General Meeting Agenda

ASHLAND GENERAL
REGULAR MEETING AGENDA
Friday, December 19, 2025

I. CALL TO ORDER
To join by zoom: https://zoom.us/j/96130775164?pwd=JNOBZjiWBIYa8Gwq5KuBryfi9eJT2K.1

II. Approval of Minutes

1. 2200 Ashland Street Ad Hoc 11.18.2025 Minutes

III. Public Forum

IV. New Business

1. Chair and Vice Chair Selection

V. Old Business

1. Update: Site Planning
2. Update: Services and Accountability

VI. Next Steps
- What additional information does the ad hoc committee need to make a recommendation to Council regarding the site and services and accountability elements for the 2200 Ashland Street space?

VII. ADJOURNMENT

If you need special assistance to participate in this meeting, please contact Kerrick Gooden at citymanagersoffice@ashlandoregon.gov or 541.488.6002 (TTY phone number 1.800.735.2900). Notification at least three business days before the meeting will enable the City to make reasonable arrangements to ensure accessibility to the meeting in compliance with the Americans with Disabilities Act.

2200 Ashland St Ad Hoc Committee

Meeting Minutes

Friday, November 21, 2025

9:00 AM Meeting

Ad Committee Members Present: Committee Members Beer, Houk, McNeil, McMillan, Neisewander, Norton, West, Wetheirser

Ad Hoc Committee Members Absent: Meeds

Mayor and Council Present: Tonya Graham, Dylan Bloom (arrived 9:56 a.m.)

Staff Present: Jordan Rooklyn, Brandon Goldman

I. Call to Order

Chair Norton called the meeting to order at 9:00 a.m.

With approval from the committee members present, Chair Norton added "Discussion with Jan Calvin" under New Business.

II. Approval of Minutes

Draft minutes for 2200 Ashland St Ad Hoc Committee Meeting on October 17, 2025, were amended to correct the spelling of "McNeil" to "McNeill." Minutes were unanimously approved as amended (motioned by Wetheirser, seconded by Houk).

III. New Business

1. **Zoning Ordinance, Land Use and Development Standards for the 2200 Ashland Street Site**

   Community Development Director Brandon Goldman presented the zoning requirements of the site, along with a handout detailing his verbal report and a map of utility locates on the site.

   Committee members asked clarifying questions of Director Goldman on the following topics:

   - ADA parking requirements
   - Impact of splitting the lot
   - Commercial requirements
   - Density requirements

- Maximum height requirements
- Building requirements
- Benefits if ODOT moved the property line
- Impervious Surface and Landscaping requirements

Houk asked if they should move on to other agenda items given the time. Norton replied that he is going to allow this conversation to continue to get a sense of what is doable on the property.

Neisewander asked when the group was going to discuss the short-term use of the property. Norton replied that the group would get there. Neisewander excused herself from the meeting until the next agenda topic came up.

Mayor Graham provided clarification on the expectations of the Committee's recommendations and that the City would like look to a community partner to provide programming, rather than using internal capacity to build the City's own program.

Norton asked what were the requirements for System Development Charge waivers to kick in. Goldman shared that waivers automatically apply to affordable housing units that are greater than or equal to 500 sq ft. Councilor Bloom clarified that the City Council had the power to waive System Development Charges outside of the automatic waiver.

Wetheirser requested that the Committee move on to the next agenda item.

2. **Working Groups Report Out – Site Planning Subcommittee**

McNeill read a summary of the Site Planning Working Group findings (attached).

3. **Working Groups Report Out – Services/Accountability Subcommittee**

Houk reported the topic areas the Services/Accountability Working Group researched:

- Communication & Engagement Plan
- Client Bill of Rights
- Code of Conduct and Behavioral Contracts
- Best practices for trauma-informed care
- Standards for Services and Care

- Checklist for Property Management

Norton interrupted to express frustration that he was never told as Chair that the working group had findings to share and that they had to cut short to discuss the next agenda topic.

Heated discussion ensued about proper communication methods, public meeting law requirements, and whether Houk should continue his report.

Meeting adjourned at 10:45 am through loss of quorum.

2200 Ashland Street

Ad Hoc meeting 11/21/2025

1. What portions of the two triangular pads are actually buildable?

Answer:
Buildable area is determined by C-1 zoning standards, CFA transitional setback requirements, fire access needs, and physical site constraints. Transitional setbacks apply where the site abuts residential zoning, which may require upper floors to be stepped back to reduce the impact on adjacent residential properties. No recorded easements appear on the current survey; however, the TID vault on the site is a significant constraint and development must avoid it, protect it, or work with TID on possible relocation or rerouting.

Fire access requirements include a clear working and staging area for fire apparatus measuring 20 feet by 40 feet, located within 150 feet of a hydrant. All points on the exterior of any building must be reachable within 150 feet along approved fire access routes. Internal circulation, turning radii, required fire lanes, and clear emergency access further reduce the amount of land that can be developed.

These combined elements define the actual buildable envelopes on each triangular pad.

2. Which uses are permitted or conditionally permitted under C-1 in a Climate Friendly Area?

Answer:
The CFA overlay allows residential uses outright in the C-1 zone, but C-1 ground-floor standards still apply unless the project is deed-restricted affordable housing. In most cases, at least 35 percent of the ground-floor area along the primary frontage must either contain a permitted commercial use or be built as commercial-ready space that can be converted to commercial use. For deed-restricted affordable housing, the entire ground floor may be residential or used for residential-supportive services.

Allowed or conditionally allowed uses include upper-story residential units, ground-floor residential when the 35 percent commercial or commercial-ready requirement is met or exempt, mixed-use buildings, transitional housing, non-congregate shelters, medical respite, bridge housing, supportive housing, temporary pallet shelter facilities, safe parking

programs, and outdoor accessory facilities such as restrooms, storage, gardens, seating areas, dog runs, bicycle facilities, and charging stations.

Under ORS 197.746, transitional housing or emergency shelters may rely on the state land-use exemption only if operated by an experienced shelter provider. Under ORS 197.783 (House Bill 3395 (2023)) local governments must approve an application for an emergency shelter if the application meets specified criteria, notwithstanding state or local land-use regulations. Without a qualified operator, standard land-use review procedures apply.

3. How do the Climate Friendly Area standards affect development potential?

Answer:
The CFA overlay requires higher minimum residential density and supports compact mixed-use development. The site is approximately 1.2 acres, and C-1 zoning within a CFA requires the site to be able to achieve a minimum of 25 dwelling units per acre unless a density exemption applies. On a 1.2-acre site, this corresponds to a minimum development capacity of approximately 30 dwelling units.

C-1 height limits in this district allow up to 50 feet and four stories. If at least 25 percent of all dwelling units in a mixed-use or residential building are deed-restricted affordable units, the allowed height may increase to 60 feet and up to five stories. Transitional setbacks continue to apply where the site adjoins residential zones to reduce upper-story impacts.

The CFA overlay includes a maximum FAR of 2.0. Floor Area Ratio refers to the relationship between the total building floor area and the size of the site. An FAR of 2.0 allows total building floor area equal to twice the land area. On a 1.2-acre site, this equates to approximately 104,500 square feet of floor area. If a mixed-use building fully utilizes the 2.0 FAR allowance, no minimum residential density applies because building intensity is regulated through FAR and height rather than unit count.

The CFA overlay also removes all minimum parking requirements for residential uses, applies parking maximums, and requires pedestrian and bicycle improvements to support multimodal travel.

4. What utility improvements are needed for temporary and permanent uses?

Answer:
Utility requirements vary by use type. Temporary facilities such as pallet shelters or cabin-style structures typically require electrical service, potable water access, ADA restroom access, and adequate fire separation. Safe parking requires lighting, trash disposal,

screening, and internal vehicle circulation. Shower or laundry trailers require adequate water supply, sewer cleanouts, and sufficient electrical service.

Permanent residential or mixed-use buildings require full Public Works utility extensions, including water, sewer, stormwater, and power. The TID vault along the tracks must be considered during utility design to avoid conflicts or determine whether accommodation or relocation of any TID line is needed.

5. How do fire access and circulation requirements affect site planning?

Answer:
Fire access requirements significantly influence the development layout. A 20-by-40-foot fire apparatus staging area is required, and it must be located within 150 feet of a fire hydrant. Firefighters must be able to reach all exterior points of a building within 150 feet following approved access routes. Fire lanes must remain unobstructed and must satisfy width and turning-radius requirements.

For fully sprinklered buildings, some distance reductions may be approved under alternative methods allowed by the Fire Code. Temporary uses such as pallet shelters, trailers, tents, or vehicle-based sleeping areas must not interfere with required fire access or staging areas.

Further, if the site is to be used for Emergency Operations as part of disaster response, consideration of such staging could identify further openspace needs for future mobilization.

6. What are the parking implications under CFA rules?

Answer:
The City of Ashland does not impose parking minimums for development, including residential uses. Parking is voluntary. However, when parking is provided, several requirements apply. Parking spaces must meet dimensional standards. ADA-accessible parking must be provided in numbers proportional to the size of the parking area, and accessible spaces must be located closest to the building's primary accessible entrance.

All parking areas must comply with landscaping and screening requirements, including interior landscaping, perimeter planting, and tree canopy standards. Parking must also be located to the side or rear of buildings rather than between a building and the street frontage. Although the site abuts Ashland Street, grade differences largely screen the site from view, but the side and rear parking placement requirements still apply.

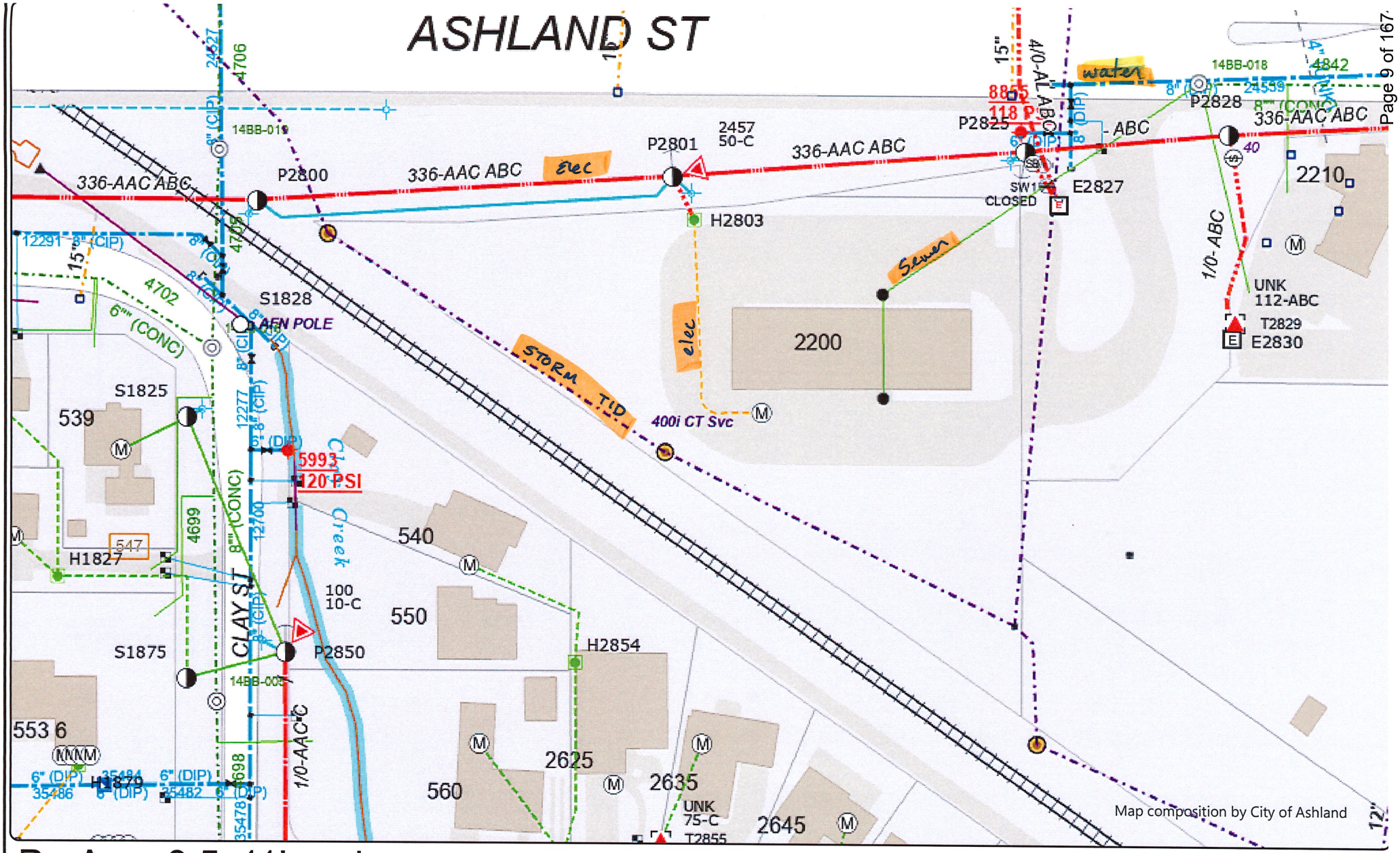
Safe parking programs must maintain emergency access and circulation while also meeting landscaping and parking placement standards.

7. Does the City intend to reserve part of the site for emergency management or storage?

Answer:
This is a policy decision rather than a zoning requirement. If the City chooses to reserve a portion of the site for emergency management, municipal storage, or disaster-response staging, that space should be identified early in the planning process. Defining this area in advance helps ensure that interim and permanent uses can be properly designed around it and establishes clear limits on the buildable area.

Summary

C-1 zoning within the Climate Friendly Area overlay allows a wide range of mixed-use development, residential housing, affordable housing, supportive services, and transitional shelter models. Development potential is shaped by CFA transitional setbacks, the minimum residential density requirement of approximately 30 units on 1.2 acres unless full FAR is utilized, the FAR 2.0 allowance, height limits of 50 feet and four stories or up to 60 feet and five stories when at least 25 percent of units are deed-restricted affordable, fire access geometry, ADA and landscaping requirements for any voluntarily provided parking, internal circulation, and the TID vault. Ground-floor commercial or commercial-ready requirements apply unless the project is deed-restricted affordable housing.



PreApp_8.5x11Landscape

Date Printed: 11/20/2025

1:1,128
1:1,128

Mapping is schematic only and bears no warranty of accuracy.
All features, structures, facilities, easement or roadway locations
should be independently field verified for existence and/or location.

- Taxlot Identified
- Building
- Taxlots
- Hydrant
- Sanitary Sewer Utility features
- Electric features
- Storm Water Utility features
- Water Utility features

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Site Development Subcommittee Report 11/21/2025

Members: Chair, Kathleen McNeill, Haywood Norton, Kristin Beers, Paul West, Noah Werthaiser (alternate)

To date, the subcommittee has met twice. In addition, several members have attended tours of OHRA (Kristin, Kathleen, Haywood and Paul?) and Rogue Retreat (Kathleen and Haywood).

Please be award that the following points of discussion within the subcommittee reflect an ongoing planning process regarding possible future recommendations and are therefore currently fluid and incomplete.

- The focus of the subcommittee has been on development of the site excluding the existing building and its programming both in the long term and possible interim uses while long-term uses are funded, permitted and built.
- To date, interest has focused on developing housing and programs that support employment and transition to stable housing in the community.
- The group has identified the need to prioritize the following populations for services: seniors (the fastest growing population of the unhoused), persons with disabilities, families with minor children and low-wage workers.
- The subcommittee identified the need for additional information from City staff regarding what is actually developable on the existing open space and a request was made for a presentation by City Planning with input from other departments. Subsequently a presentation by City Planning was scheduled for today's date
- Mayor Tonya Graham attended our meeting on 11/7/25 and reviewed the limitations outlined in the 2200 Ashland St. Master Plan that included not allowing for camping, low barrier and/or congregate shelter, unhoused porta-potties, service trailers, pallet houses and drop-in services.
- Also identified were gaps identified in the homeless services needs assessment including laundry, showers, storage and transitional housing.
- Current zoning supports relatively high-density and multistory housing – efficiency units and some larger family units. (Ashland may consider a policy change to allow housing units of 280 – 300 sq. ft. due to the need for additional affordable units for low-income individuals and the current housing crisis.)
- There is a recognition that the neighborhood surrounding 2200 Ashland St. experiences pressures from nearby commercial uses, the existing housing crisis and existing services to the homeless in the immediate area influencing neighborhood concerns about service concentrations in the area as well as livability and viability of the neighborhood.

- Efforts at neighborhood engagement and education will need to be on-going and are currently being undertaken with some success. Especially any proposed deviations from the current Master Plan for interim uses will require enhanced community engagement.
- As presented by Mayor Graham, the City of Ashland has a limited role to play in providing services to the homeless and cannot address the continuum of services provided by such programs as Rogue Retreat. The City recognizes that expanding into operations it lacks the capacity to manage is problematic while also recognizing the real needs of the unhoused.
- There is recognition that Ashland's severe weather shelter is episodic, and a permanent low barrier model at 2200 would be difficult to manage due to costs, staffing and neighborhood concerns.
- Development of the site will require potential advancement of partnerships with various entities, including with non-profit organizations such as Trusted Homes Community Land Trust, OHRA, ACCESS; governmental entities including Housing Authority of Jackson County, and modest cost private and modular developers as well as coordination with any possible new developments in the immediate vicinity. The City's primary contribution will be related to land provision.
- The subcommittee has planned two additional meetings: December 4th via zoom with invited presenter/speaker Sam Engle, Director of Rogue Retreat and December 12th with invited presenter/speaker, Dan Cano, Director of OHRA potentially at the OHRA Conference room. This raises the question of whether/how these meetings should be conducted given the announcement by Sabrina Cotta that the Subcommittees will be dissolved.

2200 Ashland St. Ad Hoc

Nov 18, 2025

The following document was prepared to zoning information as it relates to land use regulations specific to the property at 2200 Ashland St.

1.2 Acres zoned E-1, Climate Friendly Area (CFA) designation

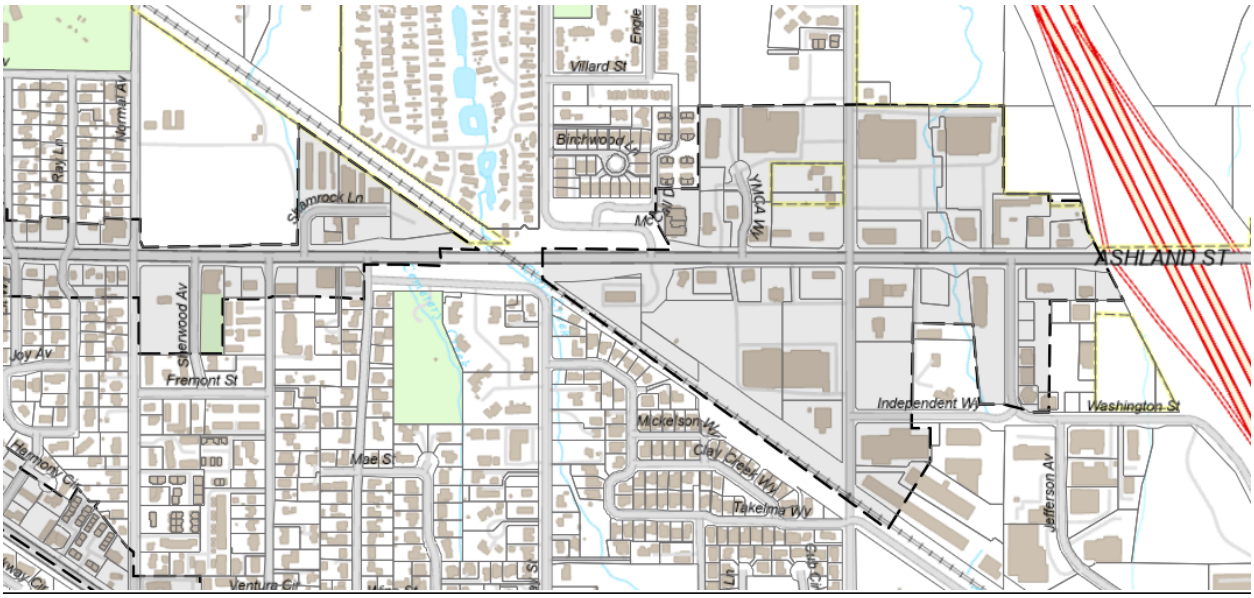
Two large areas available for potential redevelopment. To the west of the building and parking area a triangle area of *0.24 acres* is available and to the south of the parking area another area which is *0.29 acres.*

Due to recent changes in state law affordable housing and transitional housing are allowed outright.

- Minimum Residential density = 20 dwellings per acre (Redevelopment within existing buildings that adds residential units, but does not add new units outside the existing building, are exempt)
- Minium Floor to Area Ratio = 0.5.
- There is no minimum area, width or depth for a lot. Nor is there a maximum lot coverage, provided the minimum landscape area is provided.
- There is no minimum front, side, or rear yard required
- 50’ height / four stories allowed outright. Multifamily and mixed-use dwellings meeting affordable housing standards are eligible for bonus height to 60’ / five stories.
- There are no parking requirements

COMMUNITY DEVELOPMENT DEPARTMENT
51 Winburn Way Tel: 541.488.5305
Ashland Oregon 97520 Fax: 541.552.2050
Ashland.or.us TTY: 800.735.2900

Climate Friendly Area (CFA)



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Council Business Meeting

Date: December 19, 2025

Agenda Item	Chair and Vice Chair Selection
Department	City Manager's Office
From	Sabrina Cotta

TIME ESTIMATE

CATEGORY
Staff Direction - provide direction to staff on the body's desired next steps.

SUMMARY
Selection of a Chair and Vice Chair given recent resignation of Chair position.

POLICIES, PLANS & GOALS SUPPORTED

BACKGROUND AND ADDITIONAL INFORMATION
The body will select a chair and vice chair to run the ad hoc committee meetings. The floor will be opened for nominations. A motion and vote will be needed to select the chair and vice chair.

FISCAL IMPACTS
N/A

SUGGESTED ACTIONS, MOTIONS, AND/OR OPTIONS
I move to appoint "_____" as chair.
I move to appoint "_____" as vice chair.

REFERENCES & ATTACHMENTS
None

Council Business Meeting

Date: December 19, 2025

Agenda Item	Update: Site Planning
Department	City Manager's Office
From	Sabrina Cotta

TIME ESTIMATE

CATEGORY
Informational - this is to inform the body on a particular topic. No motion or direction needed.

SUMMARY
The Site Development subcommittee has met twice: December 4th and December 12th as well as had the opportunity to tour OHRA, Rogue Retreat and 2200 Ashland Street.

POLICIES, PLANS & GOALS SUPPORTED

BACKGROUND AND ADDITIONAL INFORMATION
Please see attached meeting notes.

FISCAL IMPACTS
N/A

SUGGESTED ACTIONS, MOTIONS, AND/OR OPTIONS
N/A

REFERENCES & ATTACHMENTS
1. 12-12-2025 Site Development Subcommittee Meeting
2. 12-4-25 Site Development Subcommittee Meeting

Site Development Subcommittee Meeting

Date: 12/12/2025 Time: 9:00 a.m. to 10:50 a.m.
Chair: Kathy McNeill
Recorder: Noah Werthaiser
Attendees: Kathy McNeill; Noah Werthaiser; Haywood Norton; Gina Duquene
Guest: Dan Cano, Exec. Dir. OHRA; Ben Bellison, Deputy Director OHRA

Administrative: Noah confirmed the meeting was being recorded for note taking. However, the recording failed after 10 minutes. Therefore, the following notes are based on memory of our meeting and are therefore more limited.

Purpose of the Session

The workgroup clarified that this meeting was informational and exploratory.

- The goal was to draw on Dan's and Ben's experience to inform future recommendations for use of the 2200 Ashland Street site.
- No formal recommendations were discussed or decided.

The discussion focused on primarily long-term development of the 2200 Ashland St. site, but began with Dan sharing on OHRA's initial experience in operating the emergency shelter since its opening a few days earlier. He shared that there were approximately 20 people using the shelter while others continued to use the Night Lawn. He anticipated that these numbers would increase should the weather become increasingly inclement. He and Ben had met with a number of the users of the building requesting their feed back and asking how problems that might develop could be solved. Dan encouraged the working group or some portion of the working group to meet with the unhoused and seek their perspectives on the best future use of the site. Noah shared that Debbie N. has been meeting with individuals to gain similar insights but this did not preclude a group meeting in the future.

A variety of possible housing options were considered similar to those discussed in earlier meetings including cottage style housing and multi-story unit housing and the possibility of more than one high-rise building being constructed with possibly differing in their focus populations, including possible transitional housing and low-income housing without services. Dan pointed out that plans for longer-term transitional housing would require more services but the need for services would not be as intensive for those who were transitioning from initial short-term transitional housing since many of their documentation and stabilization needs had been met in this earlier stage of re-housing.

Dan advised that it would be key for the City of Ashland to work with partners in the community including Jackson County Housing Authority; non-profits working with the homeless population; developers, Land Trusts and potential funders as whatever plan is decided upon will require a cooperative effort, collaborative effort.

Dan and Ben also emphasized that the funding streams for housing are long-term and often require two or more years to move through the pipeline for approval. The partnerships needed to develop a large enterprise often are formed in response to Housing Authority or other regulator agencies and they may determine how the process proceeds.

Haywood brought up the issue of how to plan appropriately for interim uses of the property while the longer-term plans are being developed since any interim uses, especially any related to housing, would be disrupted once construction on a longer-term plan was initiated. Others acknowledged the difficulty of this reality as well as concerns expressed by residents and commercial interests in the surrounding area regarding homeless individuals congregating in the neighborhood. It was suggested that any interim uses of the property might be limited, especially given the limitations already determined including no camping or pallet houses.

Dan mentioned that the area is in need of a day center so that those who are unhoused are not using other public spaces like parks which are designed for broader public purposes during the day. Although churches and the public library are available at times when inclement weather is present, they are not always available on a daily basis.

Next Steps and Action Items

Guest Speakers

- Arrange for working group members to meet with those using the shelter to obtain their insights into the best use of the property
- Invite Jason Elzy from Housing Authority of Jackson County to discuss development best practices.

Next Meeting: To be determined.

Site Development Subcommittee Meeting

Date: 12/04/2025 Time: 9:00 a.m. to 10:50 a.m.site
Chair: Kathy McNeill
Recorder: Noah Werthaiser
Attendees: Kathy McNeill; Noah Werthaiser; Tonya Graham; Paul West
Guest: Sam Engel, Exec. Dir. Rogue Retreat

Administrative: Noah confirmed the meeting was being recorded for note taking.

Purpose of the Session

The workgroup clarified that this meeting was informational and exploratory.

- The goal was to draw on Sam's experience to inform future recommendations for use of the 2200 Ashland Street site.
- No formal recommendations were discussed or decided.
- Sam emphasized that he was speaking from experience rather than site specific regulatory expertise, noting differences between Ashland and Medford ordinances.

Small Units and Vertical Development:

Discussion included a variety of housing typologies including Dormitory style low-barrier shelter; transitional housing; cottage or garden style housing; village models; purpose build and multi-story housing if funding and code allow. Sam emphasized the necessity of planning for accessibility features from the start regardless of the housing style selected.

Target Population Discussion

· Tonya emphasized the city's limited capacity to fund or manage intensive ongoing services.

· The group discussed prioritizing residents who:

  o Are newly homeless or living in vehicles

  o Have fewer service needs

  o Are economically constrained rather than behaviorally or medically high need

· Sam supported a mixed population approach and cautioned against concentrating only high need residents in one location without proper services.

Permanent Versus Transitional Housing

Sam explained that Rogue Retreat treats many units as standard apartments rather than time limited transitional housing.

· He noted that rigid time limits can undermine stability and long term success.

· Case management is provided but extended stays are common when residents are successful.

Operations and Service Models

Case Management and Requirements

· Rogue Retreat requires case management after an initial stabilization period.

· Other Shelter models such as ACCESS Shelter and OHRA do not require case management.

· Sam noted that the chosen operating model significantly affects outcomes and resident mix.

Kitchen and Meal Services

· Kelly Shelter kitchen prepares:

  o Two meals per day for shelter residents

  o One meal per day for Crossings residents

· Some meals are purchased through jail food services for residents with higher needs.

· Crossings also includes participant used kitchens.

Affordability and Rents

Rent Levels

· Sam stated that Rogue Retreat one bedroom rents range from approximately 900 to 1100 dollars, depending on size and HUD guidelines.

· Rents are adjusted annually based on HUD standards.

Small Unit Eligibility

· Sam noted that very small units can qualify for vouchers depending on configuration and whether they are studios or SRO style units.

· Redwood units smaller than 500 square feet qualify for vouchers after installing kitchenettes.

Funding and Development Models

Funding Sources Discussed

· Low Income Housing Tax Credits:

    o Highly competitive

    o Long development timelines

    o Significant restrictions

· Four percent tax credits as a lower yield alternative

· Private loans and equity with long return timelines

· CDFIs such as Craft3 with higher interest rates and refinance strategies

Nonprofit Versus Private Development

· Sam noted that nonprofit development can reduce costs by removing profit expectations.

· Private developers typically build to sell, increasing total project cost.

Phased Development Strategy

· Sam described Crossings as a phased project where early success and revenue support later development.

· Suggested a similar approach could allow interim uses while planning permanent housing.

Modular and Container Housing Concepts

Container and Modular Housing

· Tonya and Paul discussed modular and container based housing models seen at conferences and in other jurisdictions.

· Key attributes included:

    o Fast construction timelines

    o Lower per unit costs

    o Stackable designs allowing greater density

    o Exterior finishes that resemble conventional apartments

· Sam noted Oregon is increasingly open to modular and SRO style housing due to recent policy changes.

Design and Neighborhood Fit

· Participants emphasized avoiding institutional or prison-like design.

· Projects should provide neighborhood benefit and visual improvement, not just neutrality.

Key Takeaways

· Sam believes that successful housing development requires three elements:

    o Land

    o An Operating Model

    o Money

· The city already controls the land.

· Clarifying the operating model and target population will help attract partners and funding.

· Mixed population housing and phased development may reduce risk and improve outcomes.

· Modular and container housing warrant further exploration.

Next Steps and Action Items

Guest Speakers

· Invite Jason Elzy from Housing Authority of Jackson County to discuss development best practices.

· Identify and invite a modular or container housing developer to present examples and costs.

· Consider Jocelyn Beh from Oregon Community Foundation for statewide Project Turn-key insights.

Information Sharing

· Tonya to share container housing materials gathered at recent conferences and possibly invite representative to do remote presentation.

Scheduling

· Next meeting scheduled for 12/12 with Dan Cano.

Council Business Meeting

Date: December 19, 2025

Agenda Item	Update: Services and Accountability
Department	City Manager's Office
From	Sabrina Cotta

TIME ESTIMATE

CATEGORY
Informational - this is to inform the body on a particular topic. No motion or direction needed.

SUMMARY
The Services and Accountability Subcommittee has met in person and via zoom three times: December 17th, December 8th and December 15th. Committee members have toured OHRA facilities, Rogue Retreat shelter and urban campground and the 2200 Ashland Street facilities.

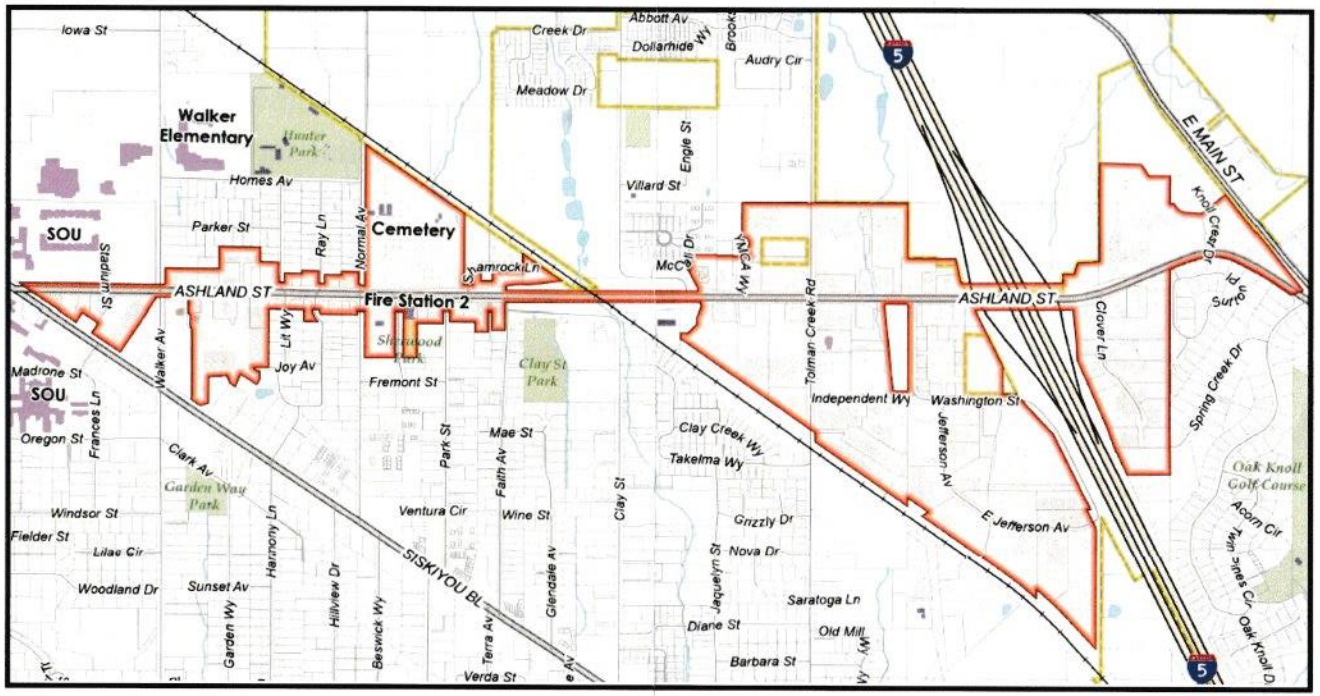
POLICIES, PLANS & GOALS SUPPORTED

BACKGROUND AND ADDITIONAL INFORMATION
Please see attachments for subcommittee meeting notes.

FISCAL IMPACTS
N/A

SUGGESTED ACTIONS, MOTIONS, AND/OR OPTIONS
N/A

REFERENCES & ATTACHMENTS
1. APD Persistant Violator Info
2. Ashland Emergency Shelter Guest Agreement 2025
3. Homeless Services Coordinator Duties
4. permanently closed
5. Rules for Ashland Night Lawn
6. Survey of unshelter residents of Medford Oregon
7. ACCESS-2025-Community Needs Assessment
8. APD plans for business corridor
9. Ashland Severe Weather Shelter Contract 2024
10. OHRA Shelter Agreement 2023
11. Rogue Retreat Guest Agreement
12. Services and Accountability Subcommittee Meeting Notes
13. 2200 services and accountability committee report - JASON's Notes



Ashland Police Department

Persistent Violator Information

CAP East 11/07/2025

The City of Ashland, and its police department, would like to invite all members of the community to enjoy the city in a safe and respectful manner.

Failure to comply with the Persistent Violator Ordinance described herein could result in an arrest and expulsion order within the Cap East Enhanced Law Enforcement Area.

Areas Covered:

- ELEA East or West, with separate pamphlets for each, with appropriate maps

Qualifying Events:

- You may be expelled from an Enhanced Law Enforcement Area (ELEA) if certain conditions are present.

What Can Get You Expelled:

1. Violations: If you are charged with 3 or more of these violations within a 6 month period:
   - Littering (AMC 9.08.110)
   - Unnecessary noise (AMC 9.08.170)
   - Dog control required (AMC 9.16.010)
   - Drinking alcohol in public (AMC 10.40.030)
   - Having an open container of alcohol in public (AMC 10.40.040)
   - Using marijuana in public (ORS 475C.377) OR
2. **Crimes:** If you are charged with:
   - Any felony crime OR any misdemeanor crime against a person (such as assault, harassment etc.) OR misdemeanor unauthorized burning OR
   - 2 or more misdemeanors against property (such as minor theft or trespassing etc.)

How the Ban Process Works:

1. A police officer substantiates that you committed offenses noted above
2. The officer will give you notice of intent to ask the Judge to expel you from the area
3. The officer presents evidence to the Judge
4. If you are there, you can argue against the ban and ask for exceptions
5. If the Judge issues the expulsion you will be notified and given a chance to comply prior to any enforcement action taking place

Expulsion Details:

- The expulsion lasts between 3 months and 1 year.
- If you are expelled from one ELEA it does not impact being in another ELEA
- You can still enter the area for specific reasons, like:
- Fixing the issue that got you expelled
- Attending public meetings
- Getting essential services (medical, groceries, etc.)
- Attending work or school
- Traveling through the area in a vehicle or on public transit
- Other reason as decided by the Judge

Appealing the Ban:

- You can request a hearing within 10 days of getting the expulsion notice.
- The hearing will be held within 10 business days.
- If you appeal on time, the expulsion will be paused until the hearing.

Penalties for Violating the Order of Expulsion:

- If you are found to be in violation of an expulsion order, you may be arrested for trespassing.

City of Ashland Emergency Shelter
Guest Agreement 2025/2026

Failure to follow and comply with this guest agreement will result in a Notice of non-compliance and may lead to being exited from the shelter. All guests are required to sign this agreement.

1. **Meals:** The City of Ashland Shelter will serve Dinner (5:30 pm – 7:00 pm) and Continental Breakfast (7:00 am – 8:30 am). These meals will be available seven days a week including holidays, at no cost to you.
2. **Entrance/Exit:** The City of Ashland Shelter only allows entrance to the premises between the hours of 5 pm to 10pm. If you are employed and need to access the shelter at other times, you will be required to submit your weekly work schedule, in writing, to staff. Failure to submit your weekly work schedule to staff will result in you not being admitted to the shelter after hours. These hours are strictly enforced to ensure the health, safety, and integrity of the shelter. If you need to step outside to either smoke or walk your dog, between the hours of 10pm and 6am, the staff will accompany you. If you miss 48 hours without notifying staff of your absence, you will lose your shelter bed and will have to ask to be placed back on the waiting list. Your belongings will be packed up, kept for 72 hours, and then disposed of.
3. **Being a good neighbor:** By signing this agreement, I agree to be a good neighbor. I will have respect for the surrounding neighborhoods as I come and leave the shelter. I will not loiter or litter on nearby properties. I agree not to sleep outside on the property or in the neighborhood, or near the railroad tracks.
4. **Personal Belongings:** Upon entry, you will be issued a bin and a locker to store your belongings in. No additional storage will be available. There will be no bikes, or bike trailers inside the shelter building. There will be no grocery carts
5. **Use of Your Shelter Bed:** You will be assigned a bed, and this will be your bed for the entire shelter season. It is expected that all trash (including all open containers of food and food waste) will be picked up, your bed made, and your area tidied up by 9am prior to leaving the shelter every morning.
6. **Inspection:** Every morning at 9am there will be a shelter walk-through to ensure compliance with cleanliness standards. **During the 9am shelter walk-through, it is required that you are fully dressed, your bunk area is clean (all open food containers, and all trash will be disposed of, and your bunk will be neatly made.)** Failure to comply with this requirement will result in a notice of non-compliance, and if this becomes an ongoing problem, may result in your exit from the Ashland City Shelter.

7. **No Illicit Drugs or Alcohol:** You may not have in your possession, or use on the Ashland Emergency Shelter Property, drugs (including marijuana), alcohol, or drug paraphernalia. This includes any prescription drugs that were not prescribed for you by a licensed health provider. Failure to follow this rule will result in a notice of non-compliance and may result in you being exited from the City of Ashland Emergency Shelter.
8. **Consent to Search Personal Belongings:** By signing this agreement, you provide consent for staff to search your belongings upon entry to the shelter, or at any time they have reasonable belief that you are in possession of drugs (including marijuana), alcohol, drug paraphernalia, or weapons. Any search and confiscation of items will be conducted pursuant to the shelter policies and procedures. **If you refuse consent to search, you will be subject to immediate exit from the City of Ashland Emergency Shelter.**
9. **No Weapons, Violence, Abuse or Damage:** You may not possess or use weapons (real or replica), use or threaten violence or use violent or abusive language or hate speech against anyone in or around the City of Ashland Shelter grounds, against shelter staff members, other guests, or shelter neighbors. Acts of violence, disorderly behavior, assaultive behavior, assaultive and/or verbally threatening behavior will result in immediate termination from the shelter. You may not damage any of the shelter areas. Tampering with or disabling smoke detectors/alarms will result in your immediate termination from the City of Ashland Emergency Shelter.
10. **Crimes:** You may not commit any crimes in or around your shelter bed, or on shelter grounds. If you do commit a crime, the staff will report the crime to the Ashland Police Department, and you will be immediately terminated from the shelter program.
11. **Noise and Nuisance:** You may not use or do anything inside the shelter or anywhere on shelter grounds that disturb your neighbors or the neighborhood, including making or causing loud noises in the shelter.
12. **Safety and Housekeeping:** You must keep your shelter bunk area in a neat, clean, and safe condition. Therefore, you must comply with any scheduled or routine housecleaning or maintenance of the areas of the shelter. When your participation ends, you must return your bunk area in the same condition that it was when you moved in, except for normal wear and tear. **Urinating, defecating, or dumping waste anywhere on City of Ashland Shelter grounds, other than the toilet, is not permitted.** Always use appropriate facilities to dispose of any bodily waste or waste materials. Please do not flush sanitary napkins or tampons down the toilet. Dispose of them in the bathroom trash container.
13. **Medical Emergencies:** If a medical emergency occurs, we encourage the shelter participants to contact emergency services on their own. If they are unable to do so, the Ashland Emergency Shelter staff will make the call.
14. **Visitors/Other Shelter Guests/Caregivers:** Visitors may not come on to shelter grounds. Visiting other shelter residents is to be done at assigned congregate areas. Caregivers must call and schedule with the shelter front desk and show valid ID or paperwork

showing their caregiving status for the guest. Caregivers must sign in and out at the front desk.

15. **Sexual activity:** I agree to not engage in any sexual activity (including watching pornography on my phone or other devices) with myself, or anyone else inside the shelter or on shelter grounds.
16. **Assistance Animals and Pets:** Animals must always be leashed and under the care and control of the pet owner. Animals may not be left unattended on shelter grounds at any time. **You must pick up and dispose of your animal waste immediately. Failure to do so will result in a notice of non-compliance, and continued violation will result in your animal being removed from the shelter.** If it is found that your animal is aggressive towards people or other animals, your animal will be required to be muzzled or crated while on shelter grounds. You may not keep any pets in or around the shelter unless you are specifically provided with permission to do so. **By signing this agreement, you understand that if your pet is found unattended on City of Ashland Shelter grounds, no matter the reason, you are authorizing and agreeing that the Ashland City Shelter has your permission to relinquish your animal to Jackson County Animal Control.**
17. **Maintenance and Repair:** You are responsible for keeping the interior walls, flooring, and ceiling areas around your bunk in good condition and repair. If you notice any maintenance issues, you agree to notify the staff immediately.
18. **Alterations and Improvements:** You may not make or permit any changes, additions, or improvements to the City of Ashland Shelter.
19. **Written Notice and Termination:** Failure to comply with this agreement may result in a written notice of noncompliance and lead to termination from the City of Ashland Shelter. The following is an outline of the process that the City of Ashland Emergency Shelter staff follows if you violate this agreement.
    1) If the violation poses an immediate and serious threat to the health and safety of the participant or others in the City of Ashland Emergency Shelter, the City of Ashland Shelter staff will consult with Shelter Director to determine whether a participant can safely remain at the shelter site.
    2) If the violation is minor, the City of Ashland Emergency Shelter staff will issue a notice of non-compliance to the shelter guest with directions on the corrective actions they need to take, and a time limit in which those corrections need to be made.
    3) Record the issuance of the Notice of Non-Compliance in a program level case note and upload the notice to the HMIS (Service Point) system under the program.
    4) If a participant has repeatedly violated the rules after City of Ashland Emergency Shelter staff have provided the participant with Notice of Non-Compliance, and the violations pose a threat to the health and safety of guest or staff on-site, the City of Ashland Emergency Shelter staff will provide the participant with a Termination notice.

