



CITY OF ASHLAND

2020-2024 CONSOLIDATED PLAN

5-Year Strategic Plan

For the use of Community Development Block Grant (CDBG) funds

Adopted by:

Ashland City Council

Prepared for:

The U.S. Department of Housing and Urban Development

By:

The City of Ashland

Department of Community Development

Planning and Housing Division

Ashland, Oregon

Executive Summary

ES-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

The City of Ashland 2020-2024 Consolidated Plan is a five-year strategic plan to provide an outline of action for the community as it works toward meeting the housing and community development needs of its low- and moderate-income and special needs households. The plan's development includes a profile of the community and its economy, and assessment of housing and community development needs, and the development of long-range strategies to meet those needs.

The City of Ashland is an entitlement jurisdiction, receiving an annual allocation of Community Development Block grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). As a recipient of CDBG funds, the City is required to prepare a five-year strategic plan that identifies housing and community needs, prioritizes these needs, identifies resources to address needs, and establishes annual goals and objectives to meet the identified needs. This five-year plan is known as the Consolidated Plan. The Consolidated Plan serves the following functions:

- A planning document for the jurisdiction, which builds on a participatory process among citizens, organizations, businesses, and other stakeholders;
- A submission for federal funds under HUD's formula grant programs for jurisdictions;
- A strategy to be followed in carrying out HUD programs; and
- A management tool for assessing performance and tracking results.

The purpose of the Consolidated Plan is to outline a strategy for the City to follow in using CDBG funding to achieve the goal of the CDBG program; *"to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate-income persons."*

2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

Summary of Objectives and Outcomes identified through the Citizen Participation Process

Objectives identified in citizen consultation include: Housing and Housing Related Activities that focus on the preservation of existing affordable units, new construction of affordable rental housing and rehab of existing units, development of rental housing for low income and small families and ownership assistance for low-income families. Citizen consultation also prioritized service activities, such as services for peoples experiencing mental health issues, crisis support services, and homeless support services. Consultation prioritized economic development activities such as job training and life skill training programs. Citizen's also identified substance abuse services, and housing placement as

prioritized community needs. With regard to public facilities respondents identified improved transit options.

Summary of Objectives and Outcomes identified through the Agency Consultation Process

Priorities identified through the agency consultation process were gathered through the same process as the Citizen input. Consequently, the priorities identified by agencies, were the same as those identified above.

Summary of Objectives and Outcomes identified through the Community Needs Assessment/Market Analysis Process

Based on research compiled from a variety of sources including data analysis, and input from citizen's and beneficiary groups, City staff have identified six broad areas of priority need that the City will focus its CDBG resources toward over the next five years.

- To create and maintain affordable housing units/units occupied by low-, and moderate-income and smaller units for small families.
- Support services for homelessness outreach, prevention, and transition.
- Support services for people with mental illness.
- Support services for people in crisis.
- Improve transportation options for low-income and special needs populations
- Support Economic Development activities that assist in reducing poverty among low-, moderate-income and special needs populations.

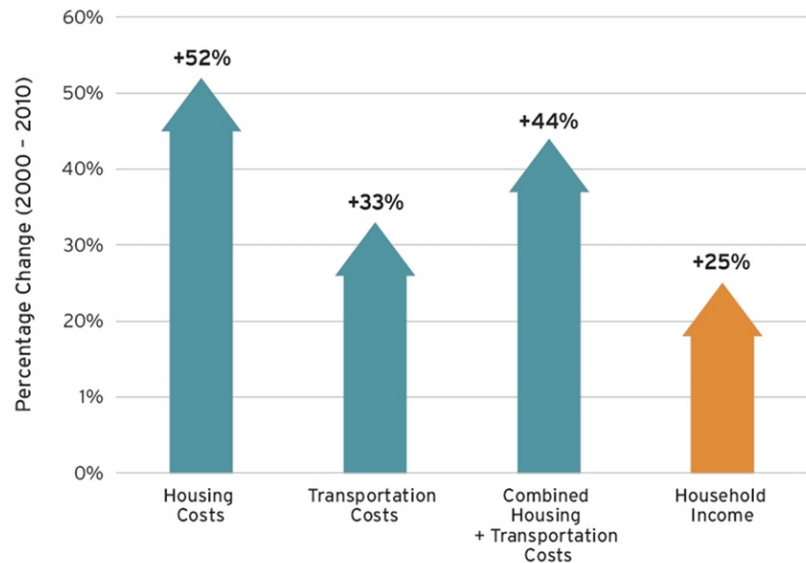
3. Evaluation of past performance

The goals and priorities identified in the 2015-2019 Consolidated plan represent the most pressing needs identified in the Ashland community, but more importantly they are representative of larger systemic issues experienced across a spectrum of large urban and small rural communities throughout the country.

For the past twenty years the City has identified the provision of affordable housing (both ownership and rental) as the highest priority need and target for the use of CDBG funding. In that time the City has met its housing goals more often than not, which is quite remarkable considering the barriers that small CDBG entitlement jurisdictions such as Ashland face. While the CDBG program did not add any new affordable units within the previous 5-year period, the City is on track to see the development of 90 units of affordable housing in the next 5-year period. In 2012 the City of Ashland completed an update of the City's Housing Needs Analysis (HNA). At that time the HNA found that according to the State

Housing and Community Services Department, housing cost in 1990 was increasing at a rate of 9% while household income increased at an annual rate of 2%. Between 2000 and 2010 median mortgage costs for homeowners in Ashland went up by 53%. Rental costs for Ashland residents increased 47% in that same period. While median Household income increased by only 22.9%.¹ This long term trend of housing and transportation costs outstripping incomes has exacerbated the demand for affordable housing throughout the state. The increasing need for affordable housing units has taxed the traditional methods of funding affordable housing and cannot be sustained into the future should the trend continue.²

Chart 3.1
Rising Housing and Transportation Costs vs. Incomes
for the Median-Income Household in the Largest 25 Metro Areas
(costs and income are not adjusted for inflation)



Source: Housing + Transportation (H+T) Affordability Index applied to 2000 Census data and 2006-2010 American Community Survey data (Center for Neighborhood Technology and Center for Housing Policy).¹⁸

Strategies and Impact on Identified Needs

Housing

Over the past 20 years the City has identified and prioritized the development, maintenance and preservation of affordable housing as its preferred use of CDBG funding. In that time the City has made great strides with regard to supporting the development of affordable ownership and rental units. Since 2004 CDBG funds have been used to support the acquisition, development, and/or rehabilitation of 96 ownership and rental units within the City of Ashland. In the next couple of years, the City anticipates (and has supported with general fund money) the development of 90 units of affordable housing. However, no CDBG funds will be used in the development of the 90 units. The developers of these units cite Federal regulations, specifically National Environmental Protection Act (NEPA) requirements, and Davis Bacon wage rates as significant barriers to utilizing CDBG for the development of housing units. Similarly, affordable housing developers cite the use of CDBG funds as a deterrent for investors in affordable housing projects. The City has not utilized CDBG funds to support affordable housing projects other than rehabilitation of existing units since 2011. Given this recent trend, it seems increasingly unlikely that affordable housing providers will be seeking CDBG funding to fund affordable housing development in Ashland over the five-year period covered by this Consolidated Plan.

¹ Ibid.

² City of Ashland 2012 Housing Needs Analysis: <http://www.ashland.or.us/Page.asp?NavID=14474>

Homelessness

In the past ten years the City has prioritized the provision of services to serve homeless populations, at that time the City had lost its only provider of homeless services in 2008. Though the homeless populations have had access to countywide services, from 2008 to the present, homeless populations and populations at risk of homelessness had very little local access to services without commuting to Medford. In the past ten years CDBG funds have been used to support staff efforts at education, outreach, and coordination with homeless and at-risk service providers in activities such as the Project Homeless Connect event, now called the Project Community Connect event. The City has also awarded funding to the Ashland conference of the St. Vincent De Paul Society to support the Home Visitation Program which offers rent and security deposit assistance to help keep families and individuals at risk from falling into homelessness as well as helping to get homeless families and individuals into stable, safe, and affordable housing. Since first funding this activity in 2010, CDBG funds have directly assisted over 200 households to obtain or maintain housing. Similarly, over the past seven years the City has also provided CDBG funds to assist the Maslow Project in providing services to over one thousand extremely low income homeless and at-risk youth. The City has also funded Options for Helping Residents of Ashland (OHRA), a non-profit formed in 2012 to fill the void left by Interfaith Care Community of Ashland (ICCA) through the general funds grants.

Looking forward to the next five-year period, city staff sees that in general the goals and strategies for the development and retention of affordable housing and for alleviating the issues of homelessness that have been outlined in previous Consolidated Plans will need to be continued. While the issues of homelessness and a lack of housing units affordable to low- and moderate- income households still exist in the Ashland community it is evident that their persistence is not due to a lack of successful implementation of identified strategies, or to the efficacy of the strategies themselves, but rather to the enormity and complex nature of these multi-faceted problems. Many of the factors that contribute to the problems are beyond the reach of jurisdictional policies and are certainly beyond the capacity of the CDBG program to address on its own. Ashland is committed to exploring more funding opportunities and refining current strategies in order to coordinate and develop sustainable resources for addressing homelessness in our community.

4. Summary of citizen participation process and consultation process

The City of Ashland has established a Public Participation Plan to provide opportunities for citizen involvement in the process of developing and implementing the Community Development Block Grant (CDBG) Program and other programs administered the U.S. Department of Housing and Urban Development-HUD) and the City of Ashland Consolidated Plan. This Public Participation Plan outlines when, where, and how citizens can access information, review and comment on major community plans and comment on the progress of funded activities. The Primary planning document is the Consolidated Plan, which is developed every five years to serve as the guide for strategic actions and the Annual Action Plan which describes the specific actions and project activities the City will conduct during the year using the CDBG funds.

The City of Ashland encourages the participation of all of its citizens in the development of plans and in reviewing progress in implementing the plan activities. The City is particularly interested in the involvement of low and moderate income households, including those in low-income housing, as they are the primary beneficiaries of the CDBG funds. Opportunities for involvement are offered prior to and during the development of long range strategic plans and annual action plans as well as on an ongoing basis during the implementation of activities described in those plans. These opportunities include:

- Participation at public hearings to discuss needs, progress on project activities and the amount of funds available for activities
- Participation in meetings with committees, Neighborhood Councils and Commissions involved in planning housing and community development activities
- Review and comments on proposed plans such as:
 - Public Participation Plan
 - Consolidated Plan
 - Annual Plans
 - Amendments to Plans
- Review and Comment on Annual Performance Reports describing progress on project activities.

The Public Participation Structure

The City has established the Ashland Housing and Human Services Commission as the primary citizen body to advise the City Council on the housing and human service needs of the community and the use of CDBG Funds. The Commission consists of 9 voting members and a City Council liaison, and is staffed by the Housing Program Specialist. All members are appointed by the Mayor and confirmed by the City Council. The Commission meets on a monthly basis serving as an informed link between the citizens and the council. All Housing and Human Services Commission meetings are open to the public and allow public comments on any item on the agenda or as general comments under the public forum portion of the meetings.

CDBG Public Hearings are conducted at least four times a year. A Public Hearing will also be conducted to consider any substantial amendments in planned activities or funding allocations of the approved Consolidated Plan or Annual Action Plan. These hearings provide an opportunity for citizen input into planning for the use of CDBG funds, commenting on the award of CDBG funds, and disseminating information on the progress of on-going housing and community development activities.

Public Meetings and Hearings

During the development of the Consolidated Plan and Action Plans, City staff will meet with social service agencies and affordable housing providers to provide information on the uses of the CDBG funds and hear discussion on needs. In addition, the Ashland Housing and Human Services Commission will meet to discuss the components of the plan including the needs assessment, the strategic plan and the Annual Action Plans. The Commission also reviews and recommends action to the Council on the Consolidated Plan, Annual Action Plan and any substantial amendments proposed to those plans. The Housing and Human Services Commission shall also review the Consolidated Annual Performance Evaluation Report each year to examine the performance of the projects funded in whole or in part with

CDBG funds. All oral and written comments will be considered in decisions on the CDBG Program and planning documents.

Purpose of the Public Hearings

A minimum of four Public Hearings will be held during the year to obtain the comment of citizens and representatives of public agencies, non-profit organizations and other interested parties. The Hearings provide opportunities to obtain the views of citizens on housing and community development needs, information on the amount of funds available and the purposes for which it can be used, discuss proposed activities and review of program performance over the previous year.

Action Plan Development hearing: The Ashland Housing and Human Services Commission will hold a public hearing to review proposed applications for use of CDBG funds and recommend award allocations to the City Council. Testimony will be received regarding needs and how proposed projects best address the priorities of the Consolidated Plan to inform the development of the annual action plan.

CDBG Award Hearing: The City Council shall review CDBG project proposals on an annual basis at a public hearing, review the recommendations of the Housing and Human Services Commission, and award CDBG funds to eligible projects that demonstrate the most effective use of CDBG funds to benefit extremely low, or low-moderate income residents. The Council will make the final sub-recipient selection and award allocation and will identify the use of CDBG funds thereby defining the goals outlined in the annual Action Plan.

CDBG Action Plan Hearing: The Housing and Human Services Commission shall review and approve the CDBG Action Plan at a public hearing. The Action Plan will identify how the awards made by the Council will meet the goals outlined in the Consolidated Plan for the use of CDBG funds for a given program year.

Consolidated Annual Performance Evaluation Report (CAPER) Hearing: At the conclusion of each program year the CAPER will be presented at a public hearing before the Ashland Housing and Human Services Commission to allow a public response to the activities undertaken in the prior year.

Location of Hearings

The Hearings will be located and timed to ensure maximum opportunities for citizens to participate. Hearings will be conducted in buildings that are accessible to persons with physical disabilities.

Expanding Opportunities for All to Participate at Hearings

The City encourages all citizens to participate. A special effort will be made to assure that low and moderate income persons, households in areas targeted for CDBG assistance, minorities, people who do not speak or understand English well and persons with disabilities are made aware of the Hearings and are able to fully participate in all stages of the planning process. Upon 72-hour notice, the City will provide public notices and summaries of information in other languages, will make reasonable efforts to provide translators for non-English speaking persons at meetings and Hearings and will take steps to

accommodate persons with disabilities needing assistance. To arrange for assistance, requests must be made to the City Administrator's Office at least 5 days prior to the scheduled meeting or Hearing.

Notification of Hearing Dates

Notices of Public Hearings for the Consolidated Plan will be published in the City Source, a direct mailing sent to all households within Ashland, and in the Ashland Daily Tidings at least 15 days prior to the meetings. Notices for all other Public Hearings will be posted on the City website and will also be mailed or emailed to the Housing Authority of Jackson County to post for tenants of assisted and public housing residing in the City.

Opportunities to Comment on Draft Plans and Reports

There are a number of opportunities to comment on draft plans and reports related to the Consolidated Plan. Prior to their submission to HUD, the City will consider fully all comments received on these plans within the timeframes identified below.

The Public Participation Plan

This Public Participation Plan outlines the steps the City will take to provide citizens with opportunities to provide input into the development of plans and to comment on performance of assisted activities. The public will be advised of the availability of the Public Participation Plan and any amendments to the Plan and is invited to provide comments. Comments may be sent in writing to the Housing Program Specialist within the Department of Community Development. A notice will be placed in the Ashland Daily Tidings and on the City Website (www.ashland.or.us) providing 30 days for the public to comment on the Plan. A copy of the Public Participation Plan may be obtained at the Community Development office at 51 Windburn Way, the City Administrator's office at 20 East Main or by calling 541-488-5305. TTY phone number 1-800-735-2900.

The Consolidated Plan (and Amendments)

The City of Ashland Consolidated Plan is a long-range strategic plan that assesses community needs, establishes priority objectives and outlines strategies the City will pursue over a 5-year period to improve the City's housing and community development assets principally benefiting low and moderate income persons. The public will be advised of the availability of the Consolidated Plan and amendments to the Plan and are invited to provide comments. Comments may be sent in writing to the Housing Program Specialist within the Department of Community Development at 51 Winburn Way or by email to linda.reid@ashland.or.us. A notice will be placed in the Ashland Daily Tidings providing 30 days for the public to comment. A copy of the Consolidated Plan may be obtained at the Community Development Office or by calling (541)-552-2043. Copies will also be available at the Ashland Public Library (410 Siskiyou Blvd.) and can be accessed at the City's website: www.ashland.or.us within the "Document Center", listed under "Affordable Housing Documents".

Annual Action Plans (and Amendments)

Each year between February and May the City is required to prepare an Annual Action Plan for submission to HUD. The plan outlines the programs and activities the City will undertake in the coming year to implement the strategies of the Consolidated Plan. The Annual Plans also describe how the CDBG funds will be used over the course of the year. The public will be advised of the availability of the draft Annual Plan and amendments to the Plan and are invited to provide comments. Comments may be sent in writing to the Housing Program Specialist within the Department of Community Development at 51 Winburn Way or by email to linda.reid@ashland.or.us. A notice will be placed in the Ashland Daily Tidings providing 30 days for the public to comment. A copy of the Annual Action Plan may be obtained at the Community Development Office (51 Winburn Way), at the City's website: www.ashland.or.us within the "Document Center", listed under CDBG Documents, or by calling (541)-552-2043.

Annual Performance Reports

Each year in July or August, the City prepares a description of how the CDBG funds were used over the past program year and describes progress on other non-funded activities of the Consolidated Plan. The public will be advised of the availability of the draft Consolidated Annual Evaluation Performance Report (CAPER) and are invited to provide comments. A notice will be placed in the Ashland Daily Tidings providing 15 days for the public to comment. A copy of the CAPER may be obtained at the Community Development Office (51 Winburn Way), at the City's website: www.ashland.or.us/CDBG within the "Document Center", listed under CDBG, or by calling (541)-552-2043.

Amendments

Amendments to the Consolidated Plan or Annual Action plans may be necessary as conditions change. Amendments of a minor nature will be made as needed throughout the year. However, the public will be given an opportunity to comment on all substantial amendments to the plans following the process described above.

A "substantial" amendment to the Consolidated/Annual Plan is defined as:

- Projects with budgets of \$25,000 or more-An increase or decrease of more than 25% of the budgeted amount (unless the decrease is caused by a budget under run)
- Projects with budgets of less than \$25,000-An increase or decrease of more than 50% of the budgeted amount (unless the decrease is caused by a budget under run)
- A 25% reduction in the number of residential units to be provided.
- A 25% increase in the number of units provided for projects of five or more units.
- A change in the use of funds from one activity to another.
- A change of location for a project with no other changes in scope, does not constitute a substantial amendment.
- A change between affordable rental housing and affordable ownership housing does not constitute a substantial amendment.

