food Share	Food	X		
North Bend Presbyterian Church	Food	X		
Church of the Nazarene	Food	X		
Salvation Army	Food	X		
Powers Food Bank – Senior Center	Food	X		
Department of Human Services – Self-Sufficiency	Food, Cash, Childcare Subsidy Assistance	X	X	X
Oregon Coast Community Action	Food	X	X	
United Methodist Church	Food, meals	X		
Department of Human Services – Senior & People with Physical Disabilities	Food, Medicaid, Caregiver Resources	X	X	X
Women, Infants & Children (WIC)	Food, Nutrition Education, Health	X		
Coquille Tribal Health Clinic	Health Care, Dental Care	X		
Confederated Tribe Health Services	Health Care, Dental Care	X		
Coast Community Health	Health Center, Health Outreach	X	X	
Bay Area Hospital	Hospital Services	X		
Coquille Valley Hospital	Hospital Services	X		
Lower Umpqua Hospital	Hospital Services			X

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
South Coos General Hospital	Hospital Services	X		
Curry General Hospital	Hospital Services		X	
Waterfall Community Health Center	Medical Care, Women's Health, Mental Health	X		X
MOMS Program – Bay Area Hospital	Pregnancy - Prenatal/Postnatal Services, home visiting	X		
Pregnancy Resource Center	Pregnancy Services	X		
Bay Area First Step	Substance Abuse Services, Housing	X		
ADAPT	Substance and Gambling Abuse Treatment, Support Groups	X		
KAIROS	Behavioral/Mental Health	X	X	X
Coos Crisis Resolution Center	Behavioral/Mental Health Treatment - Residential	X	X	X
Nancy Devereux Center	Behavioral/Mental Health, Homeless, Veterans Services - meals, laundry	X		
Curry Community Health	Behavioral/Mental Health, Primary Care, Public Health, Home Visiting Programs		X	
Coos Health & Wellness	Behavioral/Mental Health, Public Health, Health Promotion, Support Groups, Home Visiting Programs	X		
Coastal Center	Behavioral/Mental Health/Counseling	X		

TRANSPORTATION

Transportation is a concern that is linked to multiple issues related to poverty. In our 2017 Community Survey, respondents noted limited public transportation and the costs of insurance, maintenance and repairs as top concerns related to transportation. For respondents who received ORCCA services, the costs of vehicle purchase, repairs, insurance and fuel ranked higher than the lack of public transportation. In this rural area, few households have no motor vehicle (under 7%). Although this is a small percentage of the general public, it is presumed that low-income individuals and families bear most of the negative impact. Although limited public transit is available in the form of loop routes, dial-a-ride and intercity connections through Coos County Area Transit, just .58% of the population use public transit for their commute to work, with a larger percentage choosing to bike or walk at 4.83%.^{xxxv} Clients, community members, service providers and our agency staff have all identified difficulties with transportation as it relates to service access, employment and education.

With limited transportation resources, ORCCA’s South Coast Head Start program continues to prioritize bussing for selected classrooms to reach families and children who would otherwise be isolated from services. ORCCA programs also assist families through direct transportation vouchers and referral to partners with resources to assist in providing transportation or resources to keep and maintain vehicles.

Problem-solving the challenge of transportation is vital to assisting individuals and families to achieve financial stability. Collaborative work with local leaders to problem-solve the region’s limited public transit options is necessary. By working with individuals and expanding community partnerships to address barriers related to vehicle purchase, cost of insurance, maintenance and fuel, as well as factors related to fees, programs work at the direct service level to reduce roadblocks for clients in accessing both internal services and external opportunities through direct funding, system navigation and goal setting. Programs and partners should also explore how hours of service and outreach methods, such as satellite services and home visits can improve access to services for clients with transportation concerns.

Community Resources for Transportation

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
Coos County Area Transit (CCAT)	Transportation	X	X	X
Curry Public Transit	Transportation	X	X	
Porter Stage Lines	Transportation	X	X	

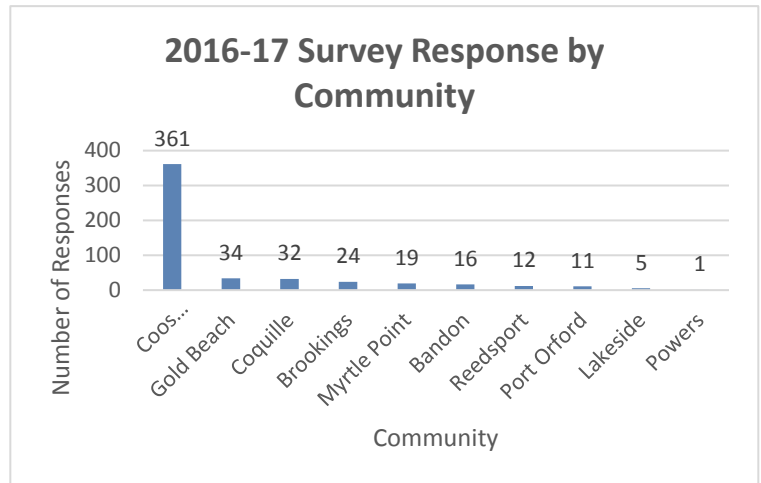
Community Resources for Individuals, Children & Families

Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
Child Care Resource & Referral (CARE Connections)	Childcare provider and parent resources	X	X	X
South Coast ESD - Early Intervention	Disabilities - Services for Children with Disabilities	X	X	X
Coos County Foster Parent's Association	Family/Child Development - Foster Parenting resources	X		
Pathways to Positive Parenting	Family/Child Development - Parenting Education	X	X	X
Family Center/Educare	Family/Child Development, Childcare	X		
Great Afternoons/Great Beginnings	Family/Child Development, Childcare, After School Programs			X
South Coast Head Start	Family/Child Development, Childcare, Home Visiting	X	X	
South Coast Early Head Start	Family/Child Development, Childcare, Home Visiting	X	X	
Coquille Tribal Head Start	Family/Child Development, Childcare, Home Visiting	X		
UCAN Head Start	Family/Child Development, Childcare, Home Visiting			X
Healthy Families Oregon	Family/Child Development, Home Visiting	X	X	X
Family Support & Connections	Family/Child Development, Home Visiting			
South Coast Family Harbor (Relief Nursery)	Family/Child Development, Home Visiting, Therapeutic Services	X		
Agness Community Library	Library Services		X	
Bandon Public Library	Library Services	X		
Chetco Community Library (Brookings)	Library Services		X	
Coos Bay Public Library	Library Services	X		
Coquille Public Library	Library Services	X		
Dora Public Library	Library Services	X		
Curry Public Library (Gold Beach)	Library Services		X	
Lakeside Public Library	Library Services	X		
Langlois Public Library	Library Services		X	
Myrtle Point Public Library	Library Services	X		
Port Orford Public Library	Library Services		X	
Powers Public Library	Library Services	X		
Department of Human Services – Child Welfare	Child Abuse & Neglect Services	X	X	X
Kids HOPE Center	Child Abuse Intervention	X		
CASA	Child Advocacy for Children in Foster Care	X	X	
Coos County Child Support	Child Support Assistance	X		
Curry County Child Support	Child Support Assistance		X	

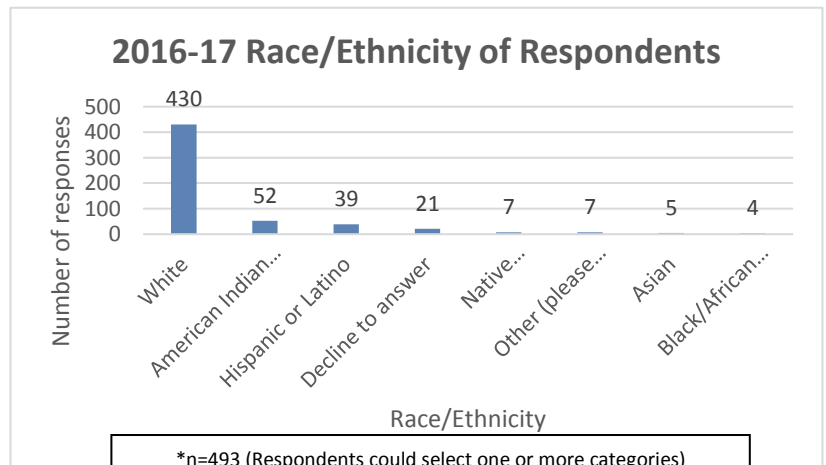
Program Name	Service Type	Services in Coos	Services in Curry	Services in Western Douglas (Reedsport)
Women's Safety & Resource Center	Domestic Violence Services – Shelter	X		
OASIS Shelter Home	Domestic Violence Services – Shelter		X	
South Coast Hospice	End of life and bereavement services	X		X
Coastal Home Health & Hospice	End of life and bereavement services		X	
Coos County Foster Parent's Association	Family/Child Development - Foster Parenting resources	X		
Department of Human Services – Self-Sufficiency	Food, Cash, Childcare Subsidy Assistance	X	X	X
Department of Human Services – Senior & People with Physical Disabilities	Food, Medicaid, Caregiver Resources	X	X	X
Oregon Law Center	Legal Aid	X	X	X
Neighbor to Neighbor Mediation	Mediation Services	X		X
Bandon Police Department	Public Safety	X		
Brookings Police Department	Public Safety		X	
Coos Bay Police Department	Public Safety	X		
Coquille Police Department	Public Safety	X		
Gold Beach Police Department	Public Safety		X	
Myrtle Point Police Department	Public Safety	X		
North Bend Police Department	Public Safety	X		
Port Orford Police Department	Public Safety		X	
Powers Police Department	Public Safety	X		
Reedsport Police Department	Public Safety			X
Coos County Sheriff	Public Safety	X		
Curry County Sheriff	Public Safety		X	
Douglas County Sheriff	Public Safety			X
Coquille Tribal Police	Public Safety	X		
Confederated Tribal Police	Public Safety	X		
Oregon State Police	Public Safety	X	X	X
211 Info.	Resource & Referral Service	X	X	X
Bay Area Senior Center	Senior Services	X		
Coos County Area Transit (CCAT)	Transportation	X	X	X
Curry Public Transit	Transportation	X	X	
Porter Stage Lines	Transportation	X	X	
DHS Volunteer Transportation	Transportation	X	X	X
VA Outpatient Clinic	Veteran's Services	X		
SOVO Veteran's Services	Veteran's Services	X		
Curry County Veteran's Services	Veteran's Services		X	
Coos County Veteran's Services	Veteran's Services	X		
Oregon Coast Community Action	Veteran's Services	X	X	
VA Housing Program	Veteran's Services - Housing	X		
Coos County Crime Victim Assistance	Victim Assistance	X		
Douglas County Crime Victim Assistance	Victim Assistance			X
Curry County Crime Victim Assistance	Victim Assistance		X	

Appendix A: 2017 Community Survey

Community Assessment Surveys were distributed from January 5th through January 18th, 2017 to clients, partners, community members, ORCCA staff and Board members utilizing paper and electronic strategies. A total of 522 surveys were returned, with a varying number of responses to each survey question. The majority of surveys were returned from the Coos Bay/North Bend area, but communities in our service area were represented with at least 10 surveys returned from each community. Noted are the small communities of Lakeside (6 surveys) and Powers (1 survey). Ongoing efforts to engage in dialogue related to the strengths and needs of these communities should be prioritized to better assess strategies for service delivery in these isolated areas. Respondents included representation from a variety of sectors, including public, private, educational institutions, community-based organizations, and the faith-based community. Perspectives from ORCCA program staff, including South Coast Head Start/Early Head Start was also included.



- 26% of respondents (138) respondents reported current or previous services in one or more of ORCCA’s children’s programs, including SCHS (123), Snack Pack (15), Great Afternoons (10) and CASA (5).
- 24% of respondents (125) had received one or more ORCCA services, including Energy Assistance (96), Food Assistance (54), Housing (23), Weatherization (13), and Emergency Assistance (12).
- 510 respondents included their gender, with 411 females and 99 males completing the survey.
- The majority of respondents with children in their household were mothers, with a smaller percentage of fathers, grandparents, foster parents and other relatives providing information.
- Over 20% of survey respondents reported a member of their household had a disability, including mental health, PTSD, Autism, physical medical disabilities. 20% of those surveyed responded that they or someone in their household served in the US Military.
- The majority of survey respondents reported that English is spoken in their home, with just under 5% reporting Spanish and another 2% reporting other languages.



2017 Community Survey: Community Concerns

Survey questions asked respondents to mark one to three concerns related to issues facing our communities. Overall respondents (n=522) noted the following areas as their highest concerns.

OVERALL CONCERNS – 455 responses

- 66% - Drug addiction
- 61% - Homelessness
- 46% - Crime, thefts, robberies

HOUSING – 426 responses

- 62% - Cost of rent payments
- 48% - Affordable housing is not available
- 41% - Lack of quality housing

EMPLOYMENT – 424 responses

- 64% - Need good paying jobs
- 58% - Availability of jobs
- 44% - Need affordable childcare

HEALTH CARE – 386 responses

- 39% - Providers are not taking new patients
- 38% - Cost of out-of-pocket expenses
- 30% - Medical provider turnover

K-12 EDUCATION – 385 responses

- 51% - Condition of school buildings/facilities
- 48% - Lack of parent/family engagement in schools
- 48% - Drop-out rates

TRANSPORTATION – 383 responses

- 38% - Limited public transportation
- 36% - Cost of insurance
- 33% - Cost of car maintenance/ repairs/purchase

FOOD/NUTRITION – 355 responses

- 39% - Not enough income to purchase food
- 27% - Lack of healthy food options
- 27% - SNAP benefits run out before the end of the month

HIGHER EDUCATION – 352 responses

- 68% - Lack of money for tuition/fees
- 39% - Lack of technical/vocational opportunities
- 31% - Transportation to education

PRESCHOOL/CHILD CARE – 350 responses

- 57% - Cost of child care
- 28% - Lack of childcare for infants/toddlers
- 27% - Child care availability for evening or weekends

PERSONAL FINANCES – 334 responses

- 40% - Money management
- 38% - Budgeting skills/knowledge
- 30% - Understanding & managing credit/debt

2017 Community Survey: ORCCA Client Perspectives

Survey responses were filtered to include only the 198 individuals who marked that they have received ORCCA services (question 18 or 19).

OVERALL CONCERNS – 182 responses

- 61% - Drug addiction
- 59% - Homelessness
- 50% - Crime, thefts, robberies

HOUSING – 188 responses

- 65% - Cost of rent payments
- 48% - Affordable housing is not available
- 41% - Cost of utilities

EMPLOYMENT – 188 responses

- 61% - Need good paying jobs
- 57% - Availability of jobs
- 47% - Need affordable childcare

HEALTH CARE – 175 responses

- 35% - Cost of out-of-pocket expenses
- 34% - Providers are not taking new patients
- 27% - Medical provider turnover

K-12 EDUCATION – 175 responses

- 43% - Lack of parent/family engagement in schools
- 40% - Drop-out rates
- 38% - Condition of school buildings/facilities

TRANSPORTATION – 183 responses

- 40% - Cost of car maintenance/ repairs/purchase
- 34% - Cost of fuel
- 34% - Cost of insurance

FOOD/NUTRITION – 179 responses

- 46% - Not enough income to purchase food
- 35% - SNAP benefits run out before the end of the month
- 22% - Lack of healthy food options

HIGHER EDUCATION – 178 responses

- 64% - Lack of money for tuition/fees
- 32% - Lack of technical/vocational opportunities
- 32% - Transportation to education

PRESCHOOL/CHILD CARE – 179 responses

- 61% - Cost of child care
- 32% - Child care availability for evening or weekends
- 26% - Lack of childcare for infants/toddlers

PERSONAL FINANCES – 177 responses

- 36% - Money management
- 35% - Budgeting skills/knowledge
- 35% - Understanding & managing credit/debt

ORCCA Community Survey (2017)

1) What is your community/zip code?

Answer Options	Response Count	Response Percent	ORCCA Clients Response Count	ORCCA Clients Percent
97411 - Bandon	16	3.1%	5	2.5%
97415 - Brookings	25	4.8%	12	6.1%
97420 - Coos Bay	223	43.0%	81	41.1%
97420 - Charleston	11	2.1%	4	2.0%
97420 - Eastside	14	2.7%	3	1.5%
97423 - Coquille	32	6.2%	10	5.1%
97444 - Gold Beach	35	6.7%	8	4.1%
97450 - Langlios	1	0.2%	0	0%
97465 - Port Orford	10	1.9%	7	3.6%
97458 - Myrtle Point	19	3.7%	5	2.5%
97449 - Lakeside	6	1.2%	5	2.5%
97459 - North Bend	114	22.0%	47	23.9%
97466 - Powers	1	0.2%	1	0.5%
97467 - Reedsport	12	2.3%	9	4.6%
answered question	519		197	
skipped question	3		1	

2) What is your age?

Response Text	Response Count	Response Percent
Under 18	1	0.1%
18-64	474	93.1%
65 or Older	30	5.8%
Other/UK	4	0.7%
answered question	509	
skipped question	13	

3) What is your Gender?		
Response Text	Response Count	Response Percent
Female	415	80.4%
Male	99	19.2%
Other/UK	2	0.4%
<i>answered question</i>	516	
<i>skipped question</i>	6	

4) How many individuals live in your household?		
Response Text	Response Count	Response Percent
1	52	10.2%
2	143	28.0%
3	111	21.8%
4	105	20.6%
5	55	10.8%
6	21	4.1%
7	14	2.7%
8	4	0.8%
9	3	0.6%
12	1	0.2%
Other/UK	1	0.2%
<i>answered question</i>	510	
<i>skipped question</i>	12	

5) Please provide the number of individuals in each age group living in your household:			
Answer Options	Response Average	Response Total	Response Count
Under 5 years	.89	203	227
5-9	.85	169	198
10-14	.90	150	167
15-19	.78	118	152
20-24	.61	70	115
25-29	.70	99	142
30-34	.76	126	166
35-39	.99	152	153
40-44	1.03	142	138
45-49	.74	100	136
50-54	1.12	149	133
54-59	.82	118	144
60-64	.80	103	129
65-69	.53	50	94
70-74	.25	19	77
75-79	.18	12	66
80-84	.06	4	62
85 years and over	.06	4	62
<i>answered question</i>			512
<i>skipped question</i>			10

6) How many people in your household are pregnant?		
Response Text	Response Count	Response Percent
0	481	95.2%
1	24	4.8%
<i>answered question</i>	505	
<i>skipped question</i>	17	

7) What is your relationship to the children living in your household? (choose all that apply)		
Answer Options	Response Percent	Response Count
Self	6.5%	26
Mother	61.6%	247
Father	13.2%	53
Grandparent	6.0%	24
Other relative	1.5%	6
Foster Parent	3.0%	12
Other (please specify)	21.2%	85
<i>answered question</i>		401
<i>skipped question</i>		121
Other write-in responses		Response Count
Adoptive parent of 2 and guardian of 1		1
aunt		2
Brother		2
Child		1
child's friend		1
daughter of friend		1
Domestic Partner		1
friend		1
Husband		1
long term, "adopted" foster daughter		1
mother-in-law		1
my children have grown and moved out		1
N/A		55
No children currently but pregnant		1
Partner		1
Son's friend is living with us now		1
spouse		1
step father		4
Step mother		3
Step Parent		2
Step-uncle		1
sudo-auntie		1
Took in homeless		1

8) Housing:		
Answer Options	Response Count	Response Percent
Own	290	56.5%
Rent	207	40.4%
Share Housing	9	1.8%
Homeless	3	0.6%
Motel/Hotel	0	0.0%
Transitional Housing	2	0.4%
Other (please specify)	9	1.8%
<i>answered question</i>	513	
<i>skipped question</i>	9	
Other write-in responses		Response Count
RV		3
Rental		1
Own and pay space rent		2
Buying		1
Living with family		1
Lease option		1

9) Is anyone in your household disabled?		
Answer Options	Response Count	Response Percent
No	401	79.2%
Yes	105	20.8%
answered question	506	
skipped question	16	
If yes, what type of disability?		Response Count
ADHD		1
Age-related mobility issues		1
Alzheimer's		2
Arthritis		1
Asperger's spectrum		1
Autism		6
Back/Neck/Knees/Hips		6
Bipolar		2
Cancer		1

9) Is anyone in your household disabled?	
CHF- COPD- diabetes-asthma-RA- severe osteoarthritis-scoliosis-joint and disc disease-pulmonary fibrosis-Chiari malformation-hydrocephalus	1
Cognitive	1
COPD	1
Deafness and traumatic brain injury	1
Diabetes	1
Down Syndrome	1
End stage COPD	1
End stage renal failure	1
Executive functioning, communication disorder	1
Foot issues with diabetes and plantar fasciitis	1
Frail elderly	1
Other/UK	4
Heart condition	2
Learning disability	2
Learning Disability - Speech Communication Disorder	1
Legally blind	2
Lung	1
Medical	3
Mental Health	6
Mental and physical disability	4
Mental Health Social Security	1
Mental illness, addiction	1
Mental retardation	1
MS	1
N/A	1
On job injury/work related	2
Pain disorder, neck arthritis, other multiple	1
Parkinson's	1
Parkinson's, dementia, fibromyalgia	1
Permanent-Bad Bones	1
Physical	5
Physical - Stroke victim	1
Problemas de columna	1
PTSD and physical limitations	2

9) Is anyone in your household disabled?	
PTSD- Veteran	2
Pulmonary fibrosis	1
Severe diabetes	1
SSD	1
SSI Permanent	1
Stuttering	1
Veteran	7
Walking difficult	1
Wheelchair	1
Wife partial disability due to back injury, step son has IBD but not considered disabled yet	1

10) Have you or anyone in your household served in the US Military?		
Answer Options	Response Count	Response Percent
Yes	103	20.0%
No	412	80.0%
<i>answered question</i>	515	
<i>skipped question</i>	7	

11) What Language(s) are spoken in your home? (You may choose more than one)		
Answer Options	Response Count	Response Percent
English	492	98.8%
Spanish	23	4.6%
Other (please specify)	9	1.8%
<i>answered question</i>	498	
<i>skipped question</i>	24	
<i>Other write-in responses</i>	Response Count	
German	2	
Portugeuse	1	
Cebuano, Tagalog	1	
Tongan	1	
Navajo	1	

Sign & Native Language	1
Japanese	1
N/A	1

12) What is your race and/or ethnicity? (You may choose more than one)		
Answer Options	Response Count	Response Percent
Hispanic or Latino	40	8.0%
American Indian or Alaska Native	52	10.5%
Asian	5	1.0%
Black/African American	4	0.8%
White	434	87.3%
Native Hawaiian/Pacific Islander	7	1.4%
Decline to answer	21	4.2%
Other (please specify)	7	1.4%
<i>answered question</i>	497	
<i>skipped question</i>	25	
<i>Other write-in responses</i>		Response Count
European		2
one white, one Asian, one Black/Asian		1
Portuguese		1
Native		1
Irish-Scottish		1
J		1
White/European American		1

13) What is the highest level of education you completed? (Check One)		
Answer Options	Response Count	Response Percent
High school diploma	73	14.9%
GED	21	4.3%
1-2 years of college or technical school	92	18.7%
Associate degree or technical certificate	48	9.8%
Two-year college degree or certificate	32	6.5%
3-4 years college or technical school	17	3.5%
Bachelor's degree	87	17.7%
Master's degree or higher	101	20.6%
Did not graduate from High School - Highest grade completed (enter in space below)	20	4.1%
<i>answered question</i>	491	
<i>skipped question</i>	31	
<i>Write-in responses</i>		Response Count
	0	1
	6	1
	8	1
	9	7
	10	1
	11	8
	lots of college	1

14) What is your employment status? (Check one)		
Answer Options	Response Count	Response Percent
Full-time employed	328	66.4%
Part-time employed	57	11.5%
Seasonal work	10	2.0%
Self-employed	11	2.2%
Unemployed – SSI/Disability	20	4.0%
Unemployed – by choice	18	3.6%
Unemployed – cannot find job	13	2.6%
Unpaid work experience through an established program	1	0.2%
Retired	23	4.7%
Other (please specify)	13	2.6%
<i>answered question</i>	494	
<i>skipped question</i>	28	
<i>Other write-in responses</i>	Response Count	
Stay at home mom	5	
4 days a month	1	
Employed in two part-time positions	1	
one full time, one unemployed, one student	1	
Disabled	1	
Short term disability right now, husband recently passed due to cancer, now tithing to get self healthy. Having very difficult time. Husband & sf have worked our whom lived & never been any sort of system. I'm trying to get help with weatherization (already have half Windows completed) unlovable front & back for neither with weather stripping. I need help. Income went down 2600 monthly. And. I can't seem to get any emergency help. I'm alone & do crippled up due to taking care if husband alone for the last 21/2 years.	1	
Disabled fighting Social Security at this time	1	
Full time student	1	
Caregiver for husband	1	

15) Are you currently going to school?		
Answer Options	Response Count	Response Percent
Yes	41	8.3%
No	455	91.7%
<i>answered question</i>	496	
<i>skipped question</i>	26	

16) What is your annual household income before taxes?		
Answers (grouped)	Response Percent	Response Count
Less than \$20,000	18.7%	78
\$20,000-\$39,999	21.5%	90
\$40,000-\$59,999	17.7%	74
\$60,000-\$79,999	14.8%	62
\$80,000+	25.4%	106
N/A or Other	3.1%	13
<i>answered question</i>		418
<i>skipped question</i>		104

17) Do you work in any of the following sectors or programs? (mark all that apply)		
Answer Options	Response Percent	Response Count
Private sector	8.6%	42
Public sector	30.6%	149
Faith based community	2.3%	11
Educational Institution	17.2%	84
Community-based organization	11.7%	57
South Coast Head Start/Early Head Start	14.8%	72
Other ORCCA program	6.4%	31
None of the above	23.8%	116
<i>answered question</i>		487
<i>skipped question</i>		35

18) Do you have a child who is/was enrolled in one of our ORCCA children's programs?		
Answer Options	Response Percent	Response Count
South Coast Head Start/ Early Head Start	89.1%	123
Snack Pack	10.9%	15
CASA	3.6%	5
Great Afternoons/Great Beginnings	7.2%	10
<i>answered question</i>		138
<i>skipped question</i>		384

19) Have you ever received the following ORCCA services?		
Answer Options	Response Percent	Response Count
Housing	18.4%	23
Energy Assistance	76.8%	96
Weatherization	10.4%	13
Food Assistance	43.2%	54
Emergency Assistance	9.6%	12
<i>answered question</i>		125
<i>skipped question</i>		397

20) What do you see as the three (3) most significant strengths of the community/area where you live?				
Answer Options	Response Count	Response Percent	ORCCA Clients Response Count	ORCCA Clients Percent
Religious involvement	115	26.10%	51	30.2%
Social support networks	114	25.90%	38	22.5%
Cultural activities	42	9.50%	14	8.3%
Safety	81	18.40%	29	17.2%
Recreational opportunities	231	52.40%	80	47.3%
Housing	43	9.80%	19	11.2%
Medical care	70	15.90%	21	12.4%
Community involvement	174	39.50%	68	40.2%
Child care	30	6.80%	19	11.2%
Transportation	24	5.40%	12	7.1%
Employment	34	7.70%	9	5.3%
Family togetherness	123	27.90%	57	33.7%
Dental Care	57	12.90%	28	16.6%
Education	110	24.90%	43	25.4%
<i>answered question</i>	441		169	
<i>skipped question</i>	81		29	