5) Record all interactions in program level case note and exit the participant from the program and the date of termination. All documentation should be uploaded to the HMIS (Service Point) system.

This guest agreement is in place to make sure that the City of Ashland Emergency Shelter is safe for everyone.

_____ _____

City of Ashland Emergency Shelter Staff Date

Guest Participants: I have read and understand the terms of this Agreement, and I agree to abide by it. I understand that violations of this agreement may result in immediate exit/termination from the City of Ashland Emergency Shelter. **I understand that NO TENANCY IS CREATED by my participation in the City of Ashland Emergency Shelter.**

_____ _____

Guest Name (Print) **Phone number**

_____ _____

Guest Signature **Date**

Emergency contact information:

Name: _____ **Relationship:** _____

Phone #: _____ **e-mail:** _____

Vehicle Information:

Make: _____ **License Plate:** _____

Bike:

Description and Color: _____

City of Ashland Emergency Shelter
Animal Policy and Agreement

Dogs and companion animals are eligible to come into the shelter. Upon entry and signing this agreement, the guest/animal owner agrees to the following guidelines:

1) Your pet is held to the same standards as all guests. Inappropriate (e.g. aggressive or destructive) behavior is not allowed, and you may be required to crate, muzzle, or remove your pet for any of the following reasons.
    - Direct threat to the safety of other guests, or their animals.
    - Uncontrolled disruptive behaviors.
    - Unsanitary conditions are caused by your pet.
    - Failure on your part to pick up after your pet.
2) Owners are responsible for the well-being and care of their pets and must feed, water, clean, exercise, and clean up after their animal. The City of Ashland, OHRA and City of Ashland Volunteers do not assume any liability for the animal while it is in the shelter.
3) Owners must agree to store food for their animals in designated areas.
4) All animals must always be under the care and control of their owners and be leashed or crated.
5) I agree to provide an emergency care person to care for my pet in case of an emergency, or if I am incapacitated.
6) **I understand that by signing this pet agreement, if my animal is found unattended on the shelter grounds, or if I leave my animal behind, I am giving my permission for the City of Ashland Emergency Shelter to relinquish my animal to Jackson County Animal Control.**

I understand that and agree to the shelter guidelines for dogs and animals. I know that I can be required to remove my animal from the shelter if I do not follow the Animal Policy.

_____ _____

Guest Name (Print) Guest Signature

Pet Breed: _____ Pet Name:_____

PET ASSESSMENT:

- Current vaccination (e.g. rabies) y/n and city licensure y/n
- Spay neuter y/n
- Animal flea and pest free y/n
- Registered as a service/emotional support animal y/n

an

Homeless Services Coordinator Duties

- Assessment and Planning:
  - Conduct comprehensive assessments to understand the scale, demographics, and needs of the homeless population.
  - Implement athe strategic plan to address homelessness, including prevention, immediate support, and long-term housing solutions and facility specific plans
  - Act as staff liaison for current and future houseless service and facility planning committees.
- Service Coordination and Provider Management:
  - Administer contracts with service providers, ensuring they deliver quality services and meet performance benchmarks.
  - Evaluate the effectiveness of services provided and make adjustments as necessary.
  - Act as a liaison between the city, non-profit organizations, and private service providers to ensure services are coordinated and meet the needs of the homeless population.
- Inclement Weather Shelter Activation:
  - Implement protocols for activating extra shelter spaces during severe weather conditions.
  - Suggest revisions to resolutions relating to shelter activation relating to changing needs
  - Coordinate with shelters, community centers, and other facilities to provide temporary housing during inclement weather.
  - Manage communication and advertising efforts to ensure homeless individuals are aware of available resources during extreme weather.
  - Coordinate volunteers when needed.
- Regional Collaboration:
  - Work with regional and state-level organizations to share resources, data, and best practices.
  - Participate in regional planning and advocacy efforts to address homelessness on a larger scale, such as staffing the Continuum of Care and MAC group.
- Grant Writing and Fundraising:
  - Identify and apply for federal, state, and private grants to fund City actions to provide an infrastructure of support for homeless services.
- Public Information
  - Develop public awareness campaigns to educate the community about homelessness, including causes, challenges, and ways to help.
  - Provide data and reporting to the City Manager, City Council and advisory committees relating to services provided, crime statistics, utility assistance programs, rapid rehousing placements, or other associated information as requested.
- Housing Solutions:
  - Coordinate with the Ashland Housing program and non-profit housing providers regarding affordable and transitional housing options for homeless individuals and families.

RFP


PERMANENTLY
CLOSED !
PLEASE DO NOT COME BACK. FIND SOMEWHERE
ELSE TO GO, ANYWHERE BUT HERE !!

Rules for the Dusk to Dawn Sleeping Lawn

Updated November, 2025

Everyone experiencing being unhoused is encouraged to contact resources to assist in stabilization. Some of these resources are listed below. Campsites set on private property, including railroad property, will be considered trespassing and campsites may be ordered immediately removed. Enforcement may be handled via a trespassing misdemeanor charge.

Campsites set up on public property, regardless of for how long, at which unlawful activity is occurring, will be ordered immediately removed. Campsites set up on public property for more than five (5) days will be posted with a 72 hour vacate/removal order.

Individuals that have previously been issued a 72 hour removal from a specific location cannot return to that location and re-set the 72 hour clock to vacate.

Overnight campsites are permitted on the city-owned lawn located behind 1175 East Main Street. These campsites are authorized between 4:30 PM and 9 AM. The storage sheds for campers are open from 7:45-8:45 AM. The rules are established for this area must be followed or campers may be asked to vacate and may not be permitted to return. Those rules are printed below.

Resources:

Options for Helping Residents of Ashland (OHRA): 2350 Ashland Street, Ashland OR. (541) 631-2235

Addictions Recovery Center: 1025 East Main Street, Medford, OR. (541) 779-1282

Maslow Project: 500 Monroe Street, Medford, OR. (541) 608-6868

Jackson County Mental Health: 140 South Holly Street, Medford, OR. (541) 774-8201

Due to sanitation concerns and delays in emergency response of police vehicles encountering groups of individuals and/or stored property in the area of the Dusk to Dawn camping area, the rules for utilization of the Dusk to Dawn overnight camping area have been updated. Persons found not following these rules are subject to immediate expulsion.

- Failure to remove personal belongings by 7:30 AM constitutes a breach of the rules and expulsion from the Dusk to Dawn sleeping location.
- Additionally, property must be removed from adjacent City property, to include the parking lot, the area between the Council Chambers and the Police Department, as well as the area surrounding the Grove building (map attached). Those in violation are subject to standard lawn expulsion rules.
- An appeal for being expelled is to the Ashland Municipal Court, municourt@ashland.or.us, (541) 482-5214
- The City will provide a portable toilet, a clean-up station, pet waste bag stand, and trash waste receptacles at the Dusk to Dawn site.
- Periodic police patrols will be conducted to support users and for the security of the site.
- For non-emergency assistance, call (541) 770-4748 or use the call box near the main entrance of the police department. For emergencies, call 911.
- Guests must vacate the site by 9 AM and may not return until 4:30 PM each day.
- Sleeping space is limited to a 10 feet by 10 feet area allocation for each individual user or companion users of the site.
- The use of tents or similar temporary overnight cover is allowed within a sleeping space allocation.
- All camping gear and personal belongings must be contained in a sleeping space allocation and removed from the area by 9 AM each day.
- Any remaining property is subject to the campsite rules set forth in 10.46.040 of City Municipal Code. Any camping gear and/or personal belongings of value left on site after 9 AM will be removed and stored. Campers will have 14 days to retrieve belongings. Any property that is not needed for essential needs (as defined in

AMC 10.46.010), the City may hold, pending the 14 day appeal period.

- Items determined to pose a health or safety risk to the users of this site are subject to immediate removal and/or disposal.
- Children must be accompanied by a parent or guardian.

Pets:

- Pets are allowed on-site and must be under their owner's control at all times.
- Pets cannot be left unattended.
- If a pet is aggressive, to other guests or pets, the guest and their pet are subject to immediate removal. Additionally, aggressive pets face permanent expulsion, and it is the owner's discretion to decide whether to remain with the animal.
- Pet owners are required to pick up after their pets and properly dispose of waste.
- All dogs, six months of age or older must have received rabies vaccine according to Oregon Health Authority guidelines, 333-019-0017. Upon request of law enforcement, the owner is required to provide proof of the rabies vaccine.

Personal Behavior:

- Guests must treat other guests and members of the public with kindness, dignity, and respect. Disrespectful, violent, disruptive, vulgar, or combative behaviors will not be tolerated, nor will racism or bullying.
- Campers must respect the allowable space of each camper.
- All guests must pick up after themselves and their pets and dispose of all refuse, including cigarette butts, in the appropriate receptacles provided.
- Guests must adhere to noise curfew from 10:00 PM to 7:00 AM.
- Guests must adhere to any posted speed limits and traffic rules while on the property.
- Unauthorized and illegal behavior will not be tolerated and will result in expulsion.
- Unlawful behavior or noncompliance with rules for this site is immediate grounds for removal and future exclusion from access and use of this site, including the following:
  - No visitors are allowed on this site, only overnight guests.
  - No unlawful weapons of any kind are allowed on this site.
  - No cooking, campfires, or open flames are allowed on this site.
  - No illegal drug use, or legal recreational drug use, including marijuana and/or alcohol use, is allowed on this site.

The map on the following page illustrates where storage of belongings is not allowed. The red outline is the overnight lawn, where belongings must be removed by 9 AM daily. The yellow outline is where belongings may not be stored, once removed from the lawn.

Survey of Unsheltered residents of Medford Oregon

July - November 2025

A non-scientific anonymous survey was conducted of unsheltered adult residents of Medford between July and November 2025. Surveys were collected at Hawthorne Park, 9th and Almond (The "Circle"), the Medford American Little League Fields, Alba Park, Evergreen Street downtown between 10th and 4th, Medford Gospel Mission, and the Bear Creek Greenway. The data in this report was collected from 115 people, all who self-identified as "homeless". The questions asked were based on previous interviews of homeless adults conducted earlier in the year. After each interview, people were offered information about local resources and about library services that relevant to their needs.

The original idea was to gather information about the barriers people faced while trying to access services, and then present the information at a "Homeless People's Assembly" that was planned for 11/14/25. This assembly's goal was left largely unidentified on purpose, to allow for genuine input and participation by the most affected, assisted by the Community Resource Department's and community partner's administrative heft. What would come out of the assembly would have been left up to homeless people participating. Ideas that were floated by homeless people who were surveyed ran the gamut from forming a "Homeless People's Union" to a large-scale art project as an expression of grief for those who have died while living outside.

The community partners who had volunteered to facilitate this event dropped out due to their planned escalating response to the SNAP disruption. Unfortunately, that meant the event had to be canceled. What we are left with though, is a lot of data that may still be useful to us. We could utilize this data in the Community Resource Department to better inform the services/distribution/information that we provide. We can also spread this internally to better educate ourselves on what our homeless patrons face in Medford every day.

My first take away from these numbers is that our services are relevant. It seems that there is a lack of resources in total (housing/shelter/transportation), but assisting folks with connecting to existing resources remains impactful. People really appreciate our bus tokens that we give out and our ability to help facilitate connection to resources. Secondly, these number show us places where our department could grow. Is there any way we can expand people's access to bus tokens? Can we work with local defense attorneys and law enforcement to get people reliable access to information about current charges/warrants? Additionally, I had quite a bit more narrative responses that illustrate how all of these issues connect together for people living outside. These long form answers don't really fit into a "report back" like this and I feel like sharing those thoughts unedited may betray my promise of anonymity, but I feel like it would be a worth while effort for the department to look into asking patrons for this kind of feedback in the future. I will be working with homeless patrons to try to develop a mechanism for this sort of narrative reporting that is better than just a "comment card".

Data collected is split up into 4 categories:

- Legal
- Physical Health/Behavioral Health/Drug Use
- Transportation (cost, quality of service, cuts)
- Shelter

All percentages are approximate (excluding 100%), due to the odd total number (115) and discrepancies with recorded numbers that meant some answers were excluded.

Legal Issues

When were you last arrested/or cited:

- Less than 3 months ago: 23%
- Less than 6 months ago: 40%
- Less than a year ago: 15%
- Less than 2 years: 7%
- Not within the last 2 years: 10%

Most listed offences of those arrested in the last 2 years:

- Trespassing (where the victim of the crime is the public, typically due to an exclusion zone citation): 43%
- Failure to Appear (someone doesn't make it to court): 27%
- Disorderly Conduct: 15%
- Possession: 8%
- Other: 3%

Do you currently have a way to call the court house or call MPD to see if they have a warrant:

- Yes: 27%
- No: 67%

If you had a way to check for a warrant that did not mean immediate arrest, would you take advantage of that?

- Yes: 100%

Do you currently have legal representation that you are in contact with?

- Yes: 34%

- No: 62%

Physical Health/Behavioral Health/Drug Use

Are you physically or otherwise disabled?

- Yes: 66%
- No: 33%

(of those that answered yes) Has this made it difficult for you to access services?

- Yes: 100%

In what ways is your disability a factor in you accessing services?

- Physically less able to make it to appointments: 28%
- Exhaustion: 15%
- Confusion, unable to keep track of time, dates: 17%
- Need to prioritize health over other needs: 36%

Do you use drugs? (only recorded for methamphetamines, opioids, tranquilizers, or their analogs)

- Yes: 61%
- No: 38%

(of those that answered yes) Did you start using before or after you became homeless?

- Before: 21%
- After: 75%

Is your drug use affecting your ability to access service?

- Yes: 12%
- No: 87%

(of those that answered yes) In what ways?

- Makes ineligible for service: 66%
- Sometimes too sick to make appointments: 15%
- Other: 16%

Transportation

Is lack of transportation a factor in your ability to access services?

- Yes: 81%
- No: 14%

(of those that answered yes) In what ways has lack of transportation affected your ability to access services?

- Services are too spread out: 61%
- I am too tired to walk: 21%
- I am unable to walk: 12%

Why don't you have access to transportation?

- It costs too much: 64 %
- I have no income: 20%
- My car was towed and I no longer have access to it: 8%
- Other: 6%

Shelter

When was the last time you were sheltered (housed/homeless shelter)?

- Less than 3 months ago: 15%
- Less than 6 months ago: 21%
- Less than a year ago: 41%
- Less than 2 years: 12%
- Not within the last 2 years: 5%

Why did you last leave shelter?

- Kicked out of shelter services: 45%
- Eviction: 15%
- Otherwise displaced: 7%
- Lost space in shelter due to being arrested: 30%

Why are you currently not sheltered?

- Shelters are full/wait times are long: 72%
- Rent is too high: 12%
- Rules at local shelters make it inaccessible: 6%
- Other: 5%

Jackson County
Community Needs Assessment 2025

Prepared for ACCESS Community Action Agency of Jackson County
by Pacific Research and Evaluation

ACCESS
BUILDING COMMUNITY

PACIFIC
Research &
Evaluation

Executive Summary

Background

ACCESS is the Community Action Agency for Jackson County, Oregon, working to reduce poverty and improve the lives of low-income individuals and families. ACCESS conducts a Community Needs Assessment (CNA) every three years to better understand community challenges and guide program planning, strategic priorities, and partnerships. The CNA is a tool for identifying current needs related to housing, health, education, transportation, and economic opportunity.

Methodology

For the 2025 CNA, ACCESS partnered with Pacific Research & Evaluation (PRE) to collect and analyze data using a mixed-methods approach. The assessment included a review of secondary data sources, including the American Community Survey and internal ACCESS program data. Primary data collection included a stakeholder survey (n = 178) and focus group, and a community survey (n = 602) and community-based focus groups conducted across Jackson County. Data collection occurred in June and July 2025. Together, these sources provide a comprehensive understanding of the experiences, needs, and priorities of low-income communities throughout the county.

Key Findings

Finding 1. Housing Crisis Drives Community Instability

Housing emerged as the most critical need across all data sources. Nearly 40%, 48 of stakeholders who wrote in the top priority for their clients, wrote in housing, with 91% (n = 159) rating affordable rental housing as a "big concern." Community members reported widespread housing instability, with 29% of survey respondents dissatisfied with their current housing situation and 18% having moved at least once in the past year. The 2020 Almeda Fire continues to impact housing availability, with newly constructed homes often unaffordable for low-income residents.

Finding 2. Transportation Barriers Limit Access to Essential Services

Transportation challenges significantly impact residents' ability to access employment, healthcare, and food. Over half (51%) of community survey respondents identified gas and fuel prices as a major concern, and 39% cited vehicle repairs. Rural communities face particular challenges with limited public transit, and impending budget cuts due to a freeze in federal funds threaten existing services that many residents depend on.

Finding 3. Food Insecurity Affects Over One-Third of Households

Food affordability and access represent major concerns, with 38% of community member survey participants rating food cost assistance as a "big concern" and 34% reporting they often worried food would run out before having money to buy more. While food assistance programs are valued, community members noted insufficient SNAP benefits, limited food pantry supplies, and gaps for those with specific dietary needs.

Finding 4. Healthcare Access Gaps Persist Across Service Types

Healthcare access challenges span multiple areas, with mental health services (75% of stakeholders rating as "big concern" on the survey), dental care (30% of community members), and prescription costs creating significant barriers. Long wait times, provider shortages, and insurance coverage gaps prevent residents from accessing preventive and ongoing care.

Finding 5. Benefit Cliffs and System Navigation Create Additional Barriers

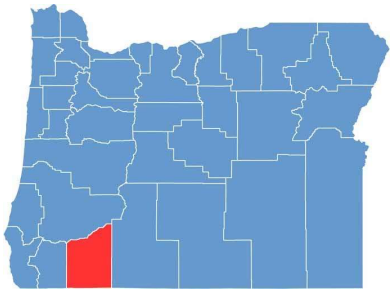
Community members reported being caught between poverty-level income and program eligibility requirements, with small income increases triggering benefit loss. Complex paperwork, online-only applications, and frequent caseworker turnover create additional obstacles to accessing and maintaining critical supports. These community members represent ALICE families; Asset Limited, Income Constrained, Employed. These families are unable to afford the basics but make too much income to receive benefits to assist them with their necessities.

Table of Contents

Introduction

ACCESS is the Community Action Agency that serves Jackson County, Oregon. Located in Southern Oregon (see Figure 1),[1] the county includes both urban and rural communities and has a population of more than 220,000 residents. Cities such as Medford, Ashland, and Central Point are part of the region, along with smaller towns and unincorporated communities.

Figure 1. Jackson County, Oregon



ACCESS provides food, warmth, shelter, and other essential services to Jackson County's low-income individuals, children, families, seniors, Veterans, and people with disabilities. As the Community Action Agency of Jackson County, ACCESS is committed to understanding and addressing the needs of this community. As a part of this commitment, ACCESS conducts a Community Needs Assessment (CNA) every three years to evaluate the challenges facing Jackson County's most vulnerable populations and the resources available to assist them.

For the 2025 CNA, ACCESS contracted Pacific Research & Evaluation (PRE) to lead the research and analysis. PRE employed a mixed-methods approach that combined quantitative data from government and agency sources, surveys of ACCESS's service population and community members, and qualitative insights gathered through focus groups and open-ended survey items. This comprehensive approach examined a range of factors affecting community well-being, including demographics, economics, housing, health, and social conditions.

The assessment incorporates data representing all of Jackson County to provide a comprehensive overview of countywide conditions and needs. It also includes a deeper exploration of a selected sample of communities: Medford, Ashland, White City, Central Point, Prospect, Talent, and Phoenix. These communities were chosen to reflect the diversity of both urban and rural areas across the county. The report highlights key factors affecting community well-being, including demographics, economics, housing, health, and social conditions, with attention to marginalized groups and Asset Limited, Income Constrained, Employed (ALICE) households. Findings will guide ACCESS's programs, partnerships, and strategic planning, and serve as a resource for local leaders and the public to support collective efforts to reduce poverty and improve economic security in Jackson County.

[1] US County Maps. (2025). *Jackson County Map.* https://uscountymaps.com/jackson-county-map-oregon/

Methodology

To develop a comprehensive understanding of the conditions facing people with low incomes in Jackson County, PRE used a mixed-methods approach that integrated both quantitative and qualitative data. The purpose of the CNA, as outlined in the project's Scope of Work, was to develop a thorough understanding of the needs, barriers, resources, and services that shape the lives of Jackson County residents experiencing poverty. The findings are intended to support future planning efforts, inform program development and evaluation, and guide decision-making about how ACCESS and its partners can most effectively address the causes and conditions of poverty throughout the county.

The assessment took place between April and September 2025, with data collection conducted primarily in June and July. Multiple data sources and methods were used to capture a rich and well-rounded picture of community conditions. These included analysis of secondary data from government and agency sources, as well as primary data collection through surveys and focus groups with community members and stakeholders. Stakeholders were defined as individuals engaged in roles or organizations that provide services or support to residents in Jackson County.

The sections below describe each of the data sources used in the CNA, organized by archival and primary data collection methods.

Archival Data Sources

Information was drawn from a range of public and agency sources to describe the demographic, economic, health, and social conditions affecting Jackson County residents. In addition, ACCESS provided data to the research team, including service data and satisfaction survey results.

Public Data Sources

Data from various public and agency sources were compiled to examine the demographic, economic, health, and social factors impacting Jackson County residents. The U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates (2019–2023) served as the primary data source, providing insight into income, poverty, housing, education, employment, and household composition.[2] Additional Census Bureau datasets were also consulted, including detailed poverty and housing tables.

[2] U.S. Census Bureau. (2024). *American Community Survey, 2019–2023: 5-year estimates* [Data set]. https://data.census.gov/

To supplement these findings, a number of additional publicly available data sources were reviewed. These included:

- 2023 United for ALICE Oregon County Report, which provides estimates of households living above the federal poverty line but below a basic survival threshold;[3]
- U.S. Department of Housing and Urban Development (HUD) 2024 Point-in-Time (PIT) Count, which offers data on homelessness;[4]
- U.S. Department of Health and Human Services (HHS) provider directory, used to assess local healthcare infrastructure;[5]
- Centers for Disease Control and Prevention (CDC) PLACES data, which includes health outcomes and behavioral risk factors such as obesity and mental health;[6]
- CDC WONDER and National Vital Statistics System (NVSS), used to examine mortality data, including deaths of despair, opioid overdose, and firearm-related deaths.[7]

ACCESS Service and Satisfaction Data

To provide a more localized view of community needs and ACCESS's role in meeting them, the CNA also drew on internal data maintained by ACCESS. This included client service data that detailed the number and types of services accessed by individuals and households across different programs, such as energy assistance, housing services, food programs, and weatherization. These data helped illustrate the reach of ACCESS services and the level of demand across the county.

In addition, client satisfaction survey data collected by ACCESS offered insight into how community members experience the agency's services. These data captured clients' perceptions of service accessibility, helpfulness, and overall satisfaction, and provided valuable information about how well the agency is meeting community needs and where opportunities for improvement may exist.

Primary Data Collection

PRE conducted primary data collection to gain direct insight into community needs, barriers, and service experiences from the perspectives of both community members and stakeholders. Two main strategies were used: surveys and focus groups. This included a countywide survey effort and a series

[3] United for ALICE. *The state of ALICE in Oregon: ALICE county reports with zip and place data.* https://www.unitedforalice.org/county-reports/oregon#7/44.180/-120.515
[4] U.S. Department of Housing and Urban Development. (2024). *2024 Point-in-Time (PIT) Count.* https://www.hudexchange.info/programs/hdx/pit-hic/
[5] Centers for Medicare & Medicaid Services. (2024). *Provider of Services File*. U.S. Department of Health & Human Services. https://data.cms.gov/provider-data/dataset/xubh-q36u
[6] Centers for Disease Control and Prevention. (2021). *Behavioral Risk Factor Surveillance System (BRFSS).* https://www.cdc.gov/brfss/index.html
[7] Centers for Disease Control and Prevention. (2023). *CDC WONDER, National Vital Statistics System.* https://wonder.cdc.gov

of focus groups. All data collection tools can be found in Appendix A. These methods provided direct insight into local conditions and complemented findings from archival data sources.

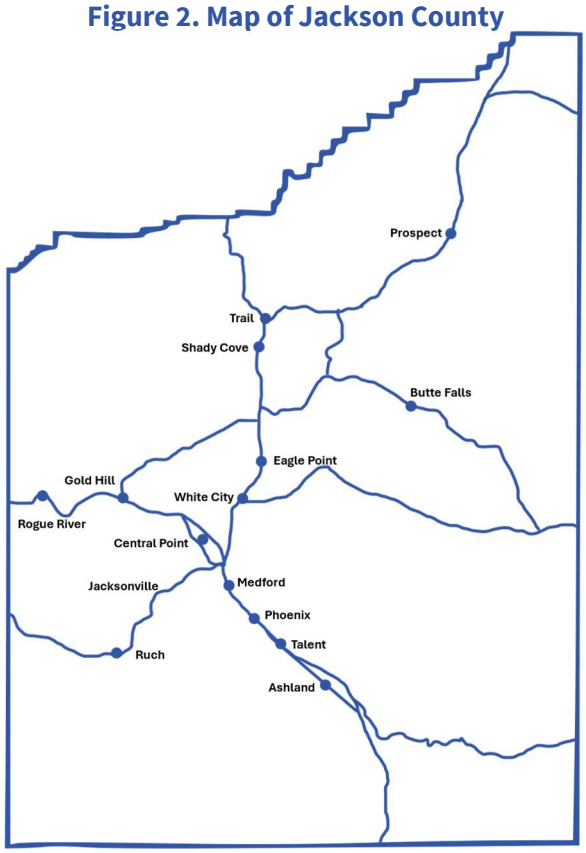
Community and Stakeholder Surveys

Survey Development and Design

The community and stakeholder surveys were adapted from instruments used in the prior needs assessment. PRE collaborated closely with ACCESS to understand their current priorities, areas of interest, and how previous survey results had informed planning and service delivery. Drawing on this input and PRE's expertise in survey development, the tools were updated and refined to reflect emerging needs and language, while preserving key questions that allow for comparison over time.

Each survey included a mix of closed- and open-ended questions addressing basic needs (e.g., housing, food, healthcare), service access, and barriers to stability. Separate but parallel instruments were used for community members and stakeholders to reflect their distinct perspectives.

Figure 2. Map of Jackson County



Survey Recruitment

ACCESS and PRE collaborated on a multi-pronged communication strategy to promote the surveys and ensure broad participation across Jackson County. The Executive Director of ACCESS, Carrie Borgen, sent an initial message to all community partners introducing the assessment effort, including both the stakeholder and community survey and focus group opportunities. This message emphasized the importance of community input and encouraged partner organizations to participate and help spread the word.

Following the initial announcement, PRE's project manager sent follow-up emails with more specific details about survey purpose, access, and timing. These general outreach efforts were complemented by personalized messages from ACCESS staff, who reached out directly to key partner organizations and stakeholders. These messages helped leverage existing relationships to increase survey visibility and participation.

To support outreach and expand access, the team developed a flyer that included a QR code linking directly to the online survey. Community partners were invited to post the flyer at their sites and share it with their service populations. The community survey was made available both online via Qualtrics

and in paper-and-pencil format. Paper surveys were distributed by ACCESS at food pantries, as well as through selected community organizations. Both versions of the survey were available in English and Spanish. At the conclusion of the survey, a raffle drew the names of 29 people who each were awarded a $20 Walmart gift card.

Survey Participation

In total 659 responses to the community survey were received, 496 completed online via Qualtrics and 163 completed via paper and pencil, with 602 of those responses considered valid following data cleaning. See Table 1 for the breakdown of the participants by city or town in Jackson County. There was a total of 213 responses to the stakeholder survey, with 178 of those considered valid following data cleaning. Additional demographic information about the survey sample is provided later in this report.

Table 1. Community Survey Participation by City

City	Number of Survey Participants	Percent of Survey Participants	ACS Population by City[8]
Applegate	3	1%	N/A
Ashland	88	15%	10%
Butte Falls	4	1%	0.3%
Central Point	52	9%	9%
Eagle Point	29	5%	4%
Gold Hill	7	1%	1%
Jackson County	5	10%	22%
Jacksonville	8	1%	1%
Medford	237	39%	39%
Phoenix	19	3%	2%
Prospect	5	1%	0.3%
Rogue River	15	3%	1%
Ruch	3	1%	1%
Sams Valley	3	1%	N/A
Shady Cove	13	2%	1%
Talent	28	5%	3%
Trail	7	1%	0.3%
White City	23	4%	5%

Survey Data Analysis

Survey data were analyzed using Microsoft Excel and SPSS. To preserve as much relevant information as possible, partial responses were included in the analysis if the respondent answered at least one survey question. In an effort to exclude individuals who participated in the survey but did not reside in

[8] U.S. Census Bureau. (2024). American Community Survey, 2019–2023: 5-year estimates [ACS Demographic and Housing Estimates]. https://data.census.gov/

Jackson County, responses were reviewed based on two indicators: participant-reported location and system-generated location data. Responses were excluded if the individual did not specify a place of residence, and their survey was not completed within the state of Oregon.

Descriptive statistics, such as frequencies and percentages, were used to summarize participant characteristics and responses to closed-ended survey items. Where relevant, data were disaggregated by participant type (e.g., clients, community members, service providers) or other characteristics to better understand patterns of need and experience across groups. Responses to open-ended questions were coded thematically to highlight concerns, barriers, and suggestions raised by respondents. Household size was calculated by combining the number of children, adults, and older adults reported in each household, and participants were subsequently classified as below federal poverty level or below ALICE (Asset Limited, Income Constrained, Employed) thresholds based on their household size and income bracket.

Community and Stakeholder Focus Groups

Focus Group Protocol Development

The focus group protocols were developed collaboratively with ACCESS, drawing on tools from the previous needs assessment and PRE's expertise in qualitative research design. The community focus group protocol was refreshed to address new areas of interest while allowing for meaningful comparison over time. In contrast, the stakeholder focus group protocol was newly developed to complement existing tools, including the stakeholder survey, and was designed to gather detailed input from service providers and community partners about regional needs and service gaps.

Focus Group Recruitment

As with the survey, focus group recruitment involved a combination of broad outreach and personalized communication. For the community focus groups, ACCESS and PRE identified specific organizations within each geographic community to support targeted recruitment. These partners shared flyers, distributed information through their networks, and encouraged participation from underrepresented voices. ACCESS staff and community-based organizations played a key role in helping connect with local residents. Recruitment messages were adapted for each partner's communication channels and community needs.

Focus Group Participation

The following communities were selected as community focus group locations: Medford, Ashland, White City, Central Point, Prospect, and Phoenix. Some of the focus groups had lower-than-anticipated turnouts, including no attendees at the Prospect focus group. For this reason, an additional virtual community focus group was added to support resident participation. The

stakeholder focus group was also held virtually to accommodate participants from across the county. All focus group participants were given a $20 Walmart gift card for their time.

The table below summarizes participation by location, including the host site and number of attendees at each focus group.

Table 2. Focus Group Location and Number of Participants

City	Location	Number of Participants
Ashland	Jackson County Library Services - Ashland Branch	7
Central Point	The Alderwood	6
Medford	The Merrick	3
Medford	The Merrick	3
Phoenix	Jackson County Library Services - Phoenix Branch	2
Prospect	Jackson County Library Services - Prospect Branch	N/A; cancelled due to low registration and participant cancellations.
White City	Jackson County Library Services - White City Branch	1
Virtual	Virtual	4

Focus Group Data Analysis

Focus group transcripts were reviewed and coded thematically. PRE used an iterative, collaborative process to surface key themes and elevate participant perspectives. Findings were used to add context and nuance to survey results and to ensure that the voices of residents and service providers were reflected in the assessment.

Community Resource Identification

To inform the community resource list and asset map, PRE compiled information from a variety of sources. ACCESS provided a spreadsheet of known community resources, which served as a foundational reference. PRE also incorporated information shared by stakeholders and community members during the data collection process. In addition, PRE conducted online searches and reviewed public webpages and prior reports, including ACCESS's previous CNA. This process aimed to capture a broad range of services available across the county. The full list of identified resources and a visual asset map are included in Appendix B.

Limitations

As with all community needs assessments, this project had several limitations that should be considered when interpreting findings.

While efforts were made to reach a diverse cross-section of Jackson County residents, participation in the community survey and focus groups may not fully reflect the demographics or experiences of all low-income individuals across the region. Some communities, including those with limited access to technology or digital platforms, may have been underrepresented. Although paper surveys were distributed in some locations, widespread distribution was not feasible, which may have limited access for individuals without internet access or digital literacy. Additionally, participation in some focus groups was lower than anticipated. Scheduling constraints and logistical limitations prevented additional in-person outreach from being conducted in all areas. During two focus groups, representatives from an unaffiliated community organization attended as observers and took notes. While their purpose for attending was not disclosed, their presence represents a deviation from the planned focus group protocol and should be noted as a factor that may have influenced group dynamics and participant responses.

External factors may also have influenced participation or response patterns during the data collection period. For example, recent changes in public funding and heightened immigration enforcement activity may have affected residents' willingness or ability to engage in the process or share openly.

Additionally, the U.S. Department of Housing and Urban Development (HUD) Point-In-Time (PIT) homelessness counts reported in this CNA have limitations to their accuracy due to their methodology. The goal of the PIT counts is to provide estimates for those who are sheltered and unsheltered; however, this approach only captures those experiencing homelessness at the particular time in which the data are collected and does not provide a comprehensive data throughout the year. Furthermore, PIT data collections often do not include those who do not want to be counted and those experiencing invisible and unstable homelessness.

However, despite these limitations, the data gathered provides valuable insights into community needs and priorities and reflects the experiences of a broad range of stakeholders and residents across the county.

Jackson County Demographics

This section summarizes publicly available data to provide a high-level overview of the population and social and economic conditions in Jackson County. It draws primarily from the U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates (2019–2023), supplemented by additional publicly available sources including the 2023 United for ALICE Oregon County Report, Centers for Disease Control and Prevention (CDC), U.S. Department of Housing and Urban Development (HUD) Point-in-Time (PIT) Count, U.S. Department of Health and Human Services (HHS), and other U.S. Census Bureau datasets.

The profile includes information across key topic areas relevant to the CNA, including demographics, household income and composition, employment, and housing. These data offer important context for understanding the landscape in which ACCESS operates and the communities it serves.

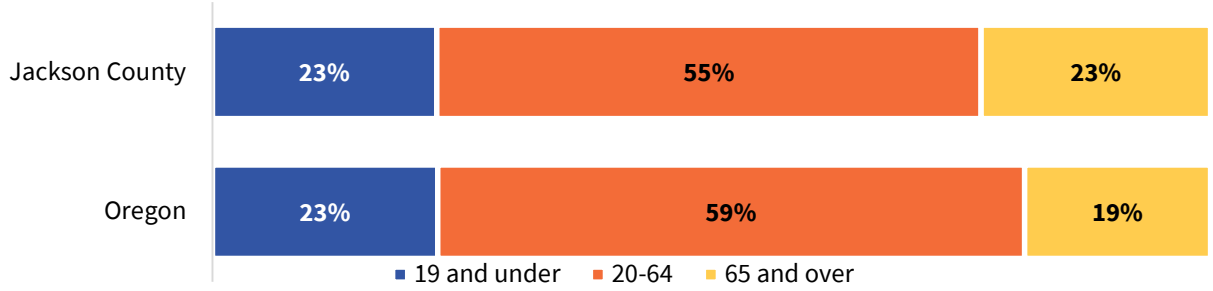
Key Takeaways

- Jackson County has a relatively balanced age distribution, with 23% of residents under 20 and 23% aged 65 or older. Compared to the state, the county has a larger share of older adults.
- The population is predominantly White (83%), with about 14% identifying as Hispanic or Latino, which closely mirrors the state average.
- About 24% of households earn less than $35,000 per year, indicating a substantial portion may face financial hardship.
- Nearly half of households in Jackson County (43%) fall below the ALICE threshold, including 13% living below the Federal Poverty Line and 30% who earn above poverty but still cannot afford basic necessities.
- Close to half of renters (46%) are considered rent-burdened, paying 35% or more of their income on housing.
- Mental health and substance use issues affect many residents, with 31% reporting concerns and 22% reporting poor mental health; both rates exceed state and national averages.
- Jackson County has high mortality from "deaths of despair" (82.6 per 100,000), opioid overdose (23.9), and firearms (20.1), exceeding state and national rates.
- Poverty rates are highest among Black (31%) and Native American (20%) residents, and among those without a high school diploma (24%).
- Female-headed households with multiple children face poverty rates of up to 35%, compared to much lower rates among married-couple families.

Population Demographics

According to the 2023 American Community Survey (ACS) 5-Year Estimates, Jackson County is home to 222,563 people living in 90,679 households. The age distribution shows that approximately 23% of the population is 19 or younger, and an equal share (23%) is 65 or older (see Figure 3).

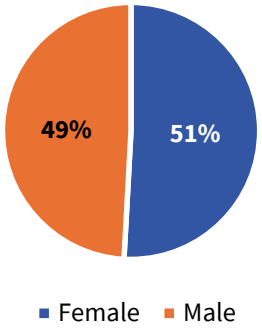
Figure 3. Age Distribution in Jackson County and Oregon (2019–2023 ACS 5-Year Estimates)



While the share of young people mirrors the state average, Jackson County has a higher proportion of older adults compared to Oregon overall. The older adult population in Jackson County is 4 percentage points higher than the statewide figure, resulting in a smaller proportion of residents aged 20 to 64 (55%) compared to the state (59%).

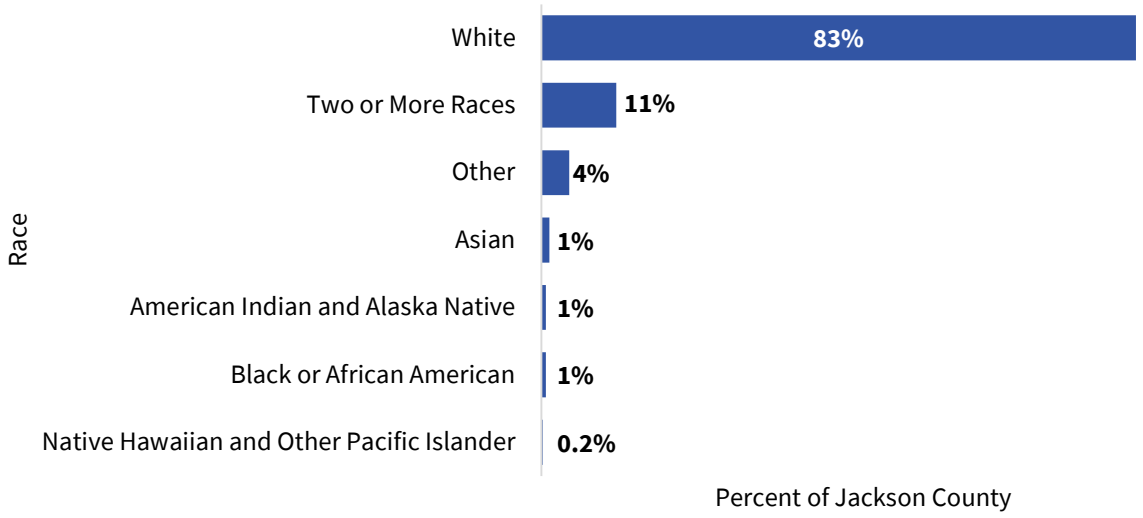
As shown in Figure 4, the gender distribution in Jackson County is similar to statewide figures, with 49.1% of residents identifying as male and 50.9% as female. It is important to note that the ACS only captures binary gender data, so individuals identifying outside of male or female are not represented in these statistics.

Figure 4. Gender Distribution, Jackson County (2019-2023 ACS 5-Year Estimates)



In terms of race and ethnicity, the majority of Jackson County residents identify as White (82.9%), with a smaller percentage identifying as two or more races (11%), "other" (11%), or Asian, American Indian/Alaska Native, or Black/African American (1% each; see Figure 5).

Figure 5. Race, Jackson County (2019-2023 ACS 5-Year Estimates)



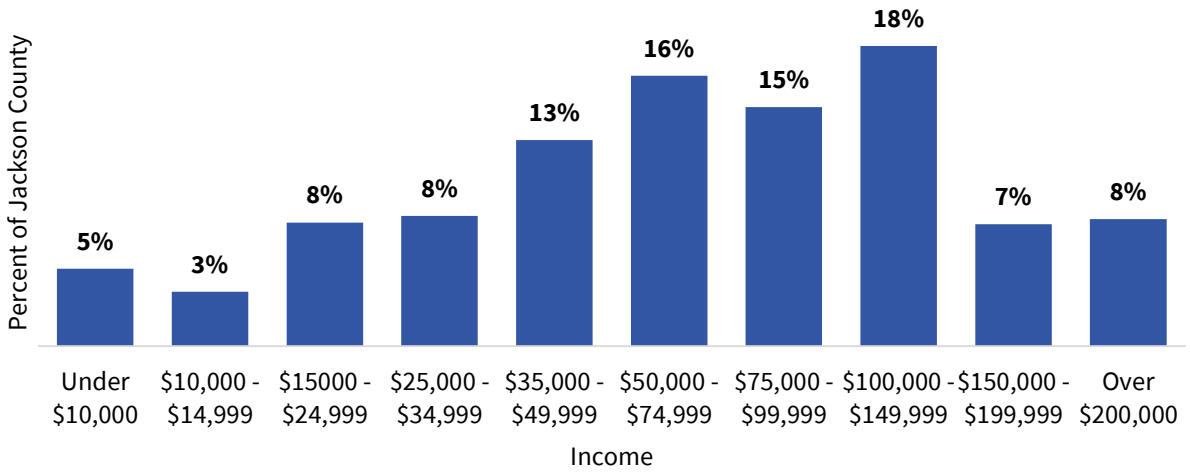
In addition, about 14.2% of the population identifies as Hispanic or Latino, which closely aligns with the statewide proportion.

Household Income & Composition

Household income in Jackson County spans a wide range, though a notable proportion of households fall within lower and middle-income brackets (see Figure 6). The largest share of households (18%) report annual incomes between $100,000 and $149,999, followed by 16% earning between $50,000 and $74,999. In addition, 14% fall into the $75,000–$99,999 range.

At the lower end of the income spectrum, approximately 8% of households earn between $15,000 and $24,999, while another 8% fall within the $25,000 to $34,999 range. A combined 8% of households earn less than $15,000 per year, indicating a significant number of residents may be experiencing economic hardship. Meanwhile, about 7% of households earn between $150,000 and $199,999, and 8% report incomes over $200,000. Overall, while a considerable portion of the population has access to moderate or higher income levels, the presence of lower-income groups underscores ongoing economic disparities in the region.

Figure 6. Household Income, Jackson County (2019–2023 ACS 5-Year Estimates)



The ALICE framework identifies households that earn above the Federal Poverty Level but still struggle to afford basic necessities such as housing, childcare, food, healthcare, transportation, and communication. ALICE budgets account for household composition and the varying needs of families.

In Jackson County, the ALICE threshold for a single adult is $33,048 annually. For a family of four consisting of two adults under age 65, a preschooler (ages 3–4), and an infant, the annual ALICE threshold is $88,236. According to the 2023 United for Alice Oregon County Report, 43% of Jackson County households are below the ALICE threshold, with 13% under the Federal Poverty Line and 30% existing below the ALICE threshold but above the Federal Poverty Limit.[9] See Figure 7.