Access to Information and Availability of Plan Documents

The City will provide reasonable and timely access to citizens, public agencies and other interested parties of records and information on the Consolidated Plan (and previous Consolidated Plan documents) and the City's use of the funds under the programs covered by the Plan. In addition, the City will provide information to the public during the planning process on proposed activities, the amount of assistance available, the range of activities that may be undertaken and estimates of the amount of funds that will benefit low- and moderate-income persons. Copies of the adopted Consolidated Plan and the Consolidated Annual Performance Evaluation Report are available upon request. Copies of the documents are available at Community Development Office (51 Winburn Way), or can be downloaded from the City's website: www.ashland.or.us/CDBG within the "Document Center", listed under CDBG, or by calling (541)-552-2043.

During the development of the Consolidated Plan, City staff elicited citizen participation through a variety of activities. The primary outreach tool utilized was a questionnaire that was posted on the City's website. Advertisements for the questionnaire were sent out through the City's Facebook and twitter pages, as well as through a legal notice in the local newspaper. The City also conducted direct email consultation with agencies and service providers. The City held two public hearings to provide further opportunity for public participation and feedback on the development of the plan. The first Public Hearing was held before the Housing and Human Services Commission at their regular meeting on March 26, 2020. The second public hearing was held before the City Council at their regular meeting on April 21, 2020.

5. Summary of public comments

TBA

6. Summary of comments or views not accepted and the reasons for not accepting them

Not Applicable

7. Summary

TBA

The Process

PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
CDBG Administrator		Community Development/Housing Division

Table 1 – Responsible Agencies

Narrative

The Community Development Department/Housing Division is responsible for overseeing the City of Ashland's CDBG program and maintaining compliance with HUD regulations concerning that program. Community Development Department staff annually issue the Request for Proposals for use of the CDBG funds, and, with the City of Ashland's Housing and Human Services Commission, review applications and make funding recommendations to the City Council.

Community Development/Housing Division Staff and the Housing and Human Services Commission are responsible for the preparation and development of the 2015-2019 Consolidated Plan. The City of Ashland Housing Program Specialist, the Director of the Community Development Department, the City Administrator, the Mayor, and the Ashland City Council have the responsibility of approving the Consolidated Plan and for administration of the programs covered by the Consolidated Plan. Though the City's Housing Program Specialist is tasked with the primary administrative responsibility of the CDBG program, only the City Administrator, the Mayor and the City Council have the authority to authorize grant awards and execute HUD required documents and agreements.

Consolidated Plan Public Contact Information

City of Ashland contact for the Consolidated Plan and the CDBG Program,

Linda Reid, Housing Program Specialist

20 E. Main Street, Ashland, OR 97520

(541) 552-2043 (phone); (541) 552-2050 (fax)

reidl@ashland.or.us

PR-10 Consultation – 91.100, 91.110, 91.200(b), 91.300(b), 91.215(I) and 91.315(I)

1. Introduction

The City of Ashland undertakes several activities to enhance coordination between the City, housing providers, health providers, and social service agencies.

Provide a concise summary of the jurisdiction’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).

City staff actively participates in several regional groups, including; the Jackson County Homeless Task Force, and the Jackson County Continuum of Care, the coordinating body of the HUD Continuum of Care grant. City staff also participates in intermittent groups, committees, and commissions as needed, for example, City staff often serves on the Project Community Connect planning committee, and the Point in Time planning subcommittee. Similarly, City Housing Program staff maintains good working relationships and communication with all local providers of affordable and assisted housing and services both inside the City and within the County.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

The City of Ashland has, for many years, been an active member of the Jackson County Homeless Task Force, serving on several committees and subcommittees including the Core group, which was the subcommittee that issues the request for proposals and coordinates the application and administration of the Continuum of Care grants for Jackson County. The City of Ashland’s Mayor is a member of the Jackson County Continuum of Care Board. In the last two years the governing structure of the Counties Continuum of Care in Jackson County has undergone a complete transformation. A new charter was created, a new board was established and a Continuum of Care Coordinator was hired. The CoC board is undertaking several activities to address the needs of homeless persons throughout Jackson County. The City is working in partnership with the CoC board to address the identified needs. Similarly, Housing Program Specialist continues to be active with the Jackson County Homeless Task Force, which coordinates the efforts of city and county governments, social service agencies, federal agencies, and non-profit organizations to address affordable housing and homeless issues on a regional level.

City staff coordinates with the agencies and individual members of both the Jackson County Continuum of Care (CoC) and the Jackson County Homeless Task Force, a working group of the CoC, to implement the strategies of the Ten Year Plan to End Homelessness and to evaluate the County’s progress on those strategies annually. City staff also coordinates with county partners to plan and implement the annual

Project Community Connect event, a one-day event to connect area homeless and at-risk populations with resources and community support. More recently, City staff has worked with the regional partnership established around the Community Health Assessment and the Community Health Improvement Plan undertaken to inform the Coordinated Care Organizations work in the Jackson and Josephine County regions. City staff has worked to coordinate resources targeting community needs identified through the needs assessment which identified lack of affordable housing as a major determinate of health impacting the populations that the Coordinated Care Organizations are serving. The recognition that an individual's health outcomes are greatly impacted by their access to safe, decent and affordable housing is something that housing advocates have long known, specifically, the lack of access to affordable housing to homeless individuals and families and especially for chronically homeless individuals.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

outcomes, and develop funding, policies and procedures for the administration of HMIS.

The City consults with the Jackson County Continuum of Care and the Jackson County Homeless Task Force, hosting regional meetings locally on a quarterly basis to ensure that local providers and recipients of services have the opportunity to provide input on funding needs, policy decisions and outcomes, including regional allocation of services and resources. Furthermore, the City maintains a close working relationship with Access, Jackson County's Community Action Agency, and the lead HMIS administering agency for Jackson County. Access is also the administering agency for County ESG funding. City Staff along with Access staff and a working group of the Jackson County CoC which includes representation from several other agencies' work together to monitor progress on performance standards and evaluate outcomes for ESG and CoC funded activities as well as the rate and number of the County's population who is homeless or at risk of becoming homeless. Furthermore, City staff serves on a subcommittee of the CoC which evaluates, rates and makes recommendations regarding awards for HUD CoC funding.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities.

The City conducted outreach activities to several housing and social service agencies through direct email contact, outreach at public meetings, as well as social media, and print media.

Table 2 – Agencies, groups, organizations who participated**Identify any Agency Types not consulted and provide rationale for not consulting**

Not Applicable

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care: 10-Year Plan to End Homelessness	Access	Prioritization of housing and services that serve homeless populations
Housing Needs Analysis	City of Ashland	Develop a broad range of housing types affordable to lower and moderate income households
2009 Analysis of Impediments to Fair Housing Choice	City of Ashland	Encourage diversity
Chamber of Commerce Living and Doing Business Guide	City of Ashland Chamber of Commerce	Not Applicable
City of Ashland Economic Development Strategy	City of Ashland	Promote a diverse economy, support job creation, micro-enterprise
Southern Oregon Regional Economic Development, Inc. (SORED) Comprehensive Economic Development Strategy Plan	SORED	Promote education and training to improve employment skills, Promote economic diversity, Communicate and coordinate with community partners, support microenterprise, Improve infrastructure to promote economic growth

Table 3 – Other local / regional / federal planning efforts**Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(l))****Narrative (optional):**

During the process of developing the Consolidated Plan Housing Program Staff conducted consultations with citizen's, beneficiaries, key stakeholders and HUD designated contacts from the social service, housing, and health care communities, as well as elected and appointed officials and community members regarding community resources, community needs, and barriers to meeting those needs. A notice was run in the local publication for the Ashland area inviting citizens to participate in the citizen

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participation process and to voice their opinions and concerns at one of the three public hearings. Similarly, a notice was run on the City of Ashland website. And lastly, the City completed outreach efforts including direct email contacts and announcement at public meetings to complete the online questionnaire.

DRAFT

PR-15 Citizen Participation – 91.105, 91.115, 91.200(c) and 91.300(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

During the development of the Consolidated Plan, City staff elicited citizen participation through a variety of activities. The primary outreach tool utilized was a questionnaire that was posted on the City's website. Advertisements for the questionnaire were sent out through the City's Facebook and twitter pages, as well as through a legal notice in the local newspaper. The City also conducted direct email consultation with agencies and service providers. The City will hold two public hearings to provide further opportunity for public participation and feedback on the development of the plan. The first Public Hearing will be held before the Housing and Human Services Commission at their regular meeting on March 26, 2020. The second public hearing will be held before the City Council at their regular meeting on April 21, 2020.

Citizens were encouraged to provide written comment either hand written or electronically on the draft plan from March 13th 2020 through April 21th 2020.

Public Meetings and Hearings

A total of two public hearings were held during the 2020-2024 Consolidated Planning Process.

The first public hearing will be held on **March 26, 2020**, before the City of Ashland Housing and Human Services Commission. The purpose of the initial public hearing is to provide a summary of the draft plan and to encourage public comments on the draft plan. The hearing was noticed in the legal section of the *Ashland Daily Tidings* on March 5th 2020.

The second public hearing will be held on **April 21, 2020** before the Ashland City Council. The purpose of this meeting was to accept comments on the draft plan before final approval by the City Council.

The meetings were noticed in the legal section of the *Ashland Daily Tidings* 30 days prior to the meetings to alert the public of the availability of the draft plan and to encourage public comments. The hearings were also noticed on the City's website. Lastly, the Housing Authority of Jackson County was provided notice of the comment period and public hearing in order to encourage the participation of City of Ashland residents receiving section 8/Housing Choice Voucher Program (rental assistance) and those who reside in publicly funded housing units.

Comments

TBA

Citizen Participation Outreach

Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons
Public Hearing	Beneficiaries			None
Public Hearing	Beneficiaries			None
Questionnaire	Agencies	E-mail cover letter and link to the questionnaire sent to list in Table 2.	Comments received are in aggregate with agency data and citizen data	None
Questionnaire	Non-targeted/broad community	Advertised through social media and Public notice in the Newspaper and on the City's website		None

Table 4 – Citizen Participation Outreach**Citizen Participation Outreach**

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)

Table 5 – Citizen Participation Outreach

Needs Assessment

NA-05 Overview

Needs Assessment Overview

Housing Needs

Affordable housing refers to a household's ability to find housing within their financial means. The standard measure of affordability as defined by the U.S. Department of Housing and Urban Development (HUD) is when the cost of rent and utilities (gross rent) is less than 30% of household income. When gross rent levels exceed 30% of income, particularly by a large percentage, it places a significant burden on household finances. Householders who pay more than 30% of their income toward housing costs are called "cost burdened". Householders who pay more than 50% of their income toward housing costs are called "severely cost burdened". When households are housing "cost burdened" their ability to pay for the other necessities of life are compromised.

As the data in the following tables demonstrate, the greatest housing need in Ashland is for housing affordable to both renters and owners. Census and HUD Comprehensive Housing Affordability Strategy (CHAS) data as well as data collected by Oregon Housing and Community Services demonstrate that housing cost burden (paying more than 30% of income for housing costs) and severe housing cost burden (paying more than 50%) are the City's most frequent and significant housing problems. Although households in all income ranges experience housing cost burden, the problem becomes increasingly more severe when looking at households with very low and extremely low incomes. Households with incomes at the lowest levels, less than 30% AMI, who are housing choice voucher recipients have a difficult time finding rental housing in Ashland that rents for a price that is within the limits of the program in relation to their income.

Data in the following tables also show that Ashland has relatively few housing units (less than 25%) which would be considered substandard or having severe housing problems such as lack of plumbing and kitchen facilities or who experiencing overcrowding. Similarly, relatively few housing units within Ashland are considered unsafe or may have the potential to contain lead based paint (See table 34 on pg. 56).

Public Housing

The Housing Authority of Jackson County (HAJC) is the public housing authority that serves Jackson County. HAJC neither owns nor operates public housing units, so the Consolidated Plan narrative requirements related to public housing are not applicable to the City of Ashland. HAJC does however administer the Housing Choice Voucher program, which provides rental subsidies to qualifying low-income families in Jackson County.

Homeless Needs

According to data gathered by the Jackson County Continuum of Care during the annual point-in-time homeless count there were a total of 732 homeless persons in Jackson County on January 22, 2018. Of that total, 62 were counted in Ashland alone. For a detailed summary of homeless populations by household type, and subpopulation see table 5 below. Issues identified by the point in time count, citizens and providers of services to homeless populations include; a need for low-cost rental housing, treatment for mental illness, and/or drug and alcohol addiction (dual diagnosis) as well as barrier removal, life skills and employment skills training. These issues are especially prevalent in Ashland; as a smaller rural community Ashland has many housing market constraints, (which are expounded upon elsewhere in this document) that contributes to a lack of rental housing affordable to populations with the lowest incomes, as well as a general lack of services, which tend to be located in Medford, a neighboring City nineteen miles to the North of Ashland, with three and a half times the population of Ashland.

**2018 Point-in-Time Count Homeless Population
Subpopulations for Jackson County and Ashland**

	Jackson County	Ashland
Total Homeless	732	62
Sheltered	403	21
Unsheltered	239	41
Chronically Homeless	219	40
Veterans	117	8
Unaccompanied Youth	-	-

Table 5-PIT count by type

Summary of Ashland PIT Count January 2018 and 2019

(Because of the large number of incomplete surveys, most answers do not total number of individuals surveyed).

QUESTION	2018	2019
Number of Surveys taken	62	77
Where did you sleep the night of Monday, January 22, 2018/January 21, 2019		
Unsheltered	38	19
Vehicle	3	17
Shelter, Friend or No Answer	21	4
US Military Veteran		
Yes	8	3
Age		
Average Age	45.9	40
QUESTION	2018	2019
Median Age	42.1	38.5

QUESTION	2018	2019
Number over age over 60	10	5
Gender		
Male	45	28
Female	14	10
Transgender	1	1
History of being Unhoused		
Continuously homeless this episode for 1 year or more.	44	25
Had 4 or more episodes of homelessness in past 3 years that equal 12 months combined.	36	14
Have been on the street or in a shelter 4 or more times in the past 3 years.	40	7
Disabilities		
Has no disabling condition	21	23
Has one or more disabling conditions.	37	15
Has three or more disabling conditions.	12	6
Ethnicity		
Hispanic	6	2
Race		
White	44	27
American Indian or Native Alaskan	6	0
Black	1	1
Multiple Races	2	0
Asian	0	4
Native Hawaiian or Pacific Islander	0	1
Refused to state or unknown	9	5
Residence		
Do you consider Jackson County to be your home?		
Yes	33	-
No	8	11
How long have you lived in Jackson County?		
Less than 1 year	35	20
1-3 years	4	11
3-5 years	2	15
5 or more years	15	25
Did you come to Jackson County because of homeless services available?		
No	35	65
Yes	3	7
Monthly Income		
Less than \$700	27	57

QUESTION	2018	2019
\$700-\$1,000	1	6
\$1,000 or more	11	8
Other information		
Do you have health insurance?		
Yes	31	58
No	10	5
Do you have access to health care?		
Yes	28	54
No	7	14
Are there any barriers to you staying in emergency shelters?		
Yes	28	15
Has homelessness prevented you from gaining employment?		
Yes	17	35

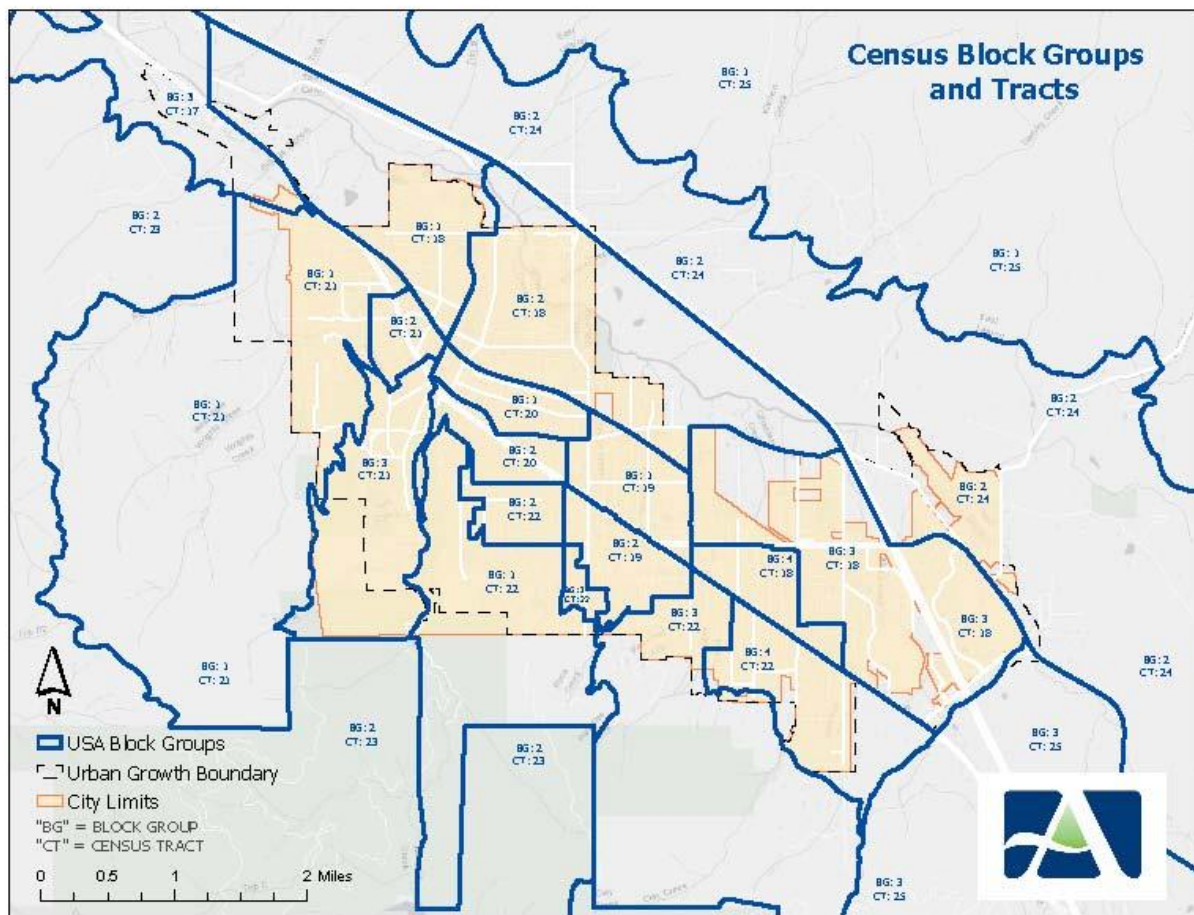
NA-10 Housing Needs Assessment - 24 CFR 91.205 (a,b,c)

Summary of Housing Needs

Demographics	Base Year: 2009	Most Recent Year: 2015	% Change
Population	20,078	20,555	2%
Households	9,650	9,445	-2%
Median Income	\$38,436.00	\$45,704.00	19%

Table 6 - Housing Needs Assessment Demographics

Data Source: 2005-2009 ACS (Base Year), 2011-2015 ACS (Most Recent Year)



Census Block Groups and Tracts

Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households	1,350	1,060	1,425	675	4,935
Small Family Households	315	265	500	145	1,850
Large Family Households	25	4	35	0	95
Household contains at least one person 62-74 years of age	205	315	315	240	1,585
Household contains at least one person age 75 or older	28	119	275	105	675
Households with one or more children 6 years old or younger	174	95	125	53	330

Table 7 - Total Households Table

Data 2011-2015 CHAS
Source:

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	35	4	60	25	124	0	25	0	0	25
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	4	25	0	0	29	0	0	0	0	0
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	0	0	0	0	0	0	0	0	0	0
Housing cost burden greater than 50% of income (and none of the above problems)	785	410	185	30	1,410	195	220	305	45	765

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Housing cost burden greater than 30% of income (and none of the above problems)	65	170	400	120	755	4	65	90	130	289
Zero/negative Income (and none of the above problems)	80	0	0	0	80	145	0	0	0	145

Table 8 – Housing Problems Table

Data 2011-2015 CHAS
Source:

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	825	440	245	55	1,565	195	245	305	45	790
Having none of four housing problems	90	255	550	280	1,175	15	115	325	300	755
Household has negative income, but none of the other housing problems	80	0	0	0	80	145	0	0	0	145

Table 9 – Housing Problems 2

Data 2011-2015 CHAS
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	215	170	260	645	15	45	120	180
Large Related	4	0	15	19	15	4	0	19
Elderly	80	175	129	384	84	189	234	507
Other	585	260	235	1,080	85	70	45	200
Total need by income	884	605	639	2,128	199	308	399	906

Table 10 – Cost Burden > 30%

Data 2011-2015 CHAS
Source:

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	195	110	110	415	15	45	80	140
Large Related	4	0	15	19	15	0	0	15
Elderly	80	105	40	225	80	140	200	420
Other	535	200	40	775	85	60	25	170
Total need by income	814	415	205	1,434	195	245	305	745

Table 11 – Cost Burden > 50%

Data 2011-2015 CHAS
Source:

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	4	25	0	0	29	0	0	0	0	0

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Multiple, unrelated family households	0	0	0	0	0	0	0	0	0	0
Other, non-family households	0	0	0	0	0	0	0	0	0	0
Total need by income	4	25	0	0	29	0	0	0	0	0

Table 12 – Crowding Information – 1/2

Data Source: 2011-2015 CHAS

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present	0	0	0	0	0	0	0	0

Table 13 – Crowding Information – 2/2

Data Source
Comments:

Describe the number and type of single person households in need of housing assistance.