If there are other strengths in your community, please add them:	
Write-in Answers:	Response Count
	34
<i>answered question</i>	34
<i>skipped question</i>	488
Food banks, thrift stores and help for low income individuals.	
Foodshare	
Flying Chicken Fundraisers	
This area is slipping further and further into a cesspool.	
Indian Reservations	
Clean air and water, Temperate climate	
Community Activities and togetherness	

If there are other strengths in your community, please add them:
I see us as weak in every area listed here.
Lower purchase costs of housing, ocean, small town friendliness, local radio stations, smaller government
Small Business Support
Wonderful support for the Arts
I feel lucky to live in the NB school district for my children because I do not feel that the quality of education is equal around the county, which is why I did not select it as a strength of the entire community. I chose Employment as a strength, even though we typically have a high unemployment rate. In my experience there are often many jobs available and those who want to work and are willing to work do not generally have difficulty finding employment.
Good collaboration between Social Service Providers, Good Mental Health services for a community our size, ability to do "more with less" in many cases, decent services to children (Head Start, after school programs, etc...)
We really do not have any strengths. We are an impoverished county with low income households and poverty. Every time development ever thinks about coming into our area, they get met with such resistance that they choose to go somewhere else. Our community as a whole is barely staying afloat and much of it is subsidized living. That is not a strength, that is a weakness.
Living in Gold Beach is challenging for our residents, there are few to no resources available, they either have to travel to Coos Bay or to Brookings, it would be nice if there was an ORCCA office in Gold Beach once a month not to mention better housing information available in both Gold Beach and Brookings area. Our residents have a hard time finding housing for a reasonable cost. Medical is another concern, being so rural it is hard for our older, vets, and children to get the proper medical treatment since the resources are not available.
collaboration
I don't feel that any of these are real strengths. If "recreational opportunities" means our local "natural beauty" and the ability to hike and look at it then, yes, that would be a possible strength.
I think the Boys and Girls Club offers an amazing opportunity to families by providing both after school care and sports activities. As a Coast Guard family living away from our family, we truly appreciate the support they offer us.
mild climate, great natural beauty
???
I don't feel our community has any strengths in any of the areas above. Housing is too expensive, there are no family wage jobs, very little culture, crime is on the rise, no transportation, it is impossible for people to get in to see doctors. This area is in huge decline.
Small tight helpful folks

If there are other strengths in your community, please add them:
We have a PFLAG (Parents and Friends of Lesbians and Gays) and New Community Coalition, which supports the youth-oriented Queer and Allies of Coos County program (also known as Q&A of Coos County).
Mental Health services
Collaborative nature of family/ child serving organizations A lot of aiding resources for families/ children in need
If you need a food bank or help at Christmas time the sign ups are widely known. Where I moved from if I needed either one I would not have any idea where to go to get the help but here the lists and flyers all are all over the place.
I see systems of care starting to evolve and want to grow. I see organizations trying to come together trying to figure out how to collaborate funds instead of silo funds. I see a lot of people who do care about our community, families and youth.
People helping other, Service groups, Food banks
It was hard even choosing two from the list up above
The community tries to help
Not really the entire County News to redesign an upgrade create more jobs or construction will bring more money flow bring in big construction. Does will I improve jobs and money flow for younger generation
services to support families: FOOD, community togetherness, family events/activity opportunities
None
Outdoor Recreation

Employment: Please mark 1-3 concerns related to Employment:				
Answer Options	Response Count	Response Percent	ORCCA Clients Response Count	ORCCA Clients Percent
Lack of skilled workers	108	23.1%	25	13.3%
Availability of jobs	272	58.1%	107	56.9%
Required education for jobs	67	14.3%	30	16.0%
Need good paying jobs/benefits	299	63.9%	114	60.6%
Assistance for job search/resume building	26	5.6%	9	4.8%
Need affordable childcare	206	44.0%	89	47.3%
Available work is only seasonal	57	12.2%	27	14.4%
Lack of technical training opportunities/programs	93	19.9%	37	19.7%
Transportation to/from work	115	24.6%	42	22.3%
Lack of computer skills	28	6.0%	8	4.3%
Employment is not a concern	41	8.8%	21	11.2%
<i>answered question</i>		468		188
<i>skipped question</i>		54		10

Higher Education: Please mark 1-3 concerns related to Education:				
Answer Options	Response Percent	Response Count	ORCCA Clients Response Count	ORCCA Clients Percent
Lack of resources for obtaining a GED	8.9%	39	18	10.1%
Lack of resources to gain computer skills	12.8%	56	19	10.7%
Transportation to education	30.5%	134	56	31.5%
Lack of assistance in completing applications/forms	13.0%	57	25	14.1%
Lack of money for tuition/fees	67.9%	298	114	64.1%
Lack of technical/vocational opportunities	38.3%	168	57	32.0%
Lack of access to college education	24.1%	106	42	23.6%
Higher Education is not a concern	19.4%	85	41	23.0%
<i>answered question</i>		439	178	
<i>skipped question</i>		83	20	

K-12 Education: Please mark 1-3 concerns related to Education:				
Answer Options	Response Count	Response Percent	ORCCA Clients Response Count	ORCCA Clients Percent
Transportation to education	21	4.8%	10	5.7%
Lack of preparation for college education	145	32.9%	56	32.0%
Threats of violence in schools	90	20.4%	44	25.1%
Drop-out rates	209	47.4%	70	40.0%
Condition of school buildings/facilities	225	51.0%	67	38.3%
Lack of parent/family engagement in schools	212	48.1%	75	42.9%
Lack of summer educational programming	123	27.9%	56	32.0%
Education is not a concern	53	12.0%	28	16.0%
<i>answered question</i>		441		175
<i>skipped question</i>		81		23

Preschool/Child care: Please mark 1-3 concerns related to Child care:				
Answer Options	Response Count	Response Percent	ORCCA Clients Response Count	ORCCA Clients Percent
Lack of Preschool/PreK programs	66	15.2%	24	13.4%
Quality of Childcare/Preschool/PreK programs	94	21.6%	32	17.9%
How to find child care	64	14.7%	20	11.2%
Cost of child care	248	57.0%	109	60.9%
Lack of child care for infants/toddlers	119	27.4%	47	26.3%
Lack of child care for preschoolers	37	8.5%	14	7.8%
Lack of child care for school-age children	28	6.4%	7	3.9%
Child care availability during school hours	33	7.6%	13	7.3%
Child care availability during traditional work week	52	12.0%	19	10.6%
Child care availability for evening or weekends	116	26.7%	57	31.8%
Lack of after school programs	95	21.8%	37	20.7%
Lack of summer child care	60	13.8%	24	13.4%
Lack of summer educational programming	61	14.0%	25	14.0%
Lack of access to parenting classes/other parenting supports	36	8.3%	11	6.1%
Child care is not a concern	81	18.6%	31	17.3%
<i>answered question</i>		435		179
<i>skipped question</i>		87		19

Housing: Please mark 1-3 concerns related to Housing:				
Answer Options	Response Percent	Response Count	ORCCA Clients Response Count	ORCCA Clients Percent
How to find housing resources	12.4%	58	26	13.8%
Cost of rent payments	62.2%	291	122	64.9%
Cost of mortgage payments	17.1%	80	27	14.4%
Cost of utilities	34.0%	159	77	41.0%
Lack of quality housing	40.8%	191	62	33.0%
Housing size doesn't meet family needs	12.4%	58	39	20.7%
Lack of temporary/emergency housing	25.6%	120	48	25.5%
Affordable housing is not available	47.9%	224	90	47.9%
Weatherization	10.7%	50	22	11.7%
Repairs (roof, foundation, plumbing, etc.)	18.4%	86	29	15.4%
Where housing is available, neighborhood conditions are not acceptable	22.6%	106	37	19.7%
Housing is not a concern	8.1%	38	14	7.5%
<i>answered question</i>		468		188
<i>skipped question</i>		54		10

Food/Nutrition: Please mark 1-3 concerns related to Food/Nutrition:				
Answer Options	Response Percent	Response Count	ORCCA Clients Response Count	ORCCA Clients Percent
Transportation	13.5%	60	18	10.1%
Not enough income to purchase food	39.5%	175	83	46.4%
SNAP benefits (Supplemental Nutrition Assistance Program, formerly known as food stamps) run out before the end of the month	26.9%	119	63	35.2%
Not eligible for SNAP benefits (Supplemental Nutrition Assistance Program, formerly known as food stamps)	26.6%	118	63	35.2%
Not eligible for emergency food resources	6.5%	29	12	6.7%
Need for nutrition education	24.6%	109	35	19.6%
How to find food resources	9.9%	44	16	8.9%
Lack of healthy food options	27.1%	120	39	21.8%
Lack of cooking/food preparation skills	22.8%	101	31	17.3%
Food resources (pantries, etc.) not available	6.1%	27	9	5.0%
Nutrition is not a concern	19.0%	84	33	18.4%
<i>answered question</i>		443		179
<i>skipped question</i>		79		19

Personal Finances: Please mark 1-3 concerns related to Personal Finances:				
Answer Options	Response Percent	Response Count	ORCCA Clients Response Count	ORCCA Clients Percent
Budgeting skills/knowledge	38.7%	169	61	34.5%
Money management	39.8%	174	64	36.2%
Understanding & managing Credit/Debt	30.4%	133	61	34.5%
How to work with creditors	13.7%	60	26	14.7%
Access to federal/state benefits programs	13.3%	58	26	14.7%
Banking and savings information	5.3%	23	6	3.4%
Income Tax assistance, including tax credits	13.0%	57	22	12.4%
How to find help with personal finance concerns	17.4%	76	25	14.1%
Lack of mortgage information	7.1%	31	12	6.8%
Lack of home-buyer's education	11.7%	51	22	12.4%
Lack of rental education	12.1%	53	27	15.3%
Rebuilding credit	24.9%	109	60	33.9%
Personal Finances are not a concern	22.7%	99	32	18.1%
<i>answered question</i>		437		177
<i>skipped question</i>		85		21

Transportation: Please mark 1-3 concerns related to Transportation:				
Answer Options	Response Percent	Response Count	ORCCA Clients Response Count	ORCCA Clients Percent
Cost of car purchase or payments	33.0%	151	66	36.1%
Lack of credit for car purchase	15.7%	72	42	30.0%
Cost of car maintenance/repairs	33.0%	151	73	39.9%
Cost of fuel	28.8%	132	62	33.9%
Cost of license, registration, fees	17.5%	80	38	20.8%
Fees for citations, tickets, impound costs	7.4%	34	15	8.2%
Cost of insurance	35.6%	163	63	34.4%
Learning to drive or getting a license	7.4%	34	16	8.7%
Limited public transportation	38.4%	176	53	29.0%
Roads/street repair	21.6%	99	32	17.5%
Distance to access services	14.2%	65	25	13.7%
Need Car Seat/Safety information/resources	4.1%	19	10	5.5%
Transportation is not a concern	15.5%	71	27	14.8%
<i>answered question</i>		458		183
<i>skipped question</i>		64		15

Health Care: Please mark 1-3 concerns related to Health Care:				
Answer Options	Response Percent	Response Count	ORCCA Clients Response Count	ORCCA Clients Percent
Providers are not taking new patients	38.8%	174	59	33.7%
Providers do not accept Medicaid	7.8%	35	17	9.7%
Clinics/offices are not located in my community	5.8%	26	11	6.3%
Medical provider turnover	29.9%	134	48	27.4%
Hospital/emergency room is not available in my community	2.9%	13	8	4.6%
Transportation to appointments	11.2%	50	16	9.1%
Distance from services	10.5%	47	18	10.3%
Lack of insurance	15.8%	71	26	14.9%
Existing health conditions	9.6%	43	21	12.0%
Cost of prescriptions	22.5%	101	38	21.7%
Cost of out-of-pocket expenses	37.9%	170	61	34.9%
Lack of income to pay for medical emergencies	17.2%	77	33	18.9%
Lack of resources for alcohol/drug abuse treatment	13.4%	60	20	11.4%
Lack of resources for mental health	24.6%	110	43	24.6%
Lack of resources for dental care	11.6%	52	26	14.9%
Lack of wellness programs	9.4%	42	14	8.0%
Health Care is not a concern	13.2%	59	28	16%
<i>answered question</i>		448		175
<i>skipped question</i>		74		23

Overall Community Concerns: Please mark 1-3 related to Overall Community Concerns:				
Answer Options	Response Percent	Response Count	ORCCA Clients Response Count	ORCCA Clients Percent
Lack of Recreational/Social outlets	28.8%	132	57	31.3%
Crime, thefts, robberies	45.5%	209	91	50.0%
Teenage pregnancy	7.8%	36	15	8.2%
Teenage delinquency	10.7%	49	14	7.7%
Drug Addiction	66.4%	305	111	61.0%
Alcohol Abuse	29.8%	137	50	27.5%
Lack of access to computers/internet	2.8%	13	4	2.2%
Homelessness	61.2%	281	107	58.8%
Vacant/Run-down buildings	26.8%	123	45	24.7%
Domestic Violence	20.5%	94	33	18.1%
Lack of Emergency Preparedness	9.4%	43	14	7.7%
Child Abuse and Neglect	33.1%	152	50	27.5%
Language Barriers	4.6%	21	11	6.0%
Community/Safety issues are not a concern	3.9%	18	12	6.6%
<i>answered question</i>		459		182
<i>skipped question</i>		63		16

If there are other challenges facing your family or community, please add them.	
Write-in Answers	Response Count
	54
<i>answered question</i>	54
<i>skipped question</i>	468
Lack of high school alternative options or programs.	
We are a small town with limited resources so almost everything means traveling; food, Dr.s, prescriptions, clothes, jobs, affordable housing that's well maintained...the list goes on.	
I think there should be more low income houses. This is a small community with no jobs. We need a winco and a small walmart.	
Need to redraw HS/EHS district lines. We live 3 blocks from Coos Bay office line, but live in Charleston district so there is not bussing.	
Drugs, crime, robberies all have been a problem for sometime but nothing is being done. Homeless drug abusers break into vacant houses and run them down past the point of repair. I don't feel safe in my own home/community.	
Pet Neglect	
The number of homeless people grows everyday.	
Cost of healthcare coverage.	
The boxes I have checked are not directed at me or my family, completely, I answered for my community.	
People not having insurance because they do not qualify for OHP or insurance through employer is too outrageous to pay.	
The cost of food, and fuel in this area is outrageous! Local stores charge 2-3 times more than in other areas. The other option is to drive to Brookings to shop at a box store, which is great if you have a car and can spend \$20 in fuel for each trip. I recognize that living in a somewhat isolated area creates complications for delivery, but there are many other, just as isolated and rural areas in OR that don't get gouged for living in a tourist trap. Gas is frequently .30-.40 cents cheaper per gallon if you travel north or south. If a family can travel to purchase groceries they will save hundreds of dollars per trip. The local stores sell brown meats, rotten "fresh" fruits and vegetables and you're lucky if the first item you take off the shelf hasn't already expired.	
Road condition is a major concern in my community. Property taxes are high, yet we don't see evidence of the taxes being used to maintain our residential roads. This increases the cost of maintaining vehicles.	
Community enabling of non-conforming citizenry	
Lack of mental health services adversely impacts this community. Many homeless people suffer from mental health problems and do not get enough help for them.	
When a person gets clean and sober and they are on the path to recovery and are working full-time and they are unable to rent due to past rental history. At some point there needs to be forgiveness or other options. They can't lack the ability to rent again	

If there are other challenges facing your family or community, please add them.
Mental health family, children
I work with people/families who struggle to get both housing and employment due to several factors: criminal felony conviction(s), poor rental history, limited income. When an individual has made significant progress, it's a shame that they have so many obstacles to overcome (sometimes even to be reunited with their children when the Safety Threats have been mitigated)
Accessibility to support services like ORCCA by phone. One or two centralized receptionists for the volume of consumers is not a model that I believe is working well for the agency or community. Having adequate and up-to-date departmental/staff phone lists available both internally and externally (to the public) as well as updated agency brochures, income guideline information for different programs, and resource guides should be top priority for the agency now that the dust has settled on the building transition.
Lack of jail space; people are arrested but then let go so there is no motivation for them not to commit more crimes
Most of the above are medium to high community concerns.
School facilities are in desperate need of updating. Community may or may not pass needed bond. Not enough PE teachers!!! or time getting physical activity.
These questions don't address the root of the concerns. Parents need to know that working hard will set a good example for their child. They need to communicate with their kids and live lives without drugs and alcohol. Our kids are deeply neglected here and many are in foster care or being abused. Parents need to attend jobs on a regular basis, etc. Not sure how to answer some of these issues.
Poverty is a life long legacy to the people of Coos County.
In reference to one of the nutrition questions.....it isn't that nutritious food isn't available, it is that kids are allowed to choose all of the high fat/calories options if that is what they want. That is what the younger kids choose.
Lack of quality Internet Service Providers. Need more/better choices.
I answered based on community concerns that I witness working for a school district, not personal and household.
There is no rent control so Landlords charge high rent and require first and last months rent and require a cleaning deposit. This makes it impossible to find rentals for those of us who retire and must live on social security.
Lack of resources for children with special needs.
Evertime you go to ask for help your told no funds exist.even when they do. And staff is not a help.
Head start has become less help.The class times do not benefit the working family only benefit the unemployed. Programs only help those that dont work for it. Same with the energy assistance. No calls that they got the application. Just a letter weeks later.
We live in a small community about 15 minutes outside of the main towns. There is no regular police protection here. Because of this, people abusing substances tend to live in our little community and the crime rate is higher.

If there are other challenges facing your family or community, please add them.
Community partners need to be encouraged to cooperate and share resources, information, and referrals. Those working with individuals with disabilities and mental health need to eliminate the barrier to accessing reliable mental health supports and supports in our medical community. There isn't reliable public transportation for people who want to work. There aren't any driver's education services to help people who are interested in learning to drive.
We never seem to be on stable financial footing. Everytime we get a little money saved disaster strikes, property taxes, elder care, kids need \$\$ because they are out of work, car repairs, illness, can't afford insurance and work sick so we don't lose health coverage.
Pet ownership, lack of spay and neuter (due to education of owners) cost of veterinary care for the average person. It's astronomical.
Not enough mental health services for children Limited MH resources for individuals with private pay insurance
Not so much for my family personally, but frustrating as a citizen. Employment: People who CAN work don't WANT to - they've been told food stamps/gov't assistant is their RIGHT by their case workers. I have a responsibility to give people a hand up. But, I work to SUPPORT my family, they should work to support theirs. Preschool/Child care: Headstart teaches kids their parents correct them (my friend's branch in Portland actually said parents shouldn't use the word "no" EVER, then headstart gets mad at the parents when the kids become brats? Set parents up to fail, then get mad at the parents? Let's see where these babies end up in 20 years :(Oh, we've already see that - note teen delinquency marked above!
Housing is a huge issue for many families in our community. There is a lack of affordable housing, particularly for families who do not qualify for low-income housing. There is also a giant gap of availability for low-income housing.
The legal use of marijuana is a concern. All businesses are drug testing including the temp agencies. Somehow this needs to be addressed.
Drugs biggest problem facing our county and our country
My answers are both for my family's perspective - and also for my friends in our community (as I find as I work with them to support them for their needs)
I need help cleaning my gutters on my house.
I feel like my family is doing well however I've seen problem with lack of support to families & parents, education & parenting resources are HUGE. Accountability for those getting services, need to drug testing and Have To job search unless medical excuse why you can't. housing is difficult & a big problem is no inpatient drug treatment
lack of housing of all kinds
The community needs a safe place for people to detox and live drug free.
There so many issues I would not have enough with Coos County and surrounding areas
I need some help. I've filled out every application I know of. No emergency help foe widows?
My community lacks an established task force/advisory cmte that focuses on developing and nurturing partnerships designed to address social inequities.

If there are other challenges facing your family or community, please add them.
This is such a beautiful area, it seems such a shame not to be thriving. I keep hearing things like "we don't want to be like San Francisco" - well, we are far FAR from even being close. If there were more jobs that paid a LIVING WAGE, and more affordable housing, our community would be one that people were scrambling to live in.
Why has Community Action strayed from its mission? They used to do so much more for the low-income folks in the community.
Mental health resources for those that need it. (Especially coos county women! Just kidding.)
I've lived here most of my life and while I feel fortunate to live comfortably here, I am concerned for many families that barely get by. I'm concerned about the rising crime rates and rampant drug use. I'm concerned about overcrowded classrooms, dilapidated schools and a lack of quality education options for our children.
Need apartment complexes:low medium and high price range. It is a shortage. No where to rent. Need safe, affordable, gated communities like bigger cities. Also HeadStart does not offer enough slots for working middle class families. We all need full days of daycare if we are to hold jobs.
The cost of living in this area is out of control. Those who live and work here cannot afford their basic needs. This is evident when taking a quick trip to the grocery store. Prices are nearly double what you will find in a major city. Housing is not affordable even for a working family. We have been looking at purchasing a home for the past 3 years. You cannot get a mortgage on anything in our price range because homes are sold for 'cash only' in that range -- meaning banks won't finance them. Mainly, this seems to be because repairs and additions to homes are made without permits. Meanwhile, the rental market is extremely limited and again, very pricey. We are increasingly concerned about the lack of adequate health care options and education in our schools as well. The graduation rates for our community are downright sad. A young family can only last so long in this area before making the tough and ultimate decision to leave in order to allow for better opportunities. It is a damn shame too because it is a beautiful place to raise a family. Just seems to be severely lacking in all of the wrong (and most important) places.
Lack of specialty medical care within a reasonable distance. Some providers, like Rheumatology, are 2-3 hours away.

Appendix B: SCHS Childcare Needs

1) Employment Status		
Answer Options	Response Percent	Response Count
Full Time 32+ per week	48.3%	131
Part Time	12.5%	34
Multiple Jobs	4.1%	11
Full Time Student	1.1%	3
Part Time Student	0.7%	2
Working and Attending School	4.8%	13
Unemployed	14.4%	39
Disabled	3.0%	8
Retired	2.6%	7
Seasonal	1.1%	3
Other (please specify)	7.4%	20
answered question		271
skipped question		0
Other (please specify)		
<i>Parents are separated, but work together for child care.</i>		
<i>Dad works/mom home</i>		
<i>Parents work opposite shifts</i>		
<i>Mom works/Dad home with child</i>		
<i>Grandma works/Grandpa stays home with grandkids</i>		
<i>Doing jobs training</i>		
<i>Mom/Dad work opposite shifts</i>		
<i>Mom stays home/dad works no care needed</i>		
<i>Dad works/ Mom stays home</i>		
<i>Mom works dad stays home</i>		
<i>Mom works/Dad is doing online classes and home with kids</i>		
<i>Husband works/Mom stays home</i>		
<i>Full time student & Unemployed</i>		
<i>stay at home parent</i>		
<i>stay at home parent</i>		
<i>part time work, full time student</i>		
<i>maternity leave</i>		
<i>medical leave</i>		
<i>would like to work but need daycare but cannot afford it</i>		
<i>Would like to get GED and job but need daycare first</i>		

2) Normal Work Days		
Answer Options	Response Percent	Response Count
Weekdays	52.9%	118
Weekends	2.2%	5
Weekdays and Weekends	44.8%	100
<i>answered question</i>		223
<i>skipped question</i>		48

Normal Work Shift		
Answer Options	Response Percent	Response Count
Day	68.5%	152
Swing	6.8%	15
Night (Graveyard)	3.2%	7
Rotating	21.6%	48
<i>answered question</i>		222
<i>skipped question</i>		49

Childcare Hours needed due to work schedule				
Answer Options	Weekends	Weekdays	Both	Response Count
Full day childcare	2	85	25	112
Part time childcare: Afternoons	1	39	12	52
Part time childcare: Mornings	1	42	11	54
Night time childcare	0	4	11	15
<i>answered question</i>				178
<i>skipped question</i>				93

Current Childcare Center						
Answer Options	Needs Improvement	Below Average	Average	Good	Excellent	Response Count
	11	16	45	66	97	235
<i>answered question</i>						235
<i>skipped question</i>						36

Appendix C: Policy Council Focus Group & SCHS Summary

The South Coast Head Start Policy Council also met on February 28, 2017 to review summary assessment findings and offer additional input and perspectives from a parent perspective. The group discussed the continued need for Head Start and Early Head Start services throughout the entire service area due to large waiting lists for services.

Policy Council agreed with potential concerns related to a lack of local services in the communities of Myrtle Point, Powers and Lakeside. These communities hold small populations, but are located a significant distance from current Head Start and Early Head Start centers. Myrtle Point and Lakeside children are currently bussed for services to the nearest Head Start site, but this impacts parent engagement and involvement in programming. Powers currently provides public preschool through their school district, and has begun expanding family support services as well.

Policy Council also reviewed the relatively small percentage of children served who are eligible for EHS services and suggested that SCHS should look for opportunities to expand EHS services throughout the service area.

Policy Council reviewed and agreed on this report's primary concerns as reflected in available data and community surveys and shared their perspectives on challenges in each area, including housing, transportation, mental health services, employment and childcare.

Group participants agreed that the following considerations should be considered in planning for SCHS services:

- Look for opportunities for expansion (Early Head Start and underserved communities)
- Coordination with community partners to address area-wide critical housing needs
- Expand programming to assist families in overcoming employment roadblocks
- Expand the duration of services and availability of childcare for working families
- Expand employment and training opportunities for parents as well as supports related to economic mobility
- Explore partnerships and resources for supporting mental health for children, families and staff

Resources

- ⁱ US Census 2000, via www.communitycommons.org, Change in Total Population, October 2016
- ⁱⁱ US Census, American Community Survey 2010-2014, via www.communitycommons.org, Total Population, October 2016
- ⁱⁱⁱ US Census, American Community Survey 2010-2014, via www.communitycommons.org, Total Population by Age Groups, October 2016
- ^{iv} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Total Population by Gender, October 2016
- ^v US Census, American Community Survey 2010-2014, via www.communitycommons.org, Total Population by Race Alone, October 2016
- ^{vi} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Total Population by Ethnicity Alone and Population Change by Hispanic Origin (2000-2010), October 2016
- ^{vii} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Population Median Age by Race Alone, October 2016
- ^{viii} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Population with Any Disability by Age Group, October 2016
- ^{ix} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Veteran Population, October 2016
- ^x Federal Register, The Daily Journal of the U.S. Government, HHS, via www.federalregister.gov, Annual Update of the HHS Poverty Guidelines, January 31, 2017
- ^{xi} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Population in Poverty by Ethnicity Alone and Population in Poverty by Race Alone, October 2016
- ^{xii} Children First For Oregon, Status of Oregon’s Children, via www.cffo.org, 2016 Data Book – State Trends in Child Well-Being, March 2017
- ^{xiii} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Poverty – Population Below 50% FPL, October 2016
- ^{xiv} Children First For Oregon, Status of Oregon’s Children, via www.cffo.org, 2016 County Data Book, March 2017
- ^{xv} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Poverty – Population Below 100% FPL, Population in Poverty by Gender, and Population in Poverty by Ethnicity Alone, October 2016
- ^{xvi} Oregon DHS, OHA Office of Forecasting, Research & Analysis, via www.oregon.gov, High Poverty Hotspots – 2015 County Table, June 2015
- ^{xvii} ORCCA Community Survey, January 2017
- ^{xviii} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Housing – Substandard Housing, October 2016
- ^{xix} Oregon Housing Alliance, via www.oregonhousingalliance.org, A Place to Call Home: Coos County and A Place to Call Home: Curry County, 2016
- ^{xx} Oregon Bureau of Labor and Industries, via www.oregon.gov, Oregon Minimum Wage Rate Summary, March 2017
- ^{xxi} An Economist’s View of the South Coast. Annette Sheldon-Tideman, Oregon Employment Department. The World Newspaper. July 25, 2016
- ^{xxii} Coos County’s Economy: The Last 10 Years, 2006-2016. Annette Sheldon-Tideman. September 1, 2016.
- ^{xxiii} State of Oregon Employment Department, Labor Market Information, via www.qualityinfo.org, Coos & Curry County Economic Indicators, November 2016

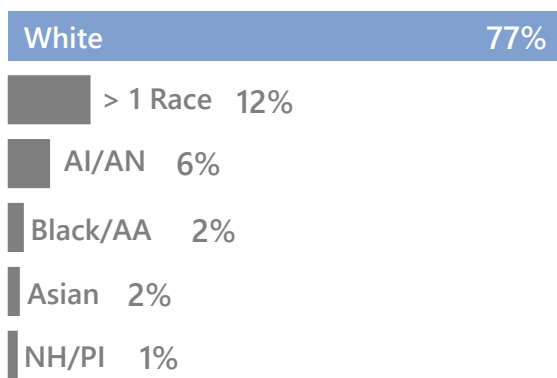
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- ^{xxiv} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Median Family Income, October 2016
- ^{xxv} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Median Family Income by Family Composition, October 2016
- ^{xxvi} US Census, American Community Survey 2010-2014, via www.communitycommons.org, Income – Public Assistance Income and Average Public Assistance Dollars Received, October 2016
- ^{xxvii} Children First for Oregon, 2016 Status of Oregon’s Children and Families, County Data Book via www.cffo.org, 2016
- ^{xxviii} Oregon State University School of Social and Behavioral Health Sciences, Oregon Child Care Research Partnership, Oregon Child Care Dynamics, 2014 Child Care and Education in Coos County and 2014 Child Care and Education in Curry County, 2014
- ^{xxix} Children First For Oregon, Status of Oregon’s Children, via www.cffo.org , 2016 County Data Book, March 2017
- ^{xxx} US Census, American Community Survey 2010-2014, via www.communitycommons.org , Population with Associate’s Degree or Higher, Population with Bachelor’s Degree or Higher, Population with No High School Diploma, and Population with No High School Diploma by Ethnicity, October 2016
- ^{xxxi} US Census, American Community Survey 2010-2014, via www.communitycommons.org , Population in Limited English Households, Population with Limited English Proficiency, and Population with Limited English Proficiency by Language Spoken at Home (4-Category), October 2016
- ^{xxxii} National Center for Education Statistics, NCES – Common Core of Data, 2013, via www.communitycommons.org ,
- ^{xxxiii} Feeding America 2013, via www.communitycommons.org , Food Insecurity Rate, Food Insecurity – Food Insecure Children, Food Insecurity – Food Insecure Population Ineligible for Assistance, October 2016
- ^{xxxiv} Suicides in Oregon: Trends and Associated Factors 2003-2012, Oregon Health Authority, via www.public.health.oregon.org
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APPENDIX D: ALCOHOL, TOBACCO, AND OTHER DRUG USE, 2021

Demographics

A total of 370 individuals responded to the survey. Among those, most were White (77%), not Hispanic/Latinx (89%), female (67%), and between the ages of 25 and 44 (24%). The majority of respondents were from Coos Bay (69%). There were less than 10 respondents from each of the following: Lakeside (9), Charleston (6), Powers (5), and Unincorporated Coos County (5).

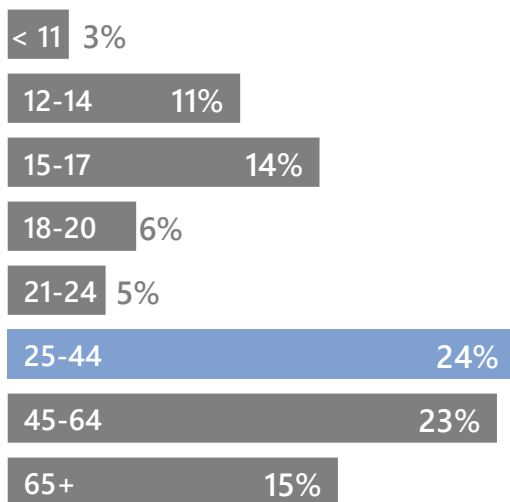
Figure 1. Respondents by Race



N = 356

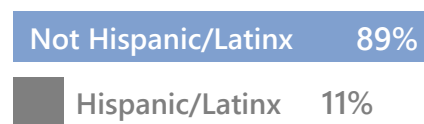
AI/AN = American Indian/Alaska Native; AA = African American; NH/PI = Native Hawaiian/Pacific Islander

Figure 4. Respondents by Age



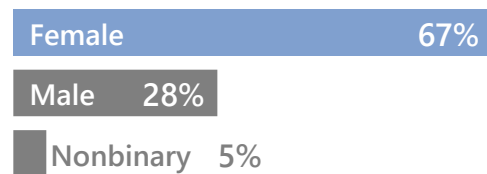
N = 353

Figure 2. Respondents by Ethnicity



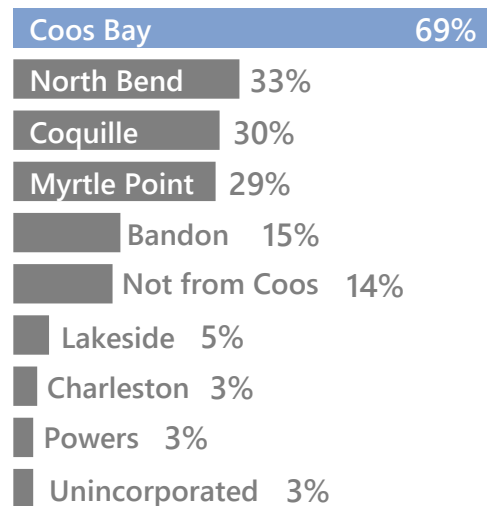
N = 280

Figure 3. Respondents by Gender



N = 349

Figure 5. Respondents by Location



N = 358

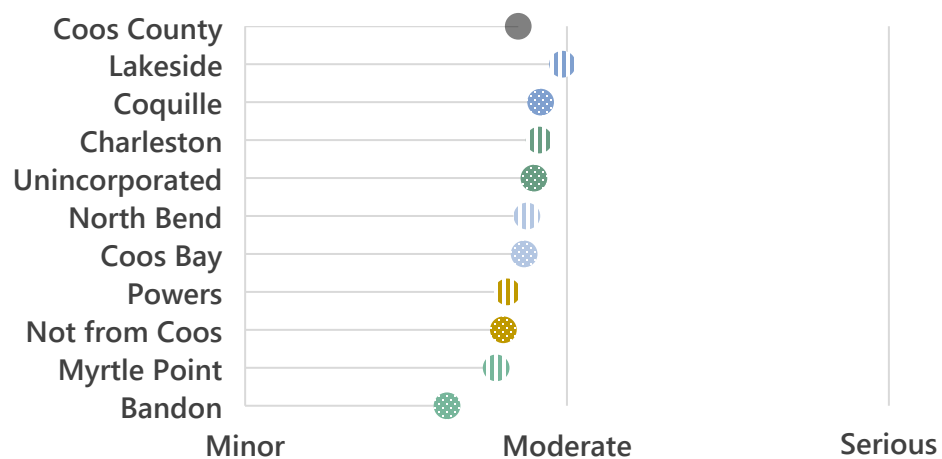
Community Problems

Respondents were asked "In your community, how much of a problem do you believe each of the following is?" Responses options included: not a problem, a minor problem, a moderate problem, and a serious problem. Items included:

- Alcohol use by teenagers
- Tobacco use by teenagers
- Marijuana use by teenagers
- Prescription drug use by teenagers (without a prescription)
- Heroin use by teenagers
- Methamphetamine use by teenagers
- Other drug use by teenager (inhalants, cocaine, synthetics, etc)
- Online gaming or gambling by teenagers (that cost money)
- Alcohol use by adults
- Tobacco use by adults
- Marijuana use by adults
- Prescription drug use by adults (without a prescription)
- Heroin use by adults
- Methamphetamine use by adults
- Other drug use by adults (inhalants, cocaine, synthetics, etc)
- Excessive gambling by adults
- Excessive online gaming by adults (that cost money)

On a scale of 0 (not a problem) to 3 (a serious problem) residents of **Coos County**, on average, reported that listed items were minor problems (1.8). On average, respondents in **Lakeside** reported the greatest problems related to the items above (2.0).

Figure 6. Average Severity of Community Problems by Location

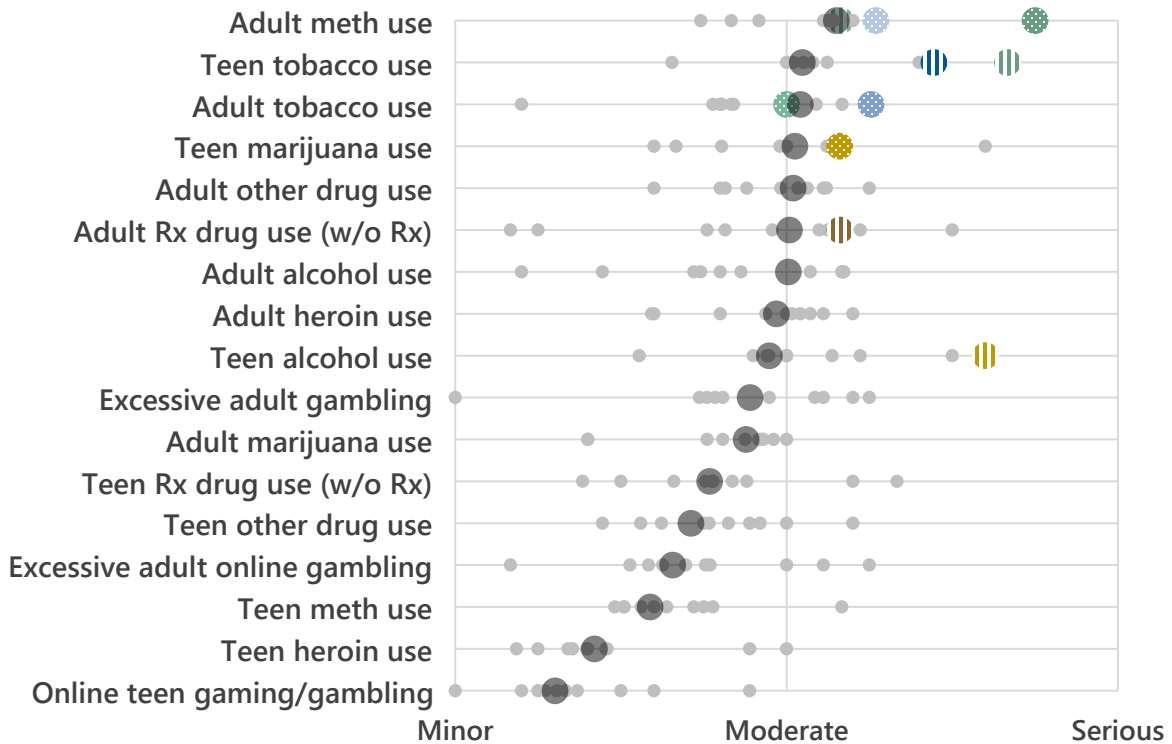


The graph below shows 1) the average severity score for each problem above in Coos County depicted in the transparent, large black dots, 2) the most severe problem in each location depicted by the larger dots with colors and patterns corresponding with the locations in Figure 6, and 3) the range of severity of problems in each location depicted by the small light gray dots.

- In **Coos County**, methamphetamine use among adults had the highest severity score.
- Among locations in Coos County, adult methamphetamine use was the most severe problem in **unincorporated Coos County**, **Coos Bay**, and **Myrtle Point**.

In the other locations, the most severe problems were teen tobacco in Charleston and Lakeside, adult tobacco use in Coquille and **Bandon**, teen marijuana use among those **not from Coos County**, adult prescription drug use without a prescription in **North Bend**, and teen alcohol use in **Powers**.

Figure 7. County Severity by Community Problems and Top Problems by Location



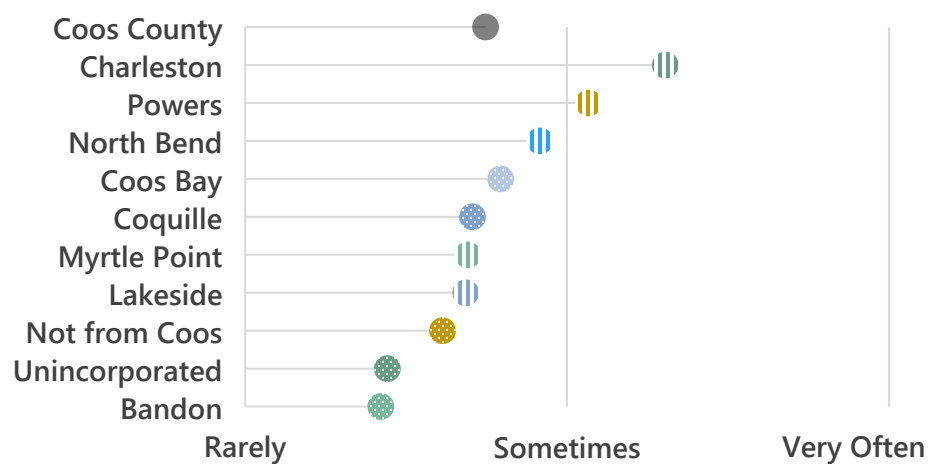
Frequency of Incidents

Respondents were asked “In your community, how often do you see...” Responses options included: never, rarely, sometimes, and very often. Items included:

- Teenagers using tobacco in public
- Teenagers using marijuana in public
- Teenagers drinking alcohol in public
- Somebody drunk in public
- Somebody high or stoned in public
- Somebody goes into debt, get in legal trouble, have relationship issues, or other issues because of gambling

On a scale of 0 (never) to 3 (very often) residents of **Coos County**, on average, reported they saw these incidences rarely (1.7). On average, respondents in **Charleston** reported seeing these behaviors most often (2.3).

Figure 8. Average Frequency of Incidents by Location

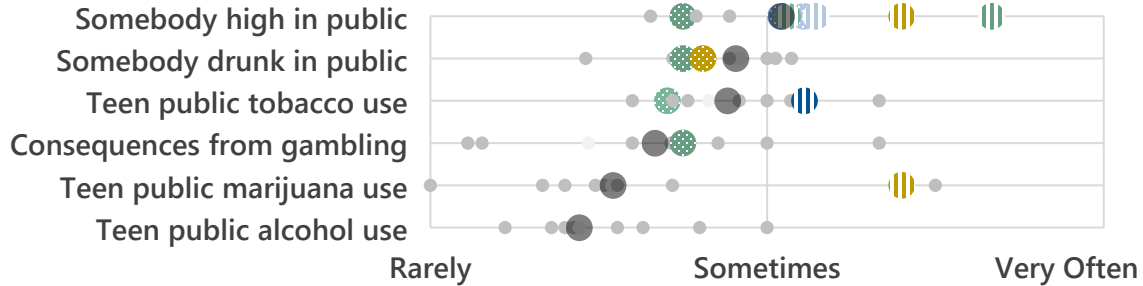


The graph below shows 1) the average frequency score for each incident above in Coos County depicted in the transparent, large black dots, 2) the most frequent incidents in each location depicted by the larger dots with colors and patterns corresponding with the locations in Figure 8, and 3) the range of frequency of incidents in each location depicted by the small light gray dots.

- In **Coos County**, seeing someone high in public had the highest frequency score.
- Among locations in Coos County, seeing somebody high in public was the most frequent incident seen in **Charleston**, **North Bend**, **Coos Bay**, **Myrtle Point**, and **Coquille**.
- In **unincorporated Coos County**, seeing somebody high in public and teen marijuana use tied for the most frequent incidents seen.
- In **Powers**, seeing somebody high in public, seeing somebody drunk in public, and consequences of gambling tied for the most frequent incidents seen.

- In the other locations, the most frequent incidents were seeing somebody drunk in public among those **not from Coos County** and teen tobacco use in **Lakeside** and **Bandon**.

Figure 9. County Frequency by Incidents and Top Behaviors by Location



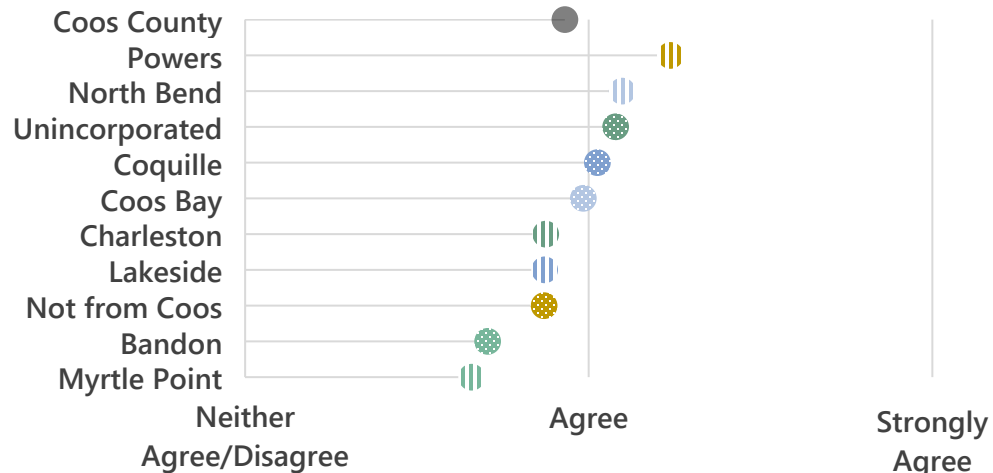
Attitudes about Prevention

Respondents were asked “How much do you agree or disagree with each of these statements?” Responses options included: strongly disagree, disagree, neither agree or disagree, agree, and strongly agree. Items included:

- Schools need to be more active in dealing with alcohol, tobacco, and other drug problems
- Programs that help people avoid alcohol and other drug problems are a good investment because they save lives and money
- The general public has the responsibility to support programs to help people avoid alcohol and other drug problems
- All tobacco advertising (billboards, magazines, etc.) should be banned
- Secondhand tobacco smoke is harmful to breathe
- The public should be protected from breathing secondhand tobacco smoke
- Tobacco use in public sets a negative example for children and youth
- Children/youth should be protected from secondhand smoke in outdoor areas
- Having tobacco-free city properties is important to the health of your community
- Having a tobacco-free Coos County Fair is a positive change
- All marijuana advertising (billboards, magazines, etc.) should be banned
- Secondhand marijuana smoke is harmful to breathe
- The public should be protected from breathing secondhand marijuana smoke
- The number of marijuana outlets should be limited
- Alcohol, tobacco, and marijuana should ONLY be sold in a facility or store that does not allow minors
- My community is interested in making healthy changes

On a scale of 0 (strongly disagree) to 4 (strongly agree) residents of Coos County, on average, neither agreed nor disagreed with the prevention statements (2.9). On average, respondents in **Myrtle Point** reported the most disagreement (2.7).

Figure 10. Average Agreement on Prevention Statements by Location

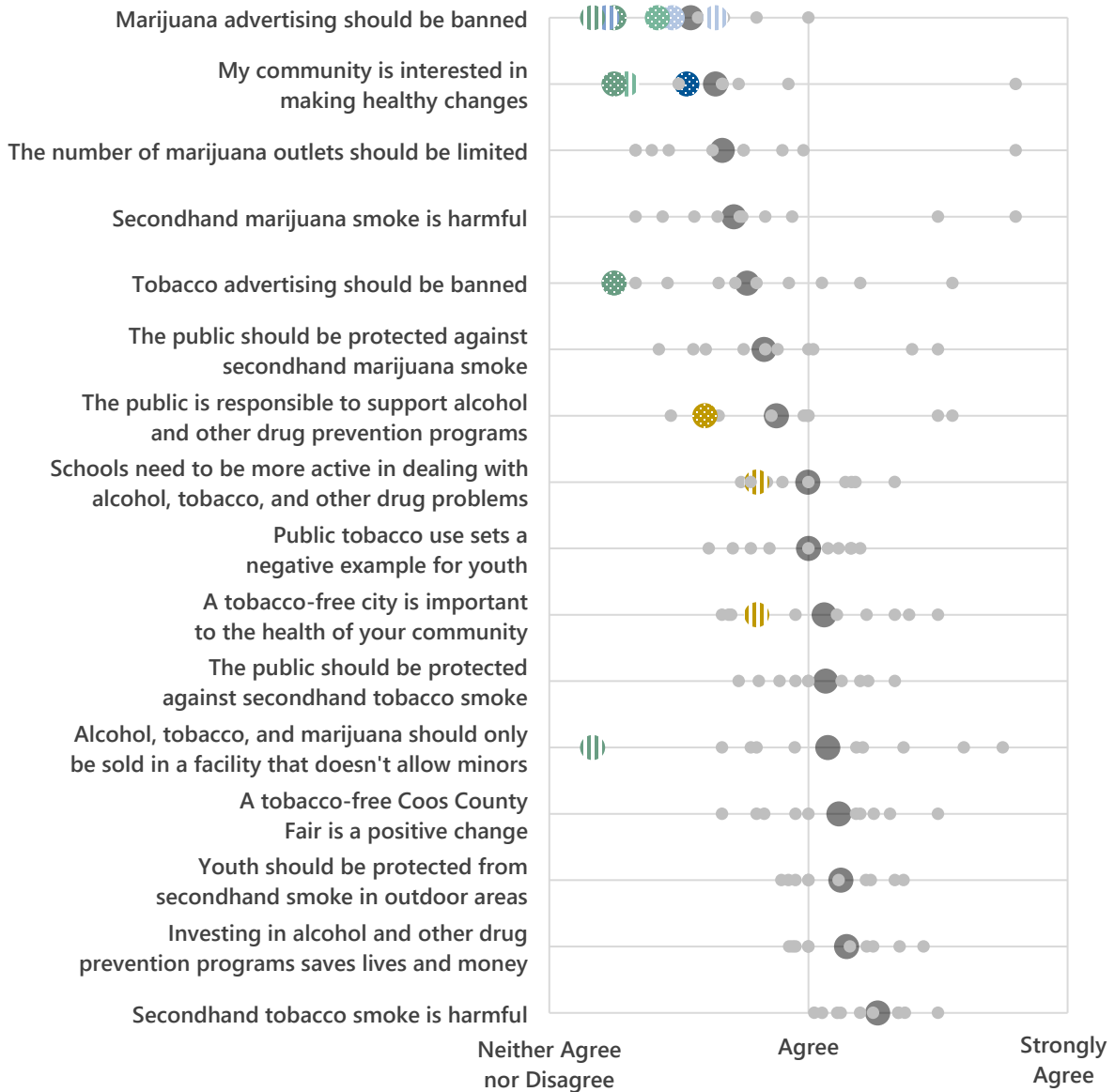


The graph below shows 1) the average agreement score for each prevention statement above in **Coos County** depicted in the transparent, large black dots, 2) the statements that people disagreed with most by location depicted by the larger dots with colors and patterns corresponding with the locations in Figure 10, and 3) the range of agreement for each statement by location depicted by the small light gray dots.

- In Coos County, the statement that people most disagreed with was “All marijuana advertising (billboards, magazines, etc.) should be banned.”
- Among locations in Coos County, banning marijuana advertising was the most disagreed with statement in **North Bend**, **Coos Bay**, **Bandon**, and **Lakeside**. It was also one of the most disagreed with statements in **unincorporated Coos County** and **Charleston**.
- In **Coquille** and **Myrtle Point** the most disagreed with statement was “My community is interested in making healthy changes.” It was also one of the most disagreed with statements in **unincorporated Coos County**.
- The other statements that people in disagreed with most in **unincorporated Coos County** was “All tobacco advertising (billboards, magazines, etc.) should be banned.”
- The other statement that people in **Charleston** disagreed with most was “Alcohol, tobacco, and marijuana should ONLY be sold in a facility or store that does not allow minors.”
- Among those **not from Coos County**, the most disagreed with statement was, “The public is responsible to support alcohol and other drug prevention programs.”

In **Powers** people disagreed most with the two following statements: “Schools need to be more active in dealing with alcohol, tobacco, and other drug problems” and “A tobacco-free city is important to the health of your community.”

Figure 11. County Agreement on Prevention Statements and Top Disagreements by Location



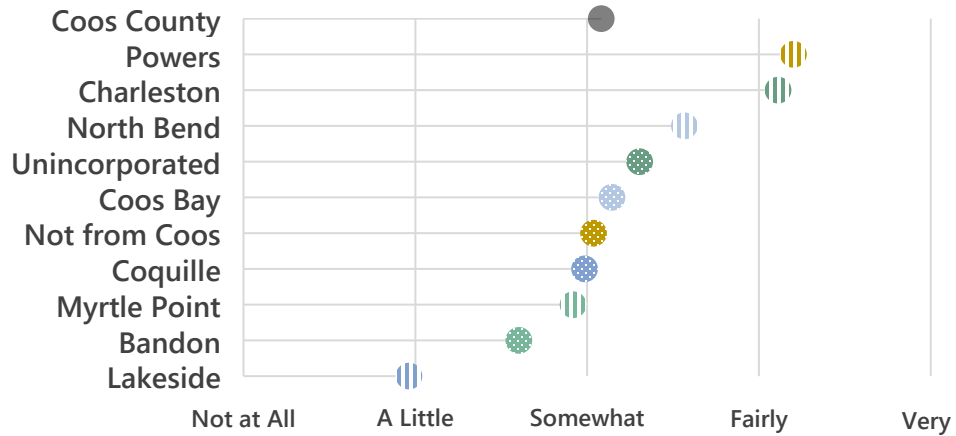
Raising Taxes for Prevention Programming

Respondents were asked "To help pay for substance use prevention services, how willing would you be to..." Responses options included: not at all, a little, somewhat, fairly, and very. Items included:

- Increase taxes on alcohol
- Increase taxes on tobacco
- Increase taxes on marijuana

On a scale of 0 (not at all) to 4 (very) residents of Coos County, on average, were somewhat favorable to increasing taxes to pay for prevention programming (2.1). On average, respondents in **Powers** were most favorable to increasing taxes to pay for prevention programming (3.2).

Figure 12. Average Favorability to Raising Taxes to Pay for Prevention by Location

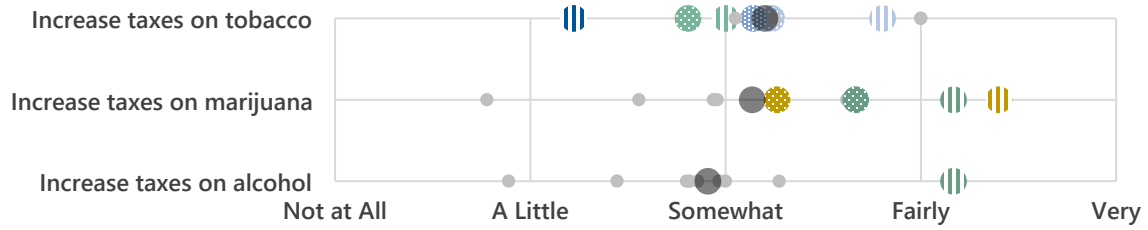


The graph below shows 1) the average agreement score for each prevention statement above in **Coos County** depicted in the transparent, large black dots, 2) the statements that people disagreed with most by location depicted by the larger dots with colors and patterns corresponding with the locations in Figure 12, and 3) the range of agreement for each statement by location depicted by the small light gray dots.

- In **Coos County**, the statement that people were most willing to increase taxes on tobacco to pay for prevention programming.
- Among locations in Coos County, compared to increasing other taxes, increasing tobacco taxes was more favorable in **North Bend, Coos Bay, Coquille, Myrtle Point, Bandon, and Lakeside**.
- Increasing taxes on marijuana to pay for prevention programming was more popular in **Powers, unincorporated Coos County, and among those not from Coos County.**

In **Charleston**, raising taxes on alcohol and marijuana to pay for prevention programming were equally favorable.

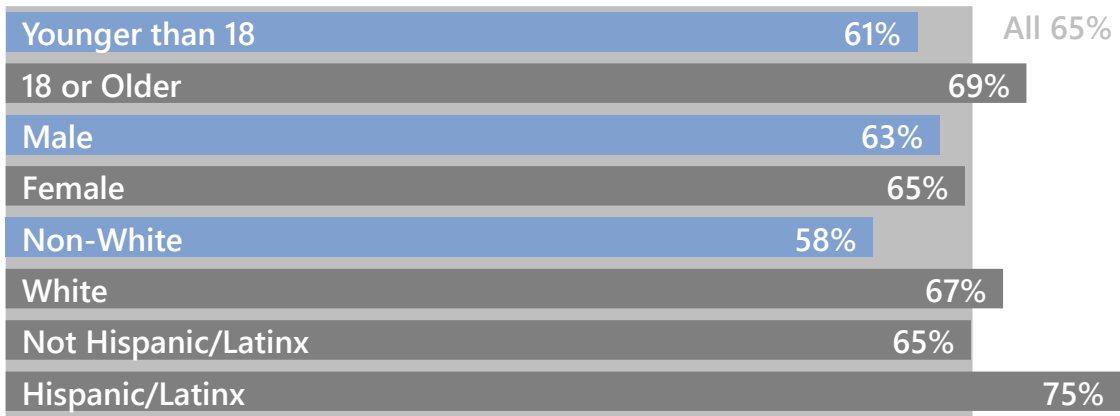
Figure 13. County Favorability to Raising Taxes to Pay for Prevention Programming and Top Tax to Raise by Location



Tobacco-free Coos County Fair Signage

Approximately 65% of people that attended the Coos County Fair noticed signs stating that tobacco use was now allowed. People who are not White (58%), those younger than 18 (61%), and males (63%) were slightly less likely to notice tobacco-free signage.

Figure 14. Noticed Tobacco Free Signage by Demographics



APPENDIX E: CURRENT SUD INITIATIVES IN COOS AND CURRY COUNTIES, MARCH 2022

See next page.

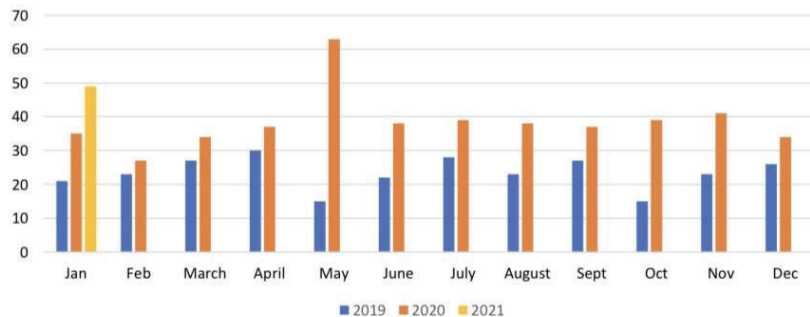
Current SUD Initiatives in Coos and Curry Counties

March 2022

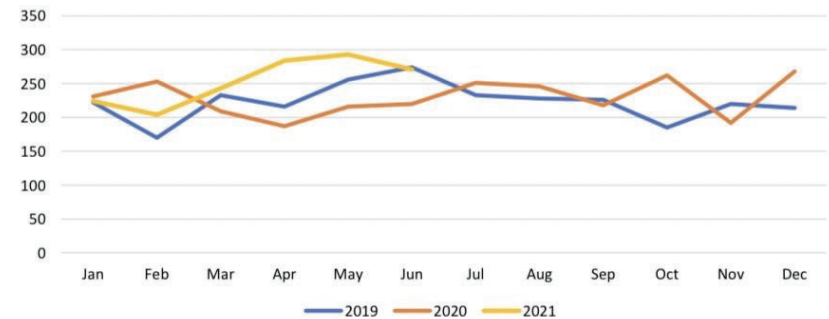
A Quick History

- Sequential Intercept Mapping
- Prescription Drug Overdose Prevention Initiative
- CME Program at BAH
- Bay Clinic-6 Building Blocks with Synergy Health Consulting
- Local Alcohol and Drug Policy Committee revamped
- Douglas Public Health Network-Regional Coordinators
- Harm Reduction Coalition
- Naloxone project-Clearinghouse
- Multiple agencies expanding capacity-HIV Alliance, BAFS, Adapt
- Curry County- ban on harm reduction

Oregon Opioid Overdose Deaths
Monthly 2019 -2021



Opioid overdose visits to EDs and UCCs
Monthly 2019-2021



5250- Behavioral Health Inequities Planning (OHA SDoH funding)

AH focus-youth in crisis, multi-generational approach

Consortium of planning grant awardees: SUD/Behavioral Health focus across region, big housing focus- overlap with other SUD work- same stakeholders, same sticky community problems

What is emerging:

- Need for step-up, step-down crisis intervention
- Opportunities to intervene sooner
- Assessment, referral, coordination process essential and not where it needs to be
- Follow up, ongoing support is key
- Can't build any more capacity without workforce investments in the right places
- Coordination is essential- all of the work requires deep collaboration
- Too much pressure on CBOs- most stakeholders have low capacity and are burdened by administrative work like grantwriting
- OHA funding is incredibly difficult but opportunities to advocate

Workforce Investment

- #1 concern for behavioral health programs. They need: funding to pay better and incentivise, supervision support, ongoing training opportunities, support in credentialing employees/maintaining them until their services are billable, changes in the billing structure, opportunities for staff support beyond their immediate supervisors.
- HowTo Peer Workforce Grant- SOWIB applying for Douglas, Coos, Curry, and Josephine counties in partnership with CCOs. Just submitted.
- 2 year, \$1M project. Offers- training, "holding pen" for trained peers not yet credentialed, support in embedding trained peers ("bridge to employment"), funds for CBOs to close gap before services are billable, ongoing training support, supervision and peer collective

Measure 110

The measure reclassified personal/non-commercial drug possession offenses. Possession of a controlled substance in Schedule I-IV, such as heroin, cocaine, and methamphetamines, was reclassified from a Class A misdemeanor to a Class E violation resulting in a \$100 fine or a completed health assessment. Individuals who manufacture or distribute illegal drugs are still subject to a criminal penalty.

The health assessments are conducted through addiction recovery centers and include a substance use disorder screening by a certified alcohol and drug counselor. Health assessments must be completed within 45 days of the violation.

Behavioral Health Resource Network

"A "Behavioral Health Resource Network" (BHRN) means an entity or network of entities that receives funds from the OAC through OHA under SB 755, Section 2.(2)(a). The BHRNs will provide services to all in need of treatment and support for substance use concerns, including but not limited to: housing, harm reduction, peer support, supported employment and substance use disorder treatment. They will also assist people who have received a Class E violation for possession of a personal use amount of substances in the process of waiving the fine and accessing requested substance use support and other services."

- Re-allocated funding from enforcement due to Measure 110
- Unsure what data was used in individual applications
- A BHRN in every county will be funded. Service providers who apply to be a part of a BHRN must collaborate.
- Little guidance for these funds; will require a 24/7 assessment and referral process and this will be incredibly challenging
- Award notifications delayed- April projected date
- Adapt, BAFS, AYA, CHW, HIV Alliance, Brookings Core Response applied

Sobering Center

- Identified as a need in Sequential Intercept Mapping
- Earlier intervention/alternative pathway to care
- Multiple models- medical, non-medical; licensing a huge factor
- Significant community interest and lots of resources available
- A multi-year project requiring coordination to complete
- Stakeholders like BAFS, Adapt, and BAH can support this model with the right support, funding, and coordination

SUD Strategic Planning Initiative- Coos

- Data driven-Comagine
- Every system, from law enforcement to healthcare
- 6 month process, monthly meetings
- Goal: data compilation to assess for gaps and overlaps, clear understanding of roles and responsibilities across sectors and systems
- Coos only
- High level planning that can drive organisational and collective strategy, investments, and action
- Hasn't been done since end of 2019
- Focus on covid recovery

Strategic Planning Initiative

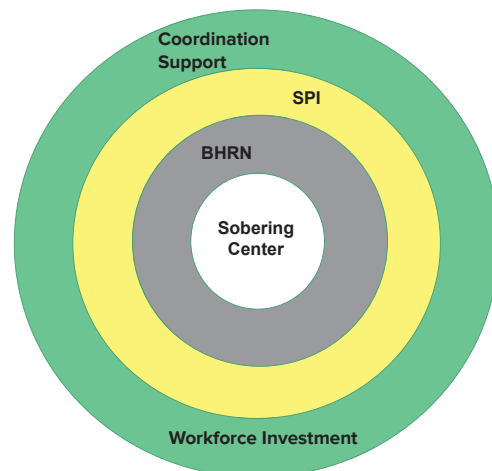
- High-level, no specific outcomes
- 6 month time frame
- Full continuum of care
- Coos County only
- Supported by local and state coordination
- No funding attached
- Elective

BHRN

- Smaller group of applicants
- Long range, no specific timeline
- Funded by OHA, specific outcomes
- Needs some local coordination
- Coos and Curry
- Mandatory

Sobering Center

- Small cohort of stakeholders
- No specific timeline
- Coos, then Curry?
- Requires significant local coordination
- Needs to be funded (there are lots of options)
- Elective



Opportunities for Expansion

EARLIER INTERVENTION/ALTERNATIVE ACCESS POINTS

Focus areas- data-driven and evidence-based:

- Youth- in-school wraparound supports (data from school surveys, past initiatives)
 - Expectant mothers and mothers (research by Sloan Storie, PhD, DHS data)
 - Sobering center- an alternative forensic pathway (Sequential Intercept Mapping, hospital data, treatment program data)
 - Supportive housing (multiple data sources)
-

Recommendations

- Fund county-level coordination
 - Fund workforce investment- stipends, recruitment, etc
 - Fund capacity building for organizations- administrative support, data supports, technical assistance
 - Co-fund a sobering center process
-

APPENDIX F: COOS COUNTY LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE- OPPORTUNITIES FOR ACTION

See next page.

COOS COUNTY LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

OPPORTUNITIES FOR ACTION

In late 2018, the Coos County Local Alcohol and Drug Planning Committee (LADPC) began a collective strategic thinking process to re-organize after integrating with the Opiate Work Group for Coos County. The intention of engaging in the collective re-organization process was to update LADPC organizational and communication documents, agree on county-level priority areas and targets for the biennium, and identify and agree on roles and action steps in order to reach the shared vision identified in the strategic thinking process. Some themes and focuses emerged. **This document is a compilation of what emerged, and potential opportunities for county-level action to be taken by LADPC members, friends, and the community at large.** This document can be used to plan action at the individual, organizational, and county level.

COMMUNITY PERCEPTION

COMMUNITY PERCEPTION OF SUBSTANCE USE DISORDER- AND STIGMA- HAVE CREATED A "VICIOUS CYCLE" THAT PERPETUATES SUBSTANCE MISUSE AND KEEPS PEOPLE FROM REACHING OUT FOR HELP. WE WANT TO BREAK IT.

PUBLIC AWARENESS AND EDUCATION

- Develop public messaging that is rooted in local data
- Develop distinct target audiences- youth, older adults, sectors, people at risk, people in addiction, people in recovery
- Media campaign- multi-media health messaging about both risks and resources
- "Telling the story"- using personal stories from local people to help "mythbust" and tell the truth about the risks AND opportunities
- Education across sectors about addiction, trauma, and community resilience

PUBLIC SUPPORT FROM ELECTED OFFICIALS

- Work with Oregon Recovers to identify a set of supportive statements our elected officials can make
- Open communication with elected officials through regularly shared LADPC reports
- Share success stories and highlight collaboration- when progress happens, communicate it!
- Meet with Executive Director of the Governor-appointed statewide Alcohol and Drug Policy Commission

VISION

- Sharing the LADPC vision of a community where everyone has access to what they need in order to be healthy, happy, and safe
- Invite the community to co-create the vision with us in our messaging
- Everyone plays a part- help people identify their role
- Adapt LADPC Guiding Principles across sectors, in multiple settings

COOS COUNTY LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

OPPORTUNITIES FOR ACTION

TRUST

- Identifying ways to build community trust in the process by being “culturally sensitive” and “trauma-informed”- and determine what that means for us across sectors
- Restorative justice- providing opportunities for community healing and reciprocity
- “Second chance” employment and housing- local business owners and landlords willing to work with people in recovery who are vocal about successes and normalize the idea that recovery happens!

BLAME

- Working to reduce situations of blame and public shaming (social media, news, etc)
- “Addiction is a disease and not a moral failing.”

CULTURE

RECOVERY HAPPENS AND THERE IS HOPE. WE WANT TO CHANGE THE CULTURE FOR PEOPLE WITH SUBSTANCE USE DISORDER FROM ONE OF HOPELESSNESS TO ONE OF HOPE- WE CAN ACHIEVE OUR COMMUNITY VISION TOGETHER.

LEADERSHIP EXPANSION

- Bring people with lived experience to the *ongoing* process and into leadership roles
- Create any necessary accommodations and supports to include people with lived experience- transportation, childcare, peer support, etc.
- Include “anyone who cares” and not just professionals or “experts”
- “Grow our own”- providing opportunities for people who live in our community to build their skills and become leaders, regardless of their lived experiences
- Voice- giving voice to people with lived experience by inviting them to speak or communicate across platforms and recognizing them as experts we need to learn from

RELATIONSHIP BUILDING

- Build real life, meaningful relationships with each other, regardless of our backgrounds or lived experiences
- Examine how our individual mental models and biases can create barriers to relationship building
- Be generous and assume the best of everyone involved
- Trust- restoring trust among everyone involved
- Giving choices and decision-making power to people and recognizing power differentials
- *Recognize failures of the system and separate them from the idea that they're failures of people*
- Be sensitive to the impact of trauma in people’s lives- you don’t have to know about it to be respectful of it. Give people space and/or time to manage the effects they’re dealing with
- ~~Judgement~~ Listen to one another, seek to understand, and perspective take

COOS COUNTY LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

OPPORTUNITIES FOR ACTION

RECOVERY SUPPORTS

- Continue developing and communicating about available recovery supports in the region
- Recognize that recovery is lifelong and not linear
- Creating sober community building opportunities for people in recovery, regardless of where they are on the continuum- Fitness for Recovery, community biking and running, community meals, music events, etc.
- Develop and publicize a “network” of community and faith-based supports where people in recovery can connect with others and build supportive, positive relationships
- Recognize the need for an integrated, bio-psycho-social continuum of care for people to engage in the recovery process

RIGHT PEOPLE ON BOARD AND ORGANIZATIONAL CAPACITY TO PARTNER

WE WANT TO BUILD STAKEHOLDER CAPACITY TO PARTNER SO THAT WE HAVE THE RIGHT PEOPLE ON BOARD TO FOSTER AND MAINTAIN COLLABORATION (E.G., INDIVIDUALS WITH FACILITATION AND CONSENSUS-BUILDING SKILLS) AND WE HAVE ORGANIZATIONAL CAPACITY TO ENABLE PARTNERING (E.G., ADMINISTRATIVE SUPPORT, TECHNOLOGY TOOLS).

RELATIONSHIP BUILDING

- “Transforming systems is ultimately about transforming the relationships that make up those systems.” - connect with interdisciplinary partners often and invite them to LAPDC conversations
- Use social network analysis to look at our organic networks and connect them together to show where we need to build capacity
- Reinforce and nurture a spirit of collaboration, rooted in our shared vision- we all want the same things and we all have unique strengths and needs to consider in collective work, vs. being competitive
- Continue creating opportunities for interdisciplinary partners to gather and engage in collective strategic thinking
- Use a matrix to determine who should be involved with LADPC work that is not already included

SUPPORTING ORGANIZATIONAL CAPACITY

- Continued use of SAMHSA Strategic Prevention Framework process- engaging in iterative cycles of evaluating ourselves and how we’re working together and learning from our process
- Use of Collective Impact and ACE/R frameworks county-wide, paired with education and technical assistance in utilizing those models
- Develop and sign Memorandums of Understanding that outline how we’re working together at the LADPC (county) level
- Organizational adoption of LADPC Guiding principles and shared vision
- Organizing work around other community work- pay attention to other work happening in the county and be sensitive to busy periods when partner’s plates are full
- ~~Checking boxes~~—staying true to aligned community priorities vs. checking boxes to appease funding sources

COOS COUNTY LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

OPPORTUNITIES FOR ACTION

- Shared county-level data that is accessible to everyone to reduce time spent identifying and communicating data for grant applications and other internal processes
- Infrastructure building to support growth and capacity building as needed

EDUCATION

- Ongoing opportunities for interdisciplinary partners to learn together and create shared understanding around complex problems
- Learning cycles- iterative processes to go from learning to action and use what we've learned to make change
- Developing workshops and educational modules to build stakeholder skillsets in collaboration and systems change capabilities

GEOGRAPHIC EQUITY

- Create platforms for communication with communities in South Coos County
- Concentrate data gathering efforts on underserved communities to demonstrate need
- Community mapping based on disparate communities and their access to resources to identify gaps in services
- Actively work to include stakeholders outside of Coos Bay/North Bend and provide necessary supports

COMMUNICATION AND GOOD RECORD TO SHARE

WE AS A COMMITTEE WANT TO BUILD CAPACITY SO THAT WE CAN SHOW STAKEHOLDERS THAT WE ARE MOTIVATED FOR PARTNERS TO JOIN, AND WE CAN ARTICULATE OUR MOTIVATION IN A CLEAR AND POSITIVE WAY, SO WE HAVE A CLEAR PURPOSE TO PRESENT TO PARTNERS, AND SO WE HAVE A GOOD RECORD TO SHARE WITH PARTNERS (E.G., ARE FISCALLY SOUND, HAVE A GOOD REPUTATION IN THE COMMUNITY).

SHARED AGENDA

- An LADPC overall agenda that reflects the interests and needs of all stakeholders
- Create and circulate communication documents about LADPC
- Location, preferably online, where partners can have access to documents that demonstrate our shared vision
- Link LADPC work to other county level work and create alignment in messaging, goals, and language
- Developing or agreeing upon universal standards of care- "how" we do what we do as a collective

INTERNAL COMMUNICATIONS

- Establish and formally communicate clear roles and expectations for everyone connected to the work
- Develop lines of communication for stakeholders connected to county-level work, both committee members and "friends"
- Regular meetings with agendas and meeting notes
- Communication platforms to increase collaboration outside of meetings- website, email, online document sharing, one-on-one meetings
- Subcommittees?

COOS COUNTY LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

OPPORTUNITIES FOR ACTION

EXTERNAL COMMUNICATIONS

- Develop and circulate handouts and other communications about LADPC
- Community presentations about LADPC- targeting audiences such as DA's office, judges, elected officials, law enforcement, behavioral health, early learning, education, healthcare, social services, etc

DATA

- Develop a platform for data warehousing
- Identify leading and lagging indicators of change
- Analyze the data we do have access to and determine "what's missing", and establish those data points
- Develop and utilize county-wide data reports on a quarterly basis
- Ongoing data reports from LADPC stakeholders
- Take advantage of academic collaborations
- Qualitative and quantitative- how will we use the information to guide work?
- Evaluation processes- are we doing the right work and are we doing the work right? How will we know?
- Develop county-wide overdose emergency response plan that includes county-level data monitoring and alerts

"THE GAP BETWEEN VISION AND CURRENT REALITY IS A SOURCE OF ENERGY. IF THERE WERE NO GAP, THERE WOULD BE NO NEED FOR ANY ACTION TO MOVE TOWARDS THE VISION. WE CALL THIS GAP CREATIVE TENSION."

-PETER SENGE

APPENDIX G: COOS COUNTY-LEVEL DATA SUMMARY

LAW ENFORCEMENT

Coos County Sheriff’s Office provided the number of drug and alcohol related charges from January 1 - March 1, 2022. The table below provides a breakdown of charges related to the 41 arrests and includes additional charges regarding weapons, burglary/theft, and crimes against persons. Coos County Sheriff’s Office reports that there are many persons who are intoxicated at the time of arrest, but the charges filed were not drug or alcohol related. A more detailed analysis of arrest data would be needed to provide an accurate understanding of the relationship between substance use and criminal charges related to violent crime in Coos County.

Table 1. Number of Drug and Alcohol Related Charges, Q1 2022

# Substance Use Related Charges	Additional Criminal Charges
<i>Driving Under the Influence</i>	
18 driving under the influence	
3 driving under the influence	+ hit & run
1 driving under the influence	+ assault
1 driving under the influence	+ murder
	+ unlawful possession of a firearm
<i>Possession of Methamphetamine</i>	
4 possession of methamphetamine	
7 possession of methamphetamine	+ burglary/theft
2 possession of methamphetamine	+ unlawful possession of a firearm & burglary/theft
1 possession of methamphetamine	+ suppling contraband (drugs)
<i>Possession of Heroin</i>	
2 possession of heroin	
1 possession of heroin	+ unlawful use of a weapon & suppling contraband (drugs)
1 possession of heroin	+ suppling contraband (drugs)

YOUTH

South Coast Early Learning provides Head Start/Early Head Start services, connecting families to comprehensive family services (includes home visiting, parent support, preschool/childcare).

Workforce/staffing is the biggest challenge to expanding services to meet needs of Coos County families. The table below includes the number of children, aged birth to five, who were enrolled in Coos Head Start/Early Head Start in September 2021.

Data provided by Head Start in September 2021

Table 2. Children Enrolled

Early Head Start (ages 0-3)	Head Start (ages 3-5)
32	282

Youth Without Housing

In the 2019-2020 school year, 10,064 students were enrolled in the six school districts within Coos County. Among them, 743 students were unhoused. Youth without housing accounted for 7% of the student body population, See **Table 3**.

The highest rates of unhoused youth were in Myrtle Point (11.5%), Coos Bay (10.4%), and North Bend (5.4%), see **Table 4**.

Five hundred thirty-nine students live in “doubled-up” or shared living arrangements, 114 students are unsheltered, and 73 students are unaccompanied.

Students counts under five were suppressed to protect confidentiality. District totals may include students identified more than once.

Table 3. Unhoused Youth Grades K-12 by District

District	Unhoused	Total	% Unhoused
Bandon SD 54	26	676	3.85%
Coos Bay SD 9	338	3265	10.35%
Coquille SD 8	88	1268	6.94%
Myrtle Point SD 41	60	524	11.45%
North Bend SD 13	227	4214	5.39%
Powers SD 31	4	117	3.42%
County Total	743	10,064	6.8% (avg)

[Oregon Department of Education Homeless K-12 Student Enrollment for 2019-2020 School Year](#)

Table 4. Number of Unhoused Youth by Living Situations and District

District	Shelter	Doubled-Up	Unsheltered	Motel/Hotel	Unaccompanied
Bandon SD 54	*	15	*	2	0
Coos Bay SD 9	10	229	85	14	28
Coquille SD 8	*	73	7	7	17
Myrtle Point SD 41	0	57	*	0	13
North Bend SD 13	9	165	22	31	15
Powers SD 31	0	*	0	0	0
County Total	19	539	114	54	73

[Oregon Department of Education Homeless K-12 Youth by Living Situation for 2019-2020 School Year](#)

Unaccompanied Homeless Youth (UHY) totals includes all living situations

Coos Drop-In Center

- 5-15 youth visit the Coos Drop-In Center per day. This number reflects the number of youth that are able to access transportation or funds to pay for transportation to the Drop-In Center.
- In order to provide consistent contact and support with youth who do not have access to transportation, funding is needed to for a mobile peer support staff member to provide field outreach.

Child Welfare & Neglect Reporting

Source: Oregon Department of Human Services 2020 Child Welfare Data Book

In 2020, there were 1,673 reports of suspected child abuse with 44.4% of reports closed at screening and 55.6% of reports resulting in a referral. Most child abuse reports are made by other mandated reporters (mandated reporters other than medical providers, school employees, police) making 554 reports in 2020. Non-mandated reporters made 308 reports, followed by

school employees (302), police (211), medical providers (169), and parents/self (129). An assessment of reports found 62% to be unfounded and 23% to be founded. Of founded incidents of child abuse in 2020, 192 were incidents of neglect followed by threat of harm (189), physical abuse (44), sexual abuse (20), and mental injury (5). The number of child abuse victims dropped from 437 in 2018 to 265 in 2019, but then rose to 343 in 2020.

In 2020, 24 children were served by the county in home and 159 children were in foster care on September 30, 2020. In all of 2020, 288 children spent at least one day in foster care with those aged 0-5 being the largest age group of children in foster care (127), followed by those 6-12 (83), 13-17 (53), and 18 and older (25). In 2020, 67 children entered foster care and 130 children exited foster care. On average, children spent 18.3 months in foster care, as of 2020.

Access to Primary Care Services

Source: Oregon Office of Rural Health (ORH) 2021 Areas of Unmet Health Care Needs Report

Oregon Office of Rural Health uses nine variables to determine the Unmet Need scores for Oregon primary care service areas. Scores range from 0 (greatest unmet need) to 90 (least unmet need). The nine variables used to calculate the Unmet Need score are:

1. Travel time to nearest Patient-Centered Primary Care Home
2. Primary Care Capacity Ratio
3. Dentists per 1,000
4. Mental Health Providers per 1,000
5. 138-200% of Federal Poverty Level
6. Inadequate Prenatal Care Rate
7. Preventable Hospitalizations per 1,000
8. Emergency Department Dental Visits per 1,000
9. Emergency Department Mental Health Visits per 1,000

Oregon's Unmet Need score across all 128 primary care service areas ranged from 25 to 79 in 2020 (mean = 49.4).

Powers has an Unmet Need score of 32 due to low scores in travel time to the nearest patient-centered primary care home (29 minutes), reporting zero primary care capacity, zero dentists or mental health providers, a 17.4 preventable hospitalizations per 1,000 visits, and 18.9 emergency department mental health visits per 1,000 visits. Coquille/Myrtle Point has an Unmet Need score of 37 due to high unmet need across all variables except travel time to the nearest patient-centered primary care home (10 minutes). Coos Bay reported the highest Unmet Need score of 50 indicating the least amount of Unmet Need out of the three Coos County service areas included in this report. However, Coos Bay did rank 3rd for highest number of 2021 emergency department mental health and substance abuse visits with 28.6 visits per 1,000.