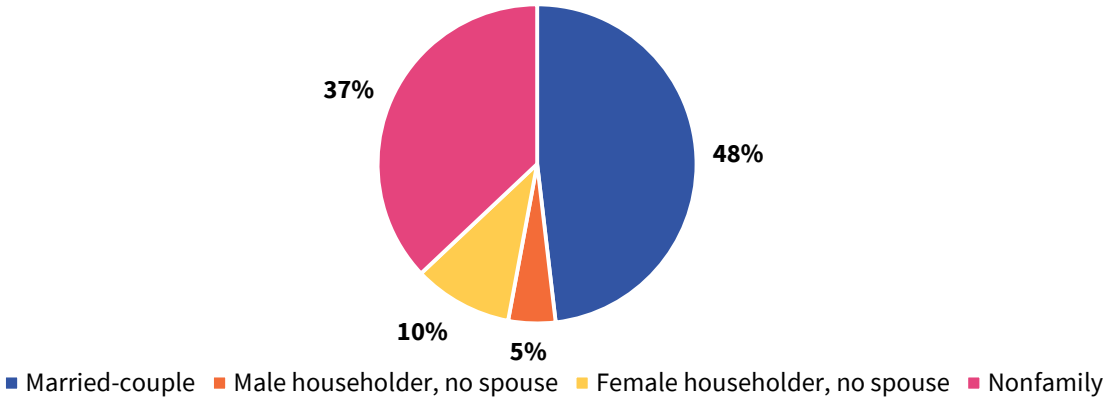
Figure 7. Households by ALICE Status, Jackson County (2023)

As shown in Figure 8, household composition in Jackson County is relatively diverse. Married-couple households make up the largest share at 48% of all households. Nonfamily households, which may include individuals living alone or unrelated individuals sharing housing, represent a substantial 37% of all households. Female-headed households with no spouse present account for 10% of households,

[9] United for ALICE. *The state of ALICE in Oregon: ALICE county reports with zip and place data.* https://www.unitedforalice.org/county-reports/oregon#7/44.180/-120.515

while male-headed households with no spouse present make up 5%. The notable proportion of nonfamily and single-parent households suggests a need for services and resources that support a variety of living arrangements and caregiving structures.

Figure 8. Household Composition, Jackson County (2019–2023 ACS 5-Year Estimates)



Employment

The Jackson County workforce is concentrated in a few key industries.[10] The largest share of residents (26%) is employed in educational services, health care, and social assistance, followed by retail trade (14%) and arts, entertainment, recreation, accommodation, and food services (10%). Other notable sectors include professional, scientific, and administrative services (9%), manufacturing (8%), construction (6%), and public administration (4%). Smaller shares work in industries such as finance and insurance, transportation and warehousing, and agriculture and natural resources. Table 3 presents employment data for all of Jackson County residents aged 16 and older in the civilian labor force. Industry classifications follow the North American Classification System (NAICS). Percentages are rounded to the nearest whole number.

Table 3. Employment by Industry, Jackson County (2019–2023 ACS 5-Year Estimates)

Industry	Percent
Educational services, and health care and social assistance	26%
Retail trade	14%
Arts, entertainment, and recreation, and accommodation and food services	10%
Professional, scientific, and management, and administrative and waste management services	9%
Manufacturing	8%
Construction	6%
Other services, except public administration	5%

[10] U.S. Census Bureau. (2024). *American Community Survey, 2019–2023: 5-year estimates*. https://data.census.gov/

Industry	Percent
Finance and insurance, and real estate and rental and leasing	5%
Transportation and warehousing, and utilities:	5%
Public administration	4%
Agriculture, forestry, fishing and hunting, and mining	3%
Wholesale trade	2%
Information	2%

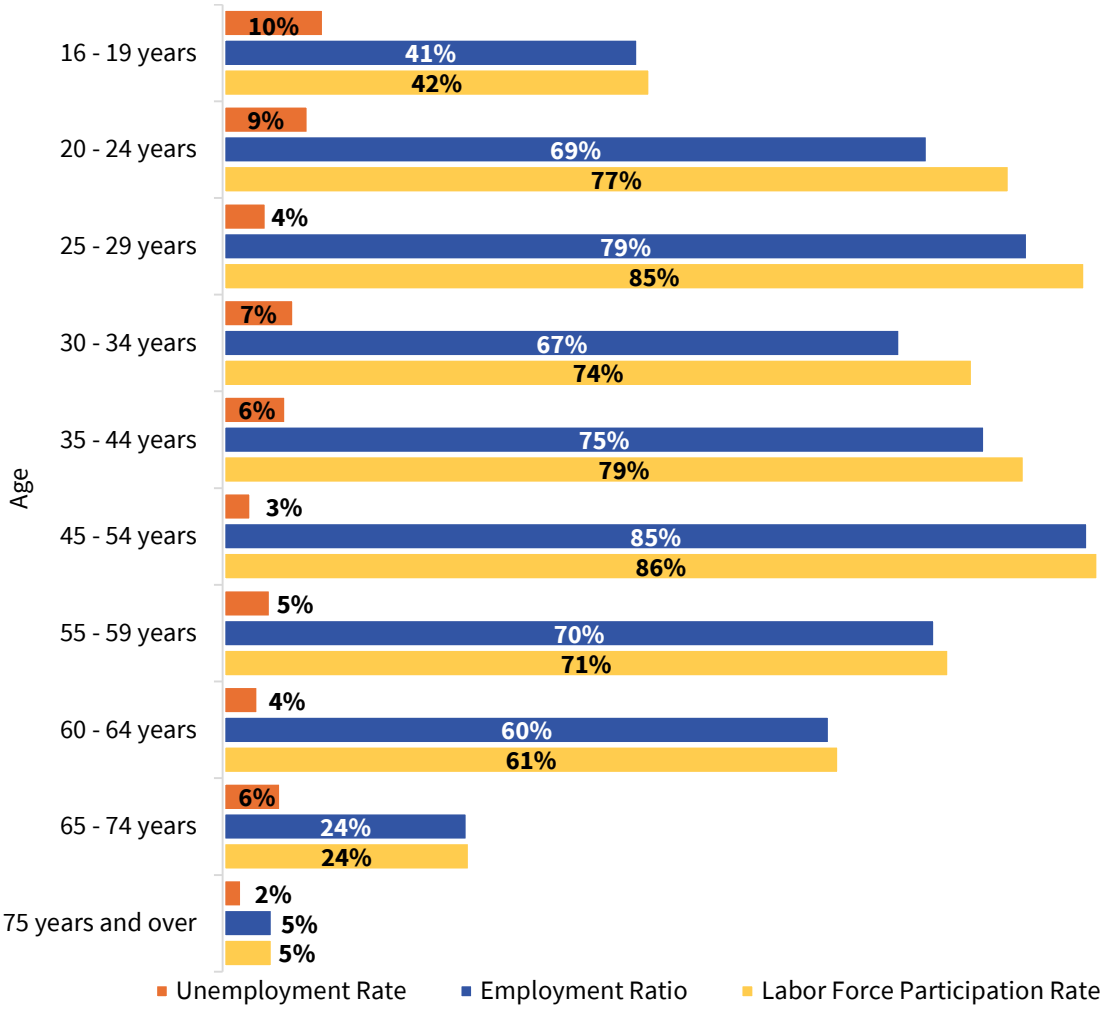
Unemployment rates in Jackson County vary by age group (see Figure 9).[11] Young adults (ages 16–24) face higher unemployment rates and lower employment levels compared to older age groups. Teens (16–19) have especially low labor force participation (42%) and employment (41%), while young adults (20–24) are more engaged but still face a 9% unemployment rate.

Workforce engagement increases with age, peaking in midlife. Residents ages 45 to 54 have the highest labor force participation (86%) and employment ratio (85%), alongside one of the lowest unemployment rates (3%).[12] Participation and employment begin to decline after age 55 and drop sharply for those over 65, with only 24% of residents ages 65 to 74 in the labor force and 5% among those 75 and older.

[11] U.S. Census Bureau. (2024). *American Community Survey, 2019–2023: 5-year estimates*. https://data.census.gov/

[12] Labor Force Participation Rate measures the percentage of the total population (within a specific age group) that is actively engaged in the labor market, either currently employed or actively seeking employment. This metric indicates the overall level of workforce engagement within a community. Employment Ratio represents the percentage of the total population that is currently employed. This metric provides a direct measure of how many people are actually working relative to the total population in that age group. Unemployment Rate measures the percentage of people in the labor force who are actively seeking work but are not currently employed. This rate is calculated by dividing the number of unemployed individuals by the total labor force (employed plus unemployed), not by the total population.

Figure 9. Unemployment by Age Group, Jackson County (2019–2023 ACS 5-Year Estimates)



Housing and Homelessness

Housing costs in Jackson County are generally comparable to statewide figures, though, as shown in Table 4, there are some notable differences across unit sizes. Median rent is slightly lower in Jackson County than the Oregon average for most unit types, particularly studio and one-bedroom units. However, the median rent for five-bedroom units is substantially higher in Jackson County than statewide.

Table 4. Median Rental Price in Jackson County and Oregon (2019–2023 ACS 5-Year Estimates)

Median Rental Price by Bedrooms	Jackson County	Oregon
No bedroom	$906	$1,251
1 bedroom	$992	$1,280
2 bedrooms	$1,366	$1,490
3 bedrooms	$1,798	$1,783
4 bedrooms	$1,910	$1,990
5 or more bedrooms	$2,750	$1,928

Rent burden is a significant issue in the county, with nearly half (46%) of renters spending 35% or more of their income on housing. This is slightly above the statewide rate (44%). This suggests that despite some lower rental prices, many households in Jackson County still face affordability challenges (see Table 5).

Table 5. Rent Burden in Jackson County and Oregon (2019–2023 ACS 5-Year Estimates)

Rent Burden	Jackson County	Oregon
Less than 15.0 percent	9%	10%
15.0 to 19.9 percent	15%	11%
20.0 to 24.9 percent	9%	13%
25.0 to 29.9 percent	11%	12%
30.0 to 34.9 percent	10%	9%
35.0 percent or more	46%	44%

Homelessness

According to the 2024 HUD Point in Time (PIT) report, there are 1,163 individuals experiencing homelessness in Jackson County.[13] As shown in Figure 10, homelessness in Jackson County affects adults across all age groups, with the highest rates among those ages 25 to 44. Of individuals experiencing homelessness, 21% were ages 35 to 44, followed closely by those ages 25 to 34 (17%) and 45 to 54 (19%). Youth under 18 made up 12% of the homeless population, while transition-aged youth (18 to 24) accounted for 6%. Older adults (55 and older) comprised 23% of those experiencing homelessness.

National HUD data mirror local PIT data, with HUD's 2024 Annual Homelessness Assessment Report finding that, nationally, approximately one in five people experiencing homelessness on a single day in 2024was age 55 or older, and nearly half of those adults were unsheltered.[14] The United States Interagency Council on Homelessness has highlighted older adults as a rapidly growing segment of

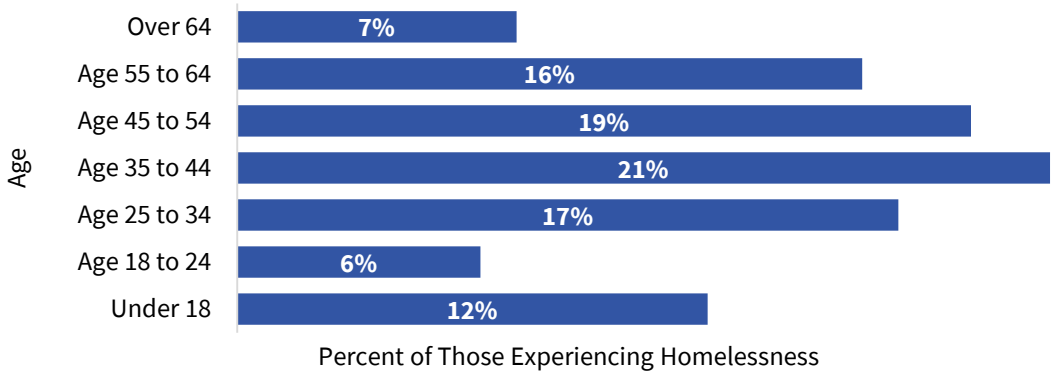
[13] U.S. Department of Housing and Urban Development. (2024). *2024 Point-in-Time (PIT) Count.* https://www.hudexchange.info/programs/hdx/pit-hic/

[14] U.S. Department of Housing and Urban Development. (2024). *2024 Annual Homelessness Assessment* Report. https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf

the homelessness population, with many first entering homelessness after age 50 and facing disproportionate rates of disability.[15]These trends reflect distinct challenges that complicate exits from homelessness and increase the need for tailored services. In 2023, 9.3% of U.S. households with an adult age 65 plus were food insecure, underscoring the need to pair housing and energy assistance with nutrition support.[16] Together, these findings point to an urgent need to scale prevention, stabilization, and age-appropriate services as communities like Jackson County grow older.

In addition, the majority of individuals experiencing homelessness identify as men (63%), followed by those that identify as women (36%), with 1% identifying with a different gender identity.

Figure 10. Homelessness by Age Group, Jackson County (2024)



[15] U.S. Interagency Council on Homelessness. (2025). *Homelessness Prevention Series: Spotlight on Older Adults.* https://www.usich.gov/guidance-reports-data/federal-guidance-resources/homelessness-prevention-series-spotlight-older

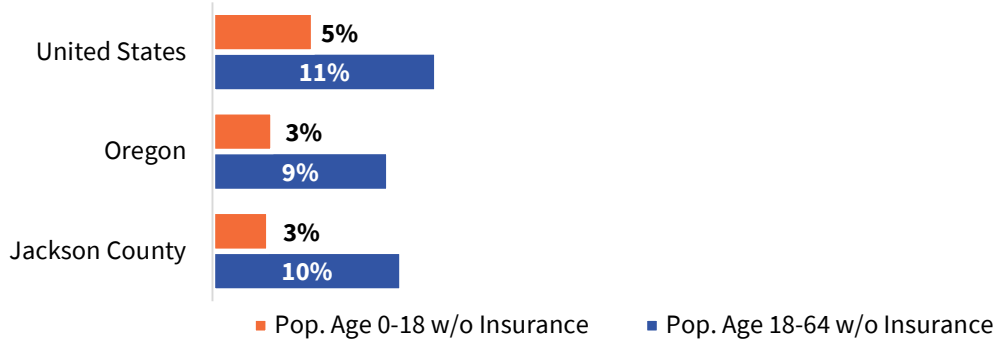
[16] U.S. Department of Agriculture. (2024). *Household Food Security in the United States in 2023.* https://doi.org/10.32747/2024.8583175.ers

Health

Access to Healthcare

Access to healthcare services in Jackson County is mixed. About 10% of Jackson County adults ages 18 to 64 are uninsured.[17] This is slightly higher than the Oregon average (9%) but lower than the national rate (11%; see Figure 11).

Figure 11. Population without Health Insurance by Age Group in Jackson County, Oregon, and U.S. (2022)



In terms of healthcare infrastructure, the county is served by 36 institutional providers, including 3 hospitals, 5 nursing facilities, and 26 Federally Qualified Health Centers (FQHCs).[18] However, Jackson

[17] U.S. Census Bureau. (2022). *Small Area Health Insurance Estimates (SAHIE)*. https://www.census.gov/data-tools/demo/sahie/#/

[18] Centers for Medicare & Medicaid Services. (2024). *Provider of Services File*. U.S. Department of Health & Human Services. https://data.cms.gov/provider-data/dataset/xubh-q36u

County lacks rural health clinics and community mental health centers, which are available in other parts of the state. This gap may contribute to access challenges, especially for rural or underserved populations. Table 6 shows a count of different healthcare providers in Jackson County and Oregon.

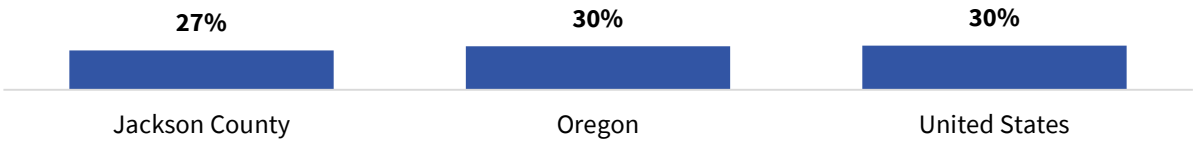
Table 6. Healthcare Providers by Type in Jackson County and Oregon (2024)

Provider Type	Jackson County	Oregon
Total Institutional Providers	36	597
Hospitals	3	67
Nursing Facilities	5	128
Federally Qualified Health Centers	26	208
Rural Health Clinics	0	107

Health Conditions and Risk Factors

Several health-related risk factors are notable in Jackson County. As shown in Figure 12, obesity affects 27% of adults, which is slightly below the state and national averages (both 30%).[19] Obesity is commonly measured using Body Mass Index (BMI) and adults with a BMI of 30 or higher are classified as obese.

Figure 12. Percent of Adults with Obesity (BMI ≥ 30) in Jackson County, Oregon, and the U.S. (2022)



Obesity is a significant risk factor for multiple chronic health conditions, including high blood pressure, high cholesterol, heart disease, and diabetes. The CDC PLACES data shows the estimates for health outcome measures for each county using multilevel regression.[20] With 27% of Jackson County adults experiencing obesity compared to 30% nationally, the county's rates for these related health outcomes reflect both the protective effect of slightly lower obesity prevalence and the substantial health burden that excess weight places on communities. See Table 7.

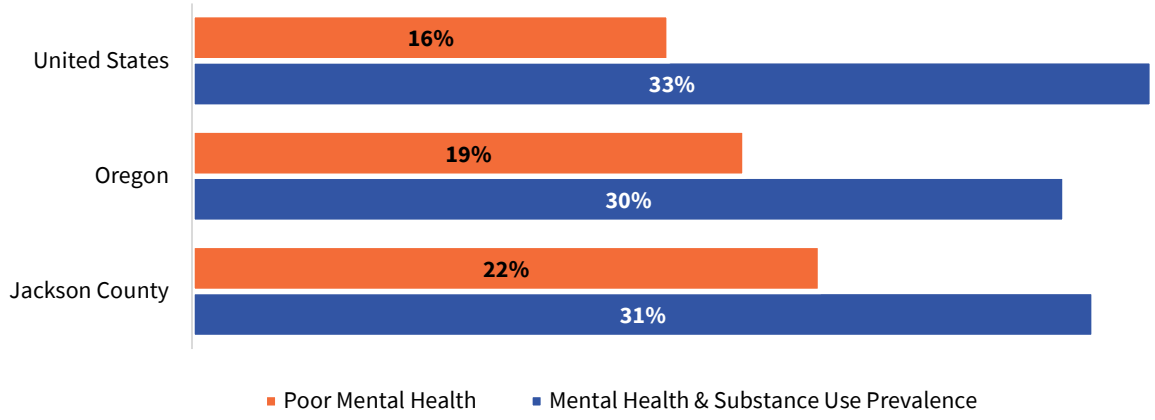
[19] Centers for Disease Control and Prevention. (2021). *Behavioral Risk Factor Surveillance System (BRFSS)*. https://www.cdc.gov/brfss/index.html
[20] Centers for Disease Control and Prevention. (2022*) PLACES: Local Data for Better Health*. https://www.cdc.gov/places

Table 7. Health Outcomes in Jackson County and United States

Health Outcome	Jackson County	United States
High Blood Pressure	34%	33%
High Cholesterol	33%	35%
Heart Disease	8%	7%
Diabetes	12%	12%

Mental health and substance use concerns are widespread: 31% of county residents report experiencing mental health or substance use conditions, a rate similar to Oregon (30%) and just under the national average (33%).[21] However, 22% of adults report poor mental health, which is notably higher than Oregon (19%) and the U.S. (16%; see Figure 13).

Figure 13. Poor Mental Health and Mental Health & Substance Use Prevalence in Jackson County, Oregon, and U.S. (2022)

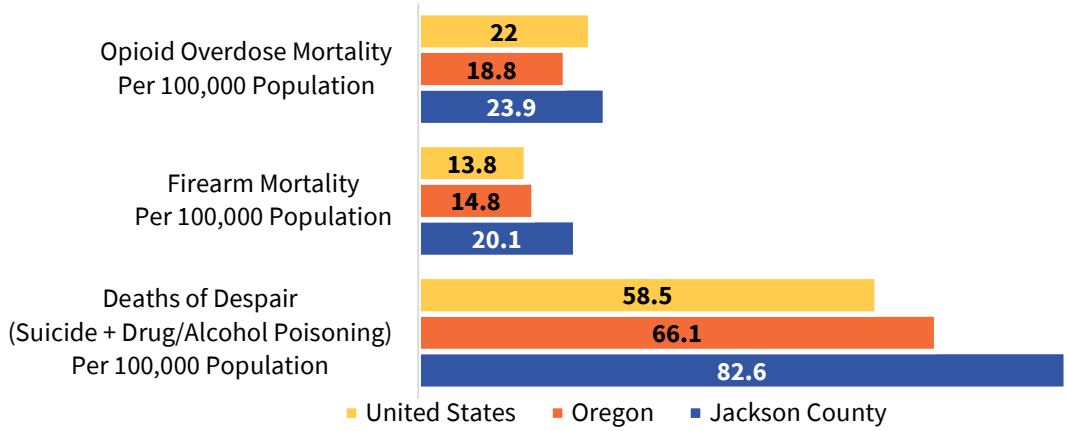


Health Outcomes and Mortality

Jackson County faces elevated rates of preventable and behavior-related mortality. The combined rate of deaths from suicide and drug or alcohol poisoning ("deaths of despair") is 82.6 per 100,000 persons, significantly higher than both the state (66.1) and national (58.5) rates.[22] Firearm mortality, which refers to any death that occurred via firearm, is also higher in Jackson County at 20.1 per 100,000, compared to 14.8 in Oregon and 13.8 nationally. Opioid overdose, which is any intentional or unintentional death from opioids, mortality stands at 23.9 per 100,000, higher than both the Oregon average (18.8) and the national rate (22.0). See Figure 14.

[21] Centers for Medicare & Medicaid Services. (2023). *Mapping Medicare Disparities Tool*. https://data.cms.gov/mapping-medicare-disparities
[22] Centers for Disease Control and Prevention. (2023). *CDC WONDER, National Vital Statistics System*. https://wonder.cdc.gov

Figure 14. Mortality Rates from Opioid Overdose, Firearms, and Deaths of Despair in Jackson County, Oregon, and the U.S. (2019–2023)



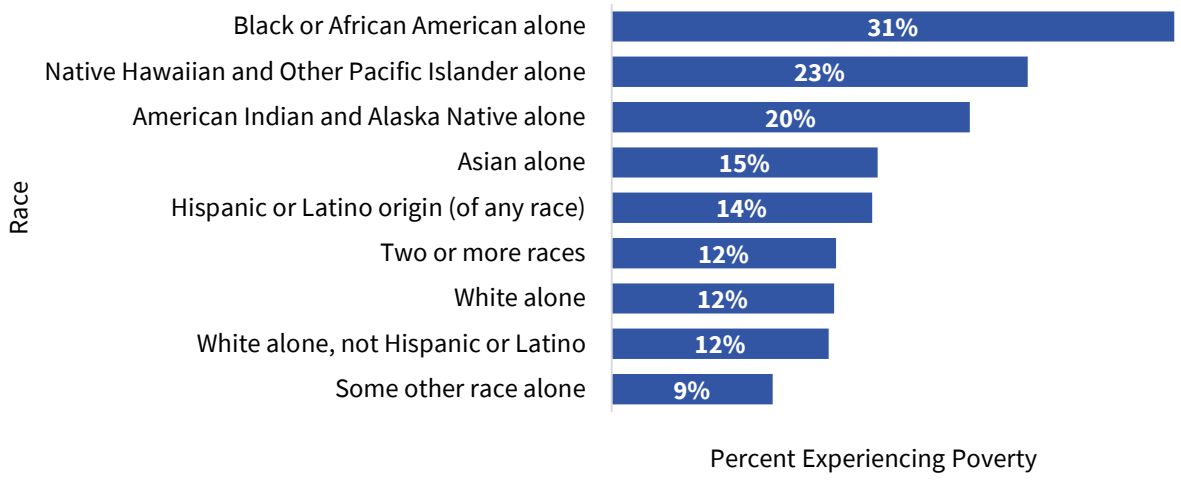
Examining Poverty Across Demographic and Household Factors

Poverty in Jackson County is not experienced evenly across the population. Data from the 2019–2023 ACS 5-Year Estimates reveal variation in poverty rates by race and ethnicity, educational attainment, employment status, gender, and household composition.

Race/Ethnicity

There are notable disparities in poverty rates by race and ethnicity in Jackson County. An estimated 31% of Black or African American residents and 20% of American Indian and Alaska Native residents in Jackson County live below the poverty line. Hispanic or Latino residents also face elevated poverty at 14%. In contrast, the poverty rate for White residents is 12%. See Figure 15.

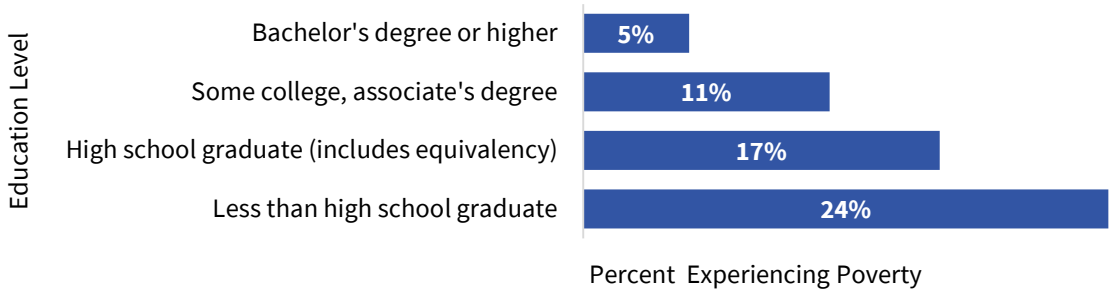
Figure 15. Poverty by Race/Ethnicity in Jackson County (2019-2023 ACS 5-Year Estimates)



Education

Among adults without a high school diploma, 24% live in poverty in Jackson County (see Figure 16). This rate drops to 17% for high school graduates and to just 5% for those with a bachelor's degree or higher.

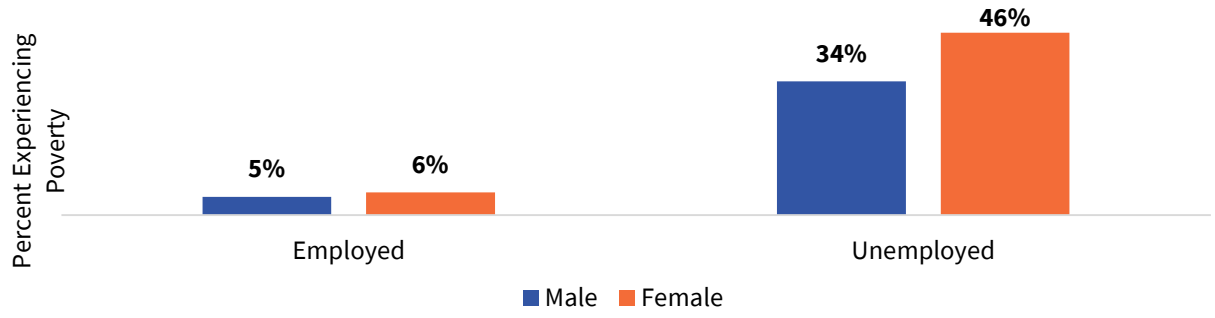
Figure 16. Poverty by Educational Attainment in Jackson County (2019–2023 ACS 5-Year Estimates)



Employment and Gender

Among unemployed women, 46% live below the poverty line, compared to 34% of unemployed men. Among those who are employed, poverty rates are substantially lower: 6% for women and 5% for men (see Figure 17). These figures highlight the financial challenges associated with job loss and suggest that unemployed women face especially steep barriers.

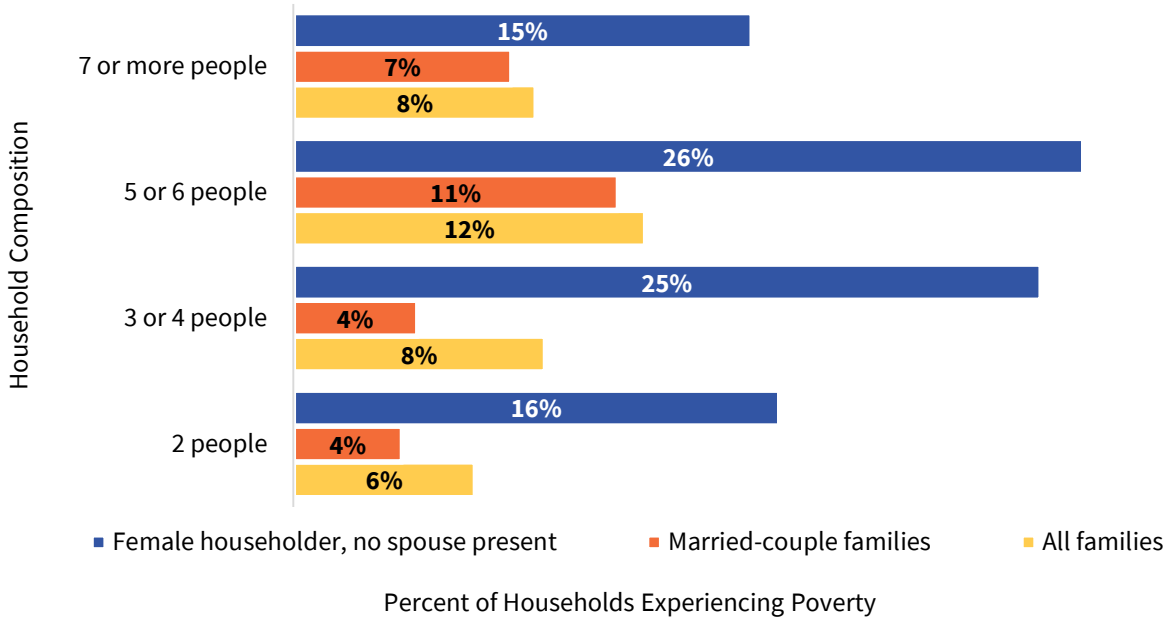
Figure 17. Poverty by Employment and Gender in Jackson County (2019–2023 ACS 5-Year Estimates)



Household and Family Structure

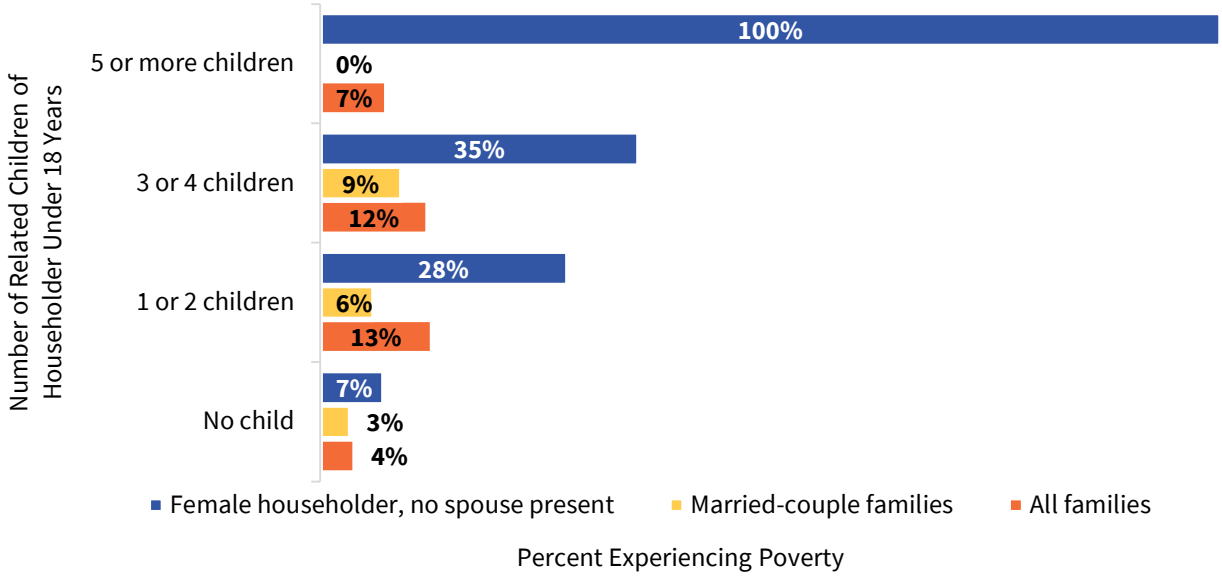
Poverty rates tend to increase with family size and vary by household structure. As shown in Figure 18, among families with five or six people, 25% of female-headed households with no spouse present experience poverty, compared to just 4% of married-couple families of the same size. These patterns underscore the disproportionate economic burden borne by single-parent households.

Figure 18. Poverty by Family Composition (2019–2023 ACS 5-Year Estimates)



Households with children face greater poverty risk, especially those headed by single women. For example, 28% of female-headed households with three or four children and 35% with five or more children live in poverty. In contrast, poverty rates remain relatively low for married-couple families, even as the number of children increases (see Figure 19).

Figure 19. Poverty by Number of Related Children of the Householder Under 18 Years (2019–2023 ACS 5-Year Estimates)



Jackson County Community Survey

This section presents findings from the community survey and focus groups conducted as part of the Jackson County CNA. The community survey was designed to gather information directly from residents, particularly those with low incomes, about their household characteristics, economic conditions, housing stability, service access, and key challenges they face.

Key Takeaways
♦ Most respondents reported low to moderate incomes, with 60% earning less than $37,650 per year and nearly one-third earning under $15,650. ♦ Food affordability and access were major concerns, with over one-third identifying food cost as a "big concern" and experiencing food insecurity in the past year. ♦ Transportation challenges, particularly related to gas prices and vehicle repairs, were also widespread and limited some households' access to employment, healthcare, and food. ♦ The majority of respondents (62%) were satisfied with their current housing situation, but concerns about affordability, utility payments, and housing stability were common. ♦ When asked to rank household challenges, 41% of respondents ranked health and nutrition as the most urgent, followed by housing (23%) and transportation (21%).

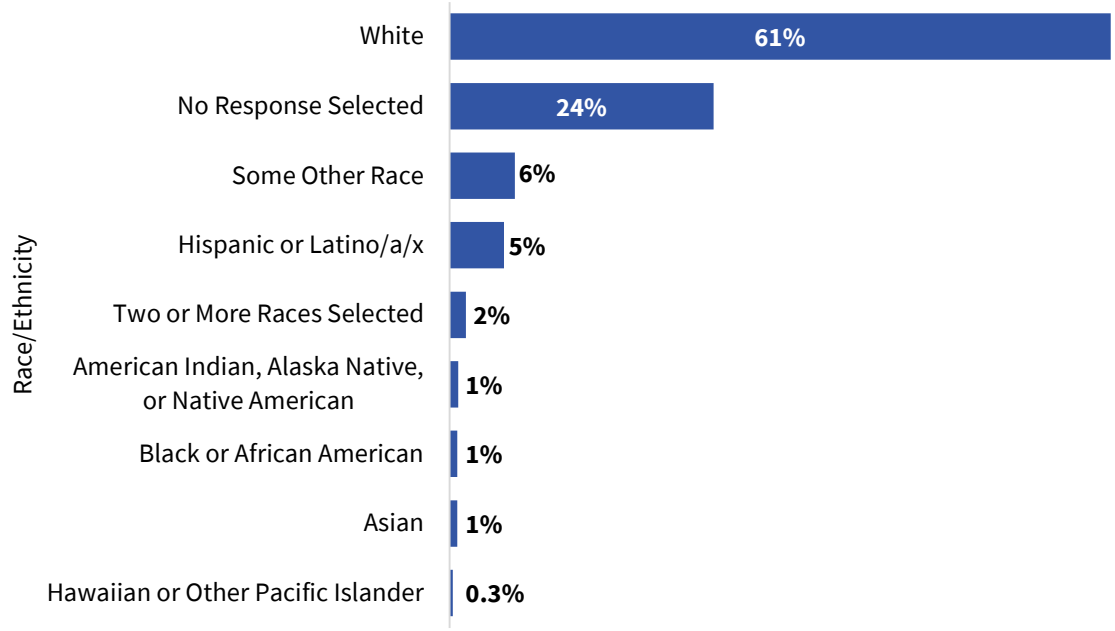
Community Survey Results

Findings from the community survey are discussed below. Responses were collected from June to July 2025. In total, 602 valid responses were collected, although not every participant answered every question. Individual sample sizes are noted throughout. Results are organized into six sections: respondent demographics, services and supports, housing and transportation, job, career, and education, health and nutrition, and household challenges.

Respondent Demographics and Household Context

The average survey respondent was 42 years old (n = 446). Regarding gender, 72% of respondents identified as female and 24% as male. A small proportion (2%) identified as gender expansive or self-described and another 2% selected "I prefer not to answer" (n = 461). Not all participants chose to identify their race or ethnicity (24%), but of those who did, a majority (61%) identified as white. Some participants selected two or more races (2%); the breakdown of those participants is presented in Table 8. Eleven participants wrote-in their race or ethnicity, with responses including mixed heritage and some individuals rejecting racial categories and identifying as "human" (see Figure 20).

Figure 20. Race/Ethnicity of Community Survey Respondents (n = 602)



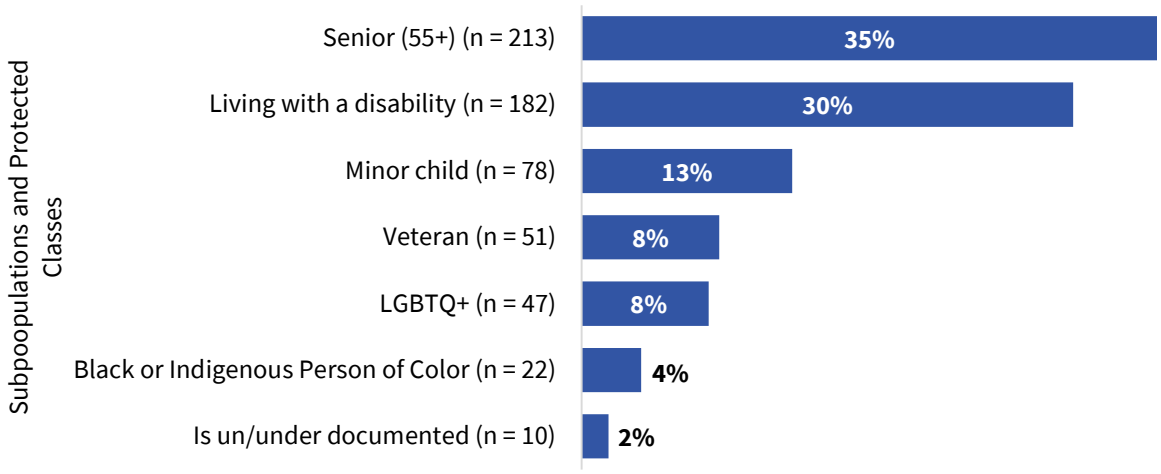
More detailed information about community members who selected two or more races can be found in Table 8. The largest share of participants who selected two or more races/ethnicities identified as American Indian, Alaska Native, or Native American and White (39%).

Table 8. Breakdown of Selected Race/ Ethnicity for Participants Who Selected More Than One Option

Selected Race/Ethnicity	Count	Percent
Asian/ Black or African American/ White/ Some Other Race	1	3%
Asian/ White	4	11%
Black or African America/ White	3	8%
Hawaiian or Other Pacific Islander/ White	1	3%
Hispanic or Latino/a/x/ Black or African American/ Hawaiian or Other Pacific Islander/ White	1	3%
Hispanic or Latino/a/x/ Black or African American/ White	1	3%
Hispanic or Latino/a/x/ White	1	3%
American Indian, Alaska Native, or Native American/ Black or African American	1	3%
American Indian, Alaska Native, or Native American/ Hispanic or Latino/a/x/ White	3	8%
American Indian, Alaska Native, or Native American/ White	14	39%
American Indian, Alaska Native, or Native American/ Hispanic or Latino/a/x/ White/ Some Other Race	1	3%
White/ Some Other Race	5	14%

The survey also asked, *"Does anyone in your household identify with any of the following subpopulations or protected classes?"* Among those who answered this question, the most commonly cited groups included a senior household member aged 55 or older (35%) or someone living with a disability (30%). Fewer participants reported a household member who is a minor child (13%), veteran (8%), identifies as LGBTQ+ (8%), or is a Black or Indigenous Person of Color (4%). A very small percentage (2%) reported having someone in the household who is undocumented or under-documented (see Figure 21).

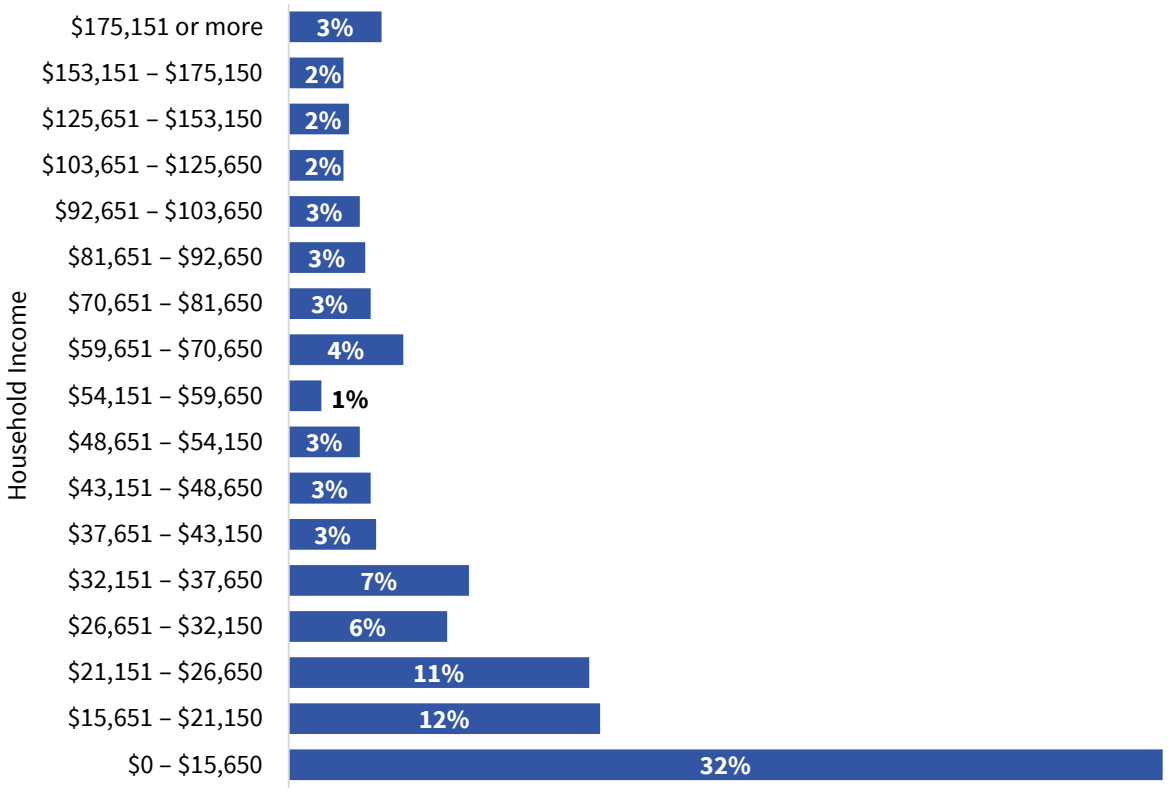
Figure 21. Selected Subpopulations and Protected Classes (n = 602) *



*This question asked participants to select all that apply.

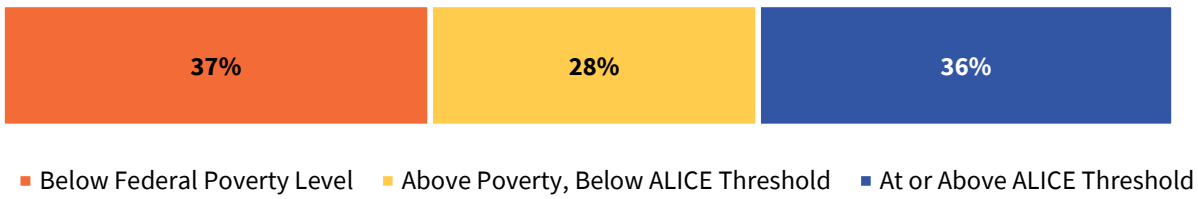
Community survey respondents primarily represented households with low to moderate incomes. Survey respondents were asked, *"When you combine all the income in your household, including all categories mentioned above, how much income does your household earn in a year, before taxes?"* (n = 495). As shown in Figure 22, approximately one-third (32%) reported annual household incomes below $15,650, and more than 60% reported earning less than $37,650 per year. The average reported household income fell between $32,151 and $37,650. On average, two to three individuals were reported to live in each household.

Figure 22. Household Income (n = 495)



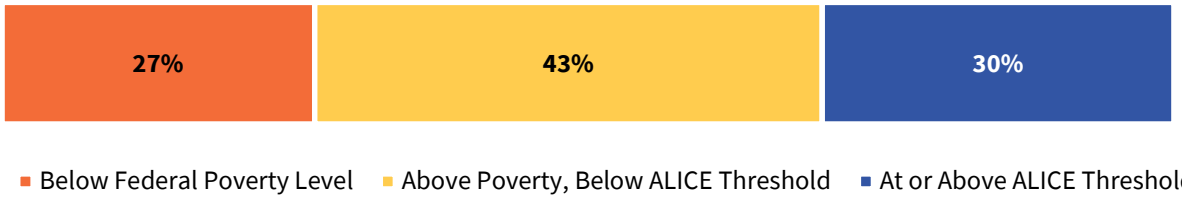
ALICE status, those who are above the federal poverty line but unable to afford necessities, was determined using the median income value of each participant's selected income bracket along with the total household size (i.e., number of people living in a household). While ALICE methodology typically incorporates detailed household demographic composition and geographic cost variations, this analysis applied a standardized approach using 250% of the federal poverty line as the ALICE threshold, which represents a conservative estimate consistent with ALICE's income-constrained classification for working families unable to afford basic necessities. Of survey respondents 37% (n = 205) fell below the Federal Poverty Level, 28% (n = 157) were above the Poverty level but below the threshold for ALICE, and 36% (n = 199) were above the ALICE threshold (see Figure 23).

Figure 23. Participants by ALICE Status (n = 561)



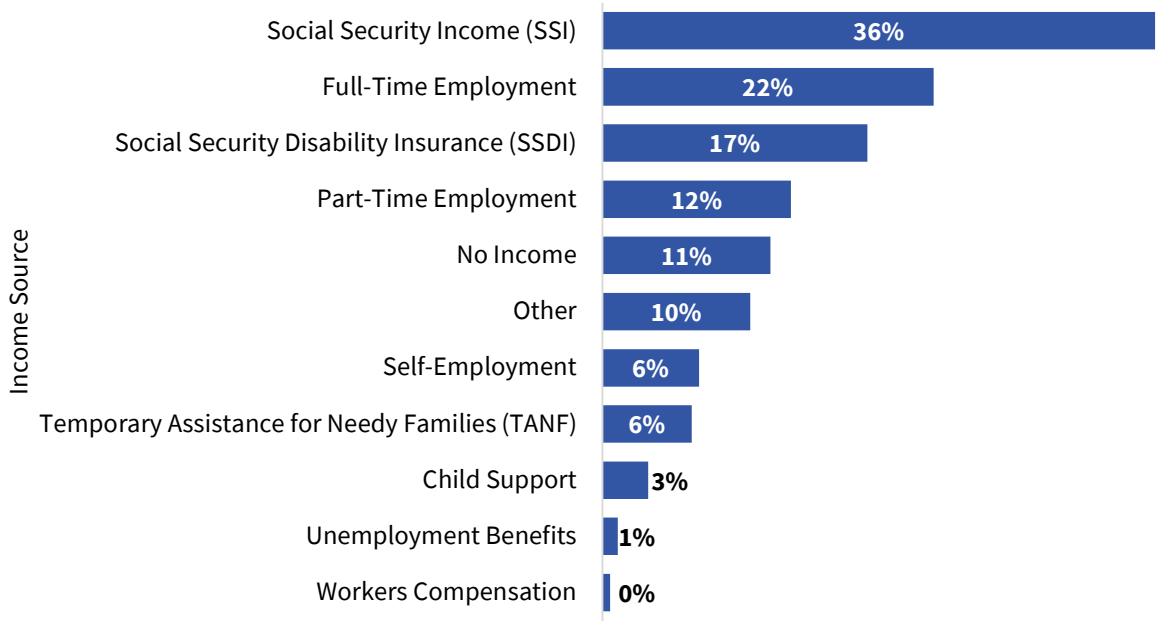
Among community member survey participants aged 55 and older, the distribution of economic status categories differed from the overall sample population. There was a lower proportion of those 55 and up who fell below the Federal Poverty level (26%), but a higher concentration of those who were above the Poverty level, but below the ALICE threshold (43%). This difference illustrates there may be an increased number of those 55 and up who are not in poverty but still may not be able to afford necessities (see Figure 24).

Figure 24. Participants Aged 55 and Up by ALICE Status (n = 120)



Regarding household income sources, respondents most commonly reported Social Security Income (36%) and full-time employment (22%). Others reported income sources include disability benefits (17%), part-time work (12%), or having no income at all (11%). Fewer respondents reported receiving support from TANF (6%), child support (3%), or unemployment benefits (1%). Ten percent of respondents selected "Other" as a source of income, with written-in responses most commonly citing VA disability benefits, widows/survivors' benefits, irregular work, and crisis-related income sources such as disaster relief. Respondents who reported working spend, on average, 34 hours per week at work. Additionally, eight percent of respondents indicated that someone in their household held more than one job (see Figure 25).

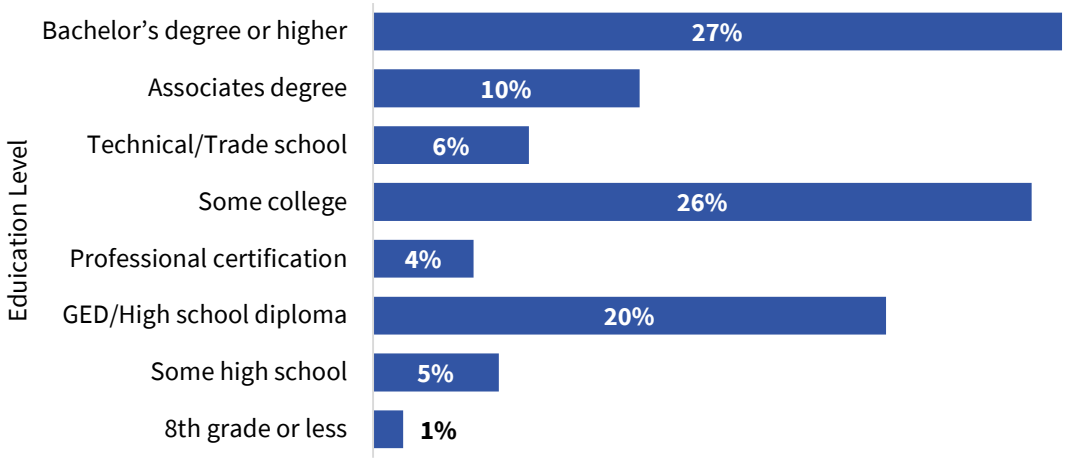
Figure 25. Current Household Income Sources (n = 602) *

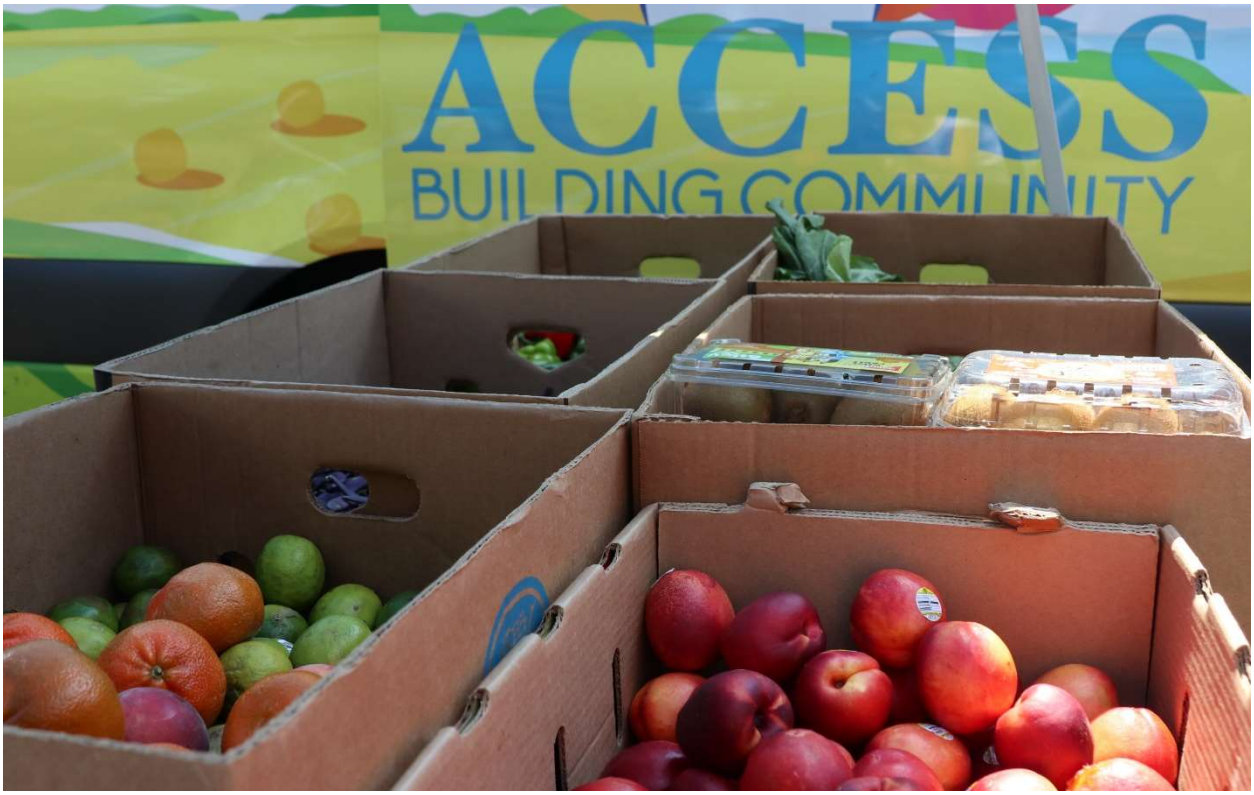


*This question asked participants to select all that apply.

Educational attainment within households varied. Respondents were asked, "For the person with the most education in your household (including yourself), what is your/their highest level of education?" (n = 505). As shown in Figure 26, while nearly all households (94%) had at least one person with a high school diploma or GED, more than half (53%) had someone with some college experience or higher. Notably, over a quarter of households (27%) included someone with a bachelor's or more advanced degree.

Figure 26. Educational Attainment (n = 505)



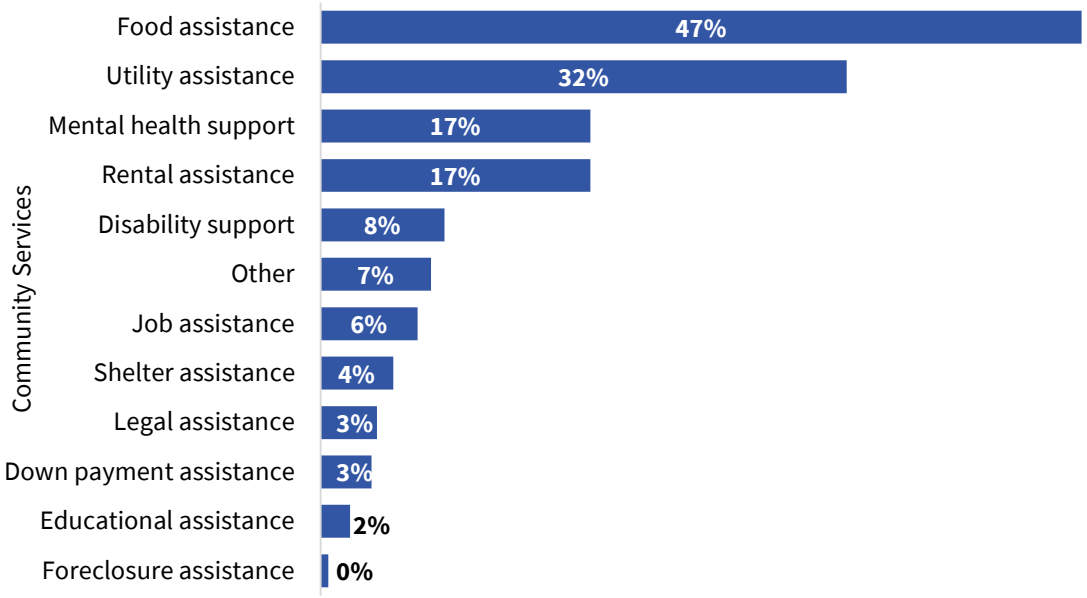


Services and Supports

Respondents were asked, *"Which of the following community services have you utilized in the last year?"* Utilization varied widely across service types, reflecting a range of needs. The most commonly used service was food assistance, reported by nearly 47% of respondents.

Food assistance was followed by utility assistance (32%), rental assistance (17%), and mental health support (17%), indicating that basic needs related to food security, housing, and health services remain top priorities for many residents. Other services saw lower rates of utilization, including disability support services (8%), shelter assistance (4%), job assistance (6%), legal assistance (3%), down payment assistance (3%), educational assistance, including trade skills (2%), and foreclosure assistance (<1%). An additional 7% of respondents selected "Other", with written-in responses referencing housing and weatherization, veteran-specific services, and emergency services (see Figure 27).

Figure 27. Community Services Utilized in Last Year (n = 602) *

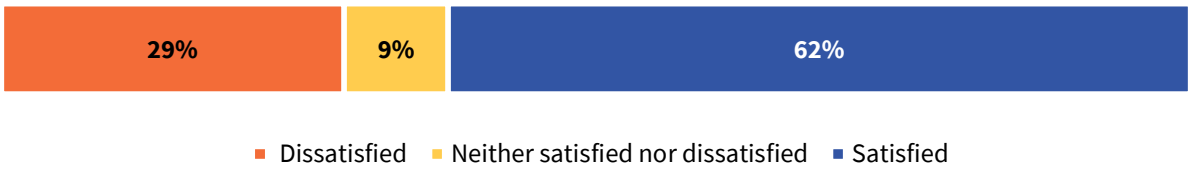


*This question asked participants to select all that apply.

Housing and Transportation

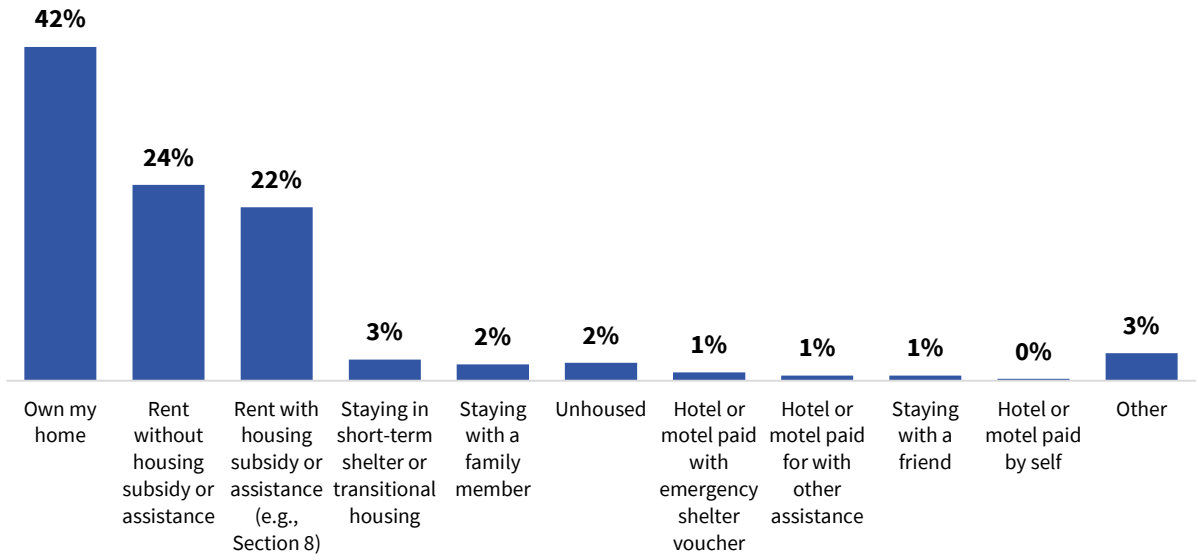
Respondents were asked, "*How satisfied are you with your current housing situation*?" (n = 503). The majority of respondents (62%) indicated satisfaction with their current housing situation. About 9% were neutral, and 29% of respondents reported being somewhat or very dissatisfied (see Figure 28).

Figure 28. Satisfaction with Current Housing Situation (n = 503)



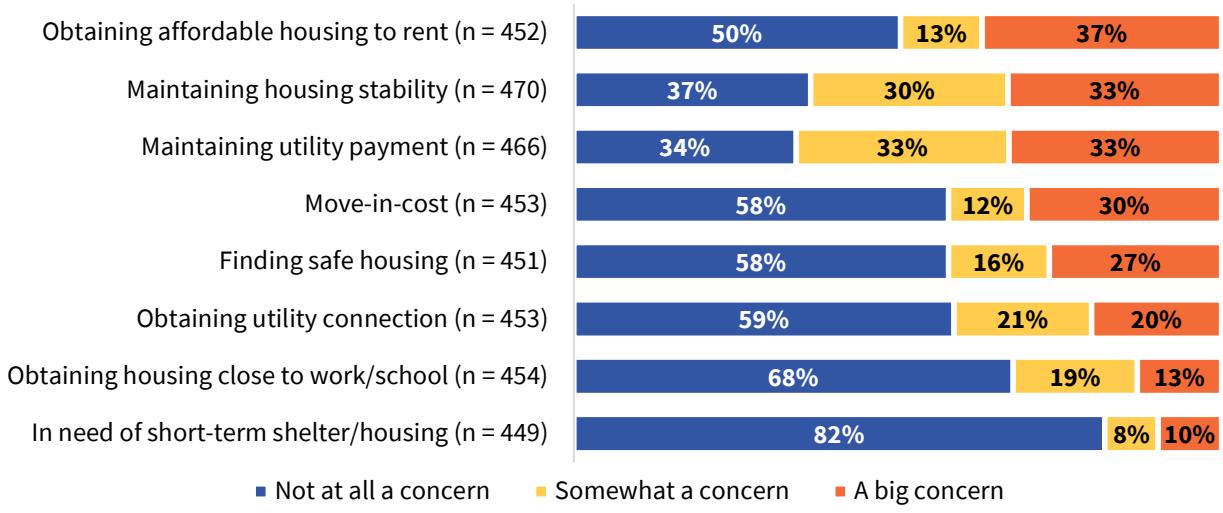
The survey asked community members "*What is your current housing situation*?" (n = 501). As shown in Figure 29, most respondents reported stable housing situations, with 42% owning their homes, 24% renting without assistance, and 22% renting with housing assistance. Twelve percent of respondents were experiencing housing instability, including staying with others, in shelters or motels, or being unhoused. In addition, the survey includes a question that asked, "*Within the last 12 months, how many times have you and/or your household moved or changed where you lived?",* 18% of respondents had moved at least once in the past 12 months, with 4% moving three or more times.

Figure 29. Current Housing Situation (n = 501)



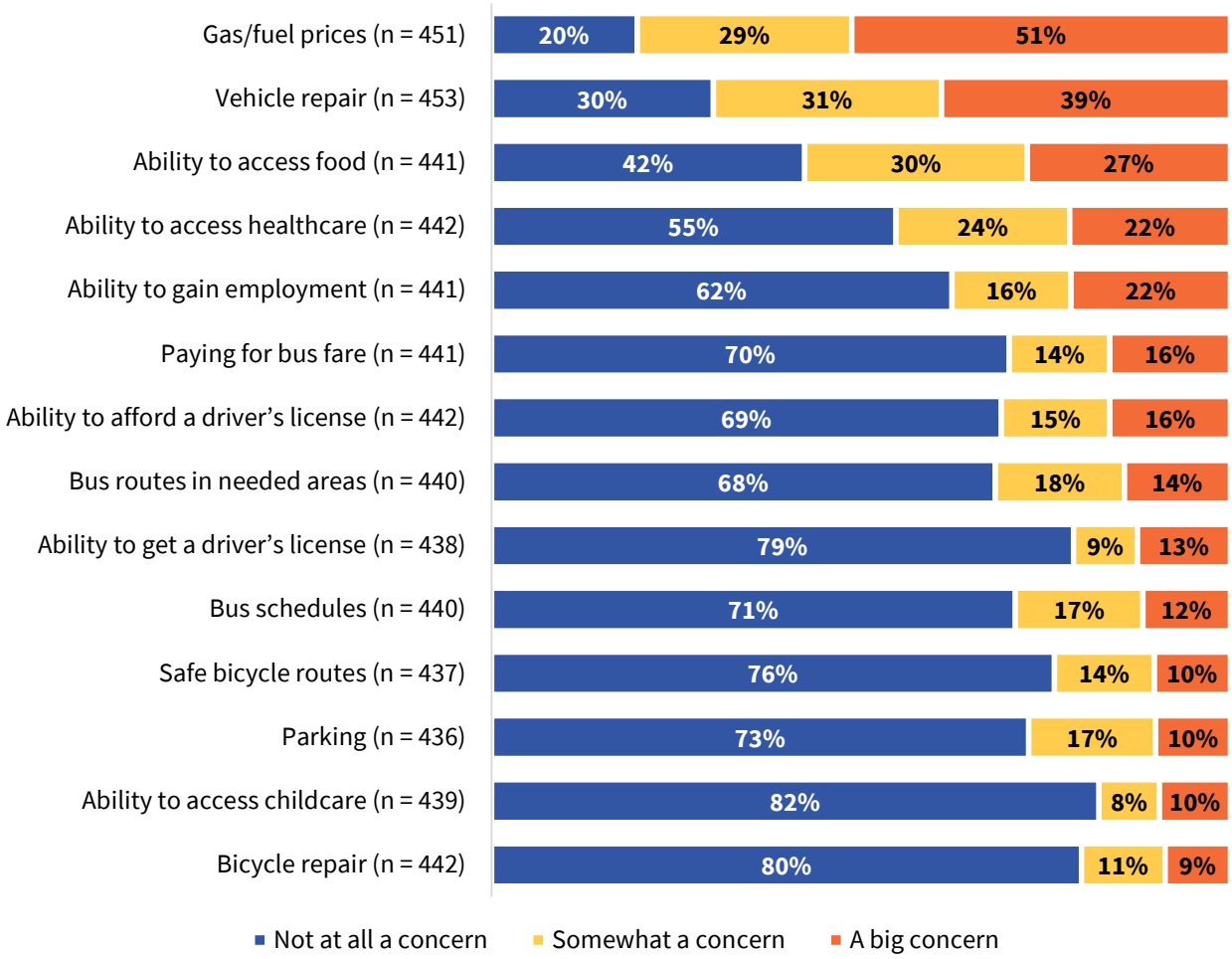
Survey participants rated their concern for housing needs with the prompt "*Based on the current **housing needs** of your household, please rate each of these issues",* frequently cited obtaining affordable housing to rent as a "big" housing concern (37%), followed by the challenge of maintaining utility payments (33%), and maintaining housing stability (33%). Other commonly reported challenges included move-in costs (30%), finding safe housing (27%), and obtaining utility connection (20%; see Figure 30).

Figure 30. Concerns about Housing Issues



Households reported a range of transportation-related concerns from the prompt "*Based on the current **transportation needs** of your household, please rate each of these issues"*, with issues related to vehicle ownership and fuel costs cited most frequently. More than half of respondents (51%) identified gas and fuel prices and 39% identified vehicle repairs as a "big concern". Transportation also presented barriers to meeting basic needs, with over one-quarter of respondents saying that transportation issues affect their ability to access food (27%) and 22% saying it affects access to healthcare. Similarly, 22% indicated that transportation limited their ability to gain employment. In contrast, challenges such as bicycle repair, bus routes, or affording a driver's license were less often cited as major concerns (see Figure 31).

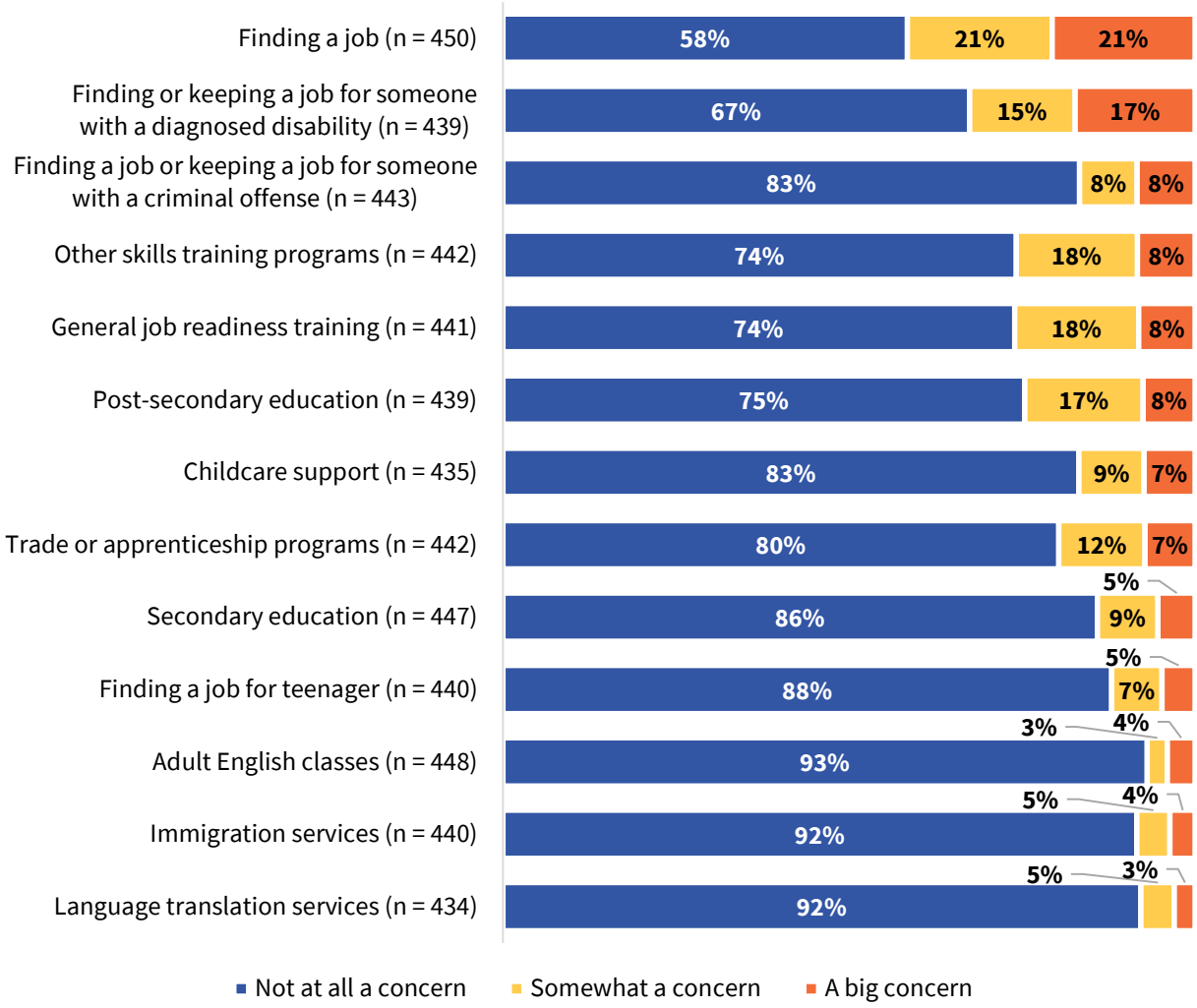
Figure 31. Concerns about Transportation-Related Issues



Job, Career, and Education

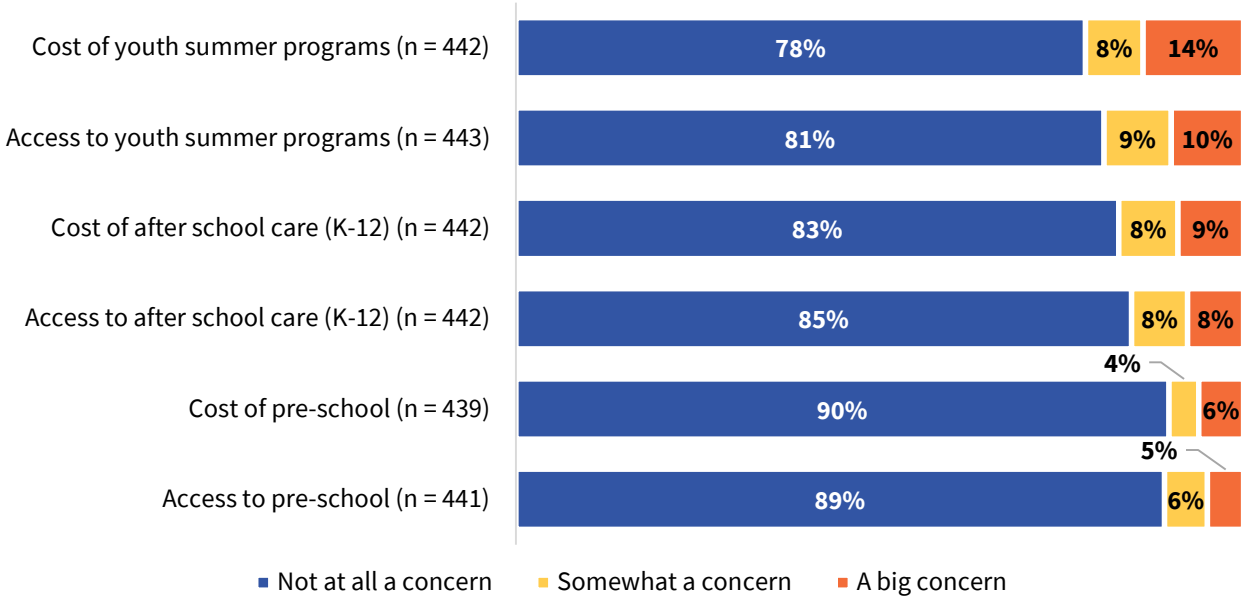
When asked to rate specific job and career-related concerns with the prompt "*Based on the current **job or career needs** of your household, please rate each of these issues*", the most common concerns were related to general employment and accessibility: 42% of respondents said that finding a job is a concern, and nearly one-third expressed concern about finding or maintaining employment for someone with a diagnosed disability. Other notable areas of concern included job readiness, post-secondary education, and skills training programs, each with about one-quarter of respondents identifying them as at least somewhat of a concern. In contrast, most (90%) respondents indicated that language translation, immigration support, and adult English classes were not of concern (see Figure 32).

Figure 32. Job and Career Concerns Among Households



Participants were asked to rate their household's current educational needs, "*Based on the current* ***educational needs*** *of your household, please rate each of these issues".* As shown in Figure 33, most respondents reported no significant concerns. Access to and cost of preschool were the least concerning, with nearly 90% indicating these were not issues. Similarly, access to and cost of after-school care were not major concerns for most, though around 15–17% identified them as at least somewhat of a concern. The highest levels of concern were related to youth summer programs, with 22% reporting that both access and cost were concerns. It should be noted that the survey was conducted during the summer months, which may have heightened awareness of challenges related to summer programming.

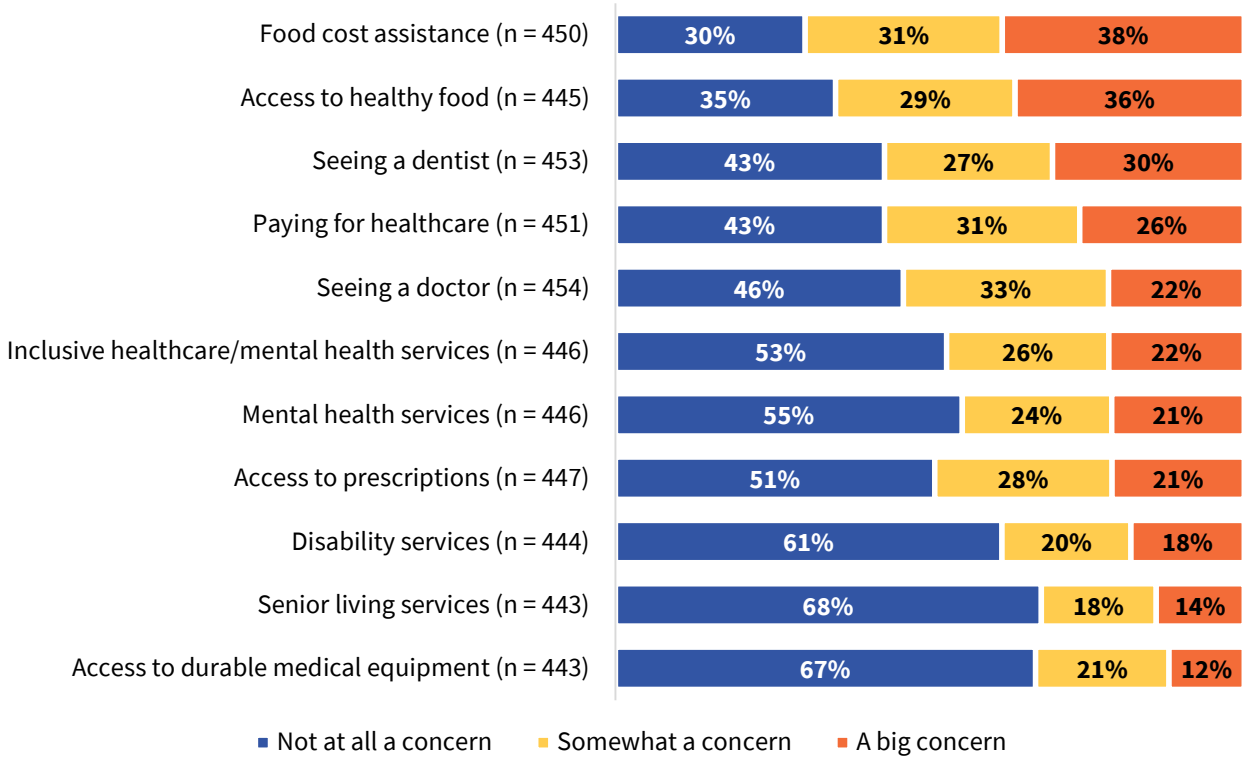
Figure 33. Education-Related Concerns Among Households



Health and Nutrition

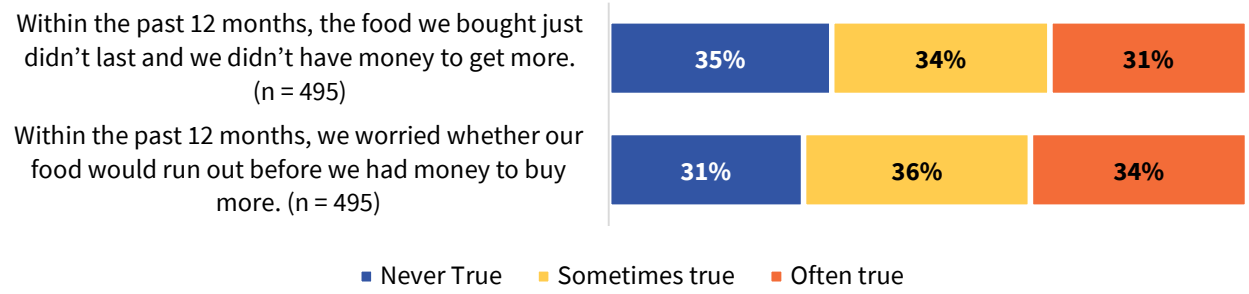
When asked about their current health and nutritional needs participants were prompted with the question "*Based on the current **health and nutritional needs** of your household, please rate each of these issues"*, many households reported concerns across a range of issues. Access to healthy food (36%) and food cost assistance (38%) were frequently cited as major issues. In addition, more than one in four respondents indicated that paying for healthcare (26%) and seeing a dentist (30%) were big concerns. Participants expressed fewer concerns over senior living services and access to durable medical equipment, with about two-thirds of participants reporting that these are "not at all a concern" (see Figure 34).

Figure 34. Concerns about Health and Nutrition



When asked about food insecurity over the past year, 34% reported that they often worried food would run out before they had money to buy more, and 31% said the food they purchased didn't last and they couldn't afford more (see Figure 35).[23]

Figure 35. Food Insecurity (n = 495)



[23] These survey questions come from the USDA in the Guide to Measuring Householder Food Security. U.S. Department of Agriculture. (2000). *Guide to Measuring Household Food Security*. https://fns-prod.azureedge.us/sites/default/files/FSGuide.pdf

Household Challenges

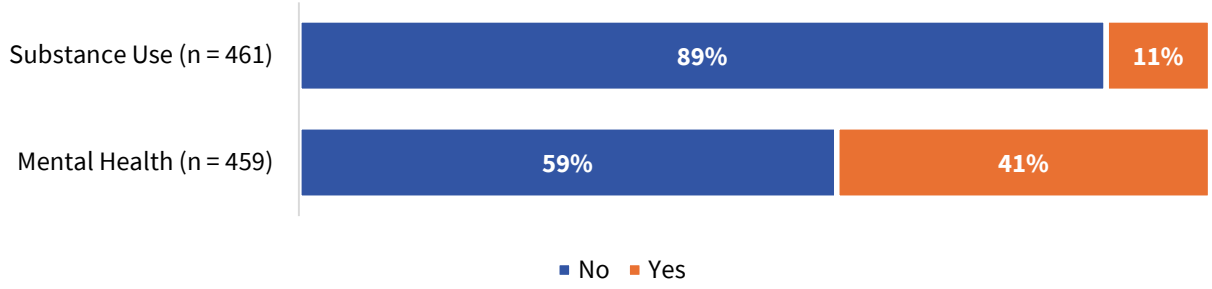
Table 9 displays results to the question "*What are the biggest challenges your household faces right now? Please rank the following areas".* Respondents most often selected health and nutrition as their top concern (41%), followed by housing (23%) and transportation (21%). Education was least likely to be ranked as a top concern, with nearly two-thirds (64%) of respondents ranking it fourth or fifth. While some issues, like transportation, were commonly ranked in the middle tiers, others like health and nutrition and education tended to be viewed as either high or low priorities, with less middle-ground.

Table 9. Ranking of Household Challenges (n = 390)

Household Challenge	Rank Position (1 = Most Significant, 5 = Least Significant)				
	1	2	3	4	5
Transportation	21%	36%	21%	13%	9%
Health and nutrition	41%	27%	17%	11%	4%
Education	3%	8%	24%	32%	32%
Job/career	12%	13%	17%	33%	25%
Housing	23%	16%	20%	11%	31%

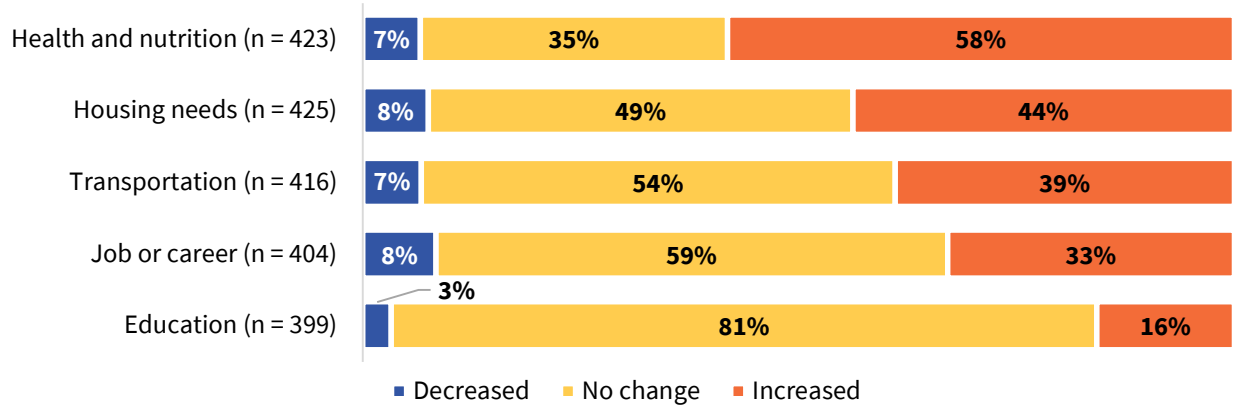
Respondents were also asked if their households are impacted by mental health or substance use issues. A large number of respondents (41%) reported being impacted by mental health concerns, while 11% indicated their household is affected by substance use (see Figure 36).

Figure 36. Households Impacted by Substance Use and Mental Health



When asked how their household's needs have changed over the past three years, respondents most commonly reported an increase in health and nutrition needs (58%), followed by housing (44%) and transportation (39%). Needs related to jobs or careers also increased for about one-third of respondents (33%). Education needs showed the least change, with 81% of respondents reporting no change and only 16% indicating an increase. Overall, across all categories, relatively few respondents reported a decrease in household needs (see Figure 37).

Figure 37. Change in Household Needs - Past Three Years



At the end of the survey, participants were asked "*Are there any other challenges or barriers your household faces that were not listed above?*" A total of 188 people responded to the open-ended question and a variety of key themes emerged. The most common theme related to **housing** (17% of comments), specifically instability and affordability with numerous mentions of challenges purchasing homes, rising cost of rent, Section 8 limitations, mobile home park increases and general housing instability. Many respondents expressed fear about losing housing or being unable to secure stable housing. Housing challenges appear particularly top of mind for seniors, people living with disabilities, and families. **Transportation** barriers (11% of comments) was the second most common theme, particularly affecting rural residents, seniors, and people with disabilities. Many respondents noted the lack of reliable transportation as preventing them from accessing employment, medical care, shopping, and other essential services.

Healthcare access and costs represent another major barrier, with 10% of comments referring to challenges related to medical expenses, prescription drug costs, loss of Medicaid, insurance issues, and inadequate healthcare services. Some respondents mentioned specific health conditions that create additional barriers, including disabilities, chronic illnesses, and age-related health needs. Respondents who identified as rural residents, seniors, and people with disabilities tended to mention transportations barriers that prevented them from accessing employment, medical care, and other essentials.

Multiple respondents mentioned **mental health and social isolation** as challenges they are facing, specifically conveying feelings of hopelessness, isolation, and being overwhelmed by multiple intersecting barriers. Some respondents mentioned barriers they face while living with a **disability**, specifically accessing adaptive equipment, navigating systems, discrimination, and inadequate accommodations from both service providers and government agencies. Caregivers of people living with disabilities and elderly folks also discussed experiencing a strain on resources.

Nine percent of respondents mentioned a **lack of financial resources** needed to meet basic needs such as utilities, food, and housing. Several responses described making slightly more than the income cap set for assistance programs but still being unable to afford necessities, likely falling under ALICE status.

Of the 188 responses, 45% (n = 85) of responses stated income or unique situations as a barrier. Table 10 shows the count and percentage of the largest five barriers apart from the unique situations and income as a barrier.

Table 10. Additional Challenges of Community Members

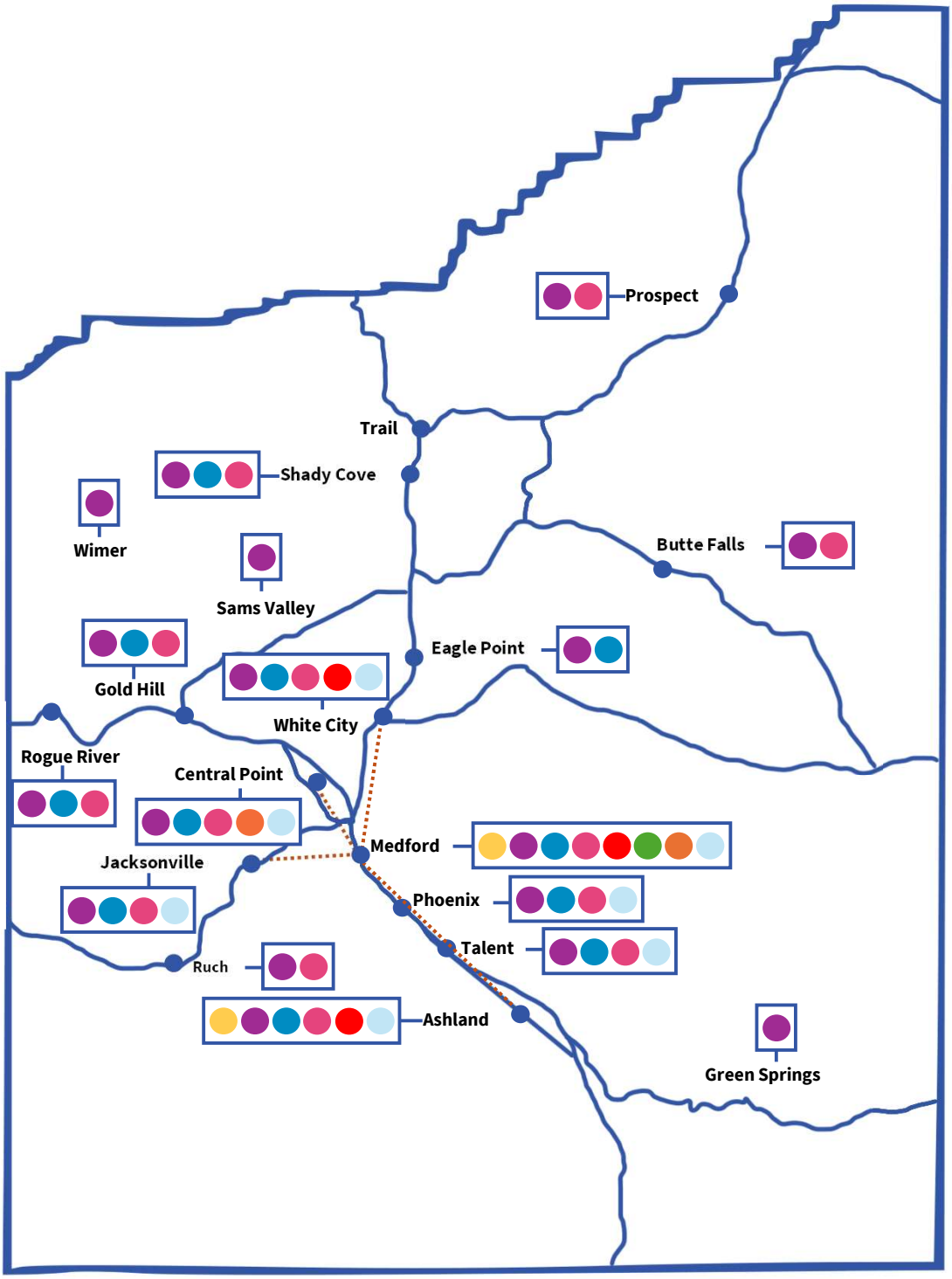
Theme	Count	Percentage
Housing affordability, instability, and issues	31	17%
Transportation	21	11%
Health/Medical/Disability	18	10%
Financial/ Income Barriers	16	9%
Utilities	4	2%

When asked about additional information they would like to share, many participants reiterated the same themes reflected in the survey questions reviewed above. Other respondents expressed gratitude and appreciation for ACCESS's services. Additionally, a small number of respondents described poor treatment by service providers and wrote critiques of local governance and policy.

Jackson County Resources 2025

- Housing, Shelter, & Utility Assistance
- Food
- Youth, Senior & Community Support
- Employment, Education & Technology Access
- Health & Mental Health
- Financial Support
- Legal Services & Resource Navigation
- Transportation
- City Connected through RVTD

Services available in Jackson County and/or Oregon not specific to any one city:



Community Specific Data

This section presents findings specific to individual communities within Jackson County. For each city, demographic data drawn from the American Community Survey (ACS) 5-Year Estimates (2019–2023) are provided, followed by a summary of key themes that emerged from community focus groups. The communities included in this analysis are Ashland, Medford, White City, Central Point, Phoenix/Talent, and Butte Falls/Prospect. These communities were chosen in partnership with ACCESS to gain perspective from rural and more urban areas within the county as well as gain insights from those affected by the 2020 Almeda Fire. This approach allows us to highlight the unique needs, strengths, and challenges of each community, recognizing that experiences can vary widely within the county. Focus groups were conducted in all but one of the communities listed; no group was held in Butte Falls/Prospect due to a lack of available participants.

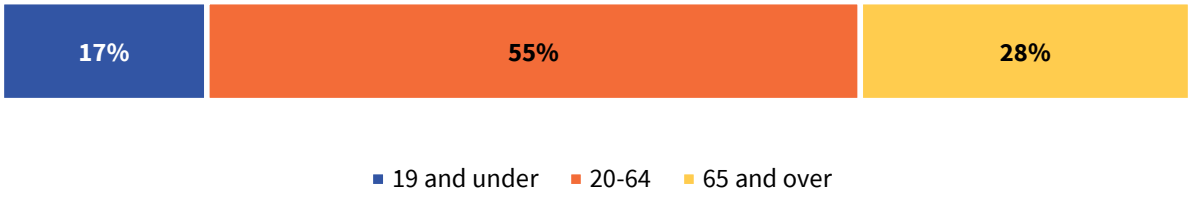
Key Takeaways

- Affordable housing is scarce and hard to access. Even with subsidies or vouchers, participants reported struggling to secure affordable, safe housing due to long waitlists, eligibility limitations, and poor communication from housing authorities.
- Healthcare access is inconsistent, particularly for dental, mental health, and preventive care. Participants reported long wait times and gaps in coverage, making it difficult to maintain needed care.
- Participants report that small income increases can trigger benefit loss, and complex paperwork or online systems make it hard for residents to advance without risking critical supports.
- Community resources are appreciated but overstretched. While services like ACCESS, food banks, and local nonprofits are valued, participants noted frequent shortages, long waits, and unmet needs for specialized assistance.

Ashland

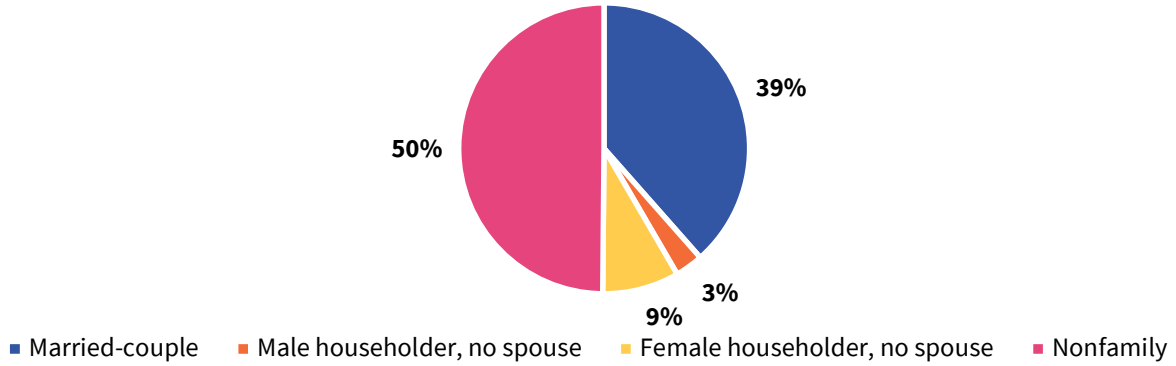
According to the ACS 5-Year Estimates the current population of Ashland is 32,392 and the majority of residents (55%) are between the ages of 20 and 64. As shown in Figure 38, 17% are 19 years or younger and 28% are 65 years or older. Just over half of respondents (52%) identify as female and 48% identify as male. Additionally, 85% of residents identify as White, with a small percentage identifying as Asian (2%), American Indian or Alaska Native (1%), Black or African American (1%), or "Other" (12%). Less than 1% of the residents identify as Native Hawaiian or other Pacific Islander. Ten percent identify as Hispanic or Latino.

Figure 38. Age Distribution in Ashland (2019-2023 ACS 5-Year Estimates)



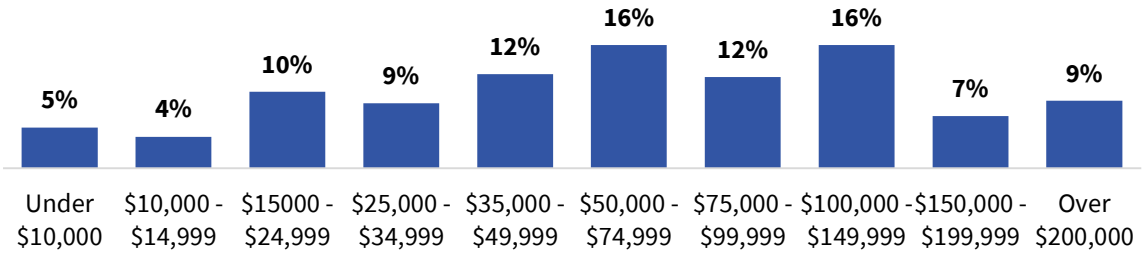
In terms of household composition, half (50%) are occupied by individuals not from the same family (e.g., non-relative roommates) and 39% are married couples. Less than 10% are occupied by a female householder without a spouse (9%) or a male householder without a spouse (3%; see Figure 39). Additionally, 18% of families in Ashland have at least one child under 18 years of age.

Figure 39. Household Composition in Ashland (2019-2023 ACS 5-Year Estimates)



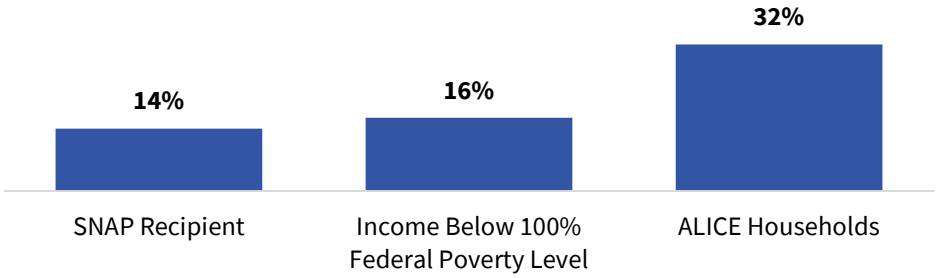
Income levels vary widely in the City of Ashland, with 44% of households reporting incomes between $50,000 and $149,999. Within that range, 16% of households earn between $50,000 and $74,999 and another 16% earn between $100,000 and $149,999. Nine percent report income under $15,000 and another 9% report income above $200,000 (see Figure 40).

Figure 40. Income Distribution in Ashland (2019-2023 ACS 5-Year Estimates)



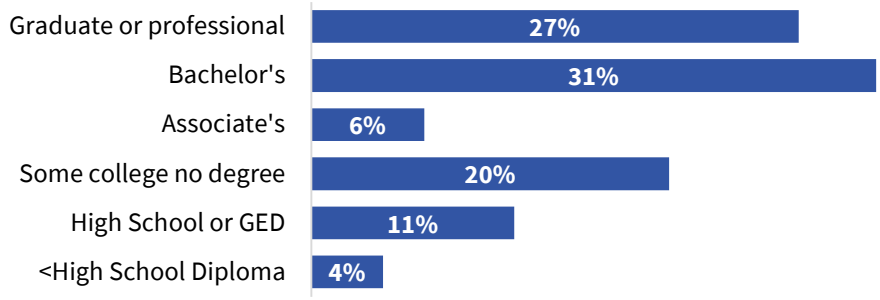
According to the ACS 5-Year Estimates, 14% of residents receive SNAP benefits. A slightly larger percentage (16%) earn an income that is below 100% of the federal poverty level. Additionally, 32% of households are estimated to be ALICE households that may not qualify for support programs but likely cannot afford all the basic necessities (see Figure 41).

Figure 41. Income Indicators in Ashland (2019-2023 ACS 5-Year Estimates)



Over half of Ashland residents over the age of 25 have earned a Bachelor's or graduate degree (58%). Another 26% have earned an Associate's degree or attended some college. Eleven percent have completed high school or earned a GED, while 4% did not complete high school (see Figure 42). The ACS 5-Year Estimates also asked about veteran status, with 6% of residents indicating that they are a veteran.

Figure 42. Education Level in Ashland Population 25 and Over (2019-2023 ACS 5-Year Estimates)



Findings specific to the focus group conducted in Ashland are described below.

Ashland Focus Group

Seven participants attended the Ashland focus group, representing a range of ages, and though participants were not asked their gender identity, both male and female presenting individuals were present. The focus group took place at the Jackson County Library Services, Ashland Branch.

Housing Multiple focus group participants reported living in transitional housing, at risk of losing their housing, or had only recently been housed. These community members gave insight into the issues they faced with housing instability and affordability. Specifically, community members mentioned a lack of affordable housing options, including difficulty finding housing that accepted vouchers or fell within their price range. Other community members mentioned that they did not meet criteria (e.g., veteran, addiction recovery, children) necessary to qualify for certain housing assistance programs. Participants who had experienced houselessness mentioned that the "Night Lawn" outside the police station was not sufficient for their needs or safety, and that additional options for camping in Jackson County are needed.

Health Most participants had private insurance or the Oregon Health Plan (OHP), and though they mentioned long wait times, felt that their medical coverage met their needs. The experience with dental services was less positive, with many participants noting long wait times and difficulty finding dental programs that fit their income and insurance coverage. Several participants noted that they have experienced little to no support to cope with compounding losses (e.g., multiple losses such as the loss of home, family, and community) and struggle with their mental health. They also reported challenges accessing regular mental health services, receiving medication recommendations without

"Dental? Could be three months. I'm having all my teeth pulled one by one because no one would cover treatment in time."

counseling, and noted that the system and folks working within it often seemed overwhelmed. Participants also expressed a desire for community healing (e.g., support groups) and more opportunities to create community healing spaces.

Participants praised food systems that are in place within Jackson County, specifically listing the ACCESS food banks, church dinners, and senior centers as reliable spaces for meals. Though nearly every participant had utilized and were grateful for the programs, they had some ideas for improvements to make services more accessible to all. Specifically, participants mentioned that more options for those with dietary restrictions (e.g., kidney disease), shorter wait times, and a greater awareness within the community that a permanent address is not needed to access food would all be beneficial.

Transportation, Jobs, and Technology The discussion around transportation largely centered on recently announced cuts to public transit funding. Many participants said that current bus routes are sufficient for their needs; however, any reduction in those services would cause disruption to their lives and schedules. Multiple participants reported receiving assistance, such as bus passes or punch cards, from local organizations and mentioned that bus passes and laundry tokens are some of the most useful items.

"The buses work really well — shockingly simple and very easy to figure out, even for someone who doesn't do smart devices."

Finding employment options that meet income and health-related needs is particularly challenging. Oftentimes, employment opportunities are only available in Medford, which requires a long bus ride. In terms of technology, participants noted that programs such as OHP, SNAP, and housing assistance have application processes that require online connectivity (e.g., laptop) and/or digital skills that participants do not possess.

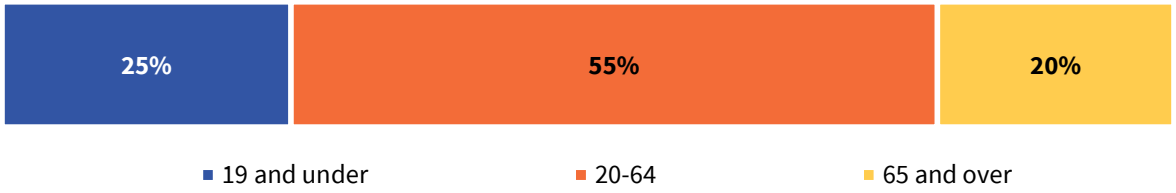
Additional Findings Participants shared feeling worn down by bureaucratic hurdles, policies that exclude them, and funding cuts. Social isolation and longing for connection also emerged as themes. However, despite challenges, participants frequently expressed appreciation for ACCESS, the YMCA, OHRA, and individuals within the system.

Medford

The largest city in Jackson County, Medford has a population of 143,280. The age distribution in Medford is similar to that of Ashland, with 55% of residents falling between 20 and 64 years old. A quarter (25%) are 19 years or younger, while 20% are 65 years or older (see Figure 43). When asked whether they identify as male or female, just over half of respondents (51%) indicated female and 49%

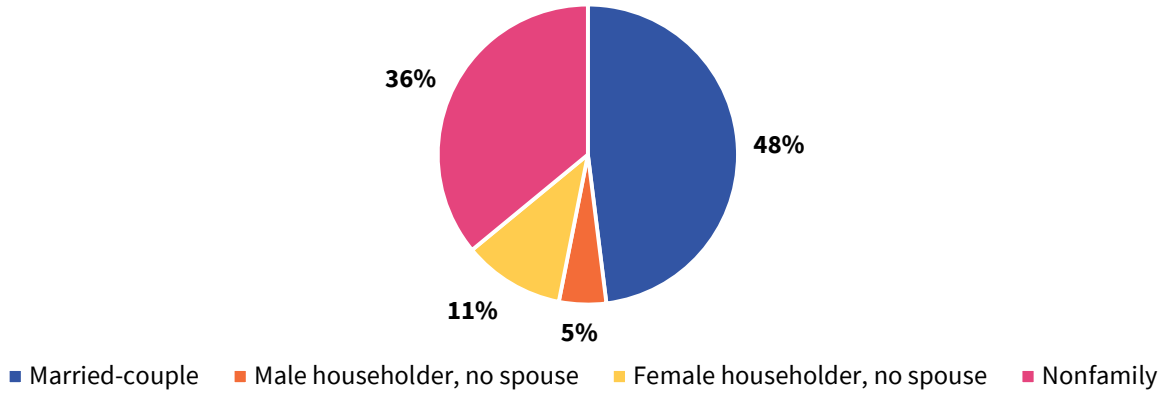
indicated male. In terms of race, 81% of residents identify as White, with 1% each identifying as Asian, Black or African American, or American Indian or Alaska Native. Sixteen percent identify as "Other" and less than 1% identify as Native Hawaiian or other Pacific Islander. Additionally, 18% identify as Hispanic or Latino.

Figure 43. Age Distribution in Medford (2019-2023 ACS 5-Year Estimates)



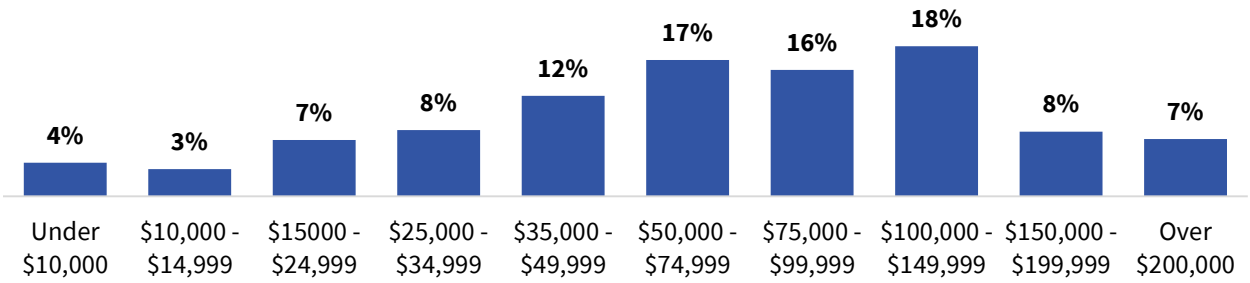
As shown in Figure 44, almost one-third (30%) of families in Medford have at least one child under 18 and approximately half (48%) of households are occupied by married couples. Thirty-six percent of households are composed of individuals not from the same family (e.g., non-relative roommates), 11% are occupied by a female householder without a spouse, and 5% are occupied by a male householder without a spouse.

Figure 44. Household Composition in Medford (2019-2023 ACS 5-Year Estimates)



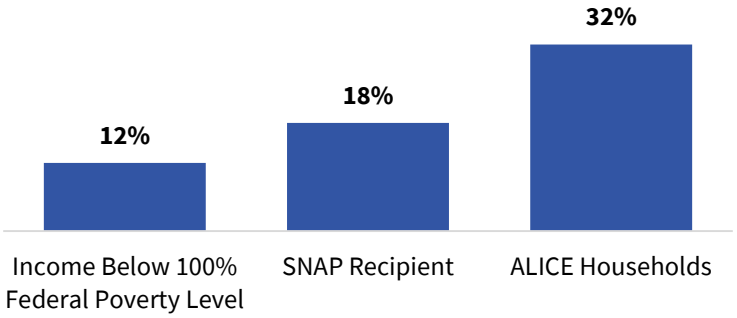
The majority of households in Medford (51%) report income levels between $50,000 and $149,999. Another 12% earn between $35,000 and $49,999 per year and 15% earn $150,000 or more per year. Seven percent earn less than $15,000 and 15% report earning between $15,000 and $34,999 (see Figure 45).

Figure 45. Income Distribution in Medford (2019-2023 ACS 5-Year Estimates)



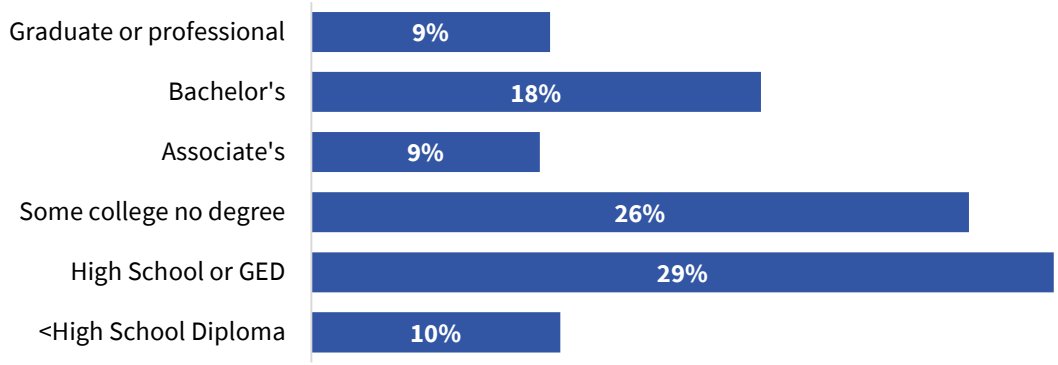
Slightly more than 10% of Medford residents earn an income that is below 100% of the federal poverty level and 18% receive SNAP benefits. Additionally, ALICE designated households account for 32% of residences in Medford (see Figure 46). ALICE households are those above the federal poverty line, but not able to afford all of their necessities and do not quality for assistance programs.

Figure 46. Income Indicators in Medford (2019-2023 ACS 5-Year Estimates)



Over half (55%) of Medford residents over the age of 25 have earned a high school diploma, GED, or completed some college. Another 27% have earned Bachelor's degree or higher (i.e., graduate or professional degree), and 9% have an Associate's degree. Ten percent have not earned a high school diploma (see Figure 47). Additionally, 10% of Medford residents report being a veteran.

Figure 47. Education Level in Medford Population 25 and Over (2019-2023 ACS 5-Year Estimates)



Findings specific to the focus group conducted in Medford are described below.

Medford Focus Groups

There were two in-person focus groups offered in Medford, both on a Friday evening, one after another. Although the online sign-up for these groups each had over 10 people, only three attended each group for a total of six participants. Additionally, a virtual focus group was conducted with four participants, most of whom resided in Medford. Findings from all three focus groups will be discussed in this section of the report. Participants were all female presenting, with a range of ages, and a majority reporting fixed income. The in-person focus groups took place at The Merrick in Medford, a hotel converted to housing for survivors of the 2020 Almeda Fire.

"I own my home, but my Social Security is only $1,000 a month. That doesn't even cover my bills. If I didn't own my house, I'd be living in my car."

Housing Although individual circumstances differed, most participants reported facing significant challenges related to affordable housing. Homeowners on Social Security struggled to cover basic expenses and property maintenance, with some noting they would be homeless if they did not own their homes. Homeowners expressed a need for financial assistance with property taxes and home repairs. Renters reported unsafe conditions including mold and structural issues but felt they had no alternatives. Those with Section 8 vouchers found housing options extremely limited, and even with assistance, many could not afford their rent without additional support programs. Participants expressed frustrations with housing support systems. For example, participants perceived ACCESS to have an organizational bias towards serving historically underserved groups that did not align with the identity of all participants, along with poor communication and turnover among caseworkers.

Additionally, participants discussed issues encountered with HUD housing authority communication, noting difficulty in reaching a representative.

Health Access to healthcare is difficult for many participants and they experience long wait times, particularly for specialists. Prescription costs are also a barrier, though participants noted programs such as La Clinica that provide financial assistance. Participants also noted significant barriers to receiving dental care, such as experiencing long wait times and difficulty finding office hours that work for their schedule. Participants expressed gratitude for Jackson Care Connect, specifically for the reimbursement of gas when attending medical appointments. Other participants noted that they were given a free air purifier during the 2020 Almeda Fire but have not been provided with any additional filters for the device.

Mental health service providers were described as overwhelmed and understaffed, with participants only able to access crisis care rather than preventive services. Navigating insurance to access mental health care for conditions like schizophrenia was described as nearly impossible, leaving families without treatment options. Many expressed frustrations with infrequent counseling sessions due to system capacity issues. Participants also noted that some Medford police have received training in trauma-informed care, which has resulted in noticeable positive changes during police interactions.

Food Participants highly value programs such as food pantries and "double-up" SNAP at farmers markets, though they noted that awareness of these programs is limited. However, monthly SNAP benefits are insufficient to last a full month due to rising food costs and supplies at food box programs are limited, meaning participants must arrive hours early to secure a box. While food access programs were generally praised, some participants had specific dietary needs that were not always met by available resources. Participants also noted that many people needing food assistance fell between qualifying for benefits and achieving self-sufficiency, creating a gap in support.

Transportation, Jobs, and Technology Most participants were not employed due to disability or retirement status. Those who could work noted that low wages made employment less appealing than available benefits, and employment opportunities were limited. One participant shared that childcare costs were the main reason they were unemployed, as the price of childcare was more than they would make at the job.

"You see people at food banks who would never go apply for food stamps, they still need help."

High student debt created additional financial stress for some participants. Transportation challenges include the high cost of gas and vehicle maintenance, with some using electric bikes despite safety concerns, and others relying on aging vehicles they fear may break down. Participants noted that car repairs were a significant barrier and expressed a desire for additional assistance programs to support car repairs. The bus system was

described as functional but expensive and sometimes complex to navigate, with participants suggesting improvements like rolling unused days on the punch card over to the next month. Access to technology was also a concern among participants, with online applications for services creating barriers to program participation.

Additional Findings Participants expressed gratitude for organizations like United Way, ACCESS, churches, and food banks, but noted significant gaps in services including pet care assistance for fixed-income homeowners. Veterinary care and pet food were noted as significant financial burdens; however, participants shared that pet ownership brought them much needed companionship.

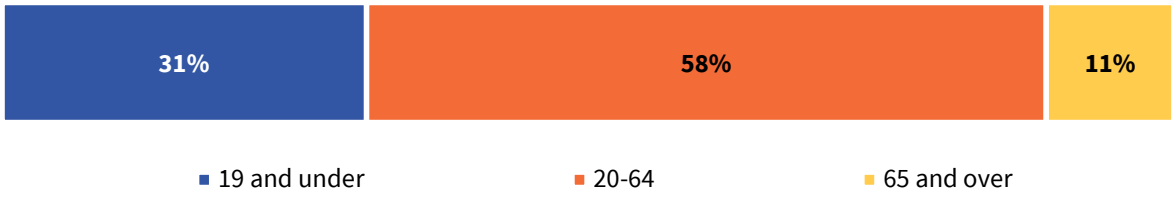
"My cat needs three surgeries, and it's between $1,000 and $10,000. I can't do it, but I also can't let her suffer."

Some participants also described feeling caught between poverty-level income and program eligibility requirements designed for middle-class families, describing living paycheck to paycheck with no emergency resources. They also noted grant programs are often depleted by the time they apply for services. System navigation to access services was described as emotionally draining, with participants calling for more trauma-informed and culturally sensitive approaches from service providers. Additionally, participants shared that more transitional housing and local treatment beds would also be helpful; however, medical detox services were described as working well overall.

White City

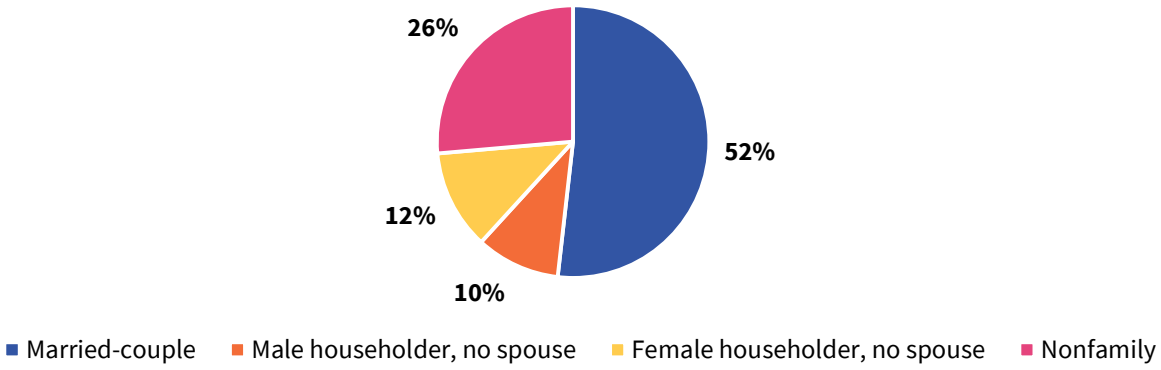
White City has a population of 10,913. Similar to other cities in Jackson County, the majority of residents (58%) in White City are between 20 and 64 years old. The next most populous group are those aged 19 or younger (31%), followed by those aged 65 and older (11%). See Figure 48 for a visual representation of the age distribution. Within White City there are slightly more self-identifying males (55%) than females (45%). Additionally, 67% of residents identify as White, with 31% identifying as "Other", 1% identifying as Asian, and less than 1% identifying as American Indian or Alaska Native, Black or African American, or Native Hawaiian or other Pacific Islander. Slightly less than half (41%) of the population also identifies as Hispanic or Latino, which is a larger percentage than other cities within Jackson County.

Figure 48. Age Distribution in White City (2019-2023 ACS 5-Year Estimates)



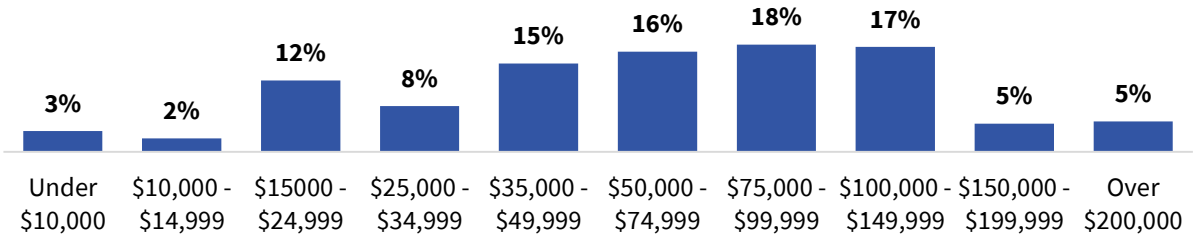
Just over half (52%) of the households in White City are composed of married couples and 43% of households in White City have at least one child under the age of 18. Nonfamily households (i.e., those composed of individuals not from the same family) account for 26% of households in White City, while 12% are occupied by a female householder without a spouse, and 10% are occupied by a male householder without a spouse (see Figure 49).

Figure 49. Household Composition in White City (2019-2023 ACS 5-Year Estimates)



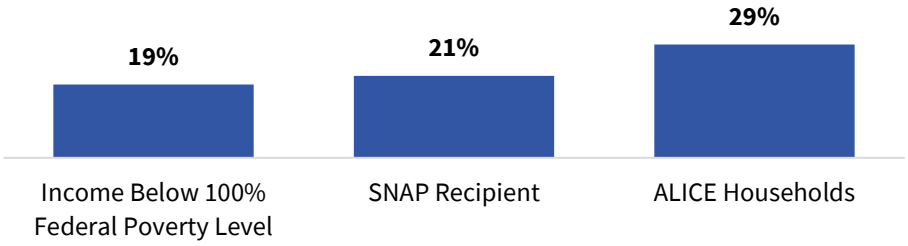
The majority of households in White City (51%) report income levels between $50,000 and $149,999. Another 15% earn between $35,000 and $49,999 per year and 10% report income of $150,000 or more per year. Five percent earn less than $15,000 and 12% report earning between $15,000 and $34,999 (see Figure 50).

Figure 50. Income Distribution in White City (2019-2023 ACS 5-Year Estimates)



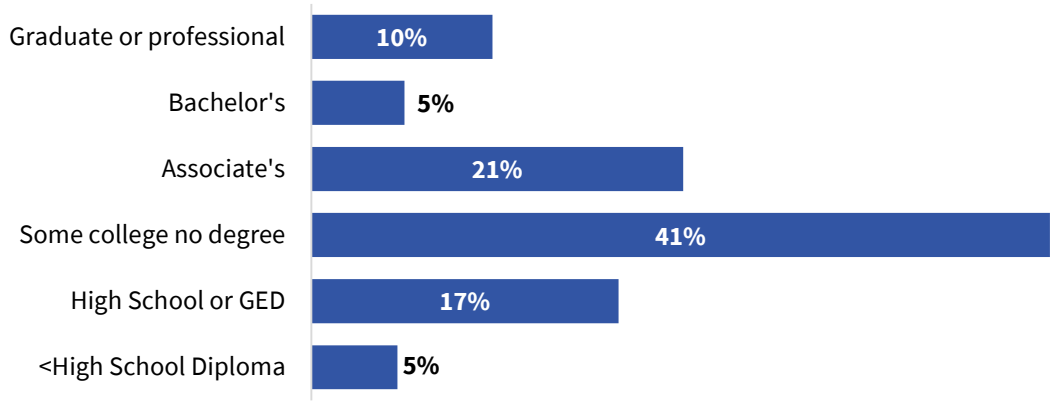
Approximately 20% of White City residents earn an income that is below 100% of the federal poverty level (19%) and receive SNAP benefits (21%). Additionally, ALICE designated households account for 32% of residences in White City (see Figure 51). ALICE households are those unable to afford all of their necessities, but make more than the threshold to receive assistance.

Figure 51. Income Indicators in White City (2019-2023 ACS 5-Year Estimates)



Eleven percent of White City residents identify as a veteran, and the majority of White City residents over the age of 25 have either attended some college (41%) or earned an Associate's degree (21%). Another 17% have earned a high school diploma or GED. Fifteen percent have completed a Bachelor's or graduate/professional degree, and 5% have not completed high school (see Figure 52).

Figure 52. Education Level in White City Population 25 and Over (2019-2023 ACS 5-Year Estimates)



Findings specific to the focus group conducted in White City are described below.

White City Focus Group

Only one participant attended the White City focus group, and in the interest of protecting their privacy, their demographic information will not be shared. The focus group took place at the Jackson County Library Services, White City Branch.

Housing This participant expressed appreciation for the support they have received over the last several years following the 2020 Almeda Fire. However, they also voiced significant concerns regarding ongoing challenges within their White City neighborhood. Specifically, the participant cited issues related to drug use and criminal activity, noting a lack of accountability among residents participating in housing support programs. Despite raising these concerns with both ACCESS and their landlord, they have seen no meaningful improvements.

Health Overall, this participant reported no difficulty accessing healthcare services and has found the services they need are covered by the Oregon Health Plan. The participant also shared that, in the past, they were able to find adequate mental health services and expressed a desire for more people to know about and utilize those services.

Food This participant noted that there are nearby grocery stores and the benefits they receive through SNAP are sufficient for them.

Jobs, Transportation, and Technology Regarding employment and education, the participant shared that they are actively working to become entirely self-sufficient (e.g., not reliant on any program assistance), by returning to school to advance their career. They noted strong access to

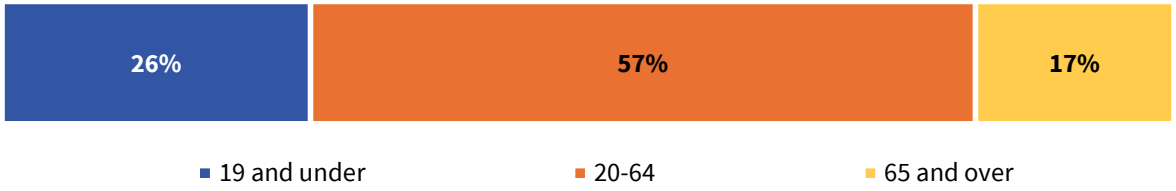
education, including the ability to secure financial aid and use on-campus technology. The participant recently found a well-paying part-time job and expressed satisfaction with employment opportunities in the area, including at factories and fast-food restaurants. This participant described previous experience with the RVTD system as extremely reliable with minimal disruptions or delays.

Additional Findings This participant attributed much of their success to seizing available opportunities. However, they also conveyed frustration that others in their community are not doing the same. They suggested that support systems could be improved by incorporating more structure and progress-based expectations.

Central Point

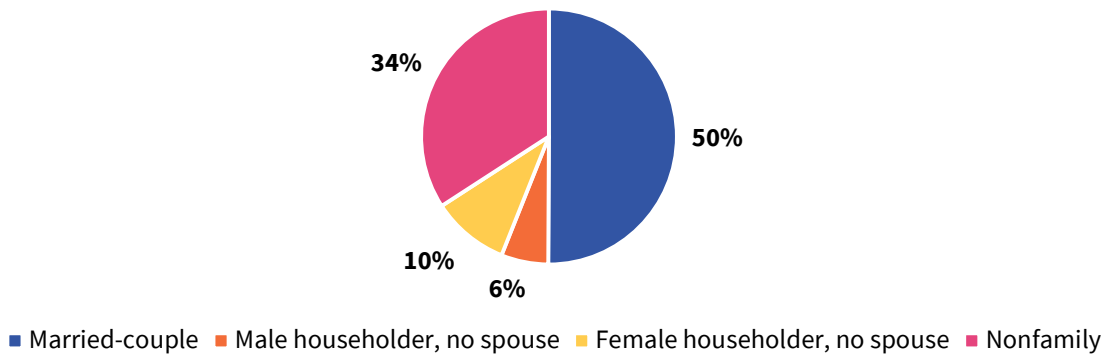
The population of Central Point is 19,183 and the majority of residents (57%) are between the ages of 20 and 64. Twenty-six percent are 19 years or younger and 17% are 65 years or older (see Figure 53). Just over half of respondents (53%) identify as female and 47% identify as male. Additionally, 83% of residents identify as White, 14% as "Other", and 1% each identifying as Asian or Native Hawaiian or other Pacific Islander. Less than 1% of the residents identify as Black/African American or American Indian or Alaska Native. Eighteen percent identify as Hispanic or Latino.

Figure 53. Age Distribution in Central Point (2019-2023 ACS 5-Year Estimates)



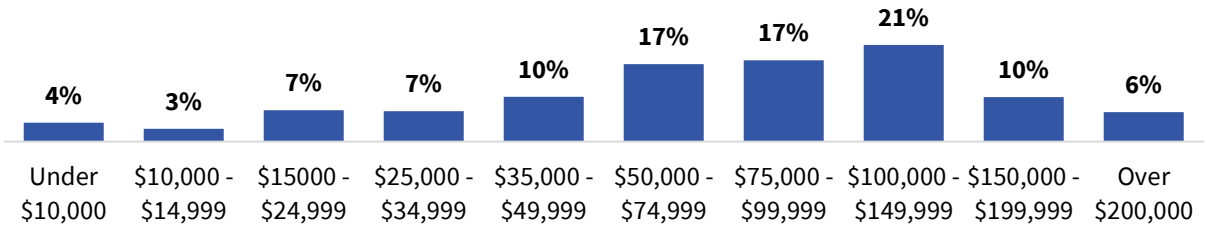
In terms of household composition, half (50%) are occupied by married couples and 34% by individuals not from the same family (e.g., non-relative roommates). Ten percent are occupied by a female householder without a spouse and 6% are occupied by a male householder without a spouse. See Figure 54. Additionally, 34% of families in Central Point have at least one child under 18 years of age.

Figure 54. Household Composition in Central Point (2019-2023 ACS 5-Year Estimates)



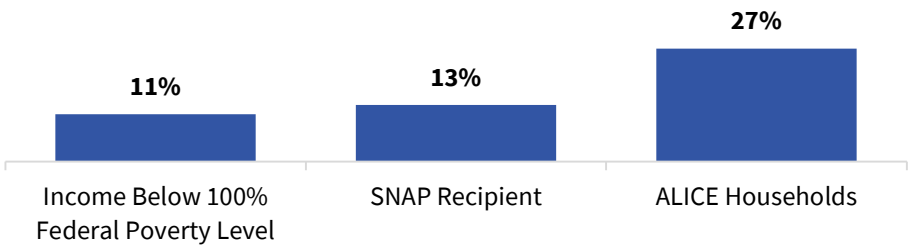
As shown in Figure 55, among the various income levels, most households (55%) report an income between $50,000 and $149,000. Within that range, 21% of households earn between $100,000 and $149,999. Additionally, 17% of households report an income between $25,000 and $49,999, while 16% report income over $150,000. Seven percent have an income under $15,000 and another 7% report income between $15,000 and $24,999.

Figure 55. Income Distribution in Central Point (2019-2023 ACS 5-Year Estimates)



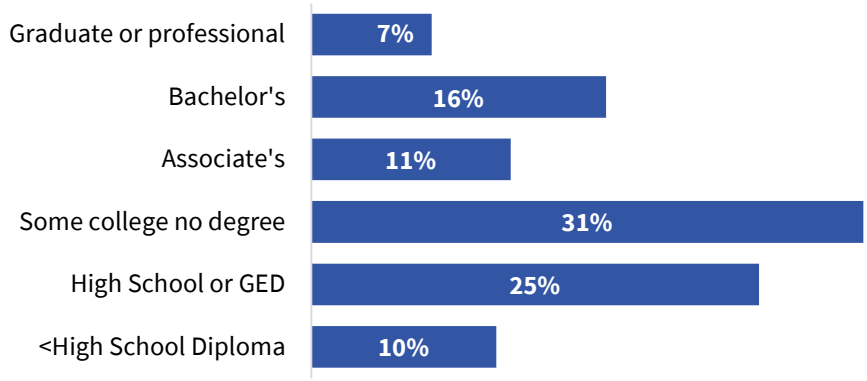
According to the ACS 5-Year Estimates, 11% of residents earn an income that is below 100% of the federal poverty level, while a slightly larger percentage (13%) receive SNAP benefits. Additionally, 27% of households are ALICE designated households, those who struggle to afford their necessities but do not qualify for programs (see Figure 56).

Figure 56. Income Indicators in Central Point (2019-2023 ACS 5-Year Estimates)



The majority of Central Point residents over the age of 25 have either completed some college (31%) or received their high school diploma or GED (25%). Just over a quarter (27%) have either earned their Bachelor's or Associate's degrees, and 7% have earned a graduate or professional degree. Ten percent did not complete high school (see Figure 57). The ACS 5-Year Estimates also indicate that 10% of residents in Central Point are veterans.

Figure 57. Education Level in Central Point Population 25 and Over (2019-2023 ACS 5-Year Estimates)



Findings specific to the focus group conducted in Central Point are described below.

Central Point Focus Group

The Central Point focus group took place at Alderwood Assisted Living within their conference room. The Alderwood graciously catered lunch for the six participants, the child of a participant, and the two facilitators. Participants were all female presenting, with a range of ages represented.

Housing Most participants reported receiving housing assistance through HUD, with several also receiving utility support from ACCESS. While participants generally expressed satisfaction with their current housing arrangements, some shared concerns about logistical challenges, such as limited parking and associated fines. One participant, currently awaiting a Social Security Disability

determination, discussed the financial pressures of maintaining housing while managing other essential needs.

Health Participants identified several significant gaps in healthcare access, particularly for low-income individuals relying on the Oregon Health Plan (OHP). Affordable dental and vision care were cited as especially difficult to obtain, with one participant noting OHP's refusal to cover the realignment of ill-fitting dentures. Preventive care, especially for conditions like pre-cancerous skin issues, was also reported as inadequately covered. Additionally, participants experienced challenges obtaining necessary prescriptions through OHP. On the contrary, participants noted that getting equipment (e.g., cane) from ACCESS was a simple and straightforward process.

"All I want is help getting out of this hole. But the system is set up to keep you there."

Many participants noted that they utilize mental health services, especially counseling. However, barriers include high provider turnover, lack of consistent therapeutic relationships, long wait times, and annual OHP-mandated one-month breaks, which are seen as disruptive to treatment. Participants voiced a strong desire for increased access to trauma-informed care, especially in crisis situations. Negative interactions with law enforcement during mental health or trauma-related incidents were also shared, highlighting a need for greater training in de-escalation and trauma awareness among first responders.

Food Participants generally felt that food resources were available in the community, although access required effort and planning. Multiple participants described having to arrive at food pantries and distributions, often located in Medford, several hours in advance to avoid shortages. Despite these logistical challenges, participants expressed gratitude for the availability of resources at several locations, such as La Clinica, local churches, and ACCESS-supported food banks.

Jobs, Transportation, and Technology Some participants reported receiving Social Security, Social Security Disability Insurance (SSDI), or had no income. Several expressed a desire to work but faced multiple barriers, including physical limitations, lack of digital literacy, and concerns about losing benefits if they were to take on employment. One participant with a work-related injury is actively seeking suitable employment but has been unable to find a position that accommodates their restrictions. Another participant noted that vocational rehabilitation services had not been helpful in identifying realistic job options given their education and physical capabilities.

"If you work a little bit, they cut your benefits. It's like you're punished for trying."

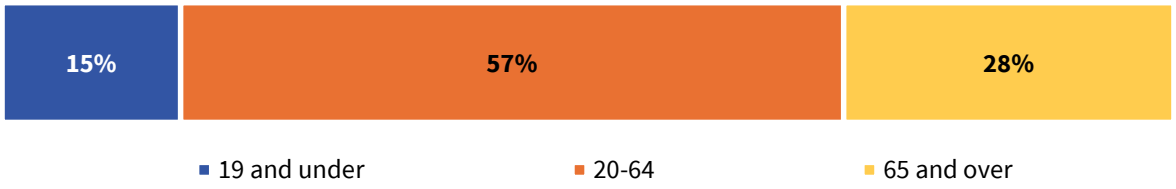
Additional Findings Participants emphasized that while supportive services such as those provided by ACCESS are

appreciated and necessary, the process of accessing those services can be burdensome. Several individuals shared experiences of having paperwork lost by agencies, resulting in delays or denials of critical benefits. Participants also noted that systems tend to be overwhelmed and under-supported.

Phoenix and Talent

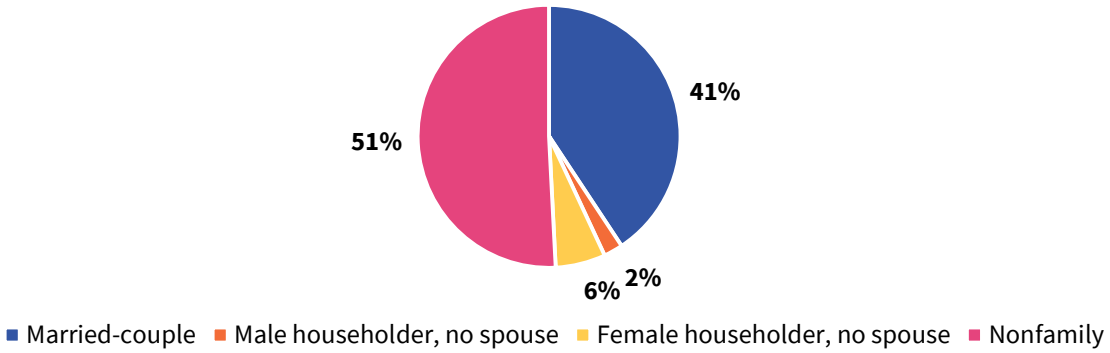
Due to the close physical distance as well as similar experience with the 2020 Almeda Fire, Phoenix and Talent have been combined. Within the two cities they have a combined population of 10,654 and most residents (57%) are between 20 and 64 years old, with 28% aged 65 and over, and 15% aged 19 or younger (see Figure 58). There are slightly more self-identifying females (54%) than males (46%) in Phoenix and Talent. The vast majority (83%) identify as White, 14% identify as "Other", 1% identify as Asian, and 1% identify as American Indian or Alaska Native. Less than 1% identify as either Native Hawaiian or other Pacific Islander or Black or African American. Additionally, 14% identify as Hispanic or Latino.

Figure 58. Age Distribution in Phoenix/Talent (2019-2023 ACS 5-Year Estimates)



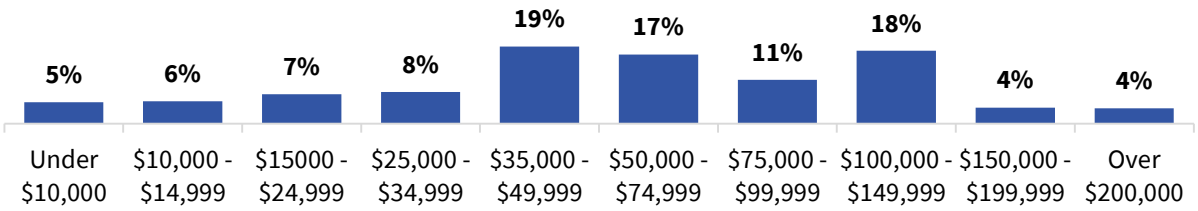
Households in Phoenix and Talent are primarily composed of nonfamily households (i.e., individuals not from the same family; 51%), followed by married couples (41%) (e.g., non-relative roommates). Less than 10% of households are occupied by a female householder without a spouse (6%) or a male householder without a spouse (2%; see Figure 59). Additionally, 19% of households in Talent/Phoenix have a child under 18.

Figure 59. Household Composition in Phoenix/Talent (2019-2023 ACS 5-Year Estimates)



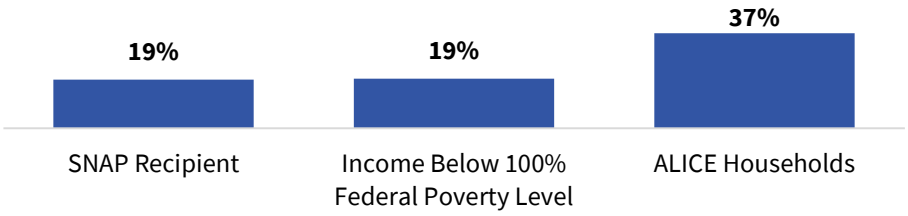
The income distribution in Phoenix and Talent differs slightly from other cities examined in this report, with a larger percentage of households earning between $35,000 and $49,999 (19%) and between $100,000 - $149,999 (18%). Eight percent earn $150,000 or more per year, while 11% report earning less than $15,000 and 15% report earning between $15,000 and $34,999 (see Figure 60).

Figure 60. Income Distribution in Phoenix/Talent (2019-2023 ACS 5-Year Estimates)



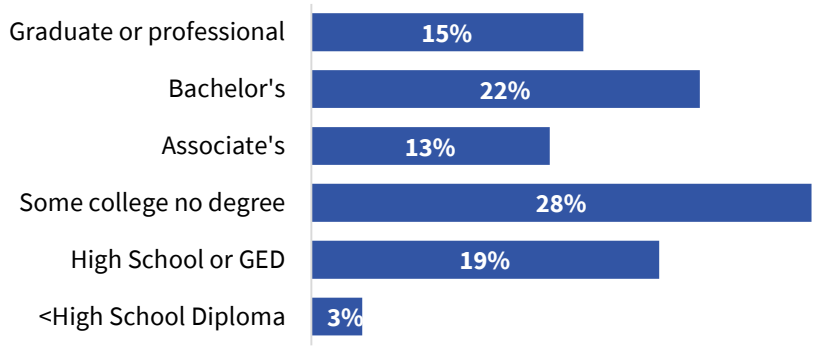
In terms of income indicators, 19% of residents receive SNAP benefits and another 19% earn an income that is below 100% of the federal poverty level. Additionally, 37% of households are ALICE designated households (see Figure 61). ALICE households are those who earn above the limit for assistance programs, but may have trouble affording their necessities.

Figure 61. Income Indicators in Phoenix/ Talent (2019-2023 ACS 5-Year Estimates)



Slightly less than 10% of the population in Phoenix and Talent (8%) identify as veterans. Half of residents over the age of 25 have either completed some college (28%) or received Bachelor's degree (22%). Another 19% have received their high school diploma or GED, while 15% have earned a graduate or professional degree. Thirteen percent have earned an Associate's degree and 3% have not completed high school (see Figure 62).

Figure 62. Education Level in Phoenix/Talent Population 25 and Over (2019-2023 ACS 5-Year Estimates)



Findings specific to the focus group conducted in Phoenix are described below.

Phoenix Focus Group

The focus group for this community took place at the Jackson County Library Services Phoenix branch and had two community members attend. Both attendees were female presenting retirees.

Housing Both participants reported living in subsidized housing, with one participant affected by the 2020 Almeda Fire. The participants expressed appreciation for the housing support, though they noted some issues with property maintenance and limited amenities. One participant shared that their current rent is supported through Section 8, and that ACCESS had assisted with the deposit fee. However, both emphasized that affordable housing remains scarce and difficult to secure in the area. One participant shared that after a long wait on a housing list, they were offered an apartment for $1,000/month, well beyond what they consider affordable. They identified the lack of affordable housing as the most significant barrier in the community and the primary contributor to homelessness in the area.

Health Participants discussed challenges related to a shortage of healthcare professionals in the Jackson County area, particularly primary healthcare providers. One participant noted success in being assigned a physician but acknowledged that is a rarity. The other participant had difficulty maintaining continuity of care after their previous provider left the area. Environmental health concerns were also raised, including poor air quality from wildfire smoke and traffic hazards. One participant expressed concern about personal safety in public parks, particularly at night, due to visible drug activity.

Food Neither participant reported difficulty accessing food; however, they did express a desire for greater access to affordable produce. One participant highlighted the Rogue Food Unites program,

which distributes seasonal organic produce and other items. While SNAP benefits were previously helpful, one participant noted their benefits were discontinued due to asset limits, though they are still able to manage their food needs through other resources.

Jobs, Transportation, and Technology Both participants are retired and did not express concern about current employment opportunities. One participant continues part-time work and expressed satisfaction with this. Transportation was not reported as a barrier, as both individuals own vehicles. However, they did raise concerns about traffic volume and inattentive drivers. Neither participant indicated difficulty with accessing or using technology to meet their daily needs.

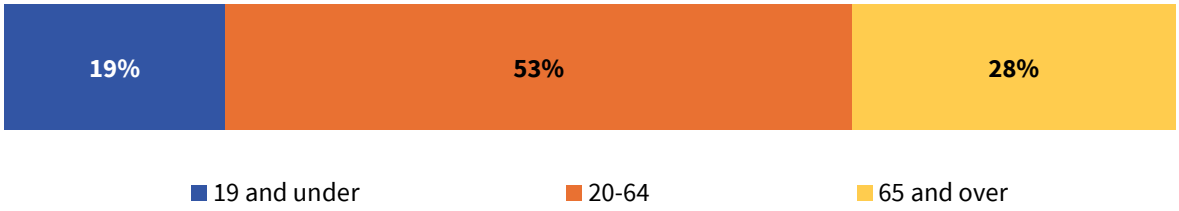
Additional Findings While both participants seemed generally content with their personal situations, they voiced concern for the broader community, particularly around the lack of affordable housing and the shortage of healthcare providers. One participant emphasized gratitude for subsidized housing and community resources but underscored the need for continued investment in accessible housing and health services to support others facing similar or greater challenges.

Butte Falls and Prospect

Census data described below combines the towns of Butte-Falls and Prospect, which is a recognized Census County Division (CCD), likely due to their small population and physical proximity. Though a focus group was offered at Jackson County Library Services, Prospect Branch there was only one person who signed up and they cancelled the night before the focus group was to be conducted. Due to the lack of sign-ups, the facilitators decided not to conduct the focus group and instead provide an additional focus group in a virtual format. The participants in the virtual focus group lived in Medford, and insights from that group is included above in the Medford section.

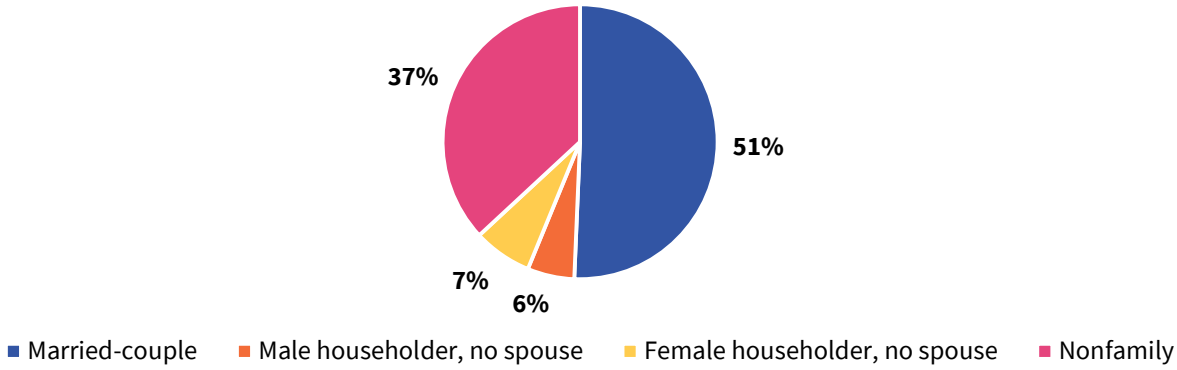
Within Butte Falls and Prospect the population is 2,661 and most residents (53%) are between the ages of 20 and 64, with 28% aged 65 or over and 19% aged 19 or under (see Figure 63). Unlike most other cities included in this report, there are slightly more self-identifying males (53%) than females (47%) in the two cities. Most residents (88%) identify as White, with 12% identifying as “Other” and 1% identifying as American Indian or Alaska Native. Less than 1% identify as Native Hawaiian or other Pacific Islander, Asian, or Black or African American. Four percent identify as Hispanic or Latino.

Figure 63. Age Distribution in Butte Falls/Prospect (2019-2023 ACS 5-Year Estimates)



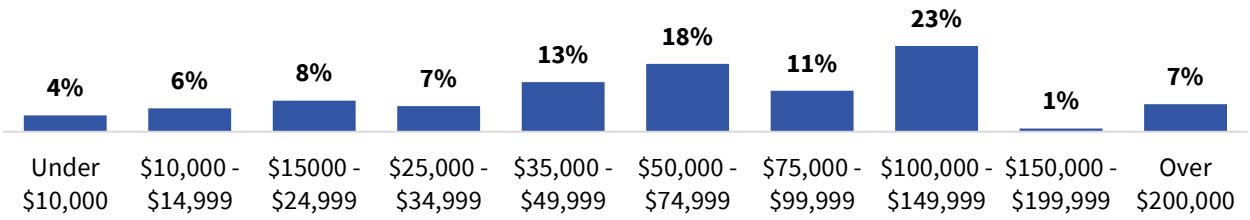
Just over half (51%) of the households in Butte Falls and Prospect are occupied by married couples. Another 37% are nonfamily households (e.g., roommates who are not related), while 7% are female householders with no spouse and 6% are male householders with no spouse (see Figure 64). Additionally, 20% of families in Butte Falls/ Prospect have at least one child under 18 years of age.

Figure 64. Household Composition in Butte Falls/Prospect (2019-2023 ACS 5-Year Estimates)



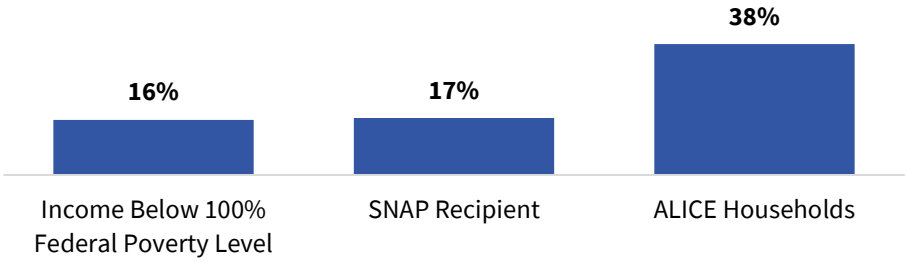
Compared to other cities, Butte Falls and Prospect have a larger percentage of households earning between $100,000 - $149,999 (23%). Similar to other cities, most households (52%) earn between $50,000 and $149,999 per year and 7% report income greater than $200,000. Ten percent earn less than $15,000 and 15% report earning between $15,000 and $34,999 per year (see Figure 65).

Figure 65. Income Distribution in Butte Falls/Prospect (2019-2023 ACS 5-Year Estimates)



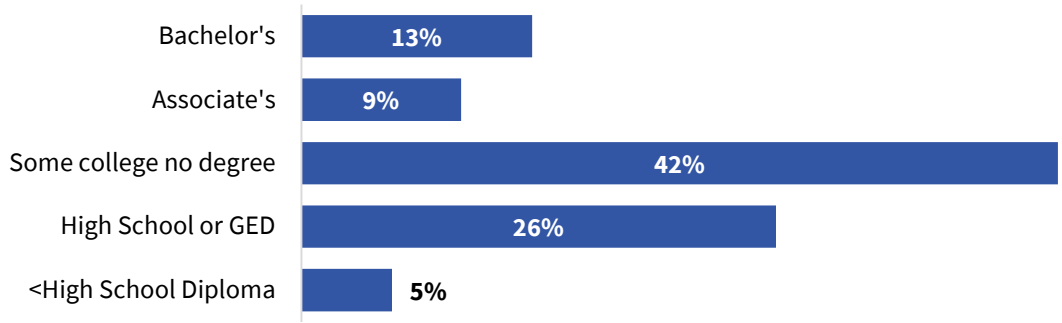
An examination of income indicators reveals that 16% of residents earn an income that is below 100% of the federal poverty level and 17% receive SNAP benefits. ALICE designated households account for another 38% of residents, ALICE households are those that may have trouble affording their necessities but do not qualify for assistance programs (see Figure 66).

Figure 66. Income Indicators in Butte Falls/Prospect (2019-2023 ACS 5-Year Estimates)



As shown in Figure 67, 15% of the population in Butte Falls and Prospect identify as veterans. Forty-two percent of Butte Falls and Prospect residents over the age of 25 have completed some college, while 26% have received a high school diploma or GED. Additionally, 22% have either earned a Bachelor's or Associate's degree and 6% have earned a graduate or professional degree. Five percent have not completed high school.

Figure 67. Education Level in Butte Falls/Prospect Population 25 and Over (2019-2023 ACS 5-Year Estimates)



Jackson County Stakeholder Survey

The stakeholder survey captured the perspectives of individuals working in sectors such as social services, education, health, and government. Stakeholders provided insight into the needs they observe among the people and communities they serve, as well as trends and service gaps across the county.

Key Takeaways
♦ Nearly 40% of stakeholders identified housing as the most critical need for clients, with affordable rental housing and housing stability rated as the largest concerns. ♦ Compared to community members, stakeholders consistently rated issues as more severe. For example, stakeholders identified mental health services (75%) and food cost assistance (69%) as major concerns while community members showed more moderate levels of concern. ♦ Organizations reported increasing client needs across all populations over the past three years; however, workforce shortages and potential funding cuts threaten service sustainability.

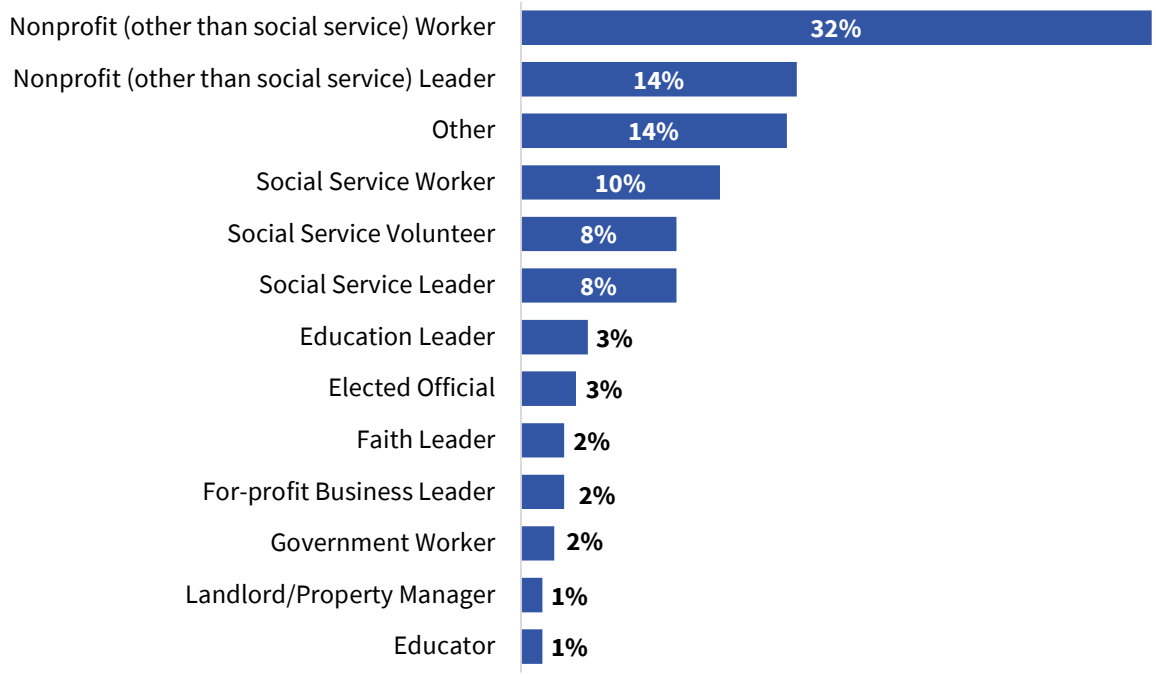
Stakeholder Survey Results

Findings from the stakeholder survey are discussed below. Responses were collected from June to July 2025. In total, 178 responses were collected, although not every participant answered every question. Individual sample sizes are noted throughout. Results are organized into six sections: respondent demographics, services and supports, housing and transportation, job, career, and education, health and nutrition, and household challenges.

Respondent Demographics and Organization Context

Stakeholder survey respondents were asked, "*What is your role in the community?", and* they primarily represented the nonprofit sector either as a worker or leader. Participants who selected "Other" and wrote in a response were most often volunteers, housing service workers, and retired teachers. Stakeholders were asked, "*How long have you been with your organization?*", over two-fifths (43%) reported working in the organization for one to five years and about one-fifth (22%) reported being at their organization for under a year. A total of 8% of respondents have been at their organization for over 21 years, and 27% between 6 and 20 years (n = 178). Figure 68 below provides greater detail about the roles of survey participants.

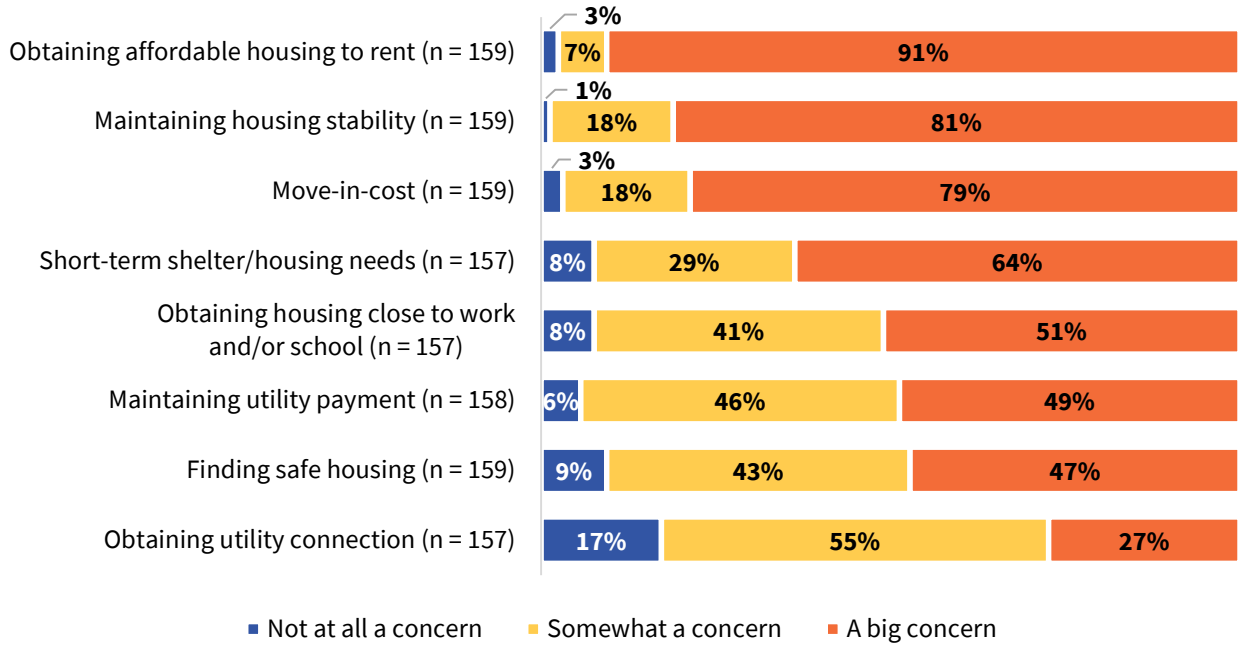
Figure 68. Role in Community (n = 178)



Housing and Transportation

Stakeholders responded to the question, "*Based on your observations about the current **housing needs of your clients,** please rate your level of concern regarding each of these issues"*. As shown in Figure 69, most stakeholders rated obtaining affordable housing to rent (91%), maintaining housing stability (81%), and move-in costs (79%) as a "big concern". Other commonly reported challenges included short-term shelter/housing needs (64%), obtaining housing close to work and/or school (51%), maintaining utility payment (49%), and finding safe housing (47%). Fewer stakeholders reported obtaining utility connection as a big concern (20%). Both stakeholder and community surveys used the same three-point concern scale and stakeholders consistently rated issues as "a big concern" at higher rates than community members across all categories. Stakeholders and community members aligned on the top two concerns, both ranking obtaining affordable housing to rent and maintaining housing stability as the biggest concerns.

Figure 69. Stakeholder Observations about Housing Concerns of Clients



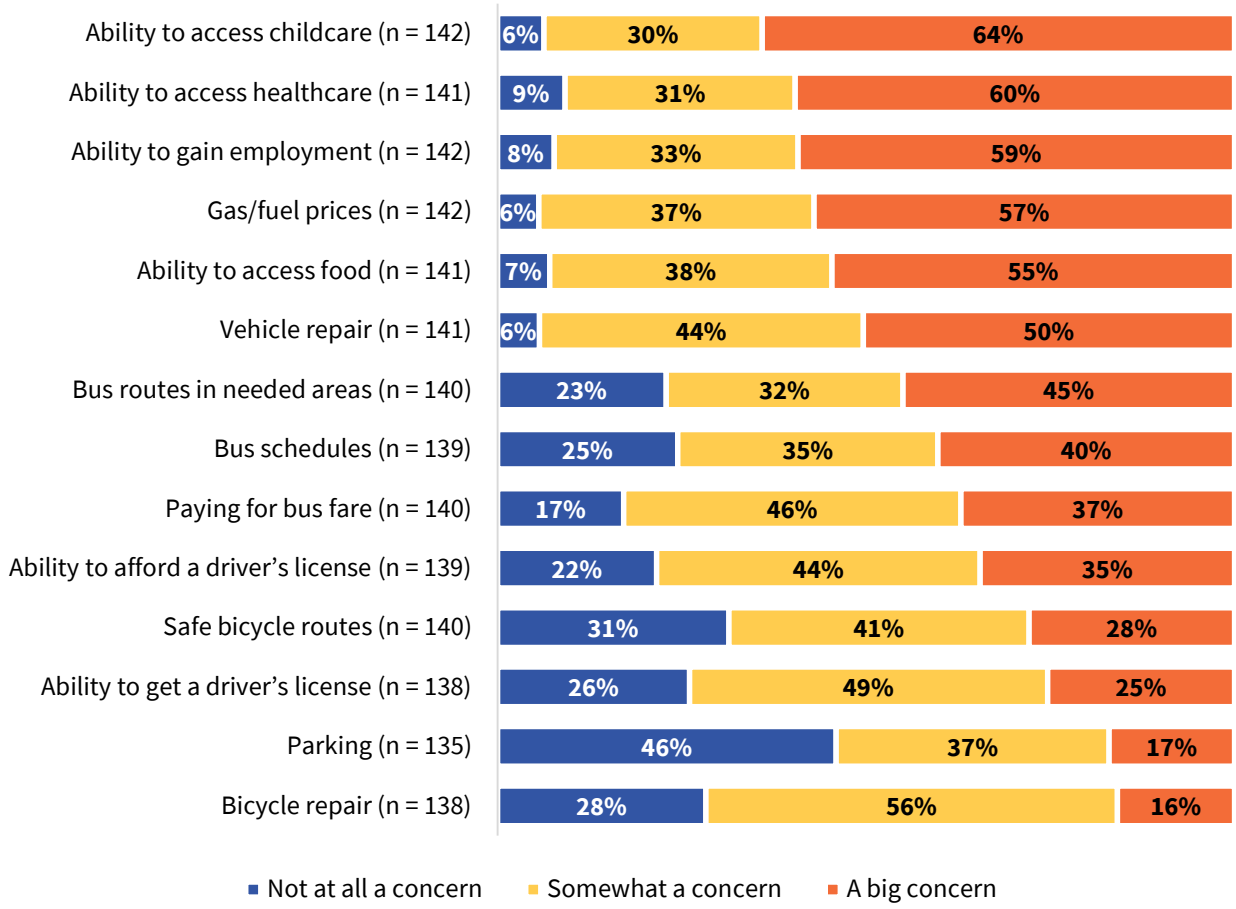
When asked about additional housing-related needs, 66 stakeholders provided written responses. Thirty percent identified the systemic housing crisis and increasing homelessness driven by policy changes, budget cuts, and evictions as primary concerns. Housing for specialized populations emerged as another frequent theme (21%), with stakeholders expressing concern for individuals with behavioral health needs, mental illness, physical disabilities, and seniors. Stakeholders specifically emphasized the need for dedicated shelter facilities for these groups, noting that current facilities cannot adequately serve these vulnerable populations. Additionally, barriers to housing access and tenant protection issues were frequently mentioned, encompassing challenges such as discriminatory rental practices, lack of credit history or rental references, application fees and deposits that exceed client capacity, and insufficient tenant rights protections that leave renters vulnerable to unfair evictions or substandard living conditions. Table 11 presents the most common themes and the number of responses mentioning each housing issue.

Table 11. Additional Housing Related Concerns

Theme	Count	Percent
Affordable Housing Shortage	20	30%
Housing Needs for Specialized Populations	14	21%
Barriers to Housing Access	8	13%
Tenant Protection and Housing Quality	4	6%

Stakeholders were asked to respond to the prompt "*Based on your observations about the current* ***educational needs of your clients,*** *please rate your level of concern regarding each of these issues" and* reported multiple transportation-related concerns as issues in the community, with transportation impacting the ability to access childcare (64%), healthcare (60%), and gain employment (59%). At least half of participants also agreed that gas and fuel prices (57%), ability to access food (55%), and vehicle repair (50%) were also "big concerns" (see Figure 70).

Figure 70. Stakeholder Observations about Transportation-Related Issues of Clients



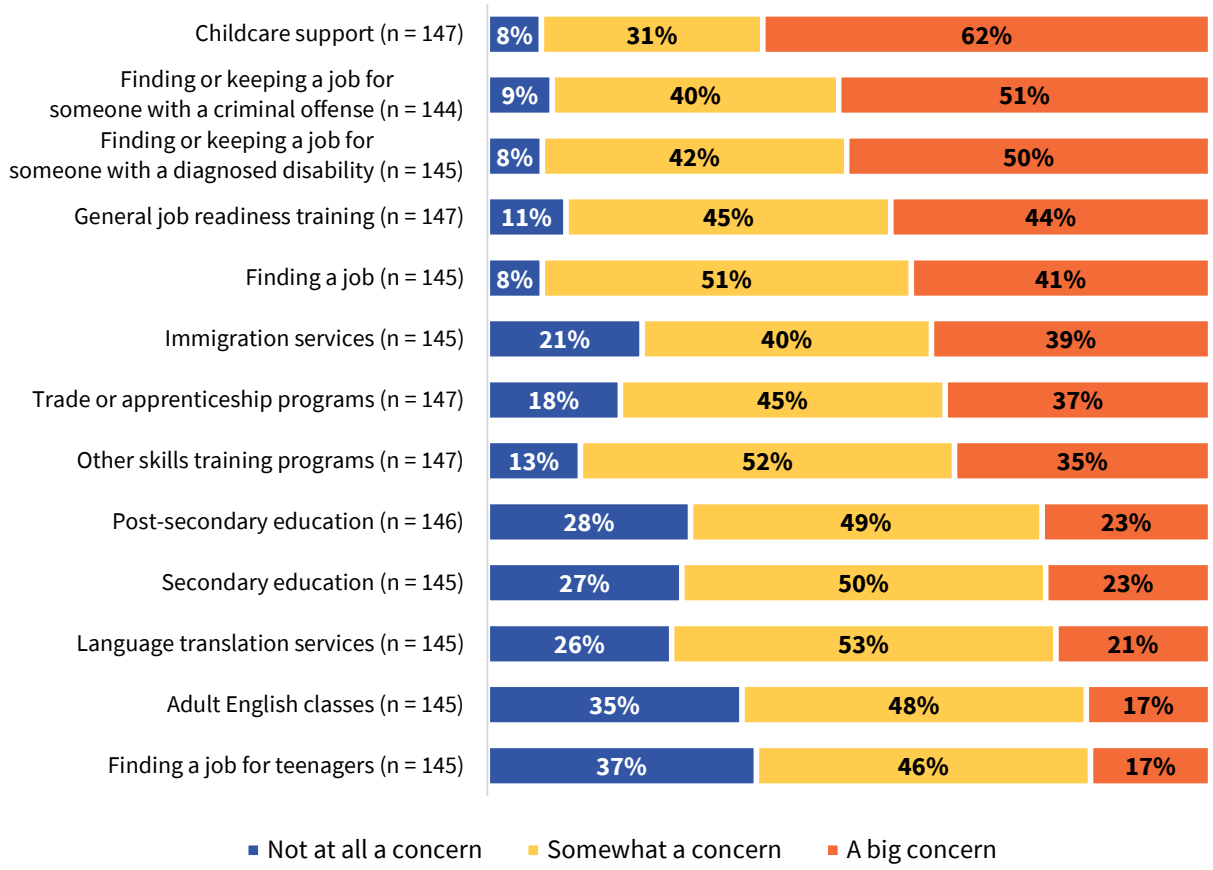
In comparison, community members reported gas/fuel prices and vehicle repair as their most common concerns. This suggests a disconnect between what stakeholders perceive as the most pressing community needs versus what community members themselves report experiencing as major concerns. Stakeholders also tended to report higher levels of concern across all categories (i.e., a larger percentage of participants indicating each item was a "big concern"), indicating that their perception may not fully align with the lived experiences and priorities of the community they aim to serve.

When asked about additional transportation needs affecting their clients, 24 stakeholders shared concerns. Public transit limitations were most often cited, including inadequate routes and schedules as well as safety issues. Rural communities such as Prospect, Butte Falls, Shady Cove, and Applegate were specifically mentioned as lacking adequate public transportation. Other concerns included the cost of vehicle maintenance, impending public transit budget cuts, and legal barriers to obtaining a driver's license.

Job, Career, and Education

Stakeholders were asked "*Based on your observations about the current* ***transportation needs of your clients,*** *please rate your level of concern regarding each of these issues".* Participants identified childcare support (62%), finding or keeping a job for someone with a criminal offense (51%), and finding or keeping a job for someone with a diagnosed disability (50%) as top concerns. Other notable areas of concern include job readiness training (44%), finding a job (41%), immigration services (39%), trade or apprenticeship programs (37%), and other skilling training (35%; see Figure 71).

Figure 71. Stakeholder Observations of Job and Career Concerns of Clients

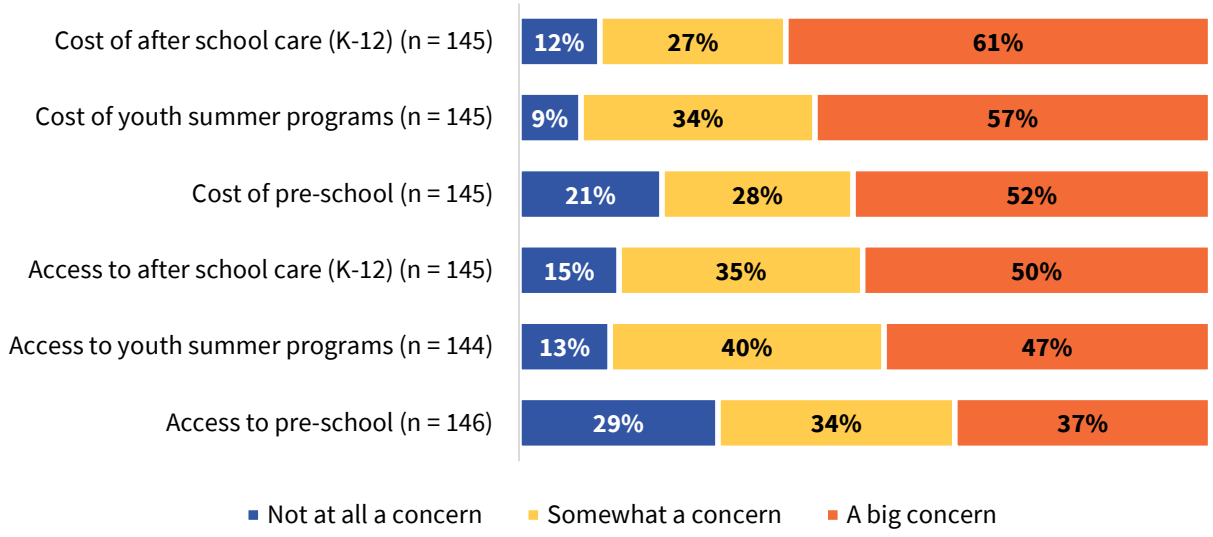


In contrast to stakeholders, community members showed more moderate levels of concern. For example, although finding a job was the top issue for community members, only 21% rated it as a "big concern", compared to 41% of stakeholders. Notably, both groups showed lower levels of concern for language and immigration services.

When asked about additional job or career needs affecting their clients, 41 stakeholders responded. A primary theme was the lack of skills and trade-specific training, with respondents noting a mismatch between community needs and available training programs. Stakeholders also identified structural and systemic barriers, including transportation challenges, obstacles faced by people with criminal records or without permanent addresses, mental health barriers, age discrimination, as well as language barriers in their responses.

Stakeholders answered, "*Based on your observations about the current* ***transportation needs of your clients,*** *please rate your level of concern regarding each of these issues".* Over half of stakeholders reported the cost of after school care (61%), cost of youth summer programs (57%), and cost of pre-school (52%) as a "big concern". Additionally, at least one-third of stakeholders rated all remaining education concerns a "big concern", including access to after school care (50%), access to youth summer programs (47%), and access to pre-school (37%). See Figure 72.

Figure 72. Stakeholder Observations of Education Concerns of Clients



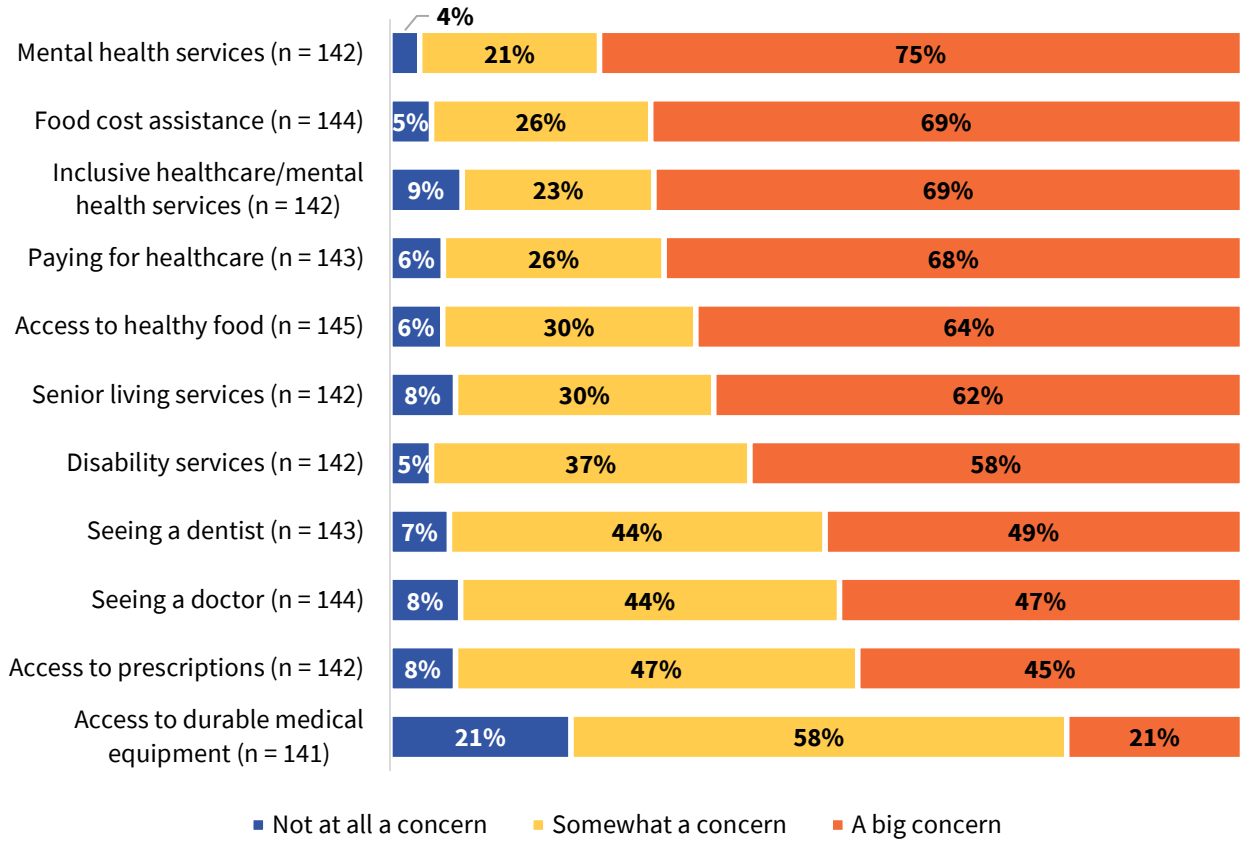
The education data show a stark contrast between stakeholder and community perspectives, with stakeholders rating cost concerns for after-school care (61%), youth summer programs (57%), and preschool (52%) as major issues, while nearly 90% of community members reported that preschool access and cost were not at all a concern.

When asked about additional educational needs affecting their clients, 31 stakeholders provided written-in responses. These ranged from childcare access challenges, the most prominent theme, to gaps in youth development programming. Regarding childcare, stakeholders highlighted extensive waitlists, limited access in rural communities, and insufficient programs for children with disabilities and behavioral health needs. The shortage of youth development programming was emphasized by several respondents, who noted concerns about students being drawn to criminal street activities and substance use in the absence of these programs.

Health and Nutrition

Figure 73 displays responses to the survey item "*Based on your observations about the current* ***transportation needs of your clients,*** *please rate your level of concern regarding each of the issues".* Almost half of stakeholders rated every topic except access to durable equipment (21%) a "big concern". Three quarters of stakeholders rated mental health services (75%) as a "big concern" with food cost assistance (69%), inclusive healthcare/mental health services (69%), and paying for healthcare (68%) as additional health and nutrition issues of concern. Additional concerns include access to healthy food (64%), senior living services (62%), disability services (58%), seeing a dentist (49%), seeing a doctor (47%), and access to prescriptions (45%). The health and nutrition data reveal another significant gap between stakeholder and community perspectives, with a large percentage of stakeholders rating nearly every health issue as a major concern. In contrast, community members reported more moderate but still substantial concerns, with food cost assistance (38%) and access to healthy food (36%) as their top issues, followed by dental care (30%) and healthcare costs (26%), suggesting that while community members do face health-related challenges, stakeholders may be overestimating the prevalence or severity of these concerns.

Figure 73. Stakeholder Observation about Health Concerns of Clients

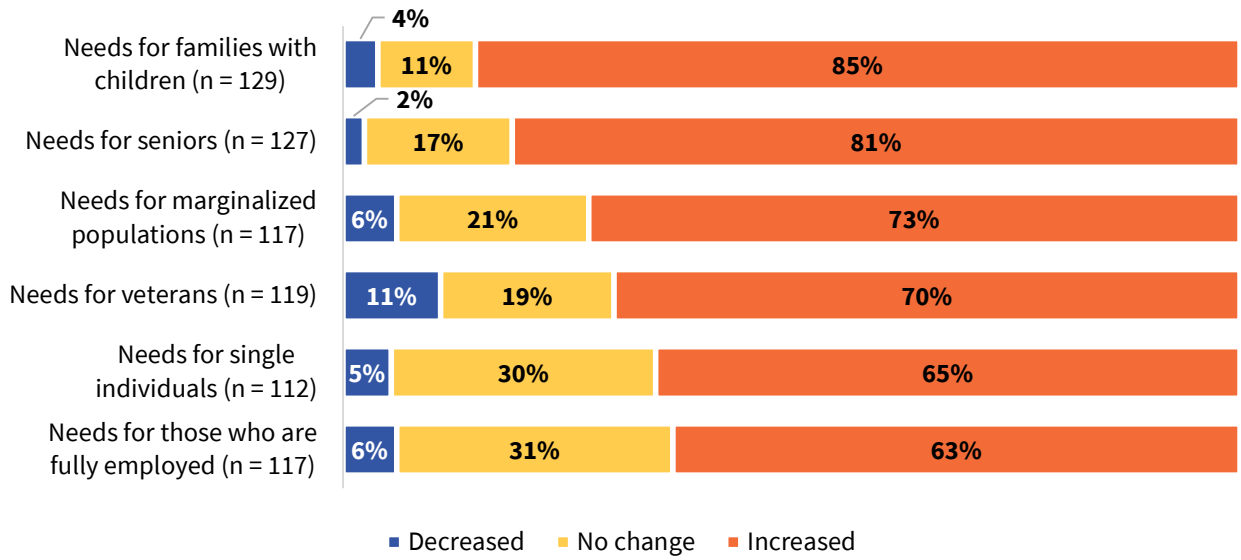


A total of 33 stakeholders identified additional health and nutrition needs affecting their clients. A shortage in providers and challenges accessing healthcare, including extensive wait times (e.g., for general practitioners, dentists, and mental health providers) was the most frequently noted theme. Another major concern was insufficient staffing, inadequate funding, and limited services for mental health issues such as PTSD and substance use disorders. Additional concerns included anticipated cuts to programs serving vulnerable populations, such as SNAP benefits, as well as challenges specific to seniors and rural communities, and broader food security issues.

Household Challenges

One survey question asked stakeholders "*Based on your observations of the community's needs in the past* ***three years,*** *have you seen any changes in the following issues".* A large majority of respondents noted an increase in needs for families with children (85%), needs for seniors (81%), needs for marginalized populations (73%), and needs for veterans (70%). Needs for single individuals (65%) and needs for those who are fully employed (63%) were also noted as having increased over the past three years (see Figure 74).

Figure 74. Stakeholder Observations of Change in Needs of Clients



When asked to write-in "*Which ONE item do you consider to be the MOST important right now for your clients*?" a total of 122 stakeholders responded. Housing emerged as the overwhelming priority among stakeholders, with nearly 40% of comments identifying it as the most critical need for their clients. This includes concerns about affordability, stability, and proximity to employment opportunities. Senior services represent the second-largest concern (18% of comments), reflecting the aging demographics of the area, followed by food and nutrition services (12% of comments). Nine percent of comments cited transportation barriers as the most important challenge for their clients, highlighting how mobility challenges compound other service access issues. Taken together, the data indicate a hierarchy of basic needs, with housing serving as the foundation that enables access to other essential services.

At the conclusion of the survey, stakeholders were invited to share additional concerns regarding service availability and unmet client needs through an open-ended question. Forty-nine stakeholders responded, with nearly half (45% of comments) emphasizing the need for expanded services and increased resources across a range of areas. Employment support was also frequently mentioned (18% of comments), particularly the need for job readiness training and interview preparation. Mental health and substance abuse issues were also identified as community-wide challenges requiring interventions (10% of comments). Respondents noted that funding constrains service delivery and highlighted the need for better coordination between agencies and more accessible service locations.

Although there was not perfect alignment and stakeholders tended to perceive challenges to be more of a pressing concern than clients, overall stakeholder insights mirrored the priority issues raised by community members, including housing affordability, transportation barriers, healthcare access, and mental health needs. In addition, stakeholders offered a broader systemic perspective, articulating structural challenges and expressing a readiness to advocate for policy changes. This alignment between stakeholder observations and client experiences suggests strong client-provider relationships and a high level of awareness regarding the needs of the populations they serve.

Multiple studies and community needs assessments have documented the phenomenon of provider-public perception gaps, where stakeholders and service providers rate community issues as more severe than the general public does.[24,25] Research by Earle-Richardson et al. found similar disparities when comparing health department priorities with community views, demonstrating this is a consistent pattern across different settings and assessment types.[26]

This disparity could be attributed to several factors: providers' professional training heightens their awareness of underlying problems, daily exposure to the most severe cases shapes their perception of prevalence and understanding of systemic implications that may not be apparent to the public.

These findings underscore the critical importance of including community voices in assessments such as these. Community engagement not only validates priorities but also provides essential feedback from those who are directly experiencing or would be seeking services within the community. This dual perspective approach helps ensure that assessment findings reflect both professional expertise and lived experience, leading to more comprehensive and community-responsive recommendations.

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[25] Ravaghi, H., Guisset, AL., Elfeky, S. et al. A scoping review of community health needs and assets assessment: concepts, rationale, tools and uses. BMC Health Serv Res 23, 44 (2023). https://doi.org/10.1186/s12913-022-08983-3

[26] Earle-Richardson G, Scribani M, Wyckoff L, Strogatz D, May J, Jenkins P. Community Views and Public Health Priority Setting: How Do Health Department Priorities, Community Views, and Health Indicator Data Compare? Health Promotion Practice. 2014;16(1):36-45. doi:10.1177/1524839914528180

Stakeholder Focus Group

The following section describes findings from the stakeholder focus group. A total of 19 stakeholders from a variety of community organizations were invited to join the virtual focus group to share their perspective on the needs of their clients in Jackson County.

Key Takeaways
♦ Affordable housing crisis intensified following the 2020 Almeda Fire. New construction remains unaffordable for low-income residents, leaving vulnerable populations without adequate housing options. ♦ Workforce shortages in behavioral health and therapeutic services create service bottlenecks and reduced continuity of care for those with complex needs. ♦ Implicit bias around race, immigration status, and socioeconomic background directly affects hiring, service delivery, and client outcomes across systems. ♦ New Medicaid waiver benefits for housing and nutrition often exclude those most in need due to restrictive eligibility criteria, particularly unhoused individuals. ♦ Fragmented systems with data-sharing restrictions and divergent funding streams limit coordination, despite strong collaborative efforts among service providers. ♦ Language access barriers, particularly for deaf/hard of hearing and immigrant communities, prevent equitable service delivery and outcomes.

The stakeholder focus group brought together four representatives from a broad range of service organizations in Jackson County, including supportive housing, healthcare coordination, peer-led homelessness programs, and legal aid. This virtual focus group was held on Microsoft Teams in late June. Participants discussed challenges, emerging needs, and service priorities for marginalized populations, including individuals experiencing homelessness, serious mental illness, addiction, poverty, and lack of legal status.

A central theme throughout the discussion was the ongoing crisis in affordable housing, particularly in the wake of the 2020 Almeda Fire that destroyed thousands of homes and destabilized communities. Although rebuilding efforts are underway, newly constructed housing is often unaffordable for low-income residents and fails to meet the needs of vulnerable populations. This housing shortfall creates cascading effects across other service systems, as workforce shortages in behavioral health and licensed therapeutic services are directly exacerbated when workers cannot afford to live in the communities they serve. These workforce shortages then create service bottlenecks and reduced continuity of care, making it even more difficult for vulnerable populations to access the support they need to maintain housing stability. Stakeholders also identified emerging trends that compound these interconnected challenges, including a rise in acute mental health conditions, an aging

population with complex medical and behavioral health needs, and growing community distrust towards social services due to political and immigration concerns. These trends occur within a system already strained by structural barriers. Although Medicaid waivers have introduced new benefits for climate adaptation, nutrition, and housing stability, eligibility criteria often exclude those most in need, such as unhoused individuals or those without recognized housing.

Multiple access barriers prevent community members from reaching essential services across domains. These include gaps in legal protections for low-income individuals, delayed public benefit access, and limited interagency coordination due to data-sharing restrictions and divergent funding streams. Language access was highlighted as a critical challenge, especially for the deaf/hard of hearing community and specific immigrant populations. Additionally, stakeholders emphasized how childcare deserts and transportation difficulties prevent community members from accessing services or maintaining employment.

Several focus group participants emphasized that implicit bias, particularly around race, immigration status, and socioeconomic background, directly affects hiring practices, service delivery, and client outcomes, with one stakeholder highlighting its role in underemployment among highly qualified immigrants. This bias was cited as one of the most crucial barriers that, if eliminated, could transform access and equity across systems. Systemic barriers such as poverty, implicit bias, and discrimination were identified as foundational issues that affect nearly every service domain.

Despite these challenges, stakeholders described a highly collaborative service network that frequently shares data when permitted and leverages limited resources to develop innovative, community-driven solutions. However, stakeholders expressed concern about future funding cuts at state and federal levels, threatening the sustainability of existing programs.

Participants noted that service gaps cannot be addressed in isolation. Housing, employment, transportation, public health, and legal access must be tackled in concert to make meaningful progress. If these organizations had additional resources, they would prioritize universal access to stable housing and transportation, increased behavioral health capacity (particularly for dual-diagnosis populations), and expansions of culturally and linguistically relevant services across rural and urban areas. Participants also called for more investment in upstream health interventions, legal advocacy, and collaborative infrastructure to reduce friction between providers and ensure clients do not fall through cracks in fragmented systems.

Overall, the discussion revealed a highly coordinated, passionate network of service providers striving to meet overwhelming community needs with limited means, and pointed toward opportunities for systemic investment, policy reform, and broader social accountability.

ACCESS Service and Satisfaction Data

This section presents a summary of services delivered by ACCESS during Fiscal Year 2025 (FY 25), alongside community feedback about service experiences. Administrative data, including service transaction records and demographic characteristics, reflect the scale and reach of ACCESS programs across Jackson County. In addition, satisfaction survey results offer insight into how well these services met community needs. Together, these data sources provide a snapshot of ACCESS's impact and help identify strengths, gaps, and opportunities for future service delivery.

Key Takeaways
♦ ACCESS served approximately 39,200 individuals and 12,500 households across a wide range of programs in FY 25. ♦ Food assistance and energy support were among the most accessed services, with over 3.8 million meals provided and 3,700+ households receiving energy assistance. ♦ Surveyed participants expressed high satisfaction with services: 85% were "very satisfied", and 90% reported their needs were met well or extremely well. ♦ Responsiveness and service quality were also rated highly, with 84% saying staff were very or extremely responsive and 93% rating the service quality as high or very high. ♦ More than one-third of survey respondents reported using ACCESS services more than 10 times, reflecting strong ongoing engagement.

Service Data

In FY 25, ACCESS delivered 137,829 total service transactions across its various programs. These services reached an estimated 39,544 individuals, including 31,665 unduplicated, named participants, plus estimates for household members and individuals served anonymously. ACCESS provided a wide range of supports across food assistance, housing and homelessness services, energy programs, health-related services, and more.

Food Assistance

Food support represents one of ACCESS's largest areas of service. As shown in Table 12, ACCESS distributed over 3.7 million meals in FY 25, with 147,858 of those being distributed through the Rogue Powerpack Program. The Rogue Powerpack program bridges the weekend food gap by providing nutritious kid-friendly bags of food for elementary school children who receive free breakfast or lunch at school but may lack food over the weekend.[27] The program supports over 30 schools in Jackson

[27] ACCESS. *ACCESS Rogue Powerpack.* https://accesshelps.org/powerpack/

County. In total, ACCESS Food Programs supported 67,447 pantry visits across 34 food pantries and 24,643 bags of food distributed through Rogue Powerpack.

Table 12. Total Food Service Transactions (FY 25)

Food Service Transaction	Total
Meals Distributed	3,765,438
Meals through Rogue Powerpack	147,858
Pantry Visits	67,447
Rogue Powerpacks	24,643

Housing, Homelessness, and Veteran Support Services

ACCESS offers extensive support for individuals and families facing housing instability, as well as targeted services for veterans. Following the 2021 wildfires, the Center for Community Resilience (CCR) was created to assist those impacted by the fires.[28] In 2025 the CCR completed 6,175 service transactions.

Additionally, ACCESS offers specific support for veterans. ACCESS completed 4,614 transactions through the Support Services for Veteran Families (SSVF), 4,046 transactions through the SSVF Rapid Rehousing Program.

Broader housing stability services provided by ACCESS include homelessness prevention (6,570), rapid rehousing (8,830), outreach (731), shelter (461), and severe weather shelter (2,241; see Table 13).

Table 13. Total Support Service Transactions (FY 25)

Support Service Transaction	Total
Rapid Rehousing	8,830
Center for Community Resilience	6,175
SSVF Homeless Prevention	4,614
Homeless Prevention	6,570
SSVF Rapid Rehousing	4,046
Severe Weather Shelter	2,241
Outreach	731
Shelter	461

[28] ACCESS. *Fire Survivor Services.* https://accesshelps.org/center-for-community-resilience/

Housing, Energy, and Medical Support

In FY 25, ACCESS completed numerous service transactions across programs focused on energy assistance, weatherization, homeownership, and property management. These services help Jackson County residents remain housed, reduce utility costs, and access supportive resources.

In FY 25, 4,206 transactions occurred to offer Jackson County residents energy assistance, helping households stay warm and safe by offsetting utility costs. The Weatherization program completed 89 transactions, providing energy efficiency upgrades to help reduce household energy consumption.

The organization also supported 1,086 transactions related to homebuyer education, counseling, and financial assistance for those seeking to purchase or maintain a home. Through its Property Management program, ACCESS facilitated 202 transactions to provide affordable housing and ongoing housing support.

In addition to housing-related services, ACCESS's Durable Medical Equipment (DME) program carried out 6,408 transactions, offering free equipment to residents with short- or long-term medical needs. Finally, the Over the Top Wig Program assisted 80 individuals by providing wigs, hats, and scarves to those experiencing hair loss due to cancer treatment or other medical conditions (see Table 14).

Table 14. Total Housing, Energy, and Medical Support Transactions (FY 25)

Housing, Energy, and Medical Support Service Transaction	Total
Energy	4,206
Durable Medical Equipment	6,408
Property Management	202
Education and Home Purchase	1,086
Weatherization	89
Over the Top Wig Program	80

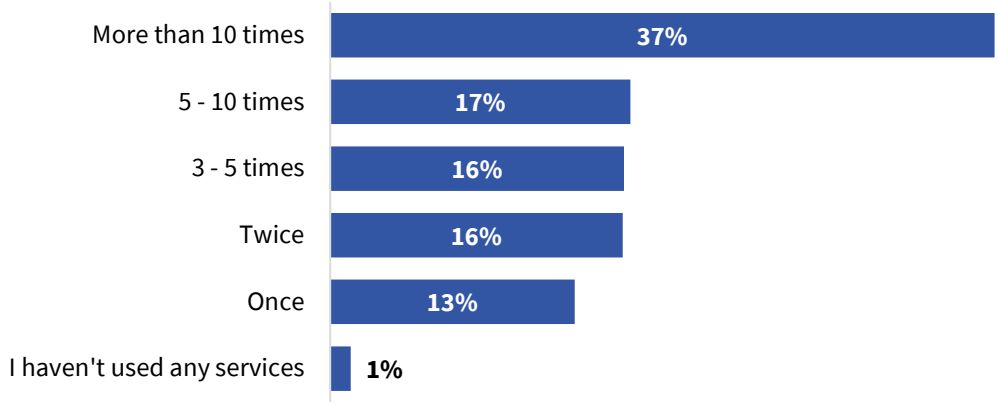
Service Population Demographics

In FY 25, ACCESS served 39,158 individuals across Jackson County. Of those, 51% identified as female and 47% as male, with 2% unknown or not reported. The largest age groups served were adults between 25 and 44 years old (25%), seniors 55 and older (26%) and children ages 6 to 13 (13%). The majority (70%) of individuals identified as White, while 27% identified as Hispanic, Latino, or of Spanish origin. Approximately one-fourth (26%) of the population did not report race or ethnicity. More than half of adults (67%) did not have a reported employment status. Military status was unknown or not reported for more than half (54%) of the population. Of the total population served, 3% were identified as veterans.

Satisfaction Survey

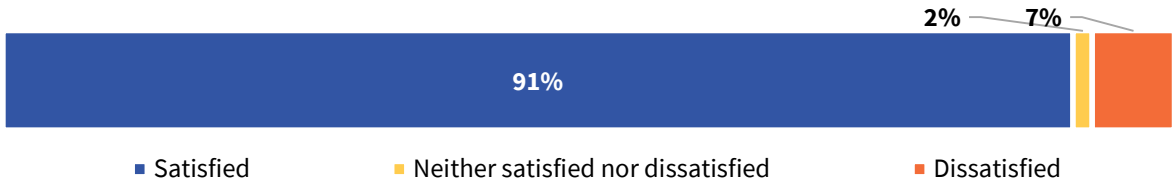
ACCESS has maintained an ongoing satisfaction survey from 2023 through 2025, with 1,460 responses collected as of July 22, 2025. Most respondents (86%) reported accessing services through ACCESS at least once (see Figure 75), suggesting that the survey primarily reflects the experiences of clients with direct service experience.

Figure 75. Number of Times Respondents Accessed Services Through ACCESS (n = 1,403)



Overall, the majority of respondents reported being satisfied with ACCESS. Specifically, 85% indicated they were very satisfied, and an additional 7% were somewhat satisfied (see Figure 76).

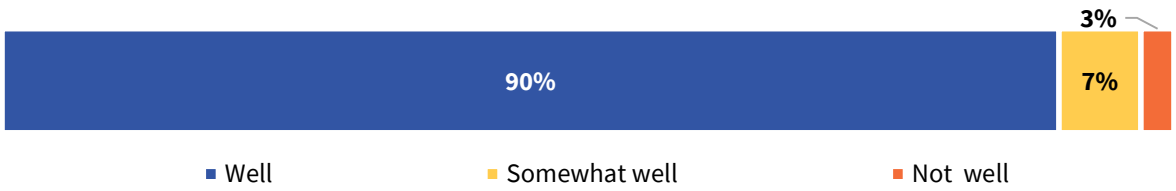
Figure 76. Overall Satisfaction with ACCESS (n = 1,454)



To provide context for the high overall satisfaction ratings, additional survey items explored participants' experiences with the quality and responsiveness of services. Most (93%) respondents rated the quality of services as "very high" or "high." In terms of responsiveness, 84% of participants said ACCESS was "extremely" or "very" responsive to their questions or concerns.

Similarly, the vast majority of respondents indicated that services met their needs, with 90% reporting that services met their needs either "extremely well" or "very well" (see Figure 77). Only 3% of respondents selected the options of "not so well" or "not at all well".

Figure 77. How Well Services Met Respondents' Needs (n = 1,459)



These findings suggest that beyond being generally satisfied, most clients perceive ACCESS services as both well-aligned to their needs and delivered with a high degree of responsiveness and quality.

Key Areas for Community Action

The 2025 Jackson County Needs Assessment revealed several priority areas where targeted community efforts could address identified gaps:

1. **Housing Stability and Affordability** Ongoing housing challenges were identified, particularly for fire-affected residents. Efforts could focus on expanding affordable housing stock and strengthening tenant protections during the continued recovery period.

2. **Transportation Access** Transportation barriers were identified as limiting access to services, especially in rural areas. Enhanced public transit connectivity and scheduling could improve residents' ability to access employment, healthcare, and other essential services.

3. **Service Funding Sustainability** Stakeholders expressed concerns about potential funding reductions to programs serving vulnerable populations. Monitoring of funding decisions and community engagement in budget processes could help protect critical services.

4. **Healthcare Provider Capacity** Shortages of medical, dental, and mental health providers emerged as a key barrier. Recruitment incentives, training programs, and telehealth expansion represent potential pathways to improve access.

5. **Childcare Infrastructure** Limited childcare options, particularly for non-traditional work schedules, create barriers to employment. Investment in flexible childcare programs could support workforce participation.

6. **Mental Health Service Expansion** The assessment identified gaps in community-based mental health services. Provider training initiatives and expanded service delivery models could strengthen this safety net.

7. **Employment Support** Barriers to employment for individuals with criminal justice involvement or other challenges suggest need for comprehensive workforce development approaches and employer engagement strategies.

Appendices

Appendix A. Data Collection Tools

The data collection tools may be found beginning on the following page.

JACKSON COUNTY COMMUNITY NEEDS SURVEY

Pacific Research and Evaluation (PRE) is working with ACCESS to learn about the problems that you and/or your family face. Your answers will help ACCESS understand the needs in our community so that people can get better services. ACCESS provides food, warmth, and housing in Jackson County and they would like to know how to better serve their population. **You are not required to answer this survey to receive help from ACCESS.**

- The survey is estimated to take 10-15 minutes to complete.
- Your response to the survey is confidential.
- You do not have to take this survey if you do not want to.

Questions? Contact PRE's project manager, Maddie Bessler, at maddie@pacific-research.org.

Thank you for filling out this survey; we greatly appreciate your time.

If you would like to be entered into a drawing for one of five $10 Walmart gift cards, there is an optional box at the end of the survey to enter your contact information. If you choose to provide contact information for the gift card drawing, it will never be revealed or connected to your answers.

1. What is the name of the town where you currently live? _____

2. How long have you lived in this community? Check one box.

☐ Less than 1 year ☐ 1-2 years ☐ 3-4 years ☐ 5 or more years

3. How many individuals currently live in your household? Write in the number on each line.

Children (0-17 years): _____ # Adults (18-64 years): _____ # Older Adults (65+): _____

4. What are the current sources of income from everyone in your household? Check all that apply.

☐ Full-Time Employment
☐ Part-Time Employment
☐ Child Support
☐ Temporary Assistance for Needy Families (TANF)
☐ Social Security Disability Insurance (SSDI)
☐ Social Security Income (SSI)
☐ Unemployment Benefits
☐ Self-Employment
☐ Workers Compensation
☐ Pension
☐ No Income
☐ Other (please specify) _____

5. When you combine all the income in your household, including all categories mentioned in Question 4, how much income does your household earn in a **year**, before taxes? Check one box.

☐ $0 – $15,650
☐ $15,651 – $21,150
☐ $21,151 – $26,650
☐ $26,651 – $32,150
☐ $32,151 – $37,650
☐ $37,651 – $43,150
☐ $43,151 – $48,650
☐ $48,651 – $54,150
☐ $54,151 – $59,650
☐ $59,651 – $70,650
☐ $70,651 – $81,650
☐ $81,651 – $92,650
☐ $92,651 – $103,650
☐ $103,651 – $125,650
☐ $125,651 – $153,150
☐ $153,151 – $175,150
☐ $175,151 or more

6. Approximately how much income does your household earn in a **month,** before taxes?

$ _____

7. Does anyone in your household currently have more than one job? For example, multiple part-time jobs or a full-time job plus a part-time job.

☐ Yes ☐ No ☐ I'm not sure

8. Approximately how many hours **per week** does the person who works the most in your household typically work?

_____

ENCUESTA DE NECESIDADES DE LA COMUNIDAD DEL CONDADO DE JACKSON

Pacific Research and Evaluation (PRE) está colaborando con ACCESS para conocer mejor los desafíos que usted y/o su familia enfrentan. Sus respuestas ayudarán a ACCESS a entender mejor las necesidades de nuestra comunidad, con el fin de mejorar los servicios que ofrece. ACCESS brinda apoyo alimentario, calefacción y vivienda en el Condado de Jackson, y quiere saber cómo puede servir mejor a su comunidad. **No es necesario completar esta encuesta para recibir ayuda de ACCESS.**

- Completar la encuesta tomará entre 10 y 15 minutos.
- Sus respuestas son completamente confidenciales.
- No tiene que participar si no lo desea.

¿Tiene preguntas? Comuníquese con Maddie Bessler, gerente del proyecto en PRE, al correo: maddie@pacific-research.org .

Gracias por tomarse el tiempo de completar esta encuesta. Valoramos mucho su participación.

Si desea participar en un sorteo para ganar una de cinco tarjetas de regalo de $10 para una tienda de comestibles local, puede proporcionar su información de contacto al final de la encuesta. Esta información será confidencial y no se asociará con sus respuestas.

1. ¿Cómo se llama el pueblo donde vive actualmente? _____

2. ¿Cuánto tiempo ha vivido en esta comunidad? Marque una casilla.
☐ Menos de 1 año ☐ 1-2 años ☐ 3-4 años ☐ 5 o más años

3. ¿Cuántas personas viven actualmente en su hogar? Escriba el número en cada línea.
Niños (0-17 años): _____ # Adultos (18-64 años): _____ # Adultos Mayores (65+): _____

4. ¿Cuáles son las fuentes actuales de ingresos de todos los miembros de su hogar? Marque todo lo que corresponda.
☐ Empleo a tiempo completo
☐ Empleo a tiempo parcial
☐ Manutención de los hijos
☐ La Asistencia Temporal para Familias Necesitadas (TANF)
☐ El Seguro por Incapacidad del Seguro Social (SSDI)
☐ Seguridad de Ingreso Suplementario (SSI)
☐ Beneficios de desempleado
☐ Trabajador independiente
☐ Compensación de trabajadores
☐ Pensión
☐ No ingresos
☐ Otros (especificar) _____

5. Cuando combina todos los ingresos de su hogar, ¿cuántos ingresos gana su hogar en **un año?** Marque una casilla.
☐ $0 – $15,650
☐ $15,651 – $21,150
☐ $21,151 – $26,650
☐ $26,651 – $32,150
☐ $32,151 – $37,650
☐ $37,651 – $43,150
☐ $43,151 – $48,650
☐ $48,651 – $54,150
☐ $54,151 – $59,650
☐ $59,651 – $70,650
☐ $70,651 – $81,650
☐ $81,651 – $92,650
☐ $92,651 – $103,650
☐ $103,651 – $125,650
☐ $125,651 – $153,150
☐ $153,151 – $175,150
☐ $175,151 o más

6. ¿Aproximadamente cuánto ingreso gana su hogar **al mes**, antes de impuestos?
$ _____

7.¿Hay alguien en su hogar que actualmente tenga más de un empleo? Por ejemplo, múltiples trabajos de medio tiempo o un trabajo de tiempo completo más uno de medio tiempo.
☐ Sí ☐ No ☐ No estoy seguro/a

8. Aproximadamente, ¿cuántas horas **por semana** trabaja la persona que más trabaja en su hogar?
_____

9. For the person with the most education in your household (including yourself), what is your/their highest level of education?

☐ 8th grade or less
☐ Some high school
☐ GED/High school diploma
☐ Some college
☐ Associates degree
☐ Technical/Trade school
☐ Bachelor's degree or higher
☐ Professional certification

10. What is your current housing situation? Check one box.

☐ Own my home
☐ Rent with housing subsidy or assistance (e.g., Section 8)
☐ Rent without housing subsidy or assistance
☐ Hotel or motel paid for with other assistance
☐ Staying in short-term shelter or transitional housing
☐ Hotel or motel paid with emergency shelter voucher
☐ Staying with a friend
☐ Staying with a family member
☐ Hotel or motel paid by self
☐ Other (please specify)
☐ Unhoused

11. Within the last 12 months, how many times have you and/or your household moved or changed where you lived?

☐ None ☐ 1 time ☐ 2 times ☐ 3 or more times

12. How satisfied are you with your current housing situation?

☐ Very dissatisfied ☐ Somewhat dissatisfied ☐ Neither satisfied nor dissatisfied ☐ Somewhat satisfied ☐ Very satisfied

13. Within the past 12 months, we worried whether our food would run out before we had money to buy more.

☐ Often true ☐ Sometimes true ☐ Never true

14. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

☐ Often true ☐ Sometimes true ☐ Never true

15. Which of the following community services have you utilized in the last year?

☐ Rental assistance
☐ Utility assistance
☐ Disability support
☐ Shelter assistance
☐ Food assistance
☐ Job assistance
☐ Down payment assistance
☐ Educational assistance (including trade skills)
☐ Legal assistance
☐ Foreclosure assistance
☐ Mental health support
☐ Other (please specify) _____

16. Based on the current **housing needs** of your household, please rate each of the issues:

	A big concern	**Somewhat a concern**	**Not at all a concern**
Maintaining housing stability	☐	☐	☐
Obtaining housing close to work and/or school	☐	☐	☐
Move-in-cost (for example - security deposit)	☐	☐	☐
Obtaining affordable housing to rent	☐	☐	☐
Finding safe housing	☐	☐	☐
Obtaining utility connection	☐	☐	☐
Maintaining utility payment	☐	☐	☐
In need of short-term shelter/housing	☐	☐	☐

17. Based on the current **job or career** needs of your household, please rate each of the issues:

	A big concern	**Somewhat a concern**	**Not at all a concern**
Finding a job	☐	☐	☐
Finding a job for teenager (15-17 years)	☐	☐	☐
Finding a job or keeping a job for someone with a criminal offense	☐	☐	☐
Finding or keeping a job for someone with a diagnosed disability	☐	☐	☐
Language translation services	☐	☐	☐
Immigration services	☐	☐	☐
Childcare support	☐	☐	☐

9. Para la persona con más educación en su hogar (incluido usted mismo), ¿cuál es su nivel de educación más alto?

☐ Octavo grado o menos
☐ Algún de escuela secundaria
☐ GED/diploma de escuela secundaria
☐ Alguna educación universitaria
☐ El grado asociado
☐ Escuela técnica/comercial
☐ Título de licenciatura o más alta
☐ Certificado Profesional

10. ¿Cuál es su situación actual de vivienda? Marque una casilla

☐ Sea dueño de su casa
☐ Alquiler con subsidio o asistencia (e.g., Sección 8)
☐ Alquiler (sin subsidio o asistencia)
☐ Hotel o motel pagado con otra asistencia
☐ Permanecer en un refugio a corto plazo o en una vivienda de transición
☐ Hotel o motel pagado con vale de refugio de emergencia
☐ Quedarse o vivir con un amigo
☐ Quedarse o vivir con un miembro de la familia
☐ Hotel o motel pagado por cuenta propia
☐ Otro (especificar) _____
☐ Desarzonado

11. En los últimos 12 meses, ¿cuántas veces usted y/o su familia se mudaron o cambiaron de lugar de residencia?

☐ Ninguna ☐ 1 vez ☐ 2 vez ☐ 3 o más veces

12. ¿Está satisfecho/a con su situación actual de vivienda?

☐ Muy insatisfecho/a ☐ Algo insatisfecho/a ☐ Ni satisfecho/a ni insatisfecho/a ☐ Algo satisfecho/a ☐ Muy satisfecho/a

13. En los últimos 12 meses, ¿le preocupó que se acabara la comida antes de tener dinero para comprar más?

☐ Frecuentemente cierto ☐ A veces cierto ☐ Nunca cierto

14. En los últimos 12 meses, la comida que compramos simplemente no fue suficiente y no tuvimos dinero para conseguir más.

☐ Frecuentemente cierto ☐ A veces cierto ☐ Nunca cierto

15. ¿Cuáles de los siguientes servicios comunitarios ha utilizado en el último año?

☐ Asistencia para el alquiler
☐ Asistencia para servicios públicos (luz, agua, gas)
☐ Apoyo por discapacidad
☐ Asistencia con refugios o albergues
☐ Asistencia alimentaria
☐ Asistencia para conseguir empleo
☐ Asistencia para el pago inicial de una vivienda
☐ Apoyo educativo (incluyendo formación técnica o de oficios)
☐ Asistencia legal
☐ Asistencia por ejecución hipotecaria
☐ Apoyo para la salud mental
☐ Otro (especificar) _____

16. Según **las necesidades de vivienda actuales de su hogar**, califique cada uno de los problemas:

	Una gran preocupación	**Una gran preocupación**	**Una gran preocupación**
Mantener la estabilidad de la vivienda	☐	☐	☐
Conseguir vivienda cerca del trabajo y/o la escuela	☐	☐	☐
Costo de mudanza (p. ej., depósito de seguridad)	☐	☐	☐
Obtención vivienda asequible para alquilar	☐	☐	☐
Encontrar una vivienda segura	☐	☐	☐
Obtener asistencia para servicios públicos	☐	☐	☐
Mantener los pagos de los servicios públicos	☐	☐	☐
Necesita refugio/vivienda a corto plazo	☐	☐	☐

17. En función de **las necesidades laborales o profesionales actuales de su hogar**, califique cada uno de los problemas:

	Una gran preocupación	**Una gran preocupación**	**Una gran preocupación**
Buscando trabajo	☐	☐	☐
Encontrar un trabajo para adolescentes (15-17 años)	☐	☐	☐
Encontrar un trabajo o mantener un trabajo para alguien con un delito penal	☐	☐	☐
Encontrar o mantener un trabajo para alguien con una discapacidad diagnosticada	☐	☐	☐
Servicios de traducción de idiomas	☐	☐	☐
Servicios de inmigración	☐	☐	☐
Apoyo para el cuidado de niños	☐	☐	☐

Based on the current job or career needs of your household, please rate each of the issues (continued):

	A big concern	Somewhat a concern	Not at all a concern
Adult English classes	☐	☐	☐
Secondary education (e.g., high school diploma or GED)	☐	☐	☐
Trade or apprenticeship programs (e.g., electrician, plumbing)	☐	☐	☐
Other skills training programs (e.g., computer literacy, certifications)	☐	☐	☐
Post-secondary education (e.g., college, university)	☐	☐	☐
General job readiness training (e.g., resume writing, interview skills)	☐	☐	☐

18. Based on the current **educational needs** of your household, please rate each of the issues:

	A big concern	Somewhat a concern	Not at all a concern
Access to pre-school	☐	☐	☐
Cost of pre-school	☐	☐	☐
Access to after school care (K-12)	☐	☐	☐
Cost of after school care (K-12)	☐	☐	☐
Access to youth summer programs	☐	☐	☐
Cost of youth summer programs	☐	☐	☐

19. Based on the current **health and nutrition needs** of your household, please rate each of the issues:

	A big concern	Somewhat a concern	Not at all a concern
Seeing a doctor	☐	☐	☐
Seeing a dentist	☐	☐	☐
Paying for healthcare	☐	☐	☐
Access to prescriptions	☐	☐	☐
Access to durable medical equipment	☐	☐	☐
Mental health services	☐	☐	☐
Disability services	☐	☐	☐
Senior living services	☐	☐	☐
Food cost assistance	☐	☐	☐
Access to healthy food	☐	☐	☐
Inclusive healthcare/mental health services	☐	☐	☐

20. Based on the current **transportation needs** of your household, please rate each of the issues:

	A big concern	Somewhat a concern	Not at all a concern
Vehicle repair	☐	☐	☐
Gas/fuel prices	☐	☐	☐
Bicycle repair	☐	☐	☐
Safe bicycle routes	☐	☐	☐
Paying for bus fare	☐	☐	☐
Bus routes in needed areas	☐	☐	☐
Bus schedules	☐	☐	☐
Parking	☐	☐	☐
Ability to get a driver's license	☐	☐	☐
Ability to afford a driver's license	☐	☐	☐
Ability to gain employment	☐	☐	☐
Ability to access food	☐	☐	☐
Ability to access childcare	☐	☐	☐
Ability to access healthcare	☐	☐	☐

21. Is your household impacted by mental health problems?

☐ Yes ☐ No

22. Is your household impacted by substance use problems?

☐ Yes ☐ No

En función de las necesidades laborales o profesionales actuales de su hogar, califique cada uno de los problemas (continuar):

	Una gran preocupación	**Una gran preocupación**	**Una gran preocupación**
Clases de inglés para adultos	☐	☐	☐
Educación secundaria (p. ej., diploma de preparatoria o GED)	☐	☐	☐
Educación técnica o programas de aprendizaje (p. ej., electricista, plomería)	☐	☐	☐
Otros programas de capacitación (p. ej., informática, certificaciones)	☐	☐	☐
Educación postsecundaria (p. ej., universidad)	☐	☐	☐
Capacitación general para preparación laboral (p. ej., redacción de currículum, entrevistas	☐	☐	☐

18. Según **las necesidades educativas actuales de su hogar**, califique cada uno de los temas:

	Una gran preocupación	**Una gran preocupación**	**Una gran preocupación**
Acceso a preescolar	☐	☐	☐
La cuesta de preescolar	☐	☐	☐
Acceso a cuidado después de la escuela (K-12)	☐	☐	☐
La cuesta del cuidado después de la escuela (K-12)	☐	☐	☐
Acceso a programas educativos de verano para jóvenes	☐	☐	☐
La cuesta de los programas educativos de verano para jóvenes	☐	☐	☐

19. Según **las necesidades actuales de salud y nutrición de su hogar**, califique cada uno de los problemas:

	Una gran preocupación	**Una gran preocupación**	**Una gran preocupación**
Viendo a un/a Doctor/a	☐	☐	☐
Viendo a un Dentista	☐	☐	☐
Pagar por la atención médica	☐	☐	☐
Acceso a recetas médicas	☐	☐	☐
Acceso a equipo médico duradero	☐	☐	☐
Servicios de salud mental	☐	☐	☐
Servicios de discapacidad	☐	☐	☐
Servicios para personas mayores	☐	☐	☐
Asistencia para la cuesta de los alimentos	☐	☐	☐
Acceso a alimentos saludables	☐	☐	☐
Atención inclusiva de salud y salud mental	☐	☐	☐

20. Según **las necesidades actuales de transporte de su hogar**, califique cada uno de los problemas:

	Una gran preocupación	**Una gran preocupación**	**Una gran preocupación**
Reparación de vehículos	☐	☐	☐
Precios de gasolina/combustible	☐	☐	☐
Reparación de bicicletas	☐	☐	☐
Rutas en bicicleta seguras	☐	☐	☐
Pagar la tarifa del autobús	☐	☐	☐
Rutas de autobús en áreas necesitadas	☐	☐	☐
Horarios de autobuses	☐	☐	☐
Estacionamiento	☐	☐	☐
Posibilidad de obtener una licencia de conducir	☐	☐	☐
Capacidad para pagar una licencia de conducir	☐	☐	☐
Capacidad para obtener empleo	☐	☐	☐
Capacidad de acceder a los alimentos.	☐	☐	☐
Capacidad de acceder al cuidado de niños.	☐	☐	☐
Capacidad para acceder a la atención médica.	☐	☐	☐

21. ¿Su hogar está afectado por problemas de salud mental?

☐ Sí ☐ No

22. ¿Su hogar está afectado por problemas de uso de sustancias?

☐ Sí ☐ No

23. What are the biggest challenges your household faces right now? Please rank the following areas, with 1 being the most significant challenge and 5 being the least significant challenge:

Transportation _____ Health and nutrition _____ Education_____ Job/career_____ Housing _____

24. Are there any other challenges or barriers your household faces that were not listed above?

25. Over the past **three years**, how have your household's needs changed for the following issues:

	Increased	**Decreased**	**No change**	**I don't know**
Housing needs	☐	☐	☐	☐
Job or career	☐	☐	☐	☐
Education	☐	☐	☐	☐
Health and nutrition	☐	☐	☐	☐
Transportation	☐	☐	☐	☐

26. Does anyone in your household identify with any of the following subpopulations or protected classes?

☐ LGBTQ+
☐ Veteran
☐ Living with a disability
☐ Minor child
☐ Is un/under documented
☐ Black or Indigenous Person of Color
☐ Senior (55+)
☐ None of the above/ Prefer not to say

27. What is your age? _____

28. Are you of Hispanic, Latino/a/x or Spanish origin? ☐ Yes ☐ No

29. Please select the race/ethnicity that best describes you. Check all that apply.

☐ Asian
☐ American Indian, Alaska Native, or Native American
☐ Hispanic or Latino/a/x
☐ Black or African American
☐ Hawaiian or Other Pacific Islander
☐ White
☐ Some Other Race _____

30. What is your current gender identity?

☐ Man
☐ Woman
☐ Two-spirit
☐ Transgender
☐ Gender expansive (e.g. non-binary, agender, gender fluid)
☐ Trans man
☐ Trans woman
☐ I prefer not to answer
☐ I am undecided and/or questioning
☐ I prefer to self-describe: _____

31. Is there anything else you'd like us to know?

OPTIONAL: If you are interested in being in a drawing for one of five $10 gift cards to Walmart, please let Pacific Research and Evaluation know how to contact you. Your contact information will remain confidential.

First Name _____

Phone number _____ OR Email address _____

THANK YOU FOR FILLING OUT THIS SURVEY

23. ¿Cuáles son los mayores desafíos que enfrenta su hogar actualmente? Por favor clasifique las siguientes áreas, siendo 1 el desafío más significativo y 5 el menos significativo:

Transporte _____ Salud y nutrición _____ Educación_____ Trabajo/carrera_____ Vivienda_____

24. ¿Hay otros desafíos o barreras que enfrenta su hogar que no se mencionaron anteriormente?

25. Durante los últimos tres años, ¿cómo han cambiado las necesidades de su hogar en relación con los siguientes temas?

	Aumentaron	**Disminuyeron**	**Sin cambio**	**No sé**
Necesidades de vivienda	☐	☐	☐	☐
Empleo o carrera	☐	☐	☐	☐
Educación	☐	☐	☐	☐
Salud y nutrición	☐	☐	☐	☐
Transporte	☐	☐	☐	☐

26. ¿Hay alguien en su hogar que se identifique con alguno de los siguientes grupos o clases protegidas?

☐ LGBTQ+
☐ Veterano
☐ Persona con discapacidad
☐ Menor de edad
☐ Persona sin o con documentación incomplete
☐ Persona Negra o Indígena, o Persona de Color
☐ Persona mayor (55+)
☐ Ninguna de las anteriores / Prefiero no responder

27. ¿Cuál es su edad?_____

28. ¿Eres de origen hispano, latino/a/x o español? ☐ Sí ☐ No

29. Seleccione solo una raza/origen étnico que mejor lo describa. Marque una casilla.

☐ Asiático
☐ Indio americano, nativo de Alaska o nativo americano
☐ Hispano o Latino/a/x
☐ Negro o Afroamericano
☐ Hawaiano u otro isleño del Pacífico
☐ Blanco
☐ Alguna otra raza _____

30. ¿Cuál es su identidad de género actual?

☐ Hombre
☐ Mujer
☐ Two-Spirit (persona de dos espíritus)
☐ Transgénero
☐ Identidad de género expansiva (p. ej., no binario, sin género, género fluido)
☐ Hombre trans
☐ Mujer trans
☐ Prefiero no responder
☐ Estoy indeciso/a y/o en proceso de exploración
☐ Prefiero describirme: _____

31. ¿Hay algo más que le gustaría que supiéramos?

OPCIONAL: Si le interesa participar en el sorteo de una de cinco tarjetas de regalo de $10 para Walmart, por favor indique cómo podemos contactarle. Su información de contacto será confidencial.

Primer nombre _____

Número de teléfono _____ o Dirección de correo electrónico_____

GRACIAS POR LLENAR ESTA ENCUESTA

JACKSON COUNTY STAKEHOLDER NEEDS SURVEY

Pacific Research and Evaluation is conducting a Jackson County Community Needs Assessment for ACCESS. ACCESS is Jackson County's Community Action Agency. This community needs assessment will inform the work ACCESS does as well as other organizations in the Rogue Valley that serve low-income communities.

- This survey is estimated to take 10-20 minutes to complete.
- Your response is confidential and only PRE will have access to the raw data.
- Questions? Contact PRE's project manager, Maddie Bessler at maddie@pacific-research.org.

We appreciate you taking the time to answer this survey. Your ideas will enable us to identify challenges faced in Jackson County so that those in need can be better served by ACCESS and other local organizations.

1. What is your role in the community? Check one box.

☐ Elected Official
☐ Social Service Worker
☐ Social Service Leader
☐ Social Service Volunteer
☐ Educator
☐ Education Leader
☐ Other (please specify) _____
☐ For-profit Business Leader
☐ Nonprofit (other than social service) Worker
☐ Nonprofit (other than social service) Leader
☐ Faith Leader
☐ Landlord/Property Manager
☐ Government Worker☐

2. What towns/cities does your organization operate in/cover? _____

3. How long have you been at your organization?

☐ Under 1 year
☐ 1 – 5 years
☐ 6 – 10 years
☐ 11 – 20 years
☐ 21+ years

4. Based on your observations about the current housing needs of your clients, please rate your level of concern regarding each of the issues:

	A big concern	**Somewhat a concern**	**Not at all a concern**
Maintaining housing stability	☐	☐	☐
Obtaining housing close to work and/or school	☐	☐	☐
Move-in-cost (for example - security deposit)	☐	☐	☐
Obtaining affordable housing to rent	☐	☐	☐
Finding safe housing	☐	☐	☐
Obtaining utility connection	☐	☐	☐
Maintaining utility payment	☐	☐	☐
In need of short-term shelter/housing	☐	☐	☐

5. Are there any additional housing needs that are a concern?

6. Based on your observations about the current job or career needs of your clients, please rate your level of concern regarding each of the issues

	A big concern	Somewhat a concern	Not at all a concern
Finding a job	☐	☐	☐
Finding a job for a teenager (15-17 years)	☐	☐	☐
Finding a job or keeping a job for someone with a criminal offense	☐	☐	☐
Finding or keeping a job for someone with a diagnosed disability	☐	☐	☐
Language translation services	☐	☐	☐
Immigration services	☐	☐	☐
Childcare support	☐	☐	☐
Job training	☐	☐	☐
Adult literacy or math classes (including GED)	☐	☐	☐
Adult English classes	☐	☐	☐

7. Are there any additional job or career needs of your clients that are a concern?

8. Based on your observations about the current educational needs of your clients, please rate your level of concern regarding each of the issues:

	A big concern	Somewhat a concern	Not at all a concern
Access to pre-school	☐	☐	☐
Cost of pre-school	☐	☐	☐
Access to after school care (K-12)	☐	☐	☐
Cost of after school care (K-12)	☐	☐	☐
Access to youth summer programs	☐	☐	☐
Cost of youth summer programs	☐	☐	☐

9. Are there any additional education needs of your clients that are a concern?

10. Based on your observations about the current health and nutrition needs of your clients, please rate your level of concern regarding each of the issues:

	A big concern	Somewhat a concern	Not at all a concern
Seeing a doctor	☐	☐	☐
Seeing a dentist	☐	☐	☐
Paying for healthcare	☐	☐	☐
Access to prescriptions	☐	☐	☐
Access to medical equipment	☐	☐	☐
Mental health services	☐	☐	☐
Disability services	☐	☐	☐
Senior living services	☐	☐	☐
Food cost assistance	☐	☐	☐
Access to healthy food	☐	☐	☐
Inclusive healthcare/ mental health services	☐	☐	☐

11. Are there any additional health or nutritional needs of your clients that are a concern?

12. Based on your observations about the current transportation needs of your clients, please rate your level of concern regarding each of the issues:

	A big concern	Somewhat a concern	Not at all a concern
Vehicle repair	☐	☐	☐
Gas/fuel prices	☐	☐	☐
Bicycle repair	☐	☐	☐
Safe bicycle routes	☐	☐	☐
Paying for bus fare	☐	☐	☐
Bus routes in needed areas	☐	☐	☐
Bus schedules	☐	☐	☐
Parking	☐	☐	☐
Ability to get a driver's license	☐	☐	☐
Ability to afford a driver's license	☐	☐	☐
Ability to gain employment	☐	☐	☐
Ability to access food	☐	☐	☐
Ability to access childcare	☐	☐	☐
Ability to access healthcare	☐	☐	☐

13. Are there any additional transportation needs of your clients that are a concern?

14. Based on your observations of the community's needs in the past **three years**, have you seen any changes in the following issues:

	Increased	Decreased	No Change	I don't know
Needs for seniors	☐	☐	☐	☐
Needs for veterans	☐	☐	☐	☐
Needs for single individuals	☐	☐	☐	☐
Needs for families with children	☐	☐	☐	☐
Needs for those who are fully employed	☐	☐	☐	☐
Needs for marginalized populations	☐	☐	☐	☐

15. Which ONE item do you consider to be the MOST important need right now for your clients?

16. Please share any comments about the availability of services or other unmet needs for your clients. Any suggestions for improvement in services or quality of living?

THANK YOU FOR FILLING OUT THIS SURVEY

Focus Group Questions:
Note: The main bullet points will be prioritized in the discussion. Sub-bullets will be used as probing questions as needed/if time allows.

Housing

- Let's talk about housing. What is the housing situation where you live ?
    - How does the cost of housing compare to your household income?
    - Does affordable housing exist in your city/town?
    - Do you see home ownership achievable where you live?
    - Where do you or people you know go for help with housing related issues?
    - What improvements would you like to see in your community to help out with housing? (probe: technology access, such as internet or device access)

Employment/Wages

- Let's talk about the work opportunities in your city/town. Do you feel quality jobs are accessible to you locally?
    - How feasible is it for you to commute to jobs in other nearby towns in Jackson County?
    - What resources would help you find employment that meets your needs ?
    - What supports would help you maintain stable employment?

Health and Health Care

- How would you describe your access to health care, including medical equipment, in your community?
    - What local resources would help you and your family receive needed healthcare?
    - What concerns do you have about health care costs? What are your most pressing health concerns?
    - Is there anything in your community that might be having a negative impact on your health?
    - How safe do you feel in your neighborhood/community?
    - What resources in your community support your health in a positive way?

Nutrition

- How would you describe your access to food in your community?
    - Where can you go to get affordable food?
    - Where can you go to get nutritious food?
    - Where do you or people you know turn for food assistance? What would you like to see in your community to help out with food access?

Education

- What has been your experience with adult educational or training opportunities in your community?
    - (if applicable) What educational or training goals do you have?
    - What barriers prevent you from reaching your educational/training goals?
    - Where do you or people you know go for help with education related issues?
    - What educational resources would you like to see added to your community ? (probe: technology access and skill)

Mental Health/Substance Use

- How would you describe access to mental health services in your community??
    - Can people easily access mental health services when they need them?
    - Have you ever run into problems accessing mental health services?
    - Where do you or people you know go for help with mental health related issues?
    - What would you like to see in your community to help with mental health issues?
- What do the substance use issues in your city/town look like?
    - How might substance use issues be better addressed?
    - Where do you or people you know go for help with substance use related issues?
    - What substance use resources would you like to see in your community?

Transportation

- How do you get around your community and what transportation challenges do you face?
    - What's your experience with public transportation options ?
    - What successful transportation strategies have you found?
    - Where do you or people you know go for help with transportation related issues?
    - What transportation improvements would you like to see?

Childcare

- What has been your experience with childcare options in your community ?
    - If you need childcare now or in the past, what services have you used and how was your experience?
    - Where do you or people you know go for help with childcare assistance ?
    - What would you like to see in your community to help out with childcare?

Financial Assistance

- When facing financial challenges, what resources have you found helpful in your community?
    - Where can you access help with utility bills, transportation costs, or other essential expenses?
    - What types of financial assistance would benefit you and your household ?

Final Thoughts

- What additional barriers to a thriving household have you experienced?
- If you had to choose, what would you say is the largest barrier to having a thriving household?

Stakeholder Focus Group

Organization Background

- Please introduce yourself, your organization, and briefly describe your role and the communities you serve. SPMI populations
    - What geographic areas does your organization cover?
    - How long have you been working with the populations you serve?
    - What is unique about your organization's approach to community service?

Services

- What key services does your organization currently provide to address community needs?
- How have your service priorities changed over the past three years?
    - The fire affected a lot, getting people things like social security cards
- What emerging needs are you seeing in the community that weren't as prevalent before?
    - How do you determine which services to prioritize?
    - What populations do you find most challenging to serve effectively?
- What organizations or programs, besides your own, do you think should be included in a visual map of services available to low-income residents?
    - What would be the most effective way to share this information with the community?

Barriers

- What are the most prevalent barriers that you see your community face?
- If you could remove a single barrier that would make a major difference for the community, what would that be?
    - Implicit bias
    - Discrimination

Resource Gaps

- What are the most significant service gaps you observe in the community?
    - How do you coordinate with other service providers to address complex client needs?
    - What prevents clients from accessing the full range of services they need?
    - What demographic groups or needs do you feel are currently underserved?
    - How has resource availability changed for your organization in recent years?

Final Thoughts

- If you had additional resources, what service innovations or expansions would have the greatest impact?
- Is there anything else you'd like to share about community needs?

Appendix B. Community Resources and Asset Map

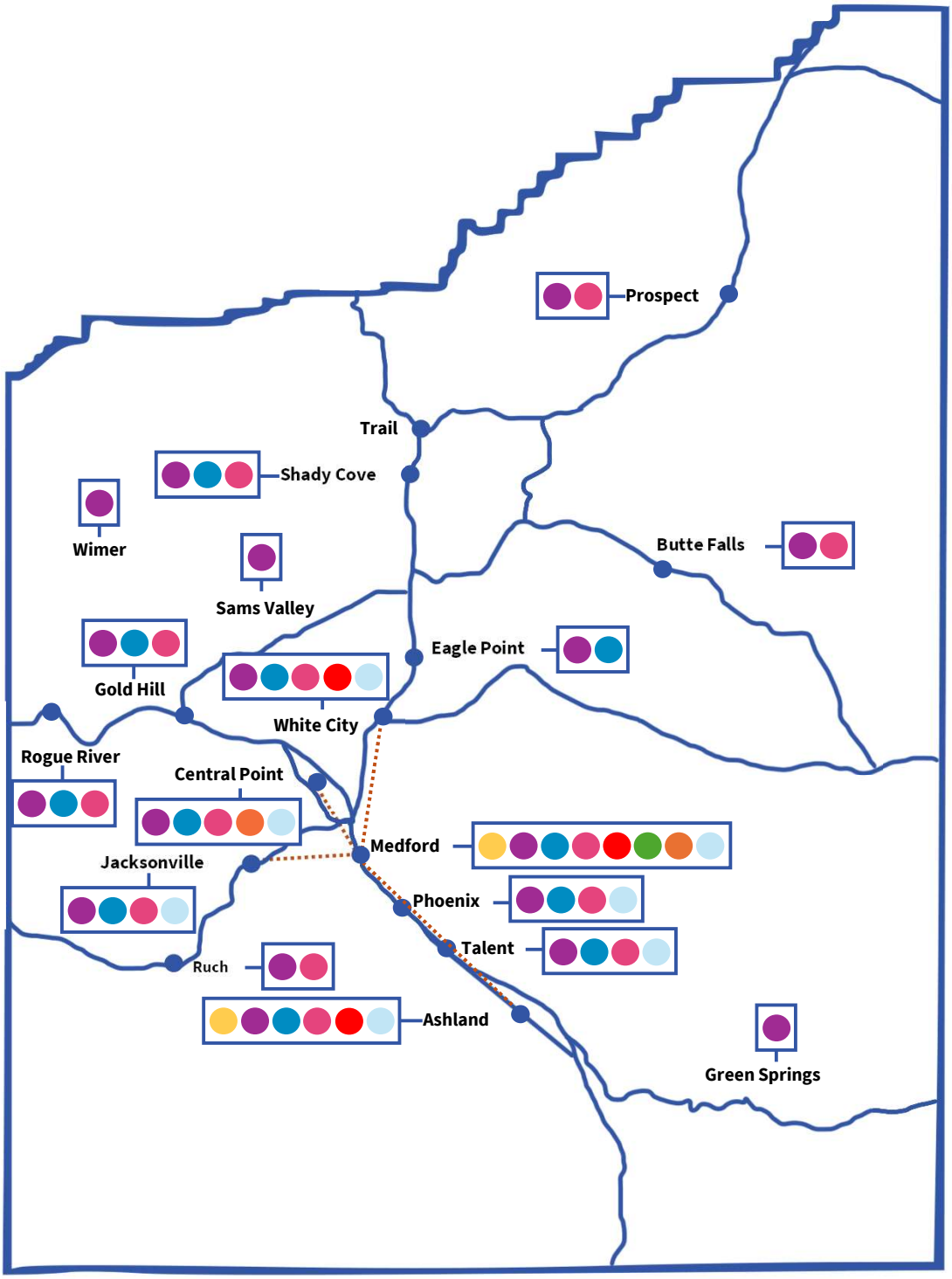
A comprehensive list of community resources available across Jackson County is provided on the next page. This list was developed by PRE using information shared by ACCESS, public websites, and prior reports. It reflects a broad spectrum of services that support community well-being, including housing and shelter, food access, health and mental health care, employment and education, legal assistance, and support for youth, seniors, and families.

To complement the resource list, an asset map is also included to visually represent the distribution of services across the county. The map and directory are intended to assist service providers, policymakers, and community members in identifying existing supports, understanding where service gaps may exist, and promoting more coordinated and equitable resource access throughout Jackson County.

Jackson County Resources 2025

- Housing, Shelter, & Utility Assistance
- Food
- Youth, Senior & Community Support
- Employment, Education & Technology Access
- Health & Mental Health
- Financial Support
- Legal Services & Resource Navigation
- Transportation
- City Connected through RVTD

Services available in Jackson County and/or Oregon not specific to any one city:



List of Community Resources and Assets

Table 1. Community Asset Directory

HOUSING | SHELTER | UTILITY ASSISTANCE				
Organization	Description	Website	Community	Address
ACCESS	Rental assistance	accesshelps.org/rental-assistance	Jackson County	3630 Aviation Way Medford, OR 97504
ACCESS	Energy assistance and weatherization	accesshelps.org/energy-assistance	Jackson County	3630 Aviation Way Medford, OR 97504
ACCESS	Home ownership center	accesshelps.org/homeownership	Medford	3630 Aviation Way Medford, OR 97504
ACCESS	Affordable housing properties in Medford and Ashland	accesshelps.org/affordable-housing	Medford Ashland	N/A
ACCESS City of Medford	Severe weather shelter	accesshelps.org/medford-severe-weather-shelter	Medford	332 W. 6th St. Medford, OR 97501
City of Ashland	Senior/disabled utility discount and Ashland low-income energy assistance program	or-ashland.civicplus.com	Ashland	N/A
Hearts with a Mission	Transitional housing program for young adults	heartswithamission.org	Medford	521 Edwards St. Medford, OR 97501
OHRA	OHRA resource center	ohrahelps.org	Ashland	2350 Ashland St. Ashland, OR 97520
OHRA	Homeless shelter	ohrahelps.org	Ashland	2350 Ashland St. Ashland, OR 97520
OHRA	Laundry/shower trailer	ohrahelps.org	Ashland	2350 Ashland St. Ashland, OR 97520
OnTrack Rogue Valley	Recovery housing, affordable housing, and emergency lodging	ontrackroguevalley.org/housing	Medford	300 W. Main St. Medford, OR 97501
Rogue Retreat	Homeless shelter	rogueretreat.org	Medford	711 E. Main St. #25 Medford, OR 97504
St. Vincent De Paul	Homeless shelter	stvincentdepaulmedford.info	Medford	2424 N. Pacific Hwy. Medford, OR 97501
St. Vincent De Paul	Urban rest stop laundry/showers	stvincentdepaulmedford.info	Medford	2424 N. Pacific Hwy. Medford, OR 97501
The Parker House	Transitional housing for women and women with children	ashlandparkerhouse.org	Ashland	2895 Hwy. 66 Ashland, OR 97520

FOOD				
Organization	Description	Website	Community	Address
ACCESS	Rogue PowerPack Program backpack meals for school children	accesshelps.org	Schools in Butte Falls, Medford Phoenix-Talent Eagle Point Central Point Ashland and Prospect	Multiple
ACCESS	A network of food pantries, mobile pantries and senior pantries	accesshelps.org/food-pantries	Ashland, Wimer Butte Falls Central Point Eagle Point Medford, Ruch Gold Hill Rogue River Jacksonville Talent, Phoenix Prospect White City Shady Cove Green Springs Sams Valley	Multiple
Ashland Community Food Bank	Food bank	ashlandcfb.org	Ashland	560 Clover Lane Ashland, OR 97520
Double Up Food Bucks Oregon	Double fruits and vegetables for SNAP shoppers at CSA shares, farmers markets, farm stands, and grocery stores	doubleuporegon.org	State of Oregon	N/A
First Christian Church	Thursday community dinner	mfccor.org	Medford	1900 Crater Lake Ave. Medford, OR 97504
Food & Friends	Meals on Wheels delivery service for homebound seniors 60 and older, and adults with disabilities	rvcog.org	Jackson and Josephine counties	155 N 1st St. Central Point, OR 97502
Food & Friends Lunch Program	Congregate meals for seniors 60 years and older and individuals with disabilities	rvcog.org	Ashland Central Point Eagle Point Jacksonville Medford Rogue River	155 N 1st St. Central Point, OR 97502

Jackson County Master Gardener Association	Community gardens	jacksoncountymga.org	Ashland Phoenix, Talent Eagle Point Central Point Medford, White City, Gold Hill	Multiple
Oregon Department of Human Services	SNAP Supplemental Nutrition Assistance Program	oregon.gov	State of Oregon	N/A
Rogue Food Unites	Food distribution, including mobile no cost farmers market	roguefoodunites.org	Medford, Eagle Point, Talent	Multiple
Rogue Food Unites	Health and nutrition education	roguefoodunites.org	Jackson County State of Oregon	N/A
Rogue Food Unites	Disaster food support	roguefoodunites.org	State of Oregon	N/A
St. Vincent De Paul	Dining room meals	stvincentdepaulmedford.info	Medford	2424 N. Pacific Hwy. Medford, OR 97501
St. Vincent De Paul	Food pantry	stvincentdepaulmedford.info	Medford	2424 N. Pacific Hwy. Medford, OR 97501

YOUTH, SENIOR & COMMUNITY SUPPORT				
Organization	Description	Website	Community	Address
BASE Southern Oregon	Community platform for connection, collaboration and prosperity for Black residents in Southern Oregon	baseoregon.org	Medford	325 S. Riverside #4435 Medford, OR 97501
Childcare Resource Network	Resources for finding childcare	soesd.k12.or.us	Jackson County	N/A
Coalicion Fortaleza	Community organization to empower Latinx and indigenous communities of the Rogue Valley	coalicionfortaleza.org	Medford	1005 N. Riverside #100 Medford, OR 97501
1st Phoenix Community Center	Community center	1stphoenix.org	Phoenix	121 2nd St. Phoenix, OR 97535
Head Start Programs	Early childhood education and family support for low-income families	socfc.org	Ashland Central Point Eagle Point Gold Hill Medford Phoenix/Talent White City	Multiple
Jacksonville Community Center	Community center	jacksonvillecommunitycenter.org	Jacksonville	160 E. Main St. Jacksonville, OR 97530

Maslow Project	Supports homeless youth and families with basic needs, case management, and education	maslowproject.com	Medford	500 Monroe St. Medford, OR 97501
NOWIA Unete Center for Farm Worker and Immigrant Advocacy	Community organization to organize and educate farm workers and Latino immigrants in the Rogue Valley	uneteoregon.org	Medford	607 W. Main St. Medford, OR 97501
Oregon Child Development Coalition	Connects expecting mothers and young children with support and early education programs	ocdc.net	Jackson County	265 N. Main St. #1 Ashland, OR 97520
Oregon Department of Human Services	Rogue Family Center	oregon.gov	White City	3131 Avenue C White City, OR 97503
Preschool Promise	Free preschool program for eligible families	soesd.k12.or.us	Jackson County	N/A
Read, Play, Talk Playgroups	Free playgroups for ages 0-6 and siblings	soesd.k12.or.us	Medford Central Point Jacksonville Talent	Multiple
Rogue River Community Center	Community center	rogueriverc.org	Rogue River	132 Broadway St. Rogue River, OR 97537
Rogue Valley Mentoring	Mentoring programs for youth	rvmentoring.org	Medford	2931 S. Pacific Hwy. Medford, OR 97501
Santo Community Center	Community center	medfordoregon.gov	Medford	701 N. Columbus Medford, OR 97501
Senior centers	Senior centers	medfordseniorcenter.org ashlandoregon.gov eaglepointseniorcenter.com	Medford Ashland Central Point Eagle Point	510 E. Main St. Medford, OR 97504 1699 Homes Ave. Ashland, OR 97520 123 N. 2nd St. Central Point, OR 97502 121 Loto St. Eagle Point, OR 97524
SoPRIDE	Supports LGBTQ+ community	sopride.org	Jackson County	N/A
Talent Community Center	Community center	cityoftalent.org	Talent	110 E. Main St. Talent, OR 97540
Upper Rogue Community Center	Community center	upperroguecommunitycenter.com	Shady Cove	22465 OR-62 Shady Cove, OR 97539
Youth Era	Community drop-in centers for youth	youthera.org	Medford	522 S. Central Ave. Medford, OR 97501

EMPLOYMENT | EDUCATION | TECHNOLOGY ACCESS				
Organization	Description	Website	Community	Address
Ashland Senior Center	Computer access and education	or-ashland.civicplus.com	Ashland	1699 Homes Ave. Ashland, OR 97520
Crater Lake Electrical Training Center	Registered electrical construction industry apprenticeship program	clejatc.org	Central Point	4864 Airway Drive Central Point, OR 97502
DART-mobile technology	Mobile technology van with laptops and wi-fi hotspot access	jcls.org	Jackson County	Location changes
Easter Seals Oregon Homeless Veterans Reintegration Program	Services to assist homeless veterans and find meaningful employment	easterseals.com	Medford	1040 Crater Lake Ave. Medford, OR 97504
Goodwill Job Connection Center	Job connection center	sogoodwill.org	Ashland Medford	777 E. Jefferson Ave., Ashland, OR 97520 11 W. Jackson St. Medford, OR 97501
Goodwill Thrift Store	Thrift store	sogoodwill.org	Ashland Medford Central Point White City	Multiple
Jackson County Health Promotion Programs	Education and prevention strategies for tobacco, alcohol and drugs, gambling, marijuana, syringe exchange, and HIV	jacksoncountyor.gov	Jackson County	N/A
Jackson County Libraries	Community libraries	jcls.org	Ashland, Butte Falls, Central Point, Eagle Point, Gold Hill, Jacksonville, Medford, Phoenix, Prospect, Rogue River, Ruch, Shady Cove, Talent, White City	Multiple
Jackson County Veterans Services	Resources for veterans including benefits, medical, housing, education, employment, legal services, and suicide prevention. Outreach sessions around the county	jacksoncountyor.gov	Jackson County	N/A

Oregon Department of Human Services	Vocational rehabilitation services	oregon.gov	Medford White City	28 W. 6th St. #A Medford, OR 97501 3131 Avenue C White City, OR 97503
Pacific Healthcare Training	Classes to become a Certified Nursing Assistant	pacifichealthcaretraining.com	Central Point	236 E. Pine St. Central Point, OR 97501
Rogue Community College	Community college in Grants Pass	roguecc.edu	Jackson County	3345 Redwood Hwy. Grants Pass, OR 97527
Rogue River Community Center	Community center with classes, food pantry, thrift store, and library	rogueriverc.org	Rogue River	132 Broadway St. Rogue River, OR 97537
The Wellness Wheel	Classes and workshops for health, personal and professional development, and grief support	thelearningwell.org	Medford Central Point Phoenix Online	931 Chevy Way Medford, OR 97504
WorkSource Rogue Valley	Job training, resume help, and employment services	worksourcerogue.org	Medford	119 N. Oakdale Ave. Medford, OR 97501

HEALTH & MENTAL HEALTH

Organization	Description	Website	Community	Address
Addictions Recovery Center	Addiction support services	addictionsrecovery.org	Medford	1025 E. Main St. Medford, OR 97504
ColumbiaCare	Outpatient behavioral health services	columbiacare.org	Medford	Multiple
Family Solutions Oregon	Individual, family, and group therapy for children, teens, and adults. Accepts OHP.	familysolutionsoregon.org	Ashland	1836 Fremont St. Ashland, OR 97520
Jackson County Central Office of Alcoholics Anonymous	AA of Southern Oregon in-person and virtual meetings	jccoaa.org	Jackson County	116 E. 6th St. Medford, OR 97501 Meetings hosted countywide
Jackson County Immunization Clinic	Offers recommended immunizations for infants, children, and adults	jacksoncountyor.gov	Jackson County	140 S. Holly St. Medford, OR 97501
Jackson County Nurse Family Partnership	Supports OHP or WIC-qualified parents with nursing assistance through pregnancy and first two years of a child's life at no cost	jacksoncountyor.gov	Jackson County	140 S. Holly St. Medford, OR 97501

Jackson County Suicide Prevention Coalition	Resources for suicide prevention	jcsuicideprevention.org	Jackson County	140 S. Holly St. Medford, OR 97501
Jackson County Women, Infants, and Children WIC	Public health nutrition program for women, infants, and children	jacksoncountyor.gov	Jackson County	140 S. Holly St. Medford, OR 97501
Kolpia Counseling Services	Counseling center for substance use disorders and mental health; state-certified DUI program	optionsonline.org	Ashland	370 Hersey St. Ashland, OR 97520
La Clinica	Affordable medical, dental, and behavioral health services	laclinicahealth.org	Medford Central Point Phoenix Ashland	Multiple
Lions Sight & Hearing Center	Financial assistance for eyeglasses and over-the-counter hearing aids	southernoregonlionssightandhearingcenter.org	Medford	228 N. Holly St. Medford, OR 97501
Medford Comprehensive Treatment Centers	Medication-assisted treatment and opioid use disorder programs	ctcprograms.com	Medford	777 Murphy Road Medford, OR 97504
Options for Southern Oregon mental health and addiction	Resources for parenting, physical and mental health, addiction, gambling, therapy and counseling, and housing	optionsonline.org	Jackson County	200 Beatty St. Medford, OR 97501
Oregon Recovery & Treatment Centers	Counseling, medication assisted treatment, opioid overdose prevention medication, physical exams, lab work, and blood testing	ortc.care	Medford	750 Biddle Road Medford, OR 97504
Rising Phoenix Counseling Services	Trauma-Informed counseling services. Accepts OHP Open Card and AllCare	risingphoenixcounseling.com	Medford	810 E. Jackson St. Medford, OR 97504
White City VA Medical Center	Primary and specialty health services	va.gov	White City	8495 Crater Lake Hwy. White City, OR 97503

FINANCIAL SUPPORT				
Organization	Description	Website	Community	Address
ACCESS	Financial literacy programs: help with budgeting, credit, and long-term financial planning	accesshelps.org	Jackson County	3630 Aviation Way Medford, OR 97504
Consumer Credit Counseling	Credit counseling services	improvedcredit.org	Medford	820 Crater Lake Ave. 202 Medford, OR 97504

LEGAL SERVICES				
Organization	Description	Website	Community	Address
Center for Nonprofit Legal Services	Legal aid	cnpls.org	Medford	225 W. Main St. Medford, OR 97501
Resolve Center for Dispute Resolution and Restorative Justice	Mediation, dispute resolution	resolvecenter.org	Medford	201 W. Main St. #3A Medford, OR 97501

Ashland Police Department Plans for Ashland Street Business Corridor

-Establish an office presence near exit 14, in a prominent location among the business community

-Assign an officer, full-time, to patrol the Ashland Street business corridor and respond to calls

-Expand our cadet program and expand their responsibilities to include patrolling Clay Street Park and other parks in the area

-Identify designated areas within dispatch systems to we can track calls for service to specific parts of the City

-Explore use of plain clothes officers/unmarked vehicles as appropriate to enhance enforcement efforts

-Engage with the community to come up with new ideas, feel free to call Chief Tighe O'Meara at 541-552-2142

City of Ashland Severe Weather Shelter

Code of Conduct Agreement

Welcome to the Shelter: The City of Ashland Severe Weather Shelter provides a safe and respectful space for individuals during extreme weather conditions. To ensure the safety and comfort of all guests, volunteers, and staff, we require adherence to the following Code of Conduct.

Code of Conduct: By signing in as a guest of the shelter, I understand and agree to the following rules while staying at the shelter:

1. **Respect for Others:**
    - Treat all guests, staff, and volunteers with dignity and respect.
    - Physical violence, verbal abuse, harassment, or discriminatory behavior will not be tolerated.
2. **Substance-Free Environment:**
    - Alcohol, illegal drugs, and non-prescribed substances are not allowed on the premises.
    - Guests under the influence of substances are welcome but must remain non-disruptive.
3. **Safety and Security:**
    - Weapons of any kind are not permitted in the shelter.
    - Smoking in designated outside areas only.
    - No sexual activity inside the shelter or on the property.
    - Animals must be under control at all times.
    - Follow all safety instructions from shelter staff and volunteers.
4. **Cleanliness and Hygiene:**
    - Help maintain the shelter space keep it clean and sanitary environment.
    - Dispose of trash properly and respect shared spaces and personal belongings of others.
5. **Quiet Hours:**
    - Quiet hours are observed from 9:00PM to 6:00AM. Guests must minimize noise during these times.
6. **Compliance with Shelter Staff Requests:**
    - Always follow the instructions of shelter staff and volunteers.
    - Repeated refusal to comply with staff instructions may result in removal from the shelter.
7. **Check-In and Check-Out:**

OHRA
Options for Helping Residents of Ashland
moving from crisis to stability

EWS Shelter 2023 Guest Agreement

Guest Behavior Policies

By signing this form, I agree to the following:

- I will treat everyone at or associated with the overnight shelter at all times, including staff, Overnight Hosts, listeners, food servers, clean up crew, any volunteer, other guests, and the general public with **KINDNESS, DIGNITY AND RESPECT**. This means that I will not be disrespectful, violent, disruptive, vulgar or combative in any way. Bullying will not be tolerated. _____(initial here)

- I will have respect for the surrounding neighborhoods of all shelter sites as I come and go to and from the shelter, including picking up my garbage and cigarette butts along the way. Shopping carts and bike trailers will not be allowed inside the shelter I understand that all carts left on the property after 9am will be disposed of with no warning. _____(initial here)

- I understand that shelter and community partners are not responsible for loss or stolen items, so I agree to secure them at my own risk. _____(initial here)

- I understand the shelter doors will be locked between the hours of 9:00 pm and 6:00 am. I may choose to leave during these hours (smoke break, etc.) but I will not be allowed back in until doors reopen the next morning. _____(initial here)

- I agree not to sleep outside on the property or in the neighborhood, in a vehicle or otherwise. I agree to leave the shelter properties by 9:00am._____(initial here)

- I acknowledge that if I bring a dog or animal on site they must be leashed or crated and under my control at all times. I will not leave my animal or tie them up in the parking lot or sidewalk. I will clean up after my pets. If my animal is aggressive, I understand I will be asked to remove it from the shelter. _____(initial here)

OHRA Winter Shelter 2019-20 Guest Agreement Form

Guest Behavior Policies

- I agree that if I leave the shelter for any reason and my animal is left unattended, the shelter staff has my permission to have my animal removed from shelter grounds by animal control.

- I will not bring any alcohol or drugs or drug paraphernalia inside the shelter or onto properties. _____(initial here)

- I will not smoke inside building or on the properties (including e-cigarettes) except in designated smoking areas at least 20 feet away from the building._____(initial here)

- I will not carry any weapons (i.e., guns, knives, explosive devices, etc.) onto the properties. I understand that shelter staff are fully authorized to make determinations regarding such items on a case-by-case basis. _____(initial here)

- I will not engage in any sexual activity with myself or anyone else inside the shelter or on the properties. _____(initial here)

- If there is a problem or concern, I will find a Overnight Coordinator and/or staff member on duty to handle it. _____(initial here)

- I understand that if I have a physical emergency, staff may call 911 to help me. _____(initial here)

- I have read and agree with the Guest Behavior Policy. _____(initial here)

- I understand that if I am asked to leave the shelter for my behavior, I must have permission from staff to come back on the properties. _____(initial here)

These agreements make OHRA's Winter Shelter safe for everyone and ensure that it can continue to be open. I understand that breaking any of these agreements will be dealt with immediately and may result in my removal from the shelter, and I may be placed on a permanent ban.

_____ _____ _____

2

Print Name Sign Name Date

Email: _____ Phone:_____

ROGUE RETREAT CROSSING GUEST AGREEMENT

Welcome to Rogue Retreat Crossings, you are staying at either RRx Tent Phase, Shelter Phase, or Village Phase. We are happy to have you here with us and want you to be successful in our program. With that being said, we are now in a new neighborhood, new eyes, and surrounded by schools/families/and businesses.

We are asking that you adhere to the following CORE Value, have integrity, and be mindful of your surroundings.

Before making a decision please ask yourself, "Could I do this in front of staff?" / "Is what I'm about to do, be considered a core value?
*If you can't answer YES to both of these questions, then either ask a staff member before you do it or do not do it.

Core Values (Examples):

1. *RESPECT*
    a. No Loitering out or around the property. Quiet Times 10PM-6AM
    b. No persistent disruptive behavior.
    c. Adhere to Dress Code ; No Video/Audio Recording
    d. No Theft ; No Shopping Carts
    e. Honesty & Transparency
    f. Allowed 2 nights gone in a week, but not in a row.
2. *SAFETY*
    a. **No Weapons/Drugs/Alcohol/Paraphernalia on the property.**
    b. No Violence to yourself or others.
    c. No fires/heaters/cooking devices. **NO Smoking anywhere besides designated smoking sections.**
    d. Do not jump/disassemble/go underneath/etc the surrounding perimeter.
3. *CLEANLINESS*
    a. Keep your site/are tidy & free of clutter.
    b. If you see it, pick it up! Clean up after yourself.
    c. Do not bring in extra items, without prior permission from MANAGEMENT.
    d. Weekly deep clean your site.
    e. **No containers of Urine/Feces/Bodily Fluids**

Services and Accountability Subcommittee Meeting 2

Date: 12/8/2025
Time: 9:00am-10:00am
Chair: Jason Houk
Recorder: Noah Werthaiser
Attendees: Debbie Neisewander, Noah Werthaiser, Jason Houk

Administrative Items

Recording and note sharing

- Noah recorded the conversation to support transcription and written notes for the full committee.
- Jason stated he will send a photo of his notes later and share documents, and that notes will be reviewed together before distribution.

Next meeting

- Subcommittee agreed to meet again next Monday.

Context and Constraints

Current conditions and pressure points

- Debbie reported ongoing challenges related to building readiness and operations at the shelter.
- Debbie described pressure from leadership to move people from the night lawn to the 2200 site, and frustration among public safety partners regarding tents remaining on the lawn.
- Jason emphasized that effective operations will require a strong manager and coordinated community engagement to bridge service providers, clients, and the city.

Operations Update at 2200

Building readiness issues

- Debbie and Jason reported several outstanding facility issues affecting shelter operations:
    - Institutional interior lighting described as triggering for some guests, especially those with incarceration histories
    - Outdoor lighting not functioning as intended

    - No hot water for showers
    - Camera system not fully in place
    - No dedicated phone line
- Noah noted the city moved forward with opening to get people out of the cold even though the facility was not fully complete.
- Jason stated city facilities staff have been working to resolve issues, and that key staff have been present nightly, including bringing curtains to improve comfort.

Night lawn status

- Debbie reported approximately 18 tents still on the lawn, and that the expectation that everyone would move inside has not been met.
- Debbie noted there are sick individuals on the lawn and in the community.

Storage and personal belongings

- Lockers are small and are controlled by staff rather than individual key access.
- Guests are expected to receive a large blue storage bin that fits under beds.
- A second dog run is planned to be repurposed for wagons and additional locked storage, with a cover planned, to reduce the need to discard belongings.

Policies, Rules, and Agreements

Site rules and participant rights framework

- Noah and Jason discussed the subcommittee charge to outline:
    - Site management policies
    - Standards for client service
    - Security and exit plans
    - Staff training
    - Bill of rights
    - Code of conduct and behavior expectations
    - Site rules
- Both emphasized that much of this should reflect existing best practices rather than reinventing processes, with an aim to avoid overly complex or unusual rules.
- Jason reported OHRA has a new shelter agreement, described as four pages and rule intensive.
- Jason agreed to provide a copy.

Flexibility and discretion

- Noah remembered Dan and Ben from OHRA describing how flexibility and discretion in agreements can be important.
- Debbie observed current enforcement feels rigid, but expects it to loosen as operations stabilize.

Staffing and Service Delivery

Debbie's winter role

- Debbie reported OHRA hired him as a contract employee through the end of March.
- Debbie described her role as a bridge between the night lawn and the shelter, assisting with bed assignments and helping guests transition into the shelter environment.

Staffing notes

- OHRA has hired multiple employees.
- Debbie noted part time support from Pathfinders staff and a Max's Mission staff member.
- Debbie referenced plans for information sessions and education to support residents staying on site.

Info sessions and on site education

- Debbie described possible plans for Tuesday and Thursday information sessions, including:
    - DHS presentation on SNAP and benefits updates
    - Orientation related to the expulsion zone and expectations to remain on site to reduce risk of violations

Service delivery model discussion

- Noah raised a concept consistent with prior committee discussions: use available offices to bring priority services on site rather than only referring people elsewhere.
- Jason stated any service providers using the space must be approved through City Council, and acknowledged the committee's role is to recommend.

Barriers to accessing services at current shelter location

- When services are offered in the lobby, lack of privacy can limit effectiveness.
- 2200 could improve outcomes by enabling more private, structured service access.

Funding and Eligibility Constraints

Social services position and coordination gap

- Jason emphasized the need for a dedicated social service coordination position to bridge OHRA and the city, citing prior work in the Homeless Master Plan through the Human and Housing Commission.
- Jason described a past attempt to fill the role via an RFP with no responses, followed by later discussion of using opioid settlement funding, but the agenda item did not return after time ran out at a meeting.
- Noah suggested putting the status of this position on the next full committee agenda as an official request.

Funding restrictions and serving criteria

- Noah and Jason discussed uncertainty about whether funding sources create limitations on who can be served.
- Noah stated Community Development Block Grant funding typically has fewer restrictions of the type discussed, but opioid settlement funding intent may make exclusion of people with addiction inconsistent with purpose.
- Jason described prior uses of opioid settlement funding including Narcan supply and possible jail medical expense mitigation.

Deflection Program and Housing Continuity

Deflection expansion and gaps

- Jason stated deflection programming is expanding and may include more outreach based pathways, but housing options remain insufficient for people graduating from the program.
- Jason suggested that a temporary shelter alternative connected to the broader system could help address this gap.

ACCESS Housing Toolkit concept

- Noah described work by Cole Smith at ACCESS to standardize a referral packet and process, referred to as the Housing Toolkit.
- Noah suggested exploring whether this tool could support deflection continuity and potentially serve as a pilot tool at 2200 as residents stabilize.

Data Gathering and Feedback

Resident and non resident input

- Noah proposed a simple, informal survey or interview approach to learn:
    - What services residents at 2200 want on site

    - What barriers keep night lawn residents from choosing 2200
- Debbie and Jason supported surveying both groups and emphasized the importance of identifying barriers.

Next Steps and Action Items

- Jason to send a photo of his notes to Noah.
- Provide a copy of the new OHRA shelter agreement.
- Draft notes for the full committee based on the recording.
- Add an agenda request for the full committee regarding the status of the city's homeless coordination position.
- Contact Cole Smith about the Housing Toolkit and possible deflection and 2200 applications.
- Plan a brief informal interview process with:
    - Residents currently using 2200 to identify desired on site services
    - Night lawn residents to identify barriers and conditions that would increase shelter uptake
- Meet again next Monday for follow up and document review.

2200 Ashland Street
Services and Accountability Committee Report
Jason's notes

Our committee has met in person and via zoom three times.
November 17h, December 8th and 15th. Our committee members have also toured the OHRA facilities, Rogue Retreat shelter and urban camp ground and the 2200 Ashland Street facilities.

Committee Charge

- To expedite implementation of the 2200 Ashland Street Master Plan Recommendations, the City Council created the 2200 Ashland Street Facility Plan Ad hoc Committee to assist with the development of the following:

- Site Plan Design that incorporates elements of the recommendations developed by the 2200 Ashland Street Master Plan Ad hoc Committee;

- Checklist for program and site management policies (e.g., standards for client services, security, exit planning, and staff training);

- Client "bill of rights," code of conduct, and behavior contract;

- Set of site rules;

- Components of a communications and engagement plan for use with key stakeholders, including those in the surrounding area and potential clients to be served on site; and

- Interim uses for the site.

Our goal of this committee is to identify minimum standards for service and care but not to create any unnecessary burden for service providers.

We do not have to recreate the wheel with this. There are plenty of examples of best practices from local agencies and service providers.

Observations and Recommendations:

"The City of Ashland shall provide strong and continuous contract management for program providers, with approval of program and site management policies before delivering services. Policies should include standards for client services, security, exit planning, and staff training."

Any program will have to be well managed and supervised. All programs must have the necessary staffing and that staff must be trained in trauma-informed care.

"Clients served at this location shall abide by clearly communicated rules."

As a client using the space, it is important that they have a clear understanding of rules and responsibilities and a clear understanding of rights and expectations.

A "Bill of Rights" for people using the space should be presented to all new clients and also available in public space.

We have found several models for “Homeless Bill of Rights”, The Western Regional Advocacy Project has a campaign here in Oregon that we are reviewing.

"Clients shall agree to a code of conduct and sign a behavior contract that describes expectations and protocols for completing or terminating services."

Every client will know what the policy is for terminating services, what behavior would constitute losing these services. This does not necessarily have to be dangerous behavior, folks should understand that they can lose services for failure to communicate, failure to meet goals etc. Every individual will know what it is they are trying to accomplish and what is expected of them.

Client Bill of Rights

"All clients (residents and non-residents) shall be provided a client bill of rights and supported with best practices in social services and coordination with other community resources to help them achieve self-sufficiency. "

We have a lot of good feedback from the community about what a “Bill of Rights” would look like for folks using the 2200 Ashland space, Some of the concerns identified.

Safety and dignity: The right to be treated with respect and to be in a safe environment free from harassment, violence, and discrimination.

Privacy: The right to privacy in your personal space and confidentiality of your personal information.

Accessibility: accommodations for disabilities as required by (ADA).

Freedom of movement: The right to leave the shelter at any time. Alot of folks are fearful of the jail-like experience. Strict hours are difficult for people who are working nights.

Additionally....

Access to services: The right to access all services offered by the shelter, including counseling, help with housing, and legal assistance.

Grievance process: The right to a fair process for filing a complaint against a staff member or another resident, and the right to be informed of the outcome.

Minimizing barriers: The right to have minimal requirements for entry, such as sobriety tests and

identification checks, to ensure everyone can access help. MEET PEOPLE WHERE THEY ARE.

Management of the Space

There should always be proper staffing for all activities at the space.
There will be records of all guests, volunteers and partners who use the space.
Anyone who is managing the space must be trained in trauma-informed de-escalation and conflict prevention.

The building should be staffed 24 hours/day if possible.

Security cameras must be in all public areas, inside and outside of the building. Content recorded must be easily accessible for management and staff to review.

Use of the space will be a privilege. Staff will have the responsibility to make sure everyone who uses the space can agree to a code of conduct and their behavior is not a threat to themselves, guests, volunteers and staff. This can include people with active addiction or severe mental health disorders.

What is needed at 2200 – Debbies Recommnedations...

- Fill Social Services Position
- Create a pet policy
- Volunteer Background Checks
- Staff and Volunteers Adequately Trained – Conflict deescelation, Narcan- Overdose training
- Perimeter Checks
- Quartery Reports on Outcomes
- Meaningful Public Engagement

NEXT STEPS:

Public Engagement – especially the homeless community. We are providing samples of local questionares for the homeless. We should craft our own questionaire.

Some of the issues that are most critical to our homeless community:

TRANSPORTATION – Public transportation is not meeting folks needs.

FOOD INSECURITY – Food continues to be a concern for all.

HEALTHCARE ACCESS – and access to other services.