According to CHAS Data there are 3,835 households below 80% of Area Median Income in Ashland. CHAS data also identified that there are 2,228 renter households and 906 owner households that experience cost burden. According to Census data, there are a total of 3,840 households, or 39.5% of Ashland households are single person households. Neither CHAS data nor Census data provides a breakdown of housing problems by type and number in household.

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

Census data estimates that there are 3,104 family households in Ashland. American Community Survey Data estimates that there are 981 individuals who experience hearing difficulties, 434 individuals who experience visual difficulties, and 795 individuals experience cognitive difficulties. Furthermore, 986 individuals experience ambulatory difficulty, 368 experience difficulty with self-care, and 900 report difficulty with independent living. However, data that identifies both family type and disability are not available.

Community Works is the community's sole provider of services to victims of domestic and dating violence. The City provides Social Service grant funding to Community Works to help support the work they do throughout the community. From 2017-2019 Community works provided shelter to 494 individuals experiencing domestic violence, 22 of those were identified as residents of Ashland. In that same time period Community Works served 615 victims of sexual assault, 50 of those individuals identified as Ashland residents.

What are the most common housing problems?

Oregon Housing and Community Services identified that 33.6% or 1,416 renter households in Ashland experience severe cost burden. CHAS data identifies that 745 owner households earning 80% of the Area Median Income also experience severe cost burden. Cost burden is the most prevalent and pressing housing problem in the City of Ashland.

Are any populations/household types more affected than others by these problems?

The populations/household types which are most effected by housing cost burden and housing problems are those households with the lowest incomes, which often includes peoples with fixed or limited incomes such as seniors and peoples with disabilities and/or peoples experiencing mental illness, and large families with children. Extremely Low-Income Households experience cost burden at greater levels than other income groups. Renter households also experience greater cost burden than ownership households.

These problems are not shared disproportionately with any racial or ethnic minority group, except Native American/Alaska Natives who disproportionately experience housing cost burden. Similarly, single family households and "other" households appear to be most affected by cost burden and housing problems, with those households with the lowest incomes experiencing the most cost burden and housing problems.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

It is hard to infer from the little evidence on these populations that the City has been able to collect and from census data the full extent of a household's risk for becoming homeless or the characteristics of those individuals and families. But from the reporting submitted by grantees that serve homeless and at risk populations, and from data presented throughout this document from a variety of sources the City can deduce the following; Households with the lowest incomes (30% of the AMI or less) are at the greatest risk for losing housing. Households that are both low income and which have members who experience either mental illness, physical illness and or/substance abuse are also at risk for housing

instability. Further, households that are transitioning from chronic or long term homelessness are also vulnerable to continued housing instability.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

The City of Ashland does not receive or provide estimates of the number of households who are considered at risk of homelessness. When that term is used throughout this document it is used to mean households who are vulnerable to housing instability for a number of reasons including having an income below 80% of AMI, belonging to a presumed benefit category such as being frail, elderly, or disabled, having a diagnosis of mental illness, having been a victim of domestic violence, having or living in a household that experiences drug and/or alcohol addiction or having had a history of chronic homelessness. These circumstances alone or in any combination can lead to housing instability and therefore are considered for the purposes of this plan to be circumstances which can contribute to a household's vulnerability to housing instability and potential homelessness.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

The housing characteristic that has been most linked with housing instability and increased risk for homelessness is housing cost burden. A families' or individual's ability to maintain a stable living situation is directly linked to their ability to afford that housing and while also maintaining other necessities such as food, transportation, and medications, and/or emergency costs as they arise. As can be seen in tables NA-15, NA-25, and NA-30 all housing issues including housing cost burden, and severe housing problems are disproportionately impacting those households with the lowest incomes.

NA-15 Disproportionately Greater Need: Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

0%-30% of Area Median Income

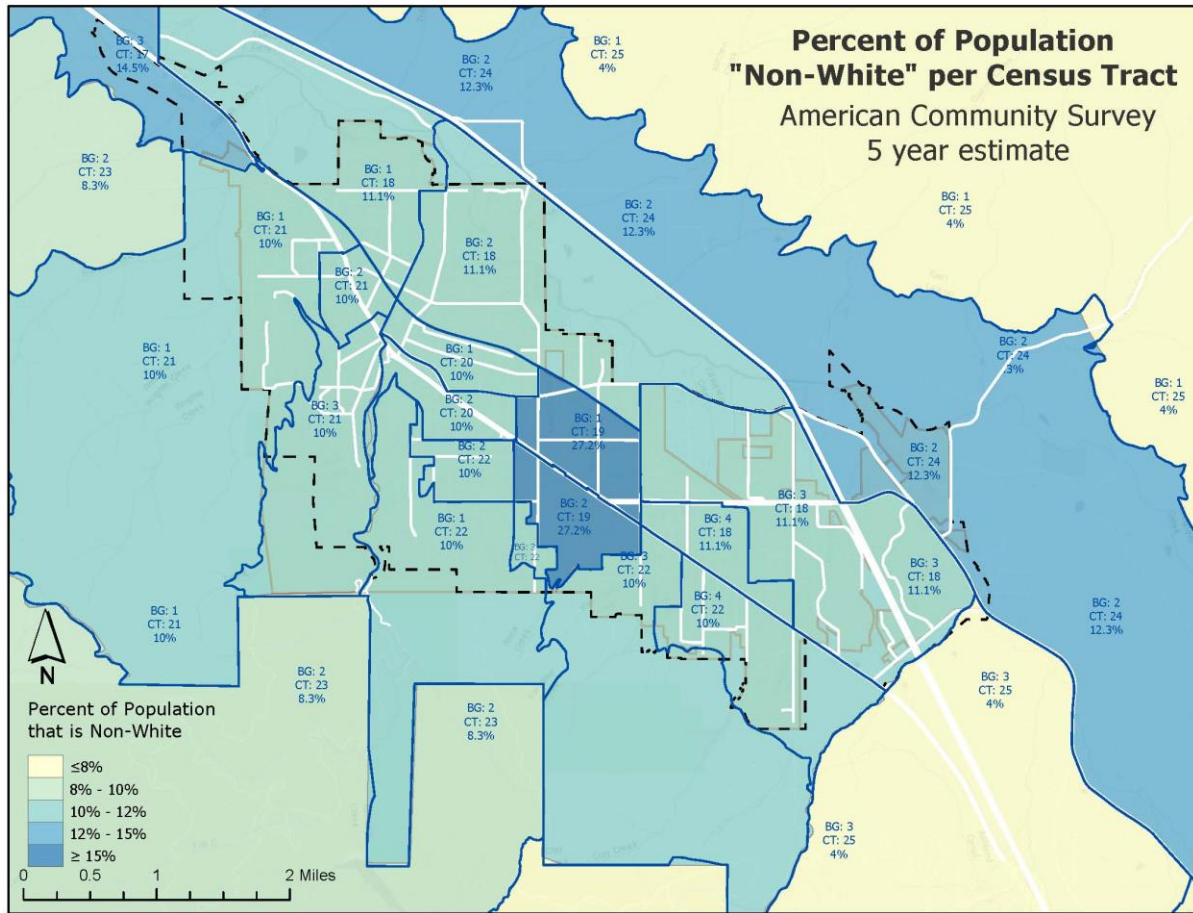
Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,090	29	225
White	910	19	225
Black / African American	30	0	0
Asian	0	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	75	0	0

Table 14 - Disproportionally Greater Need 0 - 30% AMI

Data Source: 2011-2015 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%



Percent Non-White by Census Tract

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	920	140	0
White	835	130	0
Black / African American	15	0	0
Asian	20	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	25	10	0

Table 15 - Disproportionally Greater Need 30 - 50% AMI

Data 2011-2015 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,040	380	0
White	950	300	0
Black / African American	25	0	0
Asian	30	0	0
American Indian, Alaska Native	10	0	0
Pacific Islander	0	0	0
Hispanic	30	75	0

Table 16 - Disproportionally Greater Need 50 - 80% AMI

Data 2011-2015 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	345	330	0
White	305	315	0
Black / African American	0	0	0
Asian	20	4	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	4	0	0

Table 17 - Disproportionally Greater Need 80 - 100% AMI

Data 2011-2015 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

Discussion

According to CHAS data, only American Indian/Alaska Native households earning 50-80% of Area Median Income are the only racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

DRAFT

NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,020	105	225
White	855	80	225
Black / African American	30	0	0
Asian	0	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	75	0	0

Table 18 – Severe Housing Problems 0 - 30% AMI

Data Source: 2011-2015 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	685	370	0
White	650	310	0
Black / African American	0	15	0
Asian	0	20	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	4	30	0

Table 19 – Severe Housing Problems 30 - 50% AMI

Data 2011-2015 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	550	875	0
White	500	750	0
Black / African American	0	25	0
Asian	25	4	0
American Indian, Alaska Native	10	4	0
Pacific Islander	0	0	0
Hispanic	20	85	0

Table 20 – Severe Housing Problems 50 - 80% AMI

Data 2011-2015 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	100	580	0
White	90	530	0
Black / African American	0	0	0
Asian	0	24	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	0	4	0

Table 21 – Severe Housing Problems 80 - 100% AMI

Data 2011-2015 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

Discussion

Very few households experience severe housing problems within the City of Ashland and According to CHAS data, however, African American households disproportionately experienced severe housing problems at a greater rate than that of the jurisdiction as a whole.

DRAFT

NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction:

According to 24 CFR 91.205 (b)(2), disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group in a category of need is at least 10 percentage points higher than the percentage of persons in the category as a whole.

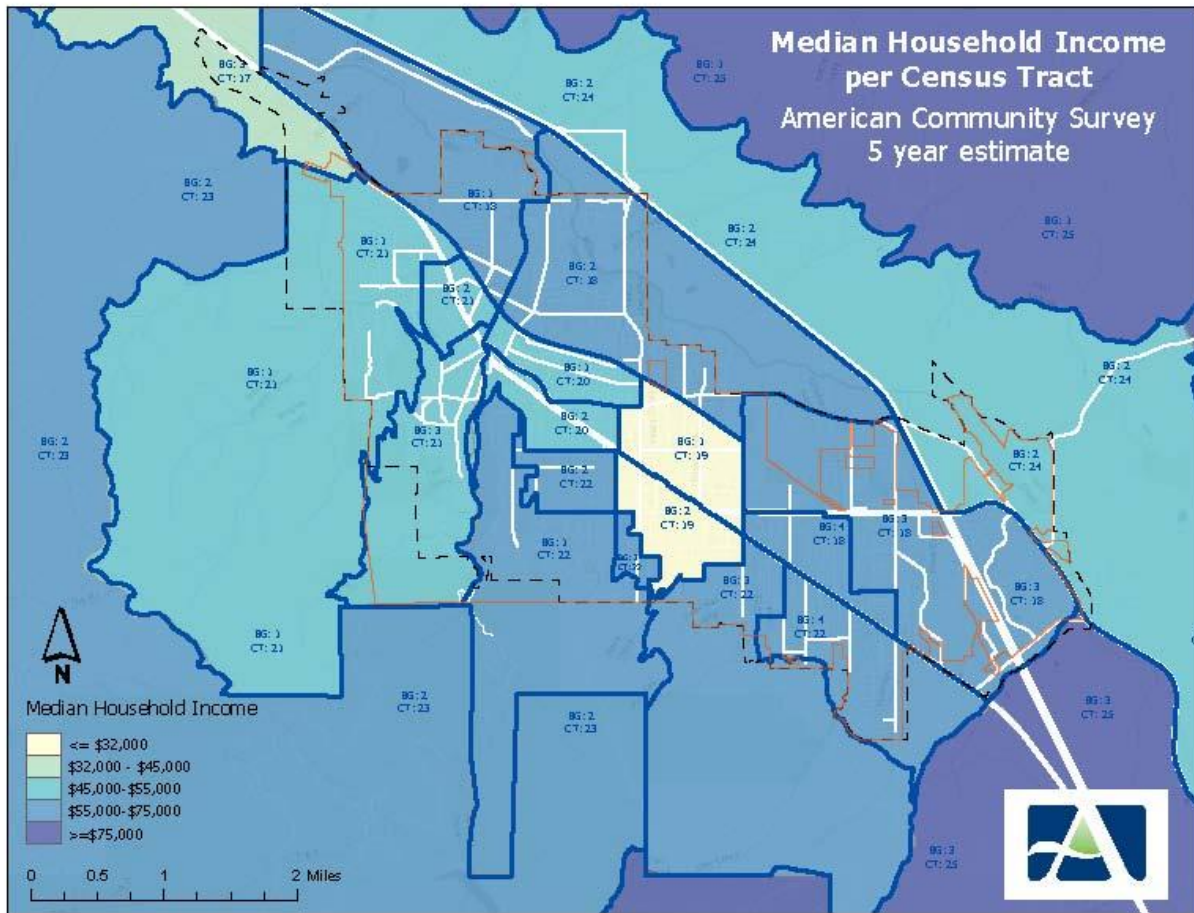
Cost burden predominantly impacts those households with the lowest incomes. African American households, and at some income levels, Asian households experience housing cost burden at a greater rate than either Caucasian households or than the jurisdiction as a whole.

Housing Cost Burden

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	5,195	1,680	2,345	235
White	4,790	1,500	2,080	235
Black / African American	100	40	30	0
Asian	70	70	25	0
American Indian, Alaska Native	4	4	10	0
Pacific Islander	0	0	0	0
Hispanic	135	40	100	0

Table 22 – Greater Need: Housing Cost Burdens AMI

Data Source: 2011-2015 CHAS



Median Income by Census Tract

Discussion:

African American households with low incomes disproportionately experience housing cost burden, with those households with the lowest incomes, 30% of the Area Median Income or below, experiencing the greatest levels of cost burden, nearly 15% greater than the jurisdiction as a whole. Asian households earning between 30%-50% of the Area Median Income also experience disproportionate housing cost burden, though just under the 10% threshold to be considered disproportionate, it is clear that Asian households in this income category, experience much greater cost burden than any other group in that income category except African American households.

NA-30 Disproportionately Greater Need: Discussion – 91.205(b)(2)

Are there any income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

Yes, low income African American households experience disproportionately greater housing cost burden than the general population and African American households earning between 50-80% of the Area Median Income experience disproportionately greater housing problems. At some income levels Asian households and American Indian and Native Alaskan households also experience disproportionately greater housing cost burden and housing problems. No, there are no racial or ethnic groups that have a disproportionately greater need than the needs of that income category as a whole.

If they have needs not identified above, what are those needs?

There is so little racial and/or ethnic diversity within the City of Ashland that there are no disproportionate needs among any racial or ethnic groups beyond those identified above.

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

No, none of the racial or ethnic groups are located in specific areas in the community.

NA-35 Public Housing – 91.205(b)

Introduction

Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	93	0	1,835	1	1,732	90	0	0

Table 23 - Public Housing by Program Type

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Data Source: PIC (PIH Information Center)

Characteristics of Residents

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	
Average Annual Income	0	9,797	0	11,558	1,892	11,567	10,905		0
Average length of stay	0	6	0	5	1	5	0		0
Average Household size	0	1	0	2	4	2	1		0

Demo

	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program
# Homeless at admission	0	0	0	40	0	0	40	0
# of Elderly Program Participants (>62)	0	21	0	352	0	330	18	0
# of Disabled Families	0	51	0	582	0	556	23	0
# of Families requesting accessibility features	0	93	0	1,835	1	1,732	90	0
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

Table 24 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Race of Residents

Race	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	86	0	1,731	1	1,644	74	0	0
Black/African American	0	3	0	51	0	39	12	0	0
Asian	0	2	0	7	0	7	0	0	0

Program Type									
Race	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
American Indian/Alaska Native	0	2	0	41	0	37	4	0	0
Pacific Islander	0	0	0	5	0	5	0	0	0
Other	0	0	0	0	0	0	0	0	0
*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition									

Table 25 – Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Ethnicity of Residents

Program Type									
Ethnicity	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	2	0	118	0	114	3	0	0
Not Hispanic	0	91	0	1,717	1	1,618	87	0	0
*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition									

Table 26 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

According to the Housing Authority of Jackson County's Tenant Statistical Report for November 2019, of the 157 households currently receiving section 8 assistance, 43% are elderly, 52% experience a disability. There are no public housing units within the City of Ashland. The report from the Housing Authority of Jackson County does not provide demographic information on tenants residing in project based voucher units owned or managed by other housing providers. Those numbers will be reflected in the tables above, however, those tables also include tenants covered by the Housing Authority's report.

Most immediate needs of residents of Public Housing and Housing Choice voucher holders

The Section 8 waitlist currently has 211 households on the waitlist. The households on the Section 8 waitlist share the need for safe, decent and affordable housing with much of the Ashland population, as many Ashland households experience housing cost burden. This is the most immediate need for Housing Choice voucher holders. In recent years rents along with sale prices, have risen precipitously. Consequently, housing vouchers amounts and incomes have not kept pace with housing costs. Many voucher holders are unable to find homes that rent for a rate which will meet the requirements of the Housing Choice program. Some voucher holders are unable to secure housing in the time allowed and are unable to accept the voucher.

How do these needs compare to the housing needs of the population at large

The percentage of Ashland households that experience housing cost burden are exemplified in Table 17 on page 29. That table shows that 46% of households earning 50% AMI or less experience housing cost burden. Households at many income levels, up to and beyond 100% of Area Median Income, experience housing cost burden. Ashland like much of the nation is experiencing a housing crisis.

NA-40 Homeless Needs Assessment – 91.205(c)

Introduction:

Chronically Homeless Populations

According to the 2019 Continuum of Care Point in Time Count the total number homeless individuals surveyed totaled 712. This was a 2.7% decrease from the previous year. Of those counted 37% were unsheltered, and nearly 28% of those surveyed qualified as chronically homeless. To be considered chronically homeless an individual must have experienced four episodes of homelessness in three years and also have a disabling condition or have been continuously homeless for 12 consecutive months and also have a disabling condition. Disabling conditions include: a diagnosable substance use disorder, a serious mental illness, a developmental disability, a chronic physical illness, including the co-occurrence of two or more of these conditions.

Rapid Re-housing (Veteran's and their families)

Rapid re-housing is a federally funded program that serves individuals and families experiencing homelessness who need time-limited assistance in order to get and keep housing. It reduces the length of time people experience homelessness, minimizes the impact of homelessness on their lives, and facilitates their access to resources in the community.

Families

In 2019 the Point in Time homeless count found 110 homeless people in families, and 16 chronically homeless people in families. Of the 110 homeless people in families 22% were sheltered and 77% homeless people in families were unsheltered. Among the 110 homeless people in families, there were 60 children.

Unaccompanied Youth

In 2019 the Point in Time homeless count found homeless unaccompanied youth under the age of 18 and 40 homeless unaccompanied young adults between the ages of 18 and 24, and 12 homeless parenting youth between the ages of 18 and 24. Of the total 33 unaccompanied youth and children were sheltered and 28 that were unsheltered.

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth): Data is not available for the numbers of persons becoming and exiting homelessness each year, or the number of days that persons experienced homelessness.

DRAFT

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

An estimate of the number and type of families in need of housing assistance for homeless people in families and for homeless veterans is provided based on Point In Time (PIT) counts conducted by the regional Continuum of Care. The Jackson County Continuum of Care Coordinates the Point in Time count in January each year. The Point in time count is conducted for the entire county, totals for Ashland are separated out of the regional totals, however in recognition of the transient nature of the county's homeless population, data from the regional PIT counts will be included as well.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

The City does not have data that breaks out racial and ethnic data by homeless household type. There is however, racial and ethnic data for Jackson county. The data show that the majority of those who are homeless in Jackson County are white, with the second largest racial group experiencing homelessness being American Indian/Alaska Native with 36 individuals.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

According to the 2019 Point in Time count data 63% of the County's homeless population have some sort of shelter, whether it is through and emergency shelter, transitional housing, or permanent supportive housing. By far the largest population of unsheltered homeless identify as "homeless individuals" at 24%, followed by homeless people in families at 12.3%.

Discussion:

The homeless population in both Ashland and Jackson County have many unmet needs. It is a strategic priority of the City to target CDBG and other City funding to housing and services designed to alleviate the issues facing homeless populations. Furthermore, the City is continuing its ongoing efforts to work with regional and local planning groups and committees to coordinate resources and implement the strategies outlined in the Jackson County Ten Year Plan to End Homelessness.

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)

Introduction:

The City of Ashland has an aging population, and since the writing of the last Consolidated plan, the percentage of the population aged 65 years old and older grew from 19% in 2010 to 22% in 2017[1]. It is expected that this age cohort will continue to grow and that as the population grows so too will their housing and service needs.

Describe the characteristics of special needs populations in your community:

Frail Elderly while the extent of persons who are over 65 with severely debilitated health is not known, an indication of need is found in data on services received by the City's Senior Program. For Fiscal Year 2018-19, the Ashland Senior Services Division provided over 13,000 services including information and referral; consultations; health promotion; fitness, recreation, and educational classes; and social/cultural events. In addition, RVCOG Food & Friends provided over 15,000 meals to Ashland seniors from the Ashland Senior Center host site. Currently 2013-2017 American Community Survey estimates show that the population of Ashland that is 65 years old and older is 4,572 persons, or 22.1% of the population.

Persons with disabilities Census data reports that 4,468 people with disabilities resided in Ashland as of the 2013-2017 ACS survey estimates.

Persons with Mental Illness Mental illness can be mild and short-term or can be incapacitating and long-term. Mental illness can affect a person's ability to work or perform daily activities independently. According to Oregon's State Health Assessment for 2018, the State of Oregon has the "highest prevalence of mental illness among youth and adults of any state in the nation." [1] There were approximately 28,000 people with severe mental illness living in Jackson County (major mental illnesses, such as schizophrenia, bi-polar disorders, and other organic brain disorders) in 2014. There was not updated information regarding the number of people living with severe mental illness in Jackson County.

Victims of Domestic Violence Domestic violence is a pattern of behavior where one partner in an intimate relationship chooses to use coercion, controlling and abusive behaviors to establish and maintain power and control over the other persons. Domestic Violence comes in many forms and can include physical, psychological, economic and emotional abuse. Victims of Domestic Violence have significant immediate needs for shelter and crisis services, and many benefit from long-term counseling and support to break the cycle of violence. Community Works, the local agency specializes in services for victim's violence, reports that in the 24-month period between 2017 and 2019, Dunn House, the emergency shelter for victims of domestic violence, served 393 women 99 men, and 284.

Substance Abuse Chemical dependency is a complex chronic illness whose impact can be devastating to the lives of individuals and their families. A community health assessment for Jackson County compiled

in 2013 found that Jackson County adults drink at a rate that is twice the national benchmark (7%), and engage in binge drinking at a rate higher than the state average then that of neighboring counties. The report also shows that Jackson County has the one of the highest rates of opioid deaths in the state of Oregon. [2]

What are the housing and supportive service needs of these populations and how are these needs determined?

Housing and supportive service needs of non-homeless special needs populations were determined through a combination of public outreach and direct consultation with community partners and service providers (as described elsewhere in the document), and state and local needs assessments and reports.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

Very little data exists on the population with HIV/AIDS and their families within Ashland. The most recent data obtained from the Oregon Public Health Division indicates that there were a total of 126 cases of non-AIDS HIV cases and 159 cases of AIDS cases, for a total of 285 cases of HIV/AIDS (up from 138 delineated in the 2015-2019 Consolidated Plan) in Jackson County as of April of 2019. Data further indicates that cases are highest among age groups 50 and over. Demographically, White non-Hispanic males are the populations experiencing the greatest incidents of infection in the Jackson County area.

NA-50 Non-Housing Community Development Needs – 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

For a city the size of Ashland, there are many public facilities available that often are not found in other communities of Ashland's size. The City has a full service health care facility, Ashland Community Hospital, which has grown substantially over the years and which offers a wide variety of services. However, Ashland also has a low-cost health clinic, Community Health Care Center, which offers a variety of services on a sliding scale fee basis. Ashland also has a Planned Parenthood office and access to a mobile health care clinic offered through La Clinica health services.

Ashland is widely known for its high quality Parks and Recreation facilities which maintains arguably the largest and most popular park within Jackson County, Lithia park. The City has in the past dedicated CDBG funds to improving access to all of the City owned facilities including parks buildings, to make them more accessible and available for public use.

The City of Ashland runs its own Senior Center through the Ashland Parks and Recreation Department which offers a variety of services including information and referral services, housing information and social interactions through meals and activities. Similarly, the City has a variety of housing options for senior and elderly populations that serve a continuum of housing and care needs.

Within the City of Ashland there are four providers of services to populations with special needs. Ashland Supportive Housing offers housing, support services, and outreach to peoples with developmental disabilities. Living Opportunities provides services to support independent living, employment support, skills training and education and outreach for peoples with developmental disabilities and their families. Options of Southern Oregon based in Grants Pass offers housing and support services for peoples with severe mental illness. And lastly, Pathway Enterprises offers employment support and placement within the community for peoples with developmental disabilities. Many other services for special needs populations are offered through County wide service providers, which do not have a location within the City of Ashland but which are available to serve residents of Ashland.

In 2004 the City of Ashland funded a youth center to serve at-risk, low-income youth, however the facility was unable to attain the numbers of participants anticipated and eventually the youth center building was bought back by the City and remains available for community use.

The City of Ashland has dedicated a lot of resources, both City resources and CDBG resources to improving public facilities. Consequently, Ashland has very few public facilities needs which are not otherwise being met.

How were these needs determined?

Public facilities needs were determined through a combination of public outreach and direct consultation with community partners and service providers (as described elsewhere in the document), and reports.

Describe the jurisdiction's need for Public Improvements:

Public Facilities improvements are funded from dedicated resources such as systems development charges, consequently the cost of funding these activities are generally not prioritized through the CDBG planning process. The City of Ashland completes a capital improvement plan which delineates the public facilities improvements the City has prioritized over a six-year period. Over the next five years the Capital improvement plan identifies several activities including water treatment plant improvements, and the dedication of funding on an annual basis to complete sidewalk and wheelchair ramp repairs and improvements.

How were these needs determined?

Public Facilities improvements are funded from dedicated resources such as systems development charges, consequently the cost of funding these activities are generally not prioritized through the CDBG planning process. The City of Ashland completes a capital improvement plan which delineates the public facilities improvements the City has prioritized over a six-year period. Over the next five years the Capital improvement plan identifies several activities including water treatment plant improvements, and the dedication of funding on an annual basis to complete sidewalk and wheelchair ramp repairs and improvements.

Describe the jurisdiction's need for Public Services:

The City identifies prioritized public facilities improvement projects through a long term master planning process involving community input through a public/public hearing process. The City also identifies project priorities based on federal and state regulatory requirements and available funding.

How were these needs determined?

Currently the most pressing public service needs identified through the community outreach, direct consultation with service providers and through the public hearing process are:

- Services for those with mental illness
- Services to homeless populations
- Drug and Alcohol treatment services
- Life skills and job skills training
- Improved transportation options

- Emergency housing assistance such as rental assistance to prevent housing loss

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

This section provides information on the affordability and condition of the housing market in the City of Ashland, which has unique existing housing conditions within the Rogue Valley housing market. Some of the unique aspects of the market include:

- **Relatively slow growth.** According to the City's 2012 Housing Needs Assessment, the City of Ashland has seen a shift in the last twenty years toward a more service- and retail-oriented economy throughout the area, given the migration of middle- and upper-income "Baby Boomers" and retirees to Southern Oregon.
- **Inflow and outflow of workers.** Due to numerous factors including the high cost of housing in Ashland, low vacancy rates as well as Ashland's success as a tourist destination, many of the people who work in Ashland live outside of the city. Given the small geographic size of the Metropolitan Statistical Area, the regions encompassing Medford and Ashland often function as one regional market for both housing and employment. Consequently, many Ashland residents are employed outside of the City.
- **High cost of housing and lower homeownership rates.** The area has a lower homeownership rate than other areas of the Medford MSA (but which is comparable to other college towns). The median home sales price in Ashland is not affordable to households with median incomes, and especially for those who work in the area's service sectors that have lower average wages.
- **Challenges for multifamily development.** There are many challenges for multifamily development in the Ashland region. The area has seen little construction activity for new multifamily rental developments, existing rental units have been converted to condominiums, and land zoned for multi-family development has been developed as for purchase housing.

Data was obtained from many sources, including the U.S. Department of Housing and Urban Development (HUD), the American Community Survey (ACS), and information from local partners.

MA-10 Number of Housing Units – 91.210(a)&(b)(2)

Introduction

All residential properties by number of units

Property Type	Number	%
1-unit detached structure	6,485	63%
1-unit, attached structure	885	9%
2-4 units	1,015	10%
5-19 units	1,055	10%
20 or more units	615	6%
Mobile Home, boat, RV, van, etc	318	3%
Total	10,373	100%

Table 27 – Residential Properties by Unit Number

Data Source: 2011-2015 ACS

Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	15	0%	365	8%
1 bedroom	135	3%	1,095	25%
2 bedrooms	1,555	30%	1,450	34%
3 or more bedrooms	3,420	67%	1,400	32%
Total	5,125	100%	4,310	99%

Table 28 – Unit Size by Tenure

Data Source: 2011-2015 ACS

Property Name	Property Type	Number of Units	Income Limit
Ashley Garden	Family	40	60%
Ashley Senior	Senior	62	60%
Stratford	Family	51	100%
Donald E. Lewis	Senior	40	30%
Star Thistle	Disabled	12	50%
Parkview	Family	6	60%
Snowberry Brook	Family	60	50%
Hyde Park	Family	6	50%
TOTAL		365	

Table 29 A– Affordable Housing Units

Property Name	Property Type	Number of Units	Number of Assisted Units
Ashland Garden	Family	40	20
Ashley Senior	Senior and Disabled	62	41

Stratford	Family	51	50
Donald E. Lewis	Senior and Disabled	40	40
Star Thistle	Disabled	12	12
Total		205	163

Table 32 -B- Properties with Project-based Subsidies

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

The City of Ashland has a limited number of units that have received some form of federal, state, and/or local assistance requiring that the units be targeted to low-income or special needs populations. **Table 32-A** provides a list of units assisted with state or federal funding, the targeted income limit of the households, and the types of households the developments serve. Locally, the City's affordable housing program has restricted the deeds for several units through a variety of mechanisms, including land-use regulations, incentive programs, and investment of Community Development Block Grant (CDBG) dollars. Though some of these units are rental units, the majority of the units are owner-occupied.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

Since 2008, 89 units receiving HUD project based subsidies have expired without the renewal of HUD-funded Section 8 contracts (this number is not representative of other types of state or federally financed units, just HUD project based subsidized units). This represents 41% of the City's total subsidized housing stock targeted to those with the lowest incomes and the greatest need for housing assistance. These units represent 95% of the City's Section 8 contracted properties. The 12-unit housing development, Star Thistle, is the only remaining HUD-financed property within the City. The City does not anticipate the further loss of affordable housing units due to expiring Section 8 contracts or for other reasons. The remaining balance of units required to be affordable through state and federal obligations are detailed in **Table 32-A** and **Table 32-B** above.

According to November 2019 Housing Authority of Jackson County data, there were 157 households that held Section 8 vouchers and 211 households on the waitlist for Section 8 vouchers in the City of Ashland. There were 163 subsidized project-based units within the City of Ashland. The Housing Authority of Jackson County's Public Housing Authority plan goals are consistent with the City of Ashland's Consolidated Plan goals.

Does the availability of housing units meet the needs of the population?

Currently, providers of affordable housing units within the City of Ashland report that they maintain waiting lists of one to two years. The Housing Authority of Jackson County reports that the Section 8 waitlist for the City of Ashland comprises 211 households, while the approximate wait time to receive a

Section 8 voucher within Jackson County is three years. While the need for housing affordable for households earning 80% of the Area Median Income or less is well documented than that of lower income households, the availability of housing to meet the financial needs for households earning area median income or above, is even more difficult to ascertain. The 2013-17 ACS reports the rental vacancy rates for Ashland to be 3.3%. The rental housing market in Ashland is anecdotally reported to have a lower vacancy rate than that of either the state or the county. Based on the number of households on the waitlist for section 8, and the length of the waitlists for regulated affordable housing units in Ashland, I think it would be safe to conclude that the number of housing units is not meeting the needs of the population that would identify as low-income.

Describe the need for specific types of housing:

Affordable housing providers and a multitude of other sources cite the need for regulated affordable housing units, housing units affordable to those with the lowest incomes, and housing units which are accessible and allow for households to age in place.

Discussion

Both the 2007 Rental Needs Analysis and the 2012 Housing Needs Analysis identify a deficiency of studio and one-bedroom units. Similarly, affordable housing units available to large families (three bedroom units) have been identified as having unmet need. The City is expecting the development of 90 new affordable housing units to be developed within the next couple of years. However, the City of Ashland continues to face challenges to meet the demand for affordable housing.

2019 Housing Strategy Implementation Plan

In 2018, with a grant from the Department of Land Conservation, the City was able to hire a consultant, EcoNorthwest, to undertake an evaluation of the City's land use code and incentive programs, and determine what measures, if any, could remove barriers or provide incentives to the development of multifamily rental housing. The Study was called the Ashland Housing Strategies Plan. The strategies considered within that document were identified through a larger process that resulted in a regional housing study:

- Increases to maximum allowed density (i.e., dwelling units per acre), height limits, and lot coverage allowances in the R-2 (Medium Density Residential) and R-3 (High Density Residential).
- Decreases to parking requirements for multifamily housing.
- A property tax abatement program for multifamily housing that meets locally established criteria.

The study identified that the most limiting development code factor is the maximum density (dwelling units per acre) standard. Ultimately the Study surmised that there is little the City can do to overcome financing challenges for apartment development in small markets. However, the study

identified that the City does have some ability to impact outcomes by removing zoning code obstacles to multifamily development to avoid being part of the problem. The study also identified additional actions the City can take such as offering incentives for development of multifamily rental housing at a range of price points to become a larger part of the solution. “Enabling more efficient development benefits both market-rate and affordable housing developers and helps supply keep pace with demand, preventing a greater affordability challenge later”.

MA-15 Housing Market Analysis: Cost of Housing - 91.210(a)

Introduction

There are a total of 10,373 residential housing units in the City of Ashland. Of the occupied housing units, 63% are 1-unit detached, 9% are 1-unit attached, 10% are 2-4 units, 10% are 5-19 units, 6% are 20 or more units, and the remaining 3% are mobile homes, boats, RVs, vans, etc. (data is from table 27 on page 51). The following tables reflect the cost of both owner- and renter-occupied housing in the City of Ashland, according to the US Census ACS data. Due to the nature of the last ten years in the housing market, there have been changes in housing pricing and rent that are not fully shown here but will be discussed at the end of this section.

Cost of Housing

	Base Year: 2009	Most Recent Year: 2015	% Change
Median Home Value	393,300	340,200	(14%)
Median Contract Rent	695	853	23%

Table 30 – Cost of Housing

Data Source: 2005-2009 ACS (Base Year), 2011-2015 ACS (Most Recent Year)

Rent Paid	Number	%
Less than \$500	510	11.8%
\$500-999	2,430	56.3%
\$1,000-1,499	975	22.6%
\$1,500-1,999	355	8.2%
\$2,000 or more	55	1.3%
Total	4,325	100.2%

Table 31 - Rent Paid

Data Source: 2011-2015 ACS

Housing Affordability

% Units affordable to Households earning	Renter	Owner
30% HAMFI	105	No Data
50% HAMFI	335	215
80% HAMFI	1,835	268
100% HAMFI	No Data	382
Total	2,275	865

Table 32 – Housing Affordability

Data Source: 2011-2015 CHAS

Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	692	747	988	1429	1735
High HOME Rent	692	747	926	1061	1164
Low HOME Rent	567	608	730	842	940

Table 33 – Monthly Rent

Data Source Comments:

Is there sufficient housing for households at all income levels?

Ashland lacks sufficient rental housing for households with the lowest incomes, and rental and ownership housing for households earning between 30%-100% of Area Median Income (or between \$25,000 and \$60,000 a year for a family of four). According to the 2013-2017 American Community Survey estimates, the median home value in Ashland is \$392,000. The median household income for Ashland according to ACS estimates was \$50,517. By contrast, the median home value in Medford, just 19 miles to the north of Ashland, was \$229,200. These numbers make it easier to illustrate the reality of housing market in the valley and its impact on the choices valley residents make in choosing where to purchase housing.

How is affordability of housing likely to change considering changes to home values and/or rents?

Both the cost of owner-occupied homes and rentals have become more expensive in the City of Ashland. Since the drafting of the last Consolidated Plan. According to ACS data, the median owner-occupied home value increased by 18%, from \$321,200 (2011-2013 ACS) to \$392,000 (2013-2017 ACS). The 2011-2013 ACS reports median rent at \$923, increasing to \$1056 in the 2013-2017 ACS. Because of the increase in both rent and home values affordability is decreasing for many Ashland residents and housing cost burden for both homeowners and renters is increasing.

How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?

The Home and Home Fair Market rents in the City of Ashland are significantly less than the area median rent reported in 2018 for all unit sizes. This shows that there is a significant need for more affordable housing units at all income levels and bedroom sizes. As rents increase those on fixed incomes like the will become increasingly cost burdened.

Discussion

According to HUD, households who pay more than 30 percent of their income for housing are cost burdened, possibly unable to afford other necessities such as food, clothing, transportation, and medical care. These households may also have fewer resources to maintain their homes, so are at greater risk for foreclosure and eviction.

The 2013-2017 ACS shows that the median household income in the City of Ashland is \$50,517. According to HUD definitions, 42.6% of owners with a mortgage are cost-burdened in the City of Ashland, while 61% of renters are cost-burdened.

MA-20 Housing Market Analysis: Condition of Housing – 91.210(a)

Introduction

The 2011-2015 ACS estimates that out of all occupied housing units, (9,492 units) 82% were built before 2000, and these homes are more likely to require repairs in order to provide safe and decent affordable housing. Specifically, 81% of owner-occupied units and 83% of renter-occupied units were built before 2000. In order to assess the quality of the housing inventory and easily determine the homes in which the quality of living and housing is considered substandard, ACS reports “selected conditions.” According to ACS, selected conditions for owner- and renter-occupied housing units are as follows: (1) lacking complete plumbing facilities, (2) lacking complete kitchen facilities, (3) with 1.01 or more occupants per room, (4) selected monthly owner costs as a percentage of household income greater than 30%, and (5) gross rent as a percentage of household income greater than 30%. According to ACS, 31% of owner-occupied and 54% of renter-occupied units have one selected condition. Additionally, 4% of renter-occupied units have two selected conditions.

The majority of units built before 1980 are at risk for lead-based paint hazard. 2,835 owner-occupied units (55%) were at risk of lead-based paint hazard, 404 (8%) of which have children present. 2,465 renter-occupied units (57%) were at risk of lead-based paint hazard, 55 (1%) of which have children present.

Definitions

HUD has defined as substandard housing that: “is dilapidated; does not have operable indoor plumbing; does not have a usable flush toilet inside the unit for the exclusive use of a family; does not have usable bathtub or shower for exclusive use of a family; does not have electricity, or has inadequate or unsafe electrical service; does not have a safe or adequate source of heat; should, but does not, have a kitchen; or has been declared unfit for habitation by an agency or unit of government.” [1] Substandard condition but suitable for rehabilitation can be defined as housing that similarly does not meet building, fire, and safety codes but is financially and structurally feasible for rehabilitation. If rehabilitation costs exceed 30 to 50 percent of the assessed property value, it may be financially unfeasible.

Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	1,610	31%	2,320	54%
With two selected Conditions	25	0%	170	4%
With three selected Conditions	0	0%	10	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	3,495	68%	1,815	42%
Total	5,130	99%	4,315	100%

Table 34 - Condition of Units

Data Source: 2011-2015 ACS

Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	945	18%	715	17%
1980-1999	1,350	26%	1,130	26%
1950-1979	1,710	33%	1,435	33%
Before 1950	1,125	22%	1,030	24%
Total	5,130	99%	4,310	100%

Table 35 – Year Unit Built

Data Source: 2011-2015 CHAS

Risk of Lead-Based Paint Hazard

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	2,835	55%	2,465	57%
Housing Units build before 1980 with children present	404	8%	55	1%

Table 36 – Risk of Lead-Based Paint

Data Source: 2011-2015 ACS (Total Units) 2011-2015 CHAS (Units with Children present)

Vacant Units

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	0	0	0
Abandoned Vacant Units	0	0	0
REO Properties	0	0	0
Abandoned REO Properties	0	0	0

Table 37 - Vacant Units

Data Source: 2005-2009 CHAS

Need for Owner and Rental Rehabilitation

The majority of the City of Ashland's renter-occupied units have at least one selected condition (58%), while 31% of owner-occupied units have at least one selected condition defined by the ACS. So, there are 1,635 owners and 3,410 renters total that have at least one selected condition. Age is also a significant factor in housing conditions and rehabilitation necessity. As units age, maintenance becomes more expensive. This will place more burden on homeowners and could pose more challenges to tenants whose landlords are unable to make immediate repairs.

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

Lead-based paint exposure is a major environmental health hazard, and many homes built before 1978 were painted with lead-based paint. Thus, the majority of units built before 1980 are at risk for lead based paint hazard. Although a hazard for all people, lead exposure is especially hazardous for children and can result in behavioral and learning problems, lower IQ, slowed growth, hearing problems, and anemia. Low- and moderate-income families are more likely to live in older and less-maintained housing units, increasing their likelihood of lead exposure. 2,592 owner-occupied units (55%) were at risk of lead-based paint hazard, and an additional 105 (2%) that have children present. 2,736 renter-occupied units (59%) were at risk of lead-based paint hazard, and an additional 235 (5%) that have children present.

MA-25 Public and Assisted Housing – 91.210(b)

Introduction

The City of Ashland does not have any public housing developments.

Totals Number of Units

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project -based	Tenant -based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available	0	94	0	1,860	24	1,836	773	139	1,270
# of accessible units									

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Table 38 – Total Number of Units by Program Type

Data Source: PIC (PIH Information Center)

Describe the supply of public housing developments:

Not Applicable.

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

Not Applicable.

Public Housing Condition

Public Housing Development	Average Inspection Score

Table 39 - Public Housing Condition

Describe the restoration and revitalization needs of public housing units in the jurisdiction:

Not Applicable.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

Not Applicable.

MA-30 Homeless Facilities and Services – 91.210(c)

Introduction

Within the City of Ashland, there is now one seasonal winter shelter that operates seven nights a week from November to April. This is the second year that the City has had seven nights a week continuous shelter. In the winter of 2018-2019 community volunteers, the faith community and Options for Helping Residents of Ashland (OHRA), a non-profit service provider, coordinated to offer shelter for seven nights a week at different locations throughout Ashland. This was an improvement from prior years in which there were five nights of shelter rotating between a City-owned facility which was used as a weekly winter shelter two nights a week from November to April, and two church buildings. Previously, the winter shelters were organized and staffed by community volunteers, church groups, OHRA and Southern Oregon Jobs with Justice (SOJWJ), a non-profit group. In 2018 the City building that was being used as a shelter two days a week was determined to have a structural defect that prohibited the continued use of that building as an overnight shelter. Consequently, there was a coordinated effort to find a single location to house the shelter for seven days a week during the winter months. That effort led to OHRA securing a location in the County, with the help community volunteers, church groups and the City, to be used as a temporary winter shelter for five months out of the year. The Ashland Winter shelter is modeled after the Kelly Shelter in Medford. OHRA utilizes the Coordinated Entry list for Jackson County, and completes vulnerability assessments for those needing housing to add people to the Coordinated Entry list. The Ashland Winter shelter has 45 beds and offers shelter to individuals continuously through the winter months starting in November and ending in April. It is not a first come first serve shelter, but requires individuals to apply and complete the assessment to get added to the Coordinated Entry list. The Shelter then pulls individuals from the list based on their vulnerability score. The Winter Shelter hired a case manager to help shelter residents remove barriers and access resources with the goal of becoming stably housed. The City, OHRA, and SOJWJ with funding from the State of Oregon continue to coordinate when and emergency drop in shelter is needed in instances of inclement weather. The number of shelter and housing units for homeless households provided in Housing Inventory Chart (Table 44) with the exception of the Ashland Winter Shelter, are physically located outside of the City of Ashland but within Jackson County and all programs/beds are available to serve the homeless households within Ashland.

Facilities and Housing Targeted to Homeless Households

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	57	0	69	247	0

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Only Adults	32	84	143	190	0
Chronically Homeless Households	0	0	0	68	0
Veterans	10	0	58	33	0
Unaccompanied Youth	15	0	2	0	0

Table 40 - Facilities and Housing Targeted to Homeless Households

Data Source
Comments:

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

The City of Ashland has a local self-sufficiency office for the Oregon Department of Human Services (DHS), Children, Adults and Families Division. DHS provides many services including food benefits, health coverage assistance, cash assistance, and senior services. Additionally, the City of Ashland established the Housing and Human Services Commission in 2013, which assesses and makes recommendations to the City Council to address the continuum of housing and human services needs within the City using general fund moneys. Ashland Community Hospital and Rogue Community Health offer a wide range of healthcare services including mental health services.

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

Physical and Mental Health Services for Homeless and At-risk populations

- ***Assante-Ashland Community Hospital:*** Ashland Community Hospital offers a variety of physical and mental health services.
- ***La Clinica Del Valle:*** La Clinica Del Valle offers sliding scale services for physical, mental, and dental health care for all populations. La Clinica also provides a mobile clinic service which serves homeless and at-risk populations throughout Jackson County by providing free or low-cost physical, mental, and dental services at a variety of locations. The La Clinica Mobile Health Clinic has regular service hours in Ashland at the Tuesday family and community meal hosted by the Methodist Church and Uncle Food's Diner.
- ***Rogue Community Health (formerly the Community Health Center):*** Rogue Community Health Center is a federally-qualified health center offering sliding scale fees for physical, dental and

mental health services. Rogue Community Health Center has satellite clinics in several underserved rural and impoverished areas, including a clinic in Ashland.

- **Jackson County Mental Health:** Jackson county mental health offers a variety of mental health services including counseling and case management for homeless and at-risk populations.

Services for Homeless Veterans

- **Southern Oregon Rehabilitation Center and Clinics (SORCC):** The SORCC offers a wide variety of services for homeless veteran populations including housing, physical and mental health services, and financial and housing assistance.
- **Columbia Care-Supportive Services for Veteran Families (SSVF):** The SSVF program provides supportive services for low-income veterans and their families residing in or transitioning to permanent housing. The program is designed to increase housing stability and reduce the incidence of homelessness among the veteran populations. The SSVF program provides case management services, financial assistance for housing stabilization, housing placement services, and assistance with obtaining other public benefits and services including those benefits and services offered through the Department of Veterans Affairs. Columbia Care also offers the Grant per Diem program, HUD-VASH program and provides rental assistance and case management to veterans in addition to the SSVF program.
- **Easter Seals Homeless Veterans Reintegration Program (HVRP):** The HVRP program provides employment support services that assist homeless veterans in reintegrating into the community.
- **Rogue Valley Veteran and Community Outreach (RVVCO):** RVVCO provides housing and case management services for homeless and transitioning veterans.

Housing and services for Homeless and Chronically Homeless Populations

Rogue Retreat: Rogue Retreat offers permanent support and services including case management for homeless and chronically homeless populations. Rogue Retreat also runs Hope Village in Medford, the transitional housing tiny house village, and the Kelly Shelter, a year round 54-Bed low-barrier (housing first) homeless shelter.

Home at Last: Home at Last is funded by the Jackson County Continuum of Care and administered by Rogue Valley Council of Governments (RVCOG.) The program offers housing vouchers and case management services to at-risk and chronically homeless households with disabilities.

Salvation Army Hope House: Hope House is a transitional housing program offering case management services. Hope House serves homeless, at-risk, and chronically homeless individuals and families and is supported through a variety of funding sources including Continuum of Care grant funding and CDBG.

Housing and Services for Homeless and Unaccompanied Youth and At-Risk Youth and their Families

- **Maslow:** Maslow Project is funded partially from McKinney Vento funds to address issues of homelessness in school-age children and their families. Maslow provides a number of services including school-based and community outreach, case management, school supplies, and other resources to meet basic needs including housing resources and stabilization. Maslow also offers counseling and advocacy. Since 2012, the City of Ashland has awarded CDBG grant funds to the Maslow project to support a part-time, school-based advocate.
- **Community Works –Transitional Living Program:** The transitional living program (TLP) serves youth between the ages of sixteen and twenty-two to work towards independent living in the

community. The transitional living program offers case management, mental and physical health services, educational and vocational services, and housing assistance funded in part by the Continuum of Care grant program.

- ***Hearts with a Mission:*** Hearts with a Mission (HWAM) is Jackson County's only shelter serving homeless and at-risk youth. HWAM offers emergency shelter for up to 72 hours for youth between the ages of ten and seventeen and up to 120 days with parental or guardian consent. HWAM offers case management, individual and family counseling, education, life skills and vocational resources, and transition planning services.

MA-35 Special Needs Facilities and Services – 91.210(d)

Introduction

There are several resources to assist the elderly, frail elderly, and persons with physical and developmental disabilities within the City of Ashland. Those services are detailed in the appropriate sections below. For other special needs populations, persons with alcohol and other drug addictions, and persons with HIV/AIDS and their families, the facilities and services available are primarily located in the City of Medford, nineteen miles to the north, but are available to all county residents.

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs

Facilities and Services for the Elderly and the Frail and Elderly

- **City of Ashland Senior Center:** The Ashland Senior Program strives to provide a support system to the older residents of Ashland, helping to enable them to live more independently and to continue as contributing members of the community. The Senior Center provides a venue for social interaction through recreational and health-related activities and educational opportunities.
- **Linda Vista Nursing and Rehabilitation Center:** Linda Vista Nursing and Rehabilitation Center provides intensive rehabilitation and recovery for those who no longer require hospitalization.
- **Skylark Assisted Living and Memory Care Center:** Skylark Assisted Living and Memory Care Center provides a full range of personal care services, as well as social activities and many housing options. Skylark designs care around the individual, tailoring services to specific needs of each resident. In the memory care community, Skylark focuses on improving residents' quality of life through social interaction, specially designed living spaces, and creative therapies. Skylark serves those with memory disorders, including Alzheimer's disease, stroke, and Parkinson's related dementia.
- **Maple Ridge Senior Living Center:** Brookdale provides many senior living solutions, including independent living, assisted living, memory care, skilled nursing care, therapy, hospice, home health, life care, and continuing care retirement communities.
- **Ashland at Home:** Ashland At Home (AAH) is an organization that supports neighbors helping neighbors live in their own homes and stay engaged in our community as long as possible. AAH is based on the "village" model that is serving tens of thousands of adults across the U.S. The model, developed by neighbors living in the Beacon Hill area of Boston, provides services to support members to continue living in their homes as they age.
- **Ashland Emergency Food Bank:** Ashland Emergency Food Bank is a private, independent 501(c)(3) non-profit organization that where local faith groups, in alliance with the community at large, provide emergency food supplies, without charge, to individuals and families in the Ashland/Talent area who would otherwise go hungry. The organization also endeavors to

increase awareness about the problem of hunger in our communities. Ashland Emergency Food Bank is now offering home delivery services for seniors.

- **Rogue Valley Council of Governments Senior and Disability Services:** The Rogue Valley Council of Governments (RVCOG) is a voluntary association of local jurisdictions in Jackson and Josephine counties. Through its Senior & Disability Services, it assists seniors and adults with disabilities. As the Area Agency on Aging for this district, the RVCOG has developed a network of services to help seniors and adults with disabilities live with dignity and independence. Services include: Food & Friends (Meals on Wheels), In-Home Care, Disaster Registry, Foster Home Licensing, Powerful Tools for Care giving, Living Well with Chronic Conditions Lifelong Housing Certification Project, Medical Supplies, Case Management, Protection from Abuse, Family Caregiver Program.
- **Rebuilding Together Rogue Valley:** Rebuilding Together Rogue Valley (RTRV) offers the “Safe-at-Home program” which helps low-income seniors and persons with disabilities safely “age-in-place” as long as possible in their current homes. RTRV programs aim to Prevent falls, improve accessibility and provide improved indoor air quality.

Families and Services for Peoples with Mental, Physical and Developmental Disabilities

- **Ashland Supportive Housing (ASH):** Provides clients with three group homes with five bedrooms in each home, with the ability to support 15 individuals total. ASH also serves adults with I/DD living independently through its Community Outreach program, providing the support needed to remain as independent as possible.
- **Jackson County Mental Health:** Provides Information, referral, and screening; immediate crisis assessment and intervention for mental health crises; a comprehensive array of treatment services to adults and children covered by the Oregon Health Plan who have a mental illness and are in need of treatment; a range of services for individuals with serious mental illness who are without insurance and are at-risk for state hospitalization or jail due to their mental illness.
- **Living Opportunities:** Supports people with intellectual and developmental disabilities to live, work, and play in the community. Living Opportunities believes that success happens the people they serve can live independently, experience meaningful and rewarding careers, and in that process, become truly self-sufficient.
- **Options/Starthistle:** Options serves as the Community Mental Health Program for Josephine County and provides additional services, such as an Integrated Primary Medical Care program (Hillside Medical) for all members of the community. Options for Southern Oregon serves people of all ages who have mental health needs. Its holistic approach addresses housing, advocacy, community integration, crisis intervention, therapy, co-occurring issues, education, work, and economic well-being.
- **Pathway Enterprises:** Offers people with disabilities opportunities to live, work, and recreate in their communities so they may experience personal growth, integration, and independence.

- **OnTrack, Inc. Addiction Recover Programs and Services:** On track provides many different service offerings to meet the needs of almost anyone requiring treatment. This includes evaluation and treatment services, youth services, and housing for special needs.
- **Addictions Recovery Center (ARC):** ARC seeks to inspire hope and healthy choices through education and supportive relations so individuals can recover from the disease of addiction. Services include residential programs, day treatment, intensive out-patient, outpatient, pain management certificate course, DUI flex program, veterans service, transition, drop-in sobering program, community education, gambling awareness, pain management, and a domestic abuse alternative program.
- **Kolpia Counseling Services:** Kolpia Counseling Services offers a patient-centered integrative approach to helping the community heal, learn, and grow through the difficulties of substance abuse, addiction, and mental health afflictions. Services include mental health counseling, addiction counseling, suboxone tapering, acupuncture, nutrition counseling, yoga therapy, mindfulness meditation, and mobility training.
- **Columbia Care:** Offers a wide variety of services to populations experiencing mental illness and drug addiction. Their services include: residential treatment programs, supportive and integrated housing, crisis services and programs, suicide prevention, veterans housing and reintegration services, integrated outpatient services and other community-based care, rental assistance programming, supported education and employment, and peer support services.

Type	Agency	Project Name	Bed/HH W/ Children	Bed/HH W/ O Children	Bed/HH W/ Only Children	Vet bed/HH W/W/O Children	Youth bed/HH W/W/O Children	CH bed/HH W/W/O Children
RRH	ACCESS	ACCESS - LIHRF RR	6/2	1				
RRH	ACCESS	ACCESS - SSVF Rapid Re- Housing	3/1	18		1/18	3/0	
RRH	ACCESS	ACCESS - SSVF Rapid Re- Housing		8		8		
RRH	ACCESS	ESG RR RA		3				
PSH	ACCESS	Woodrow Pines		4				0/4
ES	Columbia Care	Valor Pass		10		10		

TH	Community Works	TLP Walker	10/4					
ES	Community Works	Dunn House	26/8	5				
TH	Community Works	Transitional Living Program	12/6	2	2		12/2	
ES	Hearts with a Mission	HWAM - ES - Medford Shelter			12			
ES	Hearts with a Mission	HWAM-RHY-ES JC		1	3			
ES	Jackson County	OHRA Ashland Winter Shelter						
TH	Magdalene Home	Magdalene Home		5				
ES	Medford Gospel Mission	Medford Gospel Mission - Men's		10				
TH	Medford Gospel Mission	Medford Gospel Mission - Upper Room-Men's		23				
ES	Medford Gospel Mission	Medford Gospel Mission - Women's	3/1	6				
TH	Medford Gospel Mission	Medford Gospel Mission Women - Esther House	6/2	14				
PSH	OnTrack Inc	OnTrack - SKY VISTA	22/8	1				
TH	Rogue Retreat	Harold's Haven		5				

TH	Rogue Retreat	Heather's Haven - Franquette	8/4	14				
PSH	Rogue Retreat	RR - 11th St Retreat-700 Block	17/6					
PSH	Rogue Retreat	RR - 11th St Retreat-800 Block	16/5					
PSH	Rogue Retreat	RR - Crater Lake Retreat	12/4					12/0
PSH	Rogue Retreat	RR - Grape St. Retreat	22/8					22/0
ES	Rogue Retreat	RR - Kelly Shelter						
PSH	Rogue Retreat	RR - Manzanita Retreat		8				0/8
PSH	Rogue Retreat	RR - Riverside Retreat		11				0/11
TH	RVVCO	VA Service Intensive TH		46		46		
PSH	RVCOG	RVCOG - Home At Last	2/1	9				2/9
TH	Salvation Army	Hope House - Level 1 (Non- Vet)	20/7	21				
TH	Salvation Army	Hope House - Level 1 (Vet)		7		7		
TH	Salvation Army	Hope House - Level 2 (Non- Vet)	13/4	1				
TH	Salvation Army	Hope House - Level 2 (Vet)		5		5		

ES	St. Vincent de Paul	St. Vincent De Paul - St. Anthony's	28/7					
PSH	Veterans Affairs & HAJC	(VA-VASH): Vouchers with HAJC	156/156	157		156/157		
		Total	382/234	395	17	157/251	15/2	36/32

Table 44 – Housing Inventory Chart (HIC)-Jackson County Continuum of Care

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

The City of Ashland has a local self-sufficiency office for the Oregon Department of Human Services (DHS), Children, Adults and Families Division. DHS provides many services including food benefits, health coverage assistance, cash assistance, and senior services. Additionally, the City of Ashland established the Housing and Human Services Commission in 2013, which assesses and makes recommendations to the City Council to address the continuum of housing and human services needs within the City using general fund moneys. Ashland Community Hospital and Rogue Community Health offer a wide range of healthcare services including mental health services.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

The specific activities to be addressed are determined on an annual basis through a competitive process. In prior years the City has funded several activities that address the housing and supportive service needs of persons with special needs including: the remodel of an employment support facility for peoples with developmental disabilities, and the installation of a covered bus shelter in front of a housing complex for peoples with mental illness. Most recently the City provided Affordable Housing Trust Fund money to Columbia Care to offset land acquisition costs in support of an affordable housing project for households experiencing severe persistent mental illness.

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))

The specific activities to be addressed are determined on an annual basis through a competitive process.

MA-40 Barriers to Affordable Housing – 91.210(e)

Negative Effects of Public Policies on Affordable Housing and Residential Investment

Over the years that City has spent considerable resources identifying and working to remove or mitigate barriers to the development of affordable housing. As with the housing market, barriers to affordable housing development are an ever changing target and consequently require ongoing work to identify and remediate.

Negative Effects of Public Policies on Affordable Housing and Residential Investment

1. Lack of affordable single-family housing types.

- There are limited regulatory tools available to promote single family development in the State of Oregon.
- While the City has several incentives for the development of affordable single-family housing, they are inadequate to counteract the strong market forces that currently exist in the Ashland housing market.

2. Small inventory of multifamily housing.

- Limited land zoned for multifamily housing.
- Conversion of multifamily housing to condominiums.
- Housing developed in commercial or employment zones are typically developed as market rate or high end condominium units.
- Multi-family zone lands are often developed as ownership housing rather than rental housing.

3. Lack of investment

- Elderly low-income residents are physically and financially unable to afford making necessary repairs or improvements to their homes and lack financial capacity to pay for a contractor to complete repairs.

4. Low-income housing project developers must compete with market rate developers for land in the City.

5. Federal Regulations/Funding Sources can add costs and expand timelines for affordable housing developers that can jeopardize the viability of the project.

MA-45 Non-Housing Community Development Assets – 91.215 (f)

Introduction

The City of Ashland features a strong performing arts cluster centered around the Oregon Shakespeare Festival that has an international tourist draw. According to the City's Economic Development Strategy, in addition to the arts cluster and related commerce, the area has relied upon several key sectors over the past 20 years, including Southern Oregon University, value-added specialty manufacturing, and specialty food and beverage production.

Economic Development Market Analysis

Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	125	100	2	1	-1
Arts, Entertainment, Accommodations	1,547	2,854	26	37	11
Construction	161	107	3	1	-2
Education and Health Care Services	1,172	1,073	20	14	-6
Finance, Insurance, and Real Estate	297	239	5	3	-2
Information	185	249	3	3	0
Manufacturing	314	527	5	7	2
Other Services	303	411	5	5	0
Professional, Scientific, Management Services	404	425	7	6	-1
Public Administration	0	0	0	0	0
Retail Trade	1,042	1,400	18	18	0
Transportation and Warehousing	113	51	2	1	-1
Wholesale Trade	196	197	3	3	0
Total	5,859	7,633	--	--	--

Table 41 - Business Activity

Data 2011-2015 ACS (Workers), 2015 Longitudinal Employer-Household Dynamics (Jobs)
Source:

Labor Force

Total Population in the Civilian Labor Force	10,300
Civilian Employed Population 16 years and over	9,385
Unemployment Rate	9.03
Unemployment Rate for Ages 16-24	18.95
Unemployment Rate for Ages 25-65	6.49

Table 42 - Labor Force

Data Source: 2011-2015 ACS

Occupations by Sector	Number of People
Management, business and financial	2,805
Farming, fisheries and forestry occupations	270
Service	1,173
Sales and office	1,890
Construction, extraction, maintenance and repair	540
Production, transportation and material moving	155

Table 43 – Occupations by Sector

Data Source: 2011-2015 ACS

Travel Time

Travel Time	Number	Percentage
< 30 Minutes	6,195	80%
30-59 Minutes	1,275	17%
60 or More Minutes	250	3%
Total	7,720	100%

Table 44 - Travel Time

Data Source: 2011-2015 ACS

Education:

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	245	0	80

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
High school graduate (includes equivalency)	990	190	335
Some college or Associate's degree	1,745	145	905
Bachelor's degree or higher	4,165	325	1,130

Table 45 - Educational Attainment by Employment Status

Data Source: 2011-2015 ACS

Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	25	0	20	44	70
9th to 12th grade, no diploma	170	30	49	180	69
High school graduate, GED, or alternative	400	650	160	700	400
Some college, no degree	1,655	550	480	1,195	745
Associate's degree	280	145	150	270	265
Bachelor's degree	155	760	835	1,720	975
Graduate or professional degree	30	135	545	1,625	1,665

Table 46 - Educational Attainment by Age

Data Source: 2011-2015 ACS

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	18,333
High school graduate (includes equivalency)	26,057
Some college or Associate's degree	20,756
Bachelor's degree	25,863
Graduate or professional degree	47,669

Table 47 – Median Earnings in the Past 12 Months

Data Source: 2011-2015 ACS

Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?

The major employment sectors within the City of Ashland are (1) Arts, Entertainment, Accommodations; (2) Education and Healthcare Services; and (3) Retail Trade. shows employment and average annual pay by industry sector.

Describe the workforce and infrastructure needs of the business community:

Some of Ashland's largest industry sectors are in the arts, education, health, and retail sectors. As housing costs in the city increase, it continues to be important to maintain housing affordability for employees in these dominant sectors who traditionally earn less than those in other industry sectors. Some professional employees like teachers, police and code enforcement officers, firefighters, EMTs, and medical technicians, earn more than median income for the area but still don't earn enough to afford to purchase a market rate home in Ashland.

Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

According to the City of Ashland's 2012 Housing Needs Assessment, Ashland will add more than 8,492 households between 2010 and 2040 and about 3,057 of these new households will be low-income. The Housing Needs Model estimates that the City needs 1,163 units targeting those with those lowest incomes, with rents below \$195 a month, 1,166 units with rents between \$195-422, and 243 units with rents between \$423-655. It is expected that the City will have a surplus of all units with rents at \$656 and above. The Housing Needs Model shows that the majority of the rental units will need to be targeted to those households earning 50% AMI and below. The evaluation of housing mix, density, and affordability suggests that the City should plan for a larger share of multiple family housing, and for a greater number of single family housing types on smaller lots.

National changes in future housing demand will likely affect the City of Ashland's residential real estate markets. The senior population is expected to account for about 20% of the U.S. population in 2030, up from 12% in 2000. As the Baby Boomers age, many will seek to downsize to smaller single-family homes or multifamily homes, rent, or live in retirement communities or assisted living homes. This will result in a large sell-off of their detached single-family homes. However, younger generations are not expected to buy all of the homes that the boomers want to sell, as they have limited available funds for down-payments and prefer living in mixed-use areas closer to the city center. Additionally, increases in energy prices will further decrease demand for large single-family homes. These national trends are expected to have a disproportionately greater impact in the City of Ashland and Jackson County, as both places are popular areas for retirement.

How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?

The City of Ashland has a concentration of employment in the arts, accommodation, and retail sectors. In addition, the City has over 1,400 employees in the healthcare and social assistance fields. Many people commute from Ashland to work in Medford and other locations. For example, there are more residents employed in the Professional, Scientific, Management, Administrative Services, and Waste

sectors than there are jobs within the City of Ashland.

Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan.

WorkSource Rogue Valley, Jackson and Josephine Counties: WorkSource Rogue Valley's mission is to provide individuals with comprehensive workforce development services that enable them to become skilled, productive workers in Jackson and Josephine Counties. WorkSource Rogue Valley is an integrated partnership of employment related organizations including the Oregon Employment Department, WorkSource Oregon and the organization formerly known as The Job Council. WorkSource Rogue Valley has offices located in Medford and Grants Pass that provide free job training and employment services to the public. WorkSource Rogue Valley also provides local employers with new employees, and works with private employers to plan for future labor force needs. WorkSource Rogue Valley assists qualified youth, adults, welfare recipients, and laid-off workers in finding education, training, and employment that will lead to long-term self-sufficiency. WorkSource Rogue Valley also assists with school-to-work programs, including work experience, mentoring, and other programs that encourage youth to complete school and prepare for the work world. In addition, WorkSource Rogue Valley provides childcare referral services and childcare provider training to residents of the two counties through the Child Care Resource Network (CCRN). Service components provided by WorkSource Rogue Valley include the following: Assessment of Skills, Interests, Abilities; Support Services; Basic Education Skill Training; Vocational Skill Training; Work Experience; Life Skills/Work Ethics/ Work Maturity Training; Job Search Assistance; On-The-Job Training; On-site Computer Training; Child Care Provider Data Base; and Provider/Parent Training.

Rogue Community College Workforce Training Program: RCC Workforce Training provides responsive, career-focused training for southern Oregon's citizens and businesses in order to develop a more productive workforce to drive the region's economic engine and improve the quality of life among residents. Career-Focused Training includes customized training, commercial truck driving, landscape technology, short-term skills training, and apprenticeships.

Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?

The City of Ashland completed a Comprehensive Plan with an economic chapter. The purpose of the economic portion of the Comprehensive Plan was to assure that the comprehensive plan and updated land-use code provide adequate opportunities for a variety of economic activities in the City of Ashland, while continuing to reaffirm the goal of Ashland's citizens as per the 1982 Comprehensive Plan: economic development should serve the purpose of maintaining or improving the local quality of life rather than become, of itself, the purpose of land-use planning.

If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth.

The City Council adopted an Economic Development Strategy in 2011 that includes the following objectives:

Diversify the economic base of the community.

Support creation and growth of businesses and non-profit/public sector organizations that use and provide local and regional products.

Increase the number of family-wage jobs in the community.

Leverage the strengths of Ashland's tourism and repeat visitors.

The Economic Development Strategy's Implementation Phase includes ten priority actions:

1. Improve the Land Use Development Process.
2. Formalize relationships and roles for Ashland specific strategy implementation among major partners.
3. Create formal and routine communication with all regional economic development partners.
4. Create a coordinated economic development information and marketing plan to maximize public communication tools
5. Pursue the expansion of a State E-Commerce Zone for Ashland.
6. Evaluate land availability for business expansion on lands or adjacent to existing businesses.
7. Assist local businesses in energy, water, waste, supply chain reductions, and efficiencies.
8. Develop, promote, and expand job training programs to meet skill needs identified by local business.
9. Create/expand a local business resource and mentoring program.
10. Develop/expand programs to connect local education partners with business community for experience and exposure to entrepreneurship, business development, and operations.

Discussion

The City of Ashland consolidated plan priorities address the economic development needs of the community and the strategies and priorities identified in the City's economic development plan through priorities such as job creation, increasing the number of family wage jobs (poverty reduction) and through the promotion of job and skills training. Similarly, the City prioritizes the use of CDBG funding to provide housing that is commensurate with the wage scale generated from a tourism based economy promoting both the strength of the tourism industry locally and reducing the transportation costs both to families and the communities by expanding opportunities for workers to live in the community where they work.

MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")

All census tracts have a high proportion of cost-burdened renters and owners, but Tract 19 has the largest proportion of homes built before 1980, cost-burdened renters, and cost-burdened owners. Census tracts 18, 19, 21, and 22 all have a concentration of cost-burdened renters.

	Tract 18	Tract 19	Tract 20	Tract 21	Tract 22
Built Before 1980	42%	72%	78%	50%	70%
Cost-Burdened Renters	60%	72%	45%	54%	60%
Cost-Burdened Owners	32%	44%	40%	37%	36%
Total Housing Units	3,943	1,152	1,194	1,773	2,356

Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")

The City does not have any areas of either low-income or minority concentrations, as defined by HUD:

- **Areas of low-income concentration** - a Census Block Group that is below 50% of the Area Median Income for the Metropolitan Statistical Area (MSA).
- **Areas of minority concentration** - the percentage of households in a particular racial or ethnic minority group is at least 20 percentage points higher than the percentage of that minority group for the housing market area or MSA; or the neighborhood's total percentage of minority persons is at least 20 percentage points higher than the total percentage of all minorities for the MSA as a or; in the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50% of its population.

Table 56 shows percentages of minority residents (none of which meet HUD's definition of a minority concentration) and low-income residents by Census Tract. Census Tract 19 has the lowest median household income and the highest number of households below the poverty line and who receive food stamps/SNAP benefits. Census Tract 20 has the second lowest incomes, second highest share of households below the poverty line, and second highest number of households receiving benefits.

What are the characteristics of the market in these areas/neighborhoods?

The City of Ashland is a geographically small community, and while the City does have distinct neighborhoods, they tend to be fairly racially homogeneous as the Ashland community as a whole is relatively similar with regard to race and ethnicity. Census track 19 (shown in the % Non-White by Census Tract Map on page 30) which has the largest concentration of low-income households, also contains a large concentration of multi-family properties and is also near to the university.

Are there any community assets in these areas/neighborhoods?

Not Applicable.

Are there other strategic opportunities in any of these areas?

Not Applicable.

	Tract 18	Tract 19	Tract 20	Tract 21	Tract 22
Built Before 1980	42%	72%	78%	50%	70%
Cost-Burdened Renters	60%	72%	45%	54%	60%
Cost-Burdened Owners	32%	44%	40%	37%	36%
Total Housing Units	3,943	1,152	1,194	1,773	2,356

Table 48 - Housing Needs by Census Tract

	Medford MSA	Ashland	Tract 18	Tract 19	Tract 20	Tract 21	Tract 22
Percent Minority	15.6%	9.1%	11.6%	10.6%	2.1%	13.2%	7.1%
Percent Latino	11.1%	3.5%	4.2%	6.5%	0.3%	5.2%	1.5%
Percent Below the Poverty Line	18.4%	17.4%	7.9%	26.1%	11.1%	7.3%	11.9%
Median Household Income	\$43,462	\$46,586	\$47,922	\$25,262	\$47,279	\$47,279	\$60,786
Percent Receiving Food Stamps/SNAP	22.5%	18.3%	14.5%	38.0%	19.4%	16.6%	10.4%

Table 49 - Demographics by Census Tract

MA-60 Broadband Needs of Housing occupied by Low- and Moderate-Income Households - 91.210(a)(4), 91.310(a)(2)

Describe the need for broadband wiring and connections for households, including low- and moderate-income households and neighborhoods.

Due to the number of providers within the City of Ashland, no households or neighborhoods experience a “digital divide”, which is defined as those who have ready access to computers and the internet and those who do not. The City’s internet service also offers discounted rates for those who qualify for the City’s reduced utility bill rate. Low income senior and disabled households qualify for a reduced utility bill rate.

Describe the need for increased competition by having more than one broadband Internet service provider serve the jurisdiction.

The City of Ashland offers its own broadband internet service, Ashland Fiber Network, in addition to several private market providers. Consequently, the City of Ashland has more service providers for broadband internet service than most Cities in the United States.

MA-65 Hazard Mitigation - 91.210(a)(5), 91.310(a)(3)

Describe the jurisdiction's increased natural hazard risks associated with climate change.

The primary natural hazard risk associated with climate change in Ashland is the risk for wildfires in the areas surrounding the city.

Describe the vulnerability to these risks of housing occupied by low- and moderate-income households based on an analysis of data, findings, and methods.

All housing, including housing occupied by low and moderate income households is vulnerable to the risk of wildfires. The City adopted a Climate Energy Action Plan in 2017. The plan outlines action steps and policy changes to mitigate the effects of climate change, including reducing the risk of wildfire hazards. The work of implementing the plan is ongoing.

Strategic Plan

SP-05 Overview

Strategic Plan Overview

The Strategic Plan section that follows outlines the five year goals and strategies that the City of Ashland plans to undertake with Community Development Block Grant Funds, City of Ashland general fund resources when appropriate, and through staff participation and resource leveraging in coordination with community partners and service providers.

SP-10 Geographic Priorities – 91.215 (a)(1)

Geographic Area

Table 50 - Geographic Priority Areas

General Allocation Priorities

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

As mentioned elsewhere in this document, the City of Ashland is geographically small in area relative to other entitlement jurisdictions; consequently, the City does not prioritize funds to geographically specific areas within the City.

SP-25 Priority Needs - 91.215(a)(2)

Priority Needs

Table 51 – Priority Needs Summary

Narrative (Optional)

The strategies identified in the City’s Consolidated Plan are based on conclusions drawn from the Needs Assessment and the Market Analysis sections of this Consolidated Plan and are informed by the community outreach and agency questionnaire. Priority needs and outcomes in the strategic plan are based on an analysis of the City’s attainment of goals and outcomes from the previous five years, the percentage of affordable units built, converted, or saved in relation to the total housing units built in the city overall, and on recent shifts in the economy, keeping in mind the shrinking availability of land suitable for the development of affordable housing.

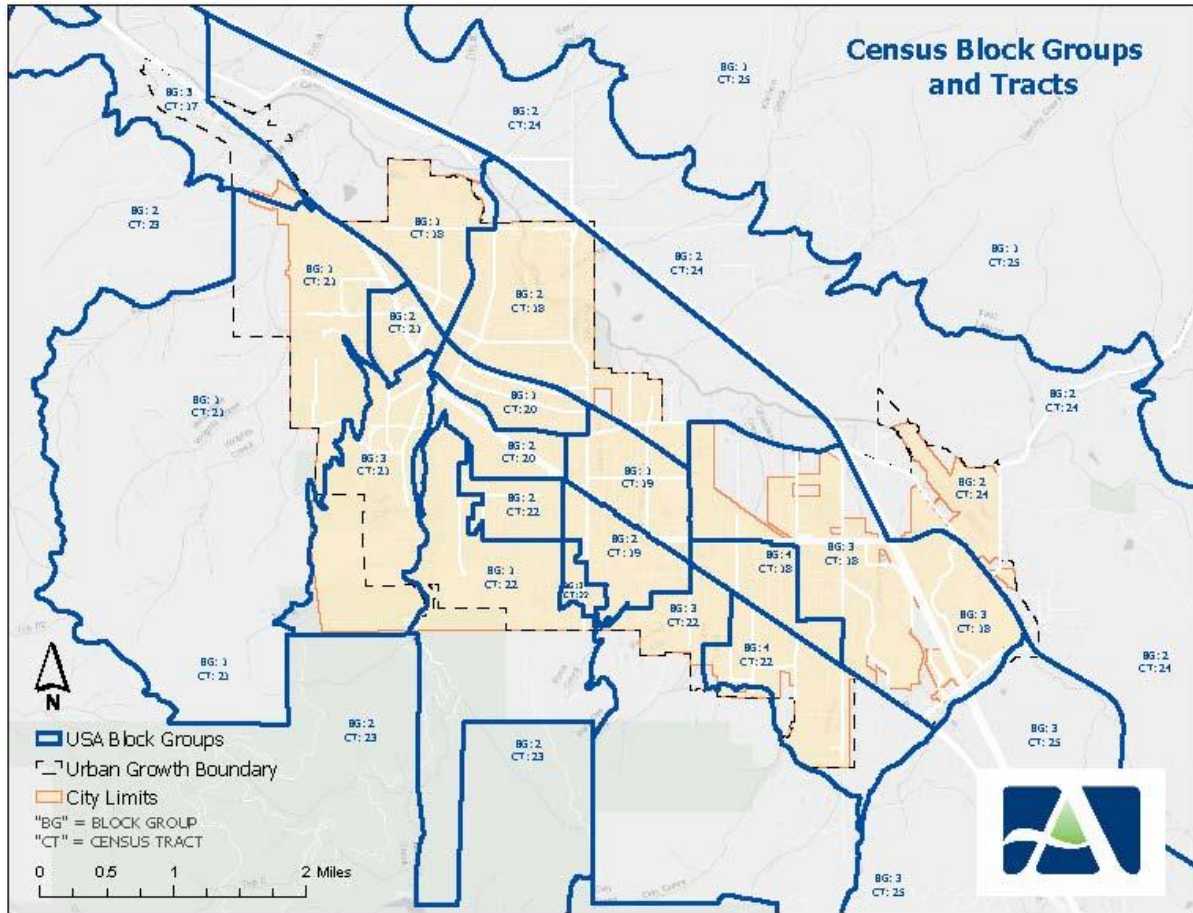
The analysis of priority needs also looked at the various populations and the number of unmet needs for each, their ability to move toward self-sufficiency, and the availability of existing housing and resources to meet the needs of each population. Lastly, the City prioritized the needs of the most vulnerable populations, such as the elderly, frail elderly, and special needs populations due to a general lack of housing to meet their needs, (often this population has the lowest incomes, or need special accommodations in housing such as ADA accommodations or supported living assistance) and due to this population presumed income restraints.

SP-30 Influence of Market Conditions – 91.215 (b)

Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	
TBRA for Non-Homeless Special Needs	
New Unit Production	This year the City will be adding 90+ new affordable housing units, the use of CDBG funds will be minimal or non-existent in these developments due to the added cost of meeting NEPA, Davis bacon, and public contracting requirements.
Rehabilitation	Rehabilitation continues to be a viable use of CDBG funding for owner occupied, single family units as the City's existing housing stock tends to be older and more affordable/occupied by low- to moderate-income households.
Acquisition, including preservation	Acquisition and preservation activities tend to be minimal as all affordable multi-family housing stock is either already owned and managed by affordable housing providers, or is in high demand due to high rents in the area.

Table 52 – Influence of Market Conditions



Census Block Groups and Tracts

SP-35 Anticipated Resources - 91.215(a)(4), 91.220(c)(1,2)

Introduction

The City of Ashland has a very small allocation of CDBG funding. The City's annual allocation often includes a carried over balance from prior years unallocated funds.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	178,562	0	214,420	392,982	714,248	

Table 53 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

In general City of Ashland grantees provide the matching funds from a variety of sources including state and private foundation grant funds, donations and fundraising activities. Grantees often cite CDBG as “first in” funds that help to raise additional resources; however, the City would still require the applicant to provide a 10% match to the amount of CDBG funds requested.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

Not applicable

SP-40 Institutional Delivery Structure – 91.215(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
City of Ashland	Government	Economic Development Homelessness Non-homeless special needs neighborhood improvements public facilities public services	Jurisdiction
Jackson County	Government	Economic Development Non-homeless special needs Planning neighborhood improvements public facilities public services	Region
Jackson County Continuum of Care	Continuum of care	Homelessness Rental	Region
Housing Authority of Jackson County	PHA	Homelessness Public Housing Rental	Region
ACCESS	Non-profit organizations	Homelessness Non-homeless special needs Ownership Rental neighborhood improvements public services	Region

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
United Way of Jackson County	Non-profit organizations	Homelessness Non-homeless special needs neighborhood improvements public services	Region
NeighborWorks Umpqua	CBDO	Economic Development Homelessness Non-homeless special needs Ownership Public Housing Rental neighborhood improvements public services	Region
Options for Helping Residents of Ashland	Non-profit organizations	Economic Development Homelessness Non-homeless special needs Rental public services	Jurisdiction
Ashland School District	Public institution	Homelessness Non-homeless special needs public facilities	Jurisdiction
Community Works, Inc.	Non-profit organizations	Homelessness Non-homeless special needs public services	Region
Maslow Project	Non-profit organizations	Homelessness	Region
Ashland Emergency Food Bank	Non-profit organizations	Non-homeless special needs public services	Region

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
Living Opportunities, Inc.	Non-profit organizations	Non-homeless special needs public services	Region
Community Health Center	Non-profit organizations	Non-homeless special needs	Region
Ashland Supportive Housing	Non-profit organizations	Non-homeless special needs Rental public services	Region
The Salvation Army	Community/Faith-based organization	Homelessness Rental	Region
Pathway Enterprises, Inc.	Non-profit organizations	Non-homeless special needs	Region
Rogue Retreat	Non-profit organizations	Economic Development Homelessness Non-homeless special needs Rental neighborhood improvements public services	Region
La Clinica	Non-profit organizations	Non-homeless special needs	Region

Table 54 - Institutional Delivery Structure

Assess of Strengths and Gaps in the Institutional Delivery System

Table 56 identifies the institutional structure and entities that are expected to be instrumental in implementing the priorities identified in the City of Ashland Consolidated Plan. At this time the City is unable to list all of the potential entities that may be involved in the delivery of funded projects, as some organizations have yet to be selected for funding in the coming five-year period; rather the City has identified the entities based on previous grantees and current organizations offering services within the community who present as potential future applicants. Some of the identified entities may be funded with City CDBG funding while others may receive funding through local, state or other federal sources only, or most likely a combination of all of the sources identified above. While others may not receive funding directly from the City but will coordinate or work collaboratively with the City to provide services or other programs/resources to City residents.

Availability of services targeted to homeless persons and persons with HIV and mainstream services

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Counseling/Advocacy	X		
Legal Assistance			
Mortgage Assistance			
Rental Assistance	X	X	
Utilities Assistance	X	X	
Street Outreach Services			
Law Enforcement	X		
Mobile Clinics	X	X	
Other Street Outreach Services			
Supportive Services			
Alcohol & Drug Abuse			
Child Care	X		
Education	X		
Employment and Employment Training	X	X	
Healthcare	X	X	
HIV/AIDS	X		
Life Skills			
Mental Health Counseling	X	X	
Transportation	X	X	
Other			

Table 55 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth)

The institutional delivery system identified to carry out the goals and strategies identified in the 2020-2024 Consolidated plan have many strengths. First and foremost, among them is coordination and partnership. The challenges faced by all communities in meeting the housing and service needs of low and moderate income households and those with special needs are great, while funding for such activities continues to dwindle. Consequently, working collaboratively and maximizing community partnerships is often the only way that small communities can meet community needs. To this end the City of Ashland is uniquely equipped to address housing issues being the only community in Jackson County to offer incentives to affordable housing providers to build units within the City through the System Development Charge deferral program and through the bonus density provision of the land use code, and through land use policies which compel the inclusion of affordable housing units under certain circumstances. Similarly, the City of Ashland and many of its local providers of services have a strong and committed volunteer base which makes up for the lack of funding for staff.

While the service delivery system has much strength it does have some gaps as well. The Capacity of existing organizations is limited by staffing, volunteer capacity and funding and consequently is not able to meet the existing service needs. The City lacks a local continuous year round shelter and/or any transitional or permanent supportive housing resources to serve homeless populations and transportation options for this population to get to another community that does offer year round shelter or transitional or permanent supportive housing options are limited.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

As stated elsewhere in this document the greatest gap for the local service delivery system is for homeless populations. While the City now has more services for homeless populations than it did at the time the last Consolidated Plan was written there are still several gaps in services. Namely a lack of emergency shelter, transitional housing, or permanent supportive housing to meet the needs of local homeless populations. Similarly, many of Ashland, homeless are difficult to serve individuals either experiencing mental illness or substance abuse or both. Within the City there are very limited resources to address the needs of those populations. However, the strengths of the service delivery system reiterated from the paragraph above is that the community has a strong dedicated volunteer base and maintain good working relationships and partnerships with agencies and organizations that are able to provide such services. Lastly, Ashland has several organizations that serve special needs populations.

Oregon Housing and Community Services receives federal and state resources to be used to support services benefitting homeless populations. These funds include: Emergency Housing Account (EHA), Emergency Shelter Grants (ESG), State Homeless Assistance Program (SHAP), and the Housing Stabilization Program (HSP). Additionally, under the Federal Continuum of Care program administered by HUD, local governments and agencies can apply for federal funding for programs and services to prevent and combat homelessness. The Jackson County Continuum of Care is an annual recipient of McKinney Vento funds. The City of Ashland does not directly receive any funds to assist homeless persons or persons at risk of becoming homeless from HUD through the Continuum of Care, however organizations that serve homeless and at risk populations are eligible to receive Continuum of Care grant funds.

Options for Homeless Residents of Ashland (OHRA), a relatively new (established in 2012) non-profit established for the purpose of address the gap in services to homeless and at risk populations in Ashland. The City of Ashland and OHRA have worked closely together and over the years the City has provided financial support through direct funding, the award of Social Service grants and the award of affordable housing trust funds. OHRA provides a wide variety of resources including essential services such as computer access and vital document replacement, resource referrals, employment and housing supports, a shower facility with laundry and bathroom access, and a space for service providers who do not currently have locations within the City to meet with clients locally. More recently OHRA has added management of the seven day a week Winter Shelter Program, a comprehensive program which

includes case management. That program is providing continuous beds for 40 homeless individuals every night through the winter months (November through April). City of Ashland residents can also access available services, programs, and funds through ACCESS, Inc. the regional CAP agency that serves Jackson and Josephine Counties. Similarly, many non-profit agencies that provide housing or support services for homeless populations are eligible to apply for funds through Oregon Housing and Community Services or through the Jackson County Continuum of Care.

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

To summarize the City's primary strategy for overcoming the gaps in the institutional structure and service delivery system for carrying out identifies strategies to address the priority needs of special needs and homeless populations; the City prioritizes activities that address these identified deficiency, such as the acquisition and/or development of housing targeted to low- and moderate-income households, services to homeless populations, and services to those experiencing mental illness or drug and alcohol addiction and or both (dual-diagnosis). Furthermore, the City is committed to continuing involvement with regional planning groups such as the Jackson County Continuum of Care, the Jackson County Homeless Task Force, and the City of Medford to better coordinate services and leverage resources across the region.

SP-45 Goals Summary – 91.215(a)(4)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Housing Goals	2020	2024	Affordable Housing				Rental units constructed: 15 Household Housing Unit Homeowner Housing Rehabilitated: 15Household Housing Unit

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
2	Homeless Goals	2020	2024	Homeless				<p>Public service activities other than Low/Moderate Income Housing Benefit: 100 Persons Assisted</p> <p>Public service activities for Low/Moderate Income Housing Benefit: 50 Households Assisted</p> <p>Homeless Person Overnight Shelter: 50 Persons Assisted</p> <p>Overnight/Emergency Shelter/Transitional Housing Beds added: 50 Beds</p> <p>Homelessness Prevention: 50 Persons Assisted</p> <p>Housing for Homeless added: 5 Household Housing Unit</p>

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
3	Special Needs Goal	2020	2024	Non-Homeless Special Needs				<p>Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 100 Persons Assisted</p> <p>Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 5 Households Assisted</p> <p>Public service activities other than Low/Moderate Income Housing Benefit: 25 Persons Assisted</p>
4	Public Infrastructure Goals:	2020	2024	Non-Housing Community Development				<p>Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 100 Persons Assisted</p> <p>Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 5 Households Assisted</p>
5	Economic Development Goals:	2020	2024	Non-Homeless Special Needs Non-Housing Community Development				<p>Public service activities other than Low/Moderate Income Housing Benefit: 5 Persons Assisted</p> <p>Jobs created/retained: 5 Jobs</p>

Table 56 – Goals Summary

Goal Descriptions

1	Goal Name	Housing Goals
	Goal Description	Access to Housing units that are affordable and suitable to low-, and moderate-income and special needs households continues to be a priority identified through the consolidated planning process. Consequently, the City is continuing to identify the goal of developing and maintaining affordable housing as the highest priority use of CDBG funds. Furthermore, in recognition of the City's aging population the City would has also included the priority of funding to projects and activities which provide and/or incentivize remodeling and rehabilitation to new and existing owner and rental properties that promote ADA accessibility, architectural barrier removal and other modifications and improvements that increase the supply of housing suitable for all ages and abilities.
2	Goal Name	Homeless Goals
	Goal Description	The City been making headway with providing resources and services to assist those populations experiencing housing instability and homelessness. Goals set in the 2015-2019 Consolidated Plan were met and exceeded each program year, yet the issues and problems of homelessness continue to persist within the community. The City, partner agencies, and community volunteers have made huge strides in creating more resources and better access to existing resources for homeless and at-risk populations, but these efforts must be continued and expanded in order to meet the continuing need. Consequently the City is continuing the high priority designation of activities which provide resources or services to homeless populations.
3	Goal Name	Special Needs Goal
	Goal Description	The City has utilized CDBG funding to support a variety of activities to support special needs populations. The inclusion of diversity of incomes, ethnicities and abilities makes the community stronger, and the City of Ashland wants to maintain that tradition of inclusion. Prioritizing the needs of special needs citizens will continue to be a priority for the use of CDBG funding over the next five year period.

4	Goal Name	Public Infrastructure Goals:
	Goal Description	Citizen Input identified the need for transportation options. The City of Ashland values multi-modal transportation options and continues to prioritize activities which improve safety and access of public infrastructure for all Ashland residents.
5	Goal Name	Economic Development Goals:
	Goal Description	In recognition of the intrinsic link between employment, housing stability and general wellbeing the City has identified the priority of services that assist and/or promote increased access to economic opportunities through job or work skills training, employment supports such as job search skills and work readiness training and access to micro-enterprise funding.

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

SP-50 Public Housing Accessibility and Involvement – 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

The Housing Authority of Jackson County is the Public Housing Authority that serves all of Jackson County. Currently HAJC does not own or operate any public housing units in Jackson County. Consequently, no actions are needed to address that public housing.

Activities to Increase Resident Involvements

Not Applicable

Is the public housing agency designated as troubled under 24 CFR part 902?

No

Plan to remove the ‘troubled’ designation

Not Applicable

SP-55 Barriers to affordable housing – 91.215(h)

Barriers to Affordable Housing

Over the years that City has spent considerable resources identifying and working to remove or mitigate barriers to the development of affordable housing. As with the housing market, barriers to affordable housing development are an ever changing target and consequently require ongoing work to identify and remediate.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing

Over the years the city has explored many strategies and taken several steps to reduce the barriers identified above. Some of these actions include allowing Accessory Residential Units without a land use process, removing barriers to the placement and inclusion of Manufactured Housing within Single Family zones, and evaluating further land use incentives to promote the development of affordable single family and multi-family development. These land use incentives include; the cottage housing ordinance, the transit triangle project, and currently the City is working on developing a vertical housing tax credit zone.

Some of the barriers to affordable housing identified above, also serve as barriers to addressing impediments to fair housing choice. Primarily the lack of multi-family inventory which tends to concentrate low-income and/or minority populations in the areas of town which contain the largest supply of multi-family and rental housing, which also happens to be the census block groups near the university. In the next five years the City will be undertaking an update of the Analysis of Impediments to fair housing choice to identify issues, assess needs, and identify actions steps. The City also regularly contracts with the Fair Housing Council of Oregon to provide ongoing fair housing education, outreach, and training to citizens, elected and appointed officials and other populations as identified.

Education and Outreach is a significant role of the Housing and Human Services Commission and such activities often have the benefit of not just disseminating information, but collecting information as well. Such a dialogue within the City facilitates an awareness of the barriers to affordable housing and highlights mechanisms available to address such barriers. In the last few years the Housing and Human Services Commission has undertaken several activities, which addressed some aspects of this goal. These activities include a housing solutions forum, to identify strategies for address the ongoing affordable housing crisis in the Rogue Valley, an affordable housing bus tour to educate the public about the affordable housing, affordable housing development process, and combat nimbyism, and two community forums addressing rent burden and state legislation. Outcomes from these activities are detailed more fully in the City's CDBG CAPERs.

The City of Ashland has been working to increase the City's affordable housing stock for a number of years. In that time many efforts have been made toward that end.

Housing and Human Services Commission

In 1996, the City established a commission to focus specifically on issues of housing. The Ashland Housing Commission was tasked with encouraging housing that is available and affordable to a wider range of city residents, to enhancing cooperation between the public and private sectors, to encouraging financial entities to support housing programs in the city, and to coordinating housing and supportive services programs. In 2014 the Ashland City Council created a new commission, the Housing and Human Services Commission, in recognition that housing issues and human service issues are often intertwined. The Housing and Human Services Commission continues the mission and goals of the Housing Commission, but also oversees the broader continuum of housing and service needs for vulnerable and at-risk populations, such as homeless and special needs populations, and must consider the service needs of such populations along with and in relation to their housing needs. These duties and goals bring the Housing and Human Services Commission in better alignment with the CDBG program.

Land Use Regulations

Several land use regulations have been amended or created to promote the development and retention of affordable housing types. Examples of this are the Annexation and Zone change ordinances which require a percentage of affordable housing be provided for developments which are seeking to become annexed into the city or which are requesting a zone change to a higher density to facilitate the development. Similarly, the Condominium conversion which was amended in 2007 requires that a percentage of units in a multi-family property be designated as affordable if certain circumstances apply.

Potential approaches that have been identified (some of which have been enacted or are in the process of being enacted) to help ameliorate barriers to affordable housing are listed below;

- Increase the land supply
- Consider restriction uses in certain zones to apartments
- Encourage more affordable single-family housing types-like small housing on small lots
- Make more land available for manufactured housing
- Develop more government-assisted housing.
- Reduce development fees for low-income projects.
- Consider incentives to promote housing over commercial developments

In 2018, with a grant from the Department of Land Conservation, the City was able to hire a consultant, EcoNorthwest, to undertake an evaluation of the City's land use code and incentive programs, and determine what measures, if any, could remove barriers or provide incentives to the development of multifamily rental housing. The Study was called the Ashland Housing Strategies Plan, identified that the most limiting development code factor is the maximum density (dwelling units per acre) standard. Ultimately the Study surmised that there is little the City can do to overcome financing challenges for apartment development in small markets. However, the study identified that the City does have some ability to impact outcomes by removing zoning code obstacles to multifamily development to avoid being part of the problem. The study also identified additional actions the City can

take such as offering incentives for development of multifamily rental housing at a range of price points to become a larger part of the solution. “Enabling more efficient development benefits both market-rate and affordable housing developers and helps supply keep pace with demand, preventing a greater affordability challenge later”.

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The Jackson County Continuum of Care (CoC) is the coordinating body for planning and coordinating homeless activities throughout Jackson County. Access is the lead agency for the HMIS system and the Continuum of Care grant application. In 2009 Jackson County's board of Commissioners adopted the 10-year plan to end homelessness, a strategic plan to comprehensively address homelessness on a regional level that was developed by the HTF. Outreach activities such as the annual project community connect event and the point in time homeless count are planned and coordinated by the Jackson County Continuum of Care Board and Access staff.

Addressing the emergency and transitional housing needs of homeless persons

Strategies 5 and 6 of the 10-year plan to end homelessness address the ongoing need for the development of emergency and transitional housing capacity throughout Jackson County.

Strategy 5: *Develop and increase sustainable emergency and transitional shelter and permanent, supportive housing options for youth and other vulnerable populations as they emerge.*

Strategy 6: *Develop an ongoing community campaign that highlights emerging issues in the continuum of homelessness.*

To this end the County had developed a shelter for homeless youth and has increased the availability of permanent supportive housing. However, the county still lacks the capacity to meet the needs of the homeless community. The Jackson County Continuum Board and the Cities of Ashland and Medford along with partner agencies continue to explore various funding opportunities and strategies and work to coordinate services to develop more resources. Similarly, within the City of Ashland efforts to transitional housing for homeless and special needs populations are ongoing.

The City's emergency shelter program was primarily made up of community volunteers and local faith based organizations who organized and staffed emergency shelters in churches and public buildings on a weekly basis and in times of extreme weather conditions. In the 2012 program year, the City Council authorized the use of a public building to be utilized as an overnight winter shelter on a weekly basis. In 2013, 2016 and 2017 the City authorized that same building to be utilized for an additional shelter night for homeless individuals throughout the winter months (from November-April). That brought the number of shelter nights to five each week; providing overnight shelter in Ashland on Monday, Tuesday, Wednesday, Thursday, Friday, and Sunday nights. Each shelter night was organized and staffed by community volunteers, and a community volunteer was in charge of managing the shelter volunteer list and scheduling volunteers. In January of 2017 the City entered into an agreement with OHRA to provide funding to manage the emergency shelters and coordinate the shelter volunteers with help from a grant through ACCESS from the State of Oregon. In the spring of 2018, the City was no longer able to offer a

City owned building to be used as a shelter due to issues of structural integrity. As a result of the loss of that building which provided shelter for three nights out of the week, a group of shelter volunteers in partnership with the faith-based community and OHRA worked together to find a single location to offer the shelter. The group worked on securing a location and gaining land use approval for its use as a homeless shelter for most of the year. During that time, community volunteers, the faith community and OHRA offered a seven night a week shelter rotating from church to church throughout the winter months. In November 2019, OHRA opened the seven night a week shelter at 2082 E. Main Street. The shelter offers 42 two beds to homeless individuals continuously through the winter months. This is the first time that Ashland has had a continuous winter shelter seven nights a week in one location.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

The City has prioritized the use of CDBG funds to support activities which promote the transition from homelessness to housing stability in a variety of ways including; providing more affordable housing to alleviate housing cost burden which can lead to housing instability. The provision of services such as employment supports and life skills training to promote employment opportunities and to help ease the transition from homelessness to stably housed for chronically homeless populations or populations with special needs and/or mental illness are also a priority for CDBG funding. Within the community, Ashland provides funding through the general fund to OHRA, which offers employment supports through the Job Match Program, as well as housing supports, partnering with both Maslow Project and St. Vincent De Paul, who are both CDBG grantees, offering services to homeless and at risk populations. Lastly, the Ashland Winter Shelter Program, which is managed by OHRA is a comprehensive approach to moving homeless individuals to stable housing. Shelter guests are prioritized through a vulnerability assessment to assure that those who are most vulnerable in the community receive a bed. Each shelter guest has access to resources and case management to help move them toward stable housing.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

The City coordinates with many community partners and service providers to ensure a smooth transition from institutional settings to housing within the community. Likewise, it is a strategy of the ten-year plan to provide case management and discharge planning for those transitioning back to the community. To this end the Jackson County Continuum of Care board has representation for law

enforcement, mental health institutions and the Department of Human Services. There is a discharge planning subcommittee of that body that coordinates and plans for transitions. Similarly, the City has allocated CDBG funding in prior years to activities which promote housing stability for low-income and at risk populations to avoid homelessness. The City has identified a goal and an outcome for the continued use of program funds to aid in efforts to avoid homelessness.

SP-65 Lead based paint Hazards – 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

The primary actions the City uses to address LBP hazards in buildings built prior to 1979, and to increase access to housing units that are free of LBP hazards will be the delivery of housing rehabilitation loans and grants, including energy efficiency activities. These activities will be carried out in accordance with state and federal regulations as they relate to LBP. When the opportunity arises the City will provide education and outreach activities to inform program participants and the public in general about potential health impacts of lead-based paint, and about how to best prevent them.

How are the actions listed above related to the extent of lead poisoning and hazards?

The age of the housing unit is a leading indicator of the presence of lead hazard, along with building maintenance. Lead was banned from residential paint in 1978. Of the 10,373 total housing units in the City of Ashland 68% (7,000) were built prior to 1980. The 1999 national survey found that 67% of housing built before 1940 had significant LBP hazards. This declined to 51% of houses built between 1940 and 1959, 10% of houses built between 1960 and 1977 and just 1% after that. Based on those estimates, over 3,300 homes pose potential lead-based paint hazards in Ashland. However, the Clickner study also noted that there were regional differences in the probability of a hazard; the risk was more prevalent on the east coast (43%) than on the west coast (19%).

How are the actions listed above integrated into housing policies and procedures?

The Housing Authority of Jackson County has several lead-based paint risk assessors and inspectors on staff. The Housing Authority periodically hosts the “Working Safe with Lead” training that certifies contractors in lead safe work practices by teaching them how to reduce the risk of hazards to the workers and to occupants by mitigating contamination by lead dust and construction debris. The Housing Authority and the U.S. Department of Agriculture’s Rural Development offer Housing Rehabilitation and Repair programs to homeowners in the City of Ashland, both of these programs work to mitigate or abate lead hazards when completing needed home repairs and offer the participants the pamphlet “Lead hazards in your home”. All of these programs work to educate the community about the health hazards that lead contamination pose to children and pregnant women.

The City of Ashland will review all projects funded with CDBG dollars to determine if the lead-based paint regulations apply. Prior to the execution of a subrecipient agreement, City staff will inform participants of projects covered by the regulation of their responsibilities and work with the subrecipient to ensure compliance.

Date Built	Total Units	Potential Hazards	
		%	Number
Before 1940	1,385	67	928
1940-1959	1,528	51%	779

1960-1979	2,840	10%	284
1980-2000	3,318	1%	33
2000-2004	940	1%	9
After 2005	406	1%	4
Total			2,037

Table 57 - Potential Lead-Based Paint (LBP) Hazards in Ashland

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

The Housing and Community Development Act of 1992 requires communities to include in their Consolidated Plan a description of an anti-poverty strategy. This strategy takes into consideration factors over which the City has control. The City of Ashland has limited resources for addressing the issues involved in reducing poverty and improving the self-sufficiency of low-income residents. Affordable housing is one of the factors directly related to poverty that the City of Ashland does have some ability to influence. In addition, the City supports housing, social service, and economic development programs targeted at the continuum of care needs of the homeless.

The City has identified several goals in the five-year strategic plan to reduce the number of families and individuals in poverty within the City of Ashland. The City has prioritized activities that; support organizations that provide job training and access to employment, promote and support activities within the community, that improve or provide access to economic opportunities for extremely low- and low-income residents, and the development, maintenance, and retention of affordable housing units targeted to the lowest incomes, as well as support services that integrates elements of life skills training, employment training, and other benefits that promote self-sufficiency.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan

The City works to support and coordinate with community partners toward poverty reduction. The City supports a staff person within the planning department that offers resource referrals to assist residents with a variety of housing and service needs. The City has an economic development department and an economic development plan with the goals of increasing employment opportunities and wages within Ashland. The goals of the 2020-2024 Consolidated work in concert with these goals in supporting economic development.

Individual Development Account Programs

The City also supports programs that assist individuals living at or below the poverty level in building, such as Individual Development Accounts (IDA's) that promote homeownership, further education, and promote micro-enterprise. The Housing Authority of Jackson County's Family Self-Sufficiency Program offers an IDA program to individuals and families who reside in public housing and/or receive Section 8/Housing Choice Voucher assistance. ACCESS, Neighborworks Umpqua, and Habitat for Humanity Rogue Valley also offer IDA programs to promote the self-sufficiency of area clients through building financial assets and fostering economic opportunity.

HAJC

The City has prioritized support for activities undertaken by the Housing Authority of Jackson County (HAJC). Activities undertaken by HAJC, often incorporate benefits that promote self-sufficiency, such as the Family Self-sufficiency program listed above. Similarly, housing authority developments offer such assistance benefits as computer classes, resource referrals, and in some instances free or reduced memberships to the local YMCA.

City of Ashland Living Wage Ordinance

The City adopted a Living Wage Ordinance in 2001 that stipulated that all employees, contractors, or recipients of city grants or funds must meet minimum living wage requirements adjusted annually to the Consumer Price Index. The Living wage ordinance continues to provide the benefits of a higher wage scale for all people working to provide the City with services, or working on City funded projects. The City of Ashland recently added the position of Economic Development coordinator to increase the number of living wage jobs located within the city by promoting the expansion, retention and relocation of local and national businesses.

Ashland Low-Income Energy Assistance Program (ALIEAP)

As the City of Ashland owns and operates the Electric Utility, the City is in the unique position to assist very-low income households in meeting their energy needs, specifically during the winter months when energy costs and use are highest. To this end the City targets assistance to Low-income Ashland utility customers who need help to pay their heating bills over the course of each winter. Applicants must have an active electric utility account with the City and the Applicant's household income may not exceed 125% of the Federal Poverty Guidelines. On average the City provides assistance to between 300 and 400 extremely low-, low- and moderate-income individuals annually, providing over \$100,000 in assistance out of the General funds. Similarly, the City provides utility discounts to seniors and the disabled, assisting approximately 100 special needs residents annually with nearly \$30,000 in savings.

SP-80 Monitoring – 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The Community Development Block Grant (CDBG) program requires that recipients of federal funds are monitored to provide information about the program effectiveness, management efficiency, as well as identifying instances of fraud, waste, and abuse. To this end the City shall conduct a Risk Analysis to estimate the level of risk associated with each project. This analysis will allow the City to best allocate limited staff time to regularly monitor subrecipients. Participants in the CDBG program will be rated and a “risk profile” is to be established to summarize specific risks associated with a subrecipient or particular project, as well as establishing the monitoring objectives.

The HUD Monitoring Desk Guide, Policies and Procedures for Program Oversight is a guide produced by the Department of Housing and Urban Development provides the basis for the City’s monitoring practices. This document, and the following outlined procedures, provides the methodology for conducting on-site and desk reviews of activities to ensure they are carried out in compliance with CDBG requirements.

The evaluation criteria to be applied in evaluating the potential of risk include the following;

- Financial management: The extent to which program participants account for and manage financial resources in accordance with approved financial management standards. Additionally, this criterion relates to the amount of potential monetary exposure to the City, and the Department of Housing and Urban Development. Analysis to include assessment of:
 - Amount of current/total funding obligated and/or expended
 - Audits and/or Investigations
 - Staff experience with CDBG
 - History of performance
- Physical asset maintenance and operation: The extent to which HUD-funded physical assets are maintained and operated. Analysis to include assessment of:
 - History of Performance
 - Condition of HUD funded physical assets
 - Use of facilities or physical assets in conformance with CDBG regulations
- Management: The extent which the program participant has the administrative capacity to carry out CDBG requirements. Analysis to include assessment of:
 - Experience level of Key staff particularly as it relates to CDBG funded activities
 - Program History including performance indicators
 - Reporting consistency

- Satisfaction: Extent to which client's express satisfaction or dissatisfaction with the delivery of the program services. Analysis to include assessment of:
 - Types of program activities
 - Complaints or compliments received
- Services: Extent to which HUD program participants effectively and efficiently deliver services to the intended beneficiaries/clientele. Analysis to include assessment of:
 - Types of program activities
 - Accomplishments
 - Timeliness
 - Project development including timing benchmarks

The City shall review each CDBG activity and rank the subrecipients risk factor by assigning recommended points for each of the rating criteria on the form provided. The designated points on the rating form are established to prove a means of quantifying a Risk Factor and are useful as tool in determining the extent of monitoring for a given activity. Other factors, as deemed relevant by the City of Ashland, can be used in establishing a higher or lower risk factor than the numerical rating system. In the event City Staff changes a risk factor, a detailed explanation will be provided justifying the modification.

A *Risk Analysis* shall be conducted yearly for each activity funded in whole, or in part, with CDBG funds. Upon completion of the risk analysis an annual monitoring strategy will be developed. This strategy will outline the number of program participants that will be monitored during the fiscal year, the monitoring approach (comprehensive vs. focused and on-site vs. remote), and the timeframes within which monitoring should be completed, and a determination of which programs or participants provide the most significant risk.

The monitoring approach for each participant is dependent upon the nature of risk, the type of project, and the relative ability to collect the pertinent information.

5 Year Strategic Monitoring Response: Each Community Development Block Grant (CDBG) Program Year the City reviews each CDBG activity that was underway and ranks the sub-recipient's risk factors by assigning points for each of the rating criteria. The designated points on the rating form are established to prove a means of quantifying a Risk Factor and are useful as tools in determining the extent of monitoring for a given activity. Other factors, as deemed relevant by the City of Ashland, can be used in establishing a higher or lower risk factor than the numerical rating system. A CDBG monitoring visit may consist of an on-site monitoring or a desk monitoring. All CDBG grantees will be monitored once prior to a contract being administratively closed. The areas monitored may include:

The CDBG staff objectives for monitoring are to determine if grantees are:

- Carrying out their CDBG-funded activities as described in their contracts (as modified or amended);

- Carrying out the program or project in a timely manner in accordance with the scheduled included in the CDBG contract;
- Charging costs to the program or project which are eligible under applicable regulations;
- Complying with other applicable laws, regulations and terms of the CDBG contract;
- Conducting the program in a manner which minimizes the opportunity for fraud, waste and mismanagement; and
- Have a continuing capacity to carry out the approved program or project.
- Overall management system, record keeping and progress in activities.

When a grantee is found to be out of compliance, CDBG staff will identify a specific period of time in which compliance should be achieved. Usually the grantee will have 30 days to correct deficiencies. Copies of supporting documentation demonstrating that corrective action has been taken will be required. Additional time for corrective action may be allowed on a case by case basis. Failure by the grantee to correct deficiencies may result in funds being withheld and possible restrictions on future grants.

Expected Resources

AP-15 Expected Resources – 91.220(c)(1,2)

Introduction

The City of Ashland has a very small allocation of CDBG funding. The City's annual allocation often includes a carried over balance from prior years unallocated funds.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	178,562	0	214,420	392,982	714,248	

Table 58 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

In general City of Ashