



# Homeless Services Masterplan Subcommittee Meeting Agenda

**Siskiyou Room, Community Development and Engineering Building, 51 Winburn Way  
Tuesday, March 12, 2024 \* 5:30 – 7:30 p.m.**

## AGENDA

**CALL TO ORDER:** 5:30 p.m., Meeting held in person or join virtually via Zoom at <https://zoom.us/j/99068600298?pwd=VDJ4a2ZLMzFkc0hxYUINNHVJVHBhdz09>

- 1. Welcome & Agenda Review (5:30–5:35 p.m.)**
- 2. Public Forum (5:35–5:40 p.m.)**  
Up to 5 minutes allotted for public comment.
- 3. Comments from Council Liaisons (5:40–5:45 p.m.)**  
Communications with or from Council about the work of the Subcommittee
- 4. Approval of Minutes (5:45–5:50 pm.)**
- 5. Responsibilities of a Continuum of Care (. 5:50–6:30 p.m.)**  
Presentation, Melissa Markos, Jackson County CoC
- 6. Gathering Community Perspectives (6:25–7:20 p.m.)**
  - a. Representation–Who will we gather input from?
  - b. Processes for outreach and engagement- how we could gather this information.
  - c. Demographics to gather
  - d. Who will prepare plans for which populations
  - e. Homework – to prepare plans for each population
- 7. Debrief (7:20–7:30 p.m.)**
  - a. Takeaways
  - b. Pluses and Minuses (What went well tonight? What do you wish were different?)
- 8. ADJOURNMENT: 7:30 PM**

**Next Meeting Dates:** Wednesday, March 27 and Tuesday, April 9

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please email [linda.reid@ashland.or.us](mailto:linda.reid@ashland.or.us). Notification 72 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to the meeting (28 CFR 35.102–35.104 ADA Title 1).



# Homeless Services Masterplan Subcommittee Meeting Agenda

## Timeline

<b>Date</b>	<b>Meeting</b>	<b>Topics</b>	<b>Follow-up Tasks</b>
2/28	Subcommittee	Understanding the players addressing homelessness	
		Subcommittee Approach, Tasks, and Timeline	Share with HHSAC and City Council
		Assignments to complete Service Inventory	Gather information
		Communications with HHSAC and City Council	Provide written materials
2/29	HHSAC	Subcommittee Approach, Tasks, and Timeline	
3/5	City Council	Subcommittee Approach, Tasks, and Timeline	
3/12	Subcommittee	The Responsibilities of a Continuum of Care (CoC)	Gather additional information
		Determine which subpopulations to engage in providing community perspectives and who will engage each population	Develop engagement plans to be shared at next mtg.
3/27	Subcommittee	Updates on Services Inventory and data gathering	Continue to gather information
		Review engagement plans for each subpopulation.	Set up mechanisms and promote opportunities
		Decide on questions for each subpopulation.	Prepare input/survey tools
		Communications with HHSAC and City Council	Provide written materials
3/28	HHSAC	Community Engagement plans	
4/1 or 4/2	City Council	Community Engagement plans	
4/9	Subcommittee	Updates on Community Engagement	Continue with process
		Review Services Inventory	Any additions
		Identify barriers to accessing services	
		Data presentation	Any clarifications



## Homeless Services Masterplan Subcommittee Meeting Agenda

Date	Meeting	Topics	Follow-up Tasks
4/24	Subcommittee	Review public input highlights, and decide who will prepare the findings	Prepare findings
		Review information on local CoC; discuss strengths, weaknesses, and potential opportunities	
5/7	Subcommittee	Presentation and discussion of community perspectives, themes, and priorities	
5/22	Subcommittee	Review data and Services Inventory; assess strengths, weaknesses, and potential opportunities	
6/11	Subcommittee	Review draft report, including framework for money map. Suggest revisions.	Finalize report
		Discuss format for reporting to HHSAC and City Council	Prepare for reporting on HHSAC and Council
6/26	Subcommittee	Review final report	Final adjustments
		Confirm plans for reporting to HHSAC and City Council	Final preparations
tba	HHSAC	Subcommittee Report	
tba	City Council	Subcommittee Report	



# Homeless Services Masterplan Subcommittee

Community Development Building

51 Winburn Way

February 28, 2024

## MINUTES

**CALL TO ORDER:** 5:30 p.m.

**I. WELCOME & AGENDA REVIEW:** 5:30–5:35 p.m.

- Attendance: All members were in attendance with the following exceptions: **Henigson-Kann** present via Zoom, **Slattery** absent
- Agenda overview

**II. PUBLIC FORUM:** 5:34–5:40 p.m.

*Note: Anyone wishing to speak at any Housing and Human Services Advisory Committee meeting is encouraged to do so. If you wish to speak, please rise and, after you have been recognized by the Chair, give your name and complete address for the record. You will then be allowed to speak. Please note the public testimony may be limited by the Chair.*

- Comments submitted digitally by Dennis Kendig and supplied to all subcommittee members, Dennis spoke on the comment briefly, expressing the disappointment of Southern Ashland Retail Storefront owners not being represented on the Subcommittee and the issues that they face to homelessness in the area; Dennis is thanked for his comment.
- **Fields** asks the group if they would like to have back and forth or comments towards those in the public forum; **Calvin** suggests that HSMS members can ask questions; **Rohde** thinks that discussion should be allowed, **Fields** says brief comments/discussion are okay.
- **Price** raises the question to the group of the possibility of including the businesses mentioned by Dennis in the process; **Calvin** clarifies that they can and will be included in the plan.

**III. APPROVAL OF MINUTES:** 5:40–5:43 p.m.

- Approval of previous meeting minutes with no changes; staff decision to change “Avram” to “Sacks” for consistency.
- **Fields** appreciates the detailed minutes; no discussion/comments from other members.

**IV. UNDERSTANDING THE PLAYERS ADDRESSING HOMELESSNESS:** 5:43–6:25 p.m.

- Staff member **Reid** presents her presentation on the topic – slides available.
- Looking at the players at the federal, state, regional/county, and local level.
- CDBG funds use the HUD definitions of homelessness; Business Oregon disperses the CDBG funds; overview of funding and what the City could utilize.
- Night lawn costs have not been calculated separately (yet) and will be provided once available; police receive no grants for their work.
- **Bloom** and **Dylan** state that the city has contracted with a consulting firm to find (and possibly write) grants as needed, but grants are typically written by the department.
- Identify gaps through funding (buildings, etc.), need to capture \$ amount/inventory for



## Homeless Services Masterplan Subcommittee

facilities, volunteer time, food, staff time, etc.

- McKinney-Vento definition of homelessness is usually unable to qualify for HUD funding due to difference in definitions; approximately 4% of students enrolled in the Ashland School District are homeless per this definition.
- Approximately 100 HUD vouchers are active at any given time within Ashland, with 2,100 vouchers administered at any given time in the County; rent threshold from HUD creates a barrier to using vouchers in Ashland; waitlist is approximately 3 years to receive a voucher and have 3 months to use it (or extend it).
- HUD doesn't pay for individual rooms; **Sacks** shares that there was recently an exception made by HUD in Texas for Tiny Homes with communal bathrooms and kitchens.
- HUD CoC (Housing and Urban Development Continuum of Care) overview; rapid re-housing, permanent housing, transitional housing (funding no longer allowed unless in conjunction with another method), supportive services only, coordinated entry – “no wrong door approach,” etc.
- HMIS (Homeless Management Information System) is funded through CoC funds; ours is Medford/Ashland/Jackson County OR-502.
- Homeless Prevention methods not funded unless you have no other homeless issues.
- Summary of projects currently funded, total funding approximately \$380,000 for projects.
- Resource list shared – not exhaustive, just the beginnings.

### V. **UPDATED SUBCOMMITTEE WORK PLAN:** 6:25–7:30 p.m.

- **Calvin** provides forms to eliminate unneeded information or to add new information.
- Recommended to interact with people face-to-face, over the phone, etc. as SWOT information is collected, ask their opinions, etc; identify gaps and priorities to create Phase 1 but do NOT identify options to invest.
- Discussion in larger group: **Bachman** likes the plan and recommends we start the work and revise the plan as needed; members break into smaller groups to discuss the approach, tasks, timeline, etc.
- **Bachman** and **Reid** leave at 6:45; **Leonard** leaves at 7.
- **Kaplan** and **Calvin** recommend new wording for page 2 of the approach, tasks, timelines memo to change from “...second phase could include an assets...” to “...second phase more fully complete an assets inventory...”; no issues voiced.
- **Bloom** would like to see a priority list given to City Council; **Calvin** and staff member **Reid** voice concerns and agree with one another that the City needs to determine what their objectives are before a priority list could be created – this is outside the scope and timeline of the group.
- **Rohde** likes the framework; **Henigson-Kann** states that the job is not to solve but to outline and create a framework.
- **Sacks** is worried about the amount of work that everyone will need to do outside of the meetings, and we need to evaluate who has the capacity to do what items; also expressed concerns about the big picture, absence of elderly, shelter, and night lawn in the plan; reassured by **Fields** and **Calvin** that he can write these things in using the form provided by **Calvin**, but will also be captured with HMIS data.



## Homeless Services Masterplan Subcommittee

- Ad hoc committee for 2200 Ashland Street Shelter is brought up.
- **VanEgdom** voices concerns that families and children will be left behind by underrepresentation of the group.
- **Staff Member Reid** expresses the concerns that she has heard in the community that the city has been too reactive and needs to be more thoughtful in their approach; we need to create the big picture information to help the City Council make thoughtful decisions.
- **Fields** ask if there are any objections to moving forward with the created approach, tasks, timelines, etc.; no concerns voiced.
- Members decide that they need to address the elephant in the room at some point (night lawn and shelter) but that it is not necessarily done within this subcommittee. Members propose that it could be addressed as a special meeting item with the HHSAC (Housing & Human Services Advisory Committee aka "Parent Committee").

### **VI. SERVICES INVENTORY PLANNING IN GROUPS: 7:30–7:40 p.m.**

- Subcommittee members signed up for one of the 3 options listed in the agenda for their portion of the research work (outreach & supportive services, emergency shelter and transitional housing, and permanent housing); survey will be sent to all subcommittee members so absent members can be included.
- **Sacks** recommends asking the community what they would like to see happen or change.

### **VII. CONFIRMING COMMUNICATION WITH HHSAC & CITY COUNCIL:**

- Not discussed at this meeting.

### **VIII. DEBRIEF:**

- Not discussed at this meeting.

### **IX. ADJOURNMENT: 7:40 p.m.**

**Next Meeting Dates: Tuesday, March 12<sup>th</sup> 5:30–7:30 PM**

**& Wednesday, March 27<sup>th</sup> 5:30–7:30 PM**

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please email [linda.reid@ashland.or.us](mailto:linda.reid@ashland.or.us). Notification 72 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to the meeting (28 CFR 35.102–35.104 ADA Title 1).

# Memo

DATE: March 13, 2024

TO: Homeless Services Masterplan Subcommittee

RE: Understanding the Responsibilities of A COC

## **1. UNDERSTAND THE RESPONSIBILITIES OF A COC**

[CoC: Continuum of Care Program - HUD Exchange](#)

### **a. Organization**

- i. Governing Body and Operations
- ii. Collaborative Applicant

### **b. Planning & Partnerships**

- i. Representation / Participation
- ii. Annual Needs Assessment
- iii. Homeless Response (plan/system)

### **c. Operating a Coordinated Entry System**

- i. CE Management Entity
- ii. System Design

### **d. Operating an HMIS and Submitting Reports to HUD**

- i. Homeless Management Information System (HMIS)
- ii. HMIS Lead Agency
- iii. Reporting to HUD
  1. Point-In-Time Count (PIT, sheltered and unsheltered)
  2. Housing Inventory Count (HIC)
  3. Longitudinal Systems Analysis (LSA)
  4. System Performance Measures (SPMs)
  5. Annual Performance Report (APR)

### **e. Evaluating HUD CoC-funded Programs and ESG-funded Programs**

### **f. Identifying Priorities for Local HUD CoC Funding**

### **g. Submitting Annual CoC Consolidated Application to HUD**

### **h. Informing Consolidated Plans of Local Jurisdictions**

#### **Planning Department**

20 East Main Street  
Ashland, Oregon 97520  
[ashland.or.us](http://ashland.or.us)

Tel: 541.488.5300  
Fax: 541.552.2059  
TTY: 800.735.2900



## Subpart B—Establishing and Operating a Continuum of Care

### § 578.5 Establishing the Continuum of Care.

- (a) *The Continuum of Care.* Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties of this part. Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.
- (b) *The board.* The Continuum of Care must establish a board to act on behalf of the Continuum using the process established as a requirement by § 578.7(a)(3) and must comply with the conflict-of-interest requirements at § 578.95(b). The board must:
  - (1) Be representative of the relevant organizations and of projects serving homeless subpopulations; and
  - (2) Include at least one homeless or formerly homeless individual.

### § 578.7 Responsibilities of the Continuum of Care.

- (a) *Operate the Continuum of Care.* The Continuum of Care must:
  - (1) Hold meetings of the full membership, with published agendas, at least semi-annually;
  - (2) Make an invitation for new members to join publicly available within the geographic at least annually;
  - (3) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;
  - (4) Appoint additional committees, subcommittees, or workgroups;
  - (5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with [subpart B of this part](#) and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;
  - (6) Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;
  - (7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;



- (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. This system must comply with any requirements established by HUD by Notice.
- (9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
  - (i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
  - (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance (these policies must include the emergency transfer priority required under [§ 578.99\(j\)\(8\)](#));
  - (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance (these policies must include the emergency transfer priority required under [§ 578.99\(j\)\(8\)](#));
  - (iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
  - (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance (these policies must include the emergency transfer priority required under [§ 578.99\(j\)\(8\)](#)); and
  - (vi) Where the Continuum is designated a high-performing community, as described in [subpart G of this part](#), policies and procedures set forth in [24 CFR 576.400\(e\)\(3\)\(vi\)](#), [\(e\)\(3\)\(vii\)](#), [\(e\)\(3\)\(viii\)](#), and [\(e\)\(3\)\(ix\)](#).

(b) **Designating and operating an HMIS.** The Continuum of Care must:

- (1) Designate a single Homeless Management Information System (HMIS) for the geographic area;
- (2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead;
- (3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
- (4) Ensure consistent participation of recipients and subrecipients in the HMIS; and
- (5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

(c) **Continuum of Care planning.** The Continuum must develop a plan that includes:

- (1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
  - (i) Outreach, engagement, and assessment;
  - (ii) Shelter, housing, and supportive services;
  - (iii) Prevention strategies.
- (2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:
  - (i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
  - (ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
  - (iii) Other requirements established by HUD by Notice.
- (3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- (4) Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area;
- (5) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.

(d) **VAWA emergency transfer plan.** The Continuum of Care must develop the emergency transfer plan for the Continuum of Care that meets the requirements under [§ 578.99\(j\)\(8\)](#).



## Who We Are

The Jackson County Continuum of Care (CoC) is a HUD-mandated, community-wide effort to end homelessness by providing stable housing for the unhoused and offering preventative services to those at risk of becoming unhoused. The Jackson County CoC seeks to end homelessness in Jackson County through the collaborative efforts and resources of all sectors of the community.

The Jackson County Continuum of Care commits to:

- Comprehensive strategies to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness.
- Promoting access to and utilization of programs by unhoused individuals and families through person-centered, coordinated entry, assessment and referral policies and effective utilization of mainstream programs by unhoused individuals and families.
- Offering broad strategies and solutions to optimize self-sufficiency among those experiencing homelessness.
- Promoting and creating permanent affordable housing solutions to specifically address the needs of chronically homeless individuals and families, as well as others at risk of homelessness, including permanent supportive housing and rapid re-housing.
- Maintaining a regional Homeless Information Management System (HMIS) and a coordinated entry system, which matches individuals and families with available housing.
- Effective distribution and use of available resources from HUD Continuum of Care and Emergency Solutions Grant (ESG) programs, as well as any other appropriate sources.
- Comprehensive and collaborative oversight of the CoC workgroups, the annual assessment of the state of homelessness in Jackson County, including a Point-in-time Count, Housing Inventory Count, and evaluation of changes in overall homeless conditions and by subpopulations.

## How We Operate

The CoC's work is currently carried out through a collaboration of local non-profit agencies, persons of lived experience, local government, and other community partners. Unhoused individuals or families are now placed on a centralized, coordinated entry list for housing after a robust trauma-informed vulnerability index assessment. As housing becomes available, those with the highest vulnerability scores are placed first. The Continuum of Care utilizes the housing units from all providers to make these placements; thus ending the proprietary nature of agencies who previously had provided housing only to their own clients. This coordinated entry system more efficiently and rapidly houses individuals and families by breaking down silos to improve access so that those with the greatest need are served first. Through the work of the Board and workgroups, barriers to housing are removed and the communities of Jackson County are educated on why a "Housing First" approach is critical. Housing First is a no-barrier or low-barrier model that has successfully demonstrated that once barriers to housing are removed and homeless individuals are housed, they are better able to take care of their health concerns, Substance Use Disorders, family traumas, and employment opportunities. Stable housing is the first step in helping people to actualize their full potential and to strengthen communities.

### **Community-wide Benefits**

Once those experiencing homelessness are placed into stable housing, statistically it is shown that:

- Emergency room visits decrease.
- Repeated incarcerations decrease.
- City and County expenses to clean up unsheltered campsites decrease.
- Overall community health increases
- Substance use disorders can be treated more effectively.
- Couch surfing among children and teens decreases and more attention can be placed on education.
- Opportunities for employment increase.

### **History**

The Jackson County Homeless Task Force (HTF), comprised of nonprofit and public organizations, began spearheading the effort to end homelessness in 1989. The HTF began functioning as the HUD-designated CoC in 2001 and developed a 10-year Plan to End Homelessness in Jackson County in 2009. In 2018, the Continuum was restructured and the HTF became one of the CoC's workgroups.

### **Need**

A comprehensive undertaking to solve such a large, area-wide issue is complex and requires a commitment from all community sectors along with the will to create change. It is not one agency, one city, or one community's issue. Commitment, input, and the will to create change are needed from all sectors. Because the CoC is not a 'program' but truly a collaboration and partnership, financial resources, and valuable input are needed from all participating communities and organizations to ensure the CoC's success.

### **Membership**

The CoC's membership is a group of organizations and individuals interested in creating, implementing, and serving collaboratively to effectively address issues causing homelessness and to provide support to those experiencing homelessness. Membership is open year-round, through the application process, to anyone in Jackson County, Oregon, including those currently unhoused. CoC members are encouraged to join or propose workgroups that provide guidance and expertise to the CoC Board. CoC members are also eligible to apply for funding through the CoC. The membership application is available on the CoC's website at <https://jacksoncountyorcoc.org>, and by requesting a copy from the CoC Lead at the contact information listed below. If you need assistance applying or would like additional information, please contact the CoC Lead.

### **CoC Lead Contact**

Melissa Markos, CoC Lead  
Jackson County Continuum of Care,  
3630 Aviation Way, Medford, OR 97504  
mmarkos@accesshelps.org; (458) 488-1216

## Coordinated Entry Sites in Jackson County

### Coordinated Entry

Are you homeless or currently losing your housing? There's help. Below are some important community resources that can help.

#### All Ages

##### Contact

---

##### ACCESS

3630 Aviation Way

Medford, OR

541-779-6691

[accesshelps.org](http://accesshelps.org)

##### OHRA

2350 Ashland Street

Ashland, OR

541-631-2235

[ohrahelps.org](http://ohrahelps.org)

#### Youth

##### Contact

---

##### Maslow Project

500 Monroe Street

Medford, OR

541-608-6868

[maslowproject.com](http://maslowproject.com)

##### Community Works

2594 E Barnett Rd Ste C

Medford, Oregon

541-779-2393

[community-works.org](http://community-works.org)

#### Youth & Families

##### Contact

---

##### Maslow Project

500 Monroe Street

Medford, OR

541-608-6868

[maslowproject.com](http://maslowproject.com)

# Memo

---

DATE: March 13, 2024

TO: Homeless Services Masterplan Subcommittee

FROM: Executive Committee

RE: Gathering Community Perspectives

## **DECISIONS TO MAKE ABOUT GATHERING COMMUNITY PERSPECTIVES**

### **a. Representation**

#### i. Community Sectors

1. Businesses
2. Non-profit organizations
3. Faith-based organizations
4. Law Enforcement
5. Healthcare (mental, physical, behavioral)
6. Education (early learning, k-12, higher education)
7. Public Housing Authority
8. Affordable housing developers
9. Rental property management
10. Realtors/Real Estate Professionals
11. Employment and workforce programs

#### ii. Individual Representation

1. People experiencing homelessness now
2. People who have experienced homelessness in the past
3. Diversity in racial and ethnic backgrounds
4. Diversity in ages / age groups
5. Diversity in gender identity and sexual orientation
6. Diversity in political viewpoints
7. Diversity in income levels
8. Diversity in residency in Ashland (new residents, long-term)
9. Diversity in residential geography (north, south, east, west)

### **Planning Department**

20 East Main Street  
Ashland, Oregon 97520  
[ashland.or.us](http://ashland.or.us)

Tel: 541.488.5300  
Fax: 541.552.2059  
TTY: 800.735.2900



# Memo

10. Diversity in household composition (singles, couples, families)

**b. Processes**

- i. Online surveys
- ii. Written surveys
- iii. Individual interviews
- iv. Focus groups

**c. Demographics to Gather**

(consider A.ii.1-10 above)

**Planning Department**

20 East Main Street  
Ashland, Oregon 97520  
[ashland.or.us](http://ashland.or.us)

Tel: 541.488.5300  
Fax: 541.552.2059  
TTY: 800.735.2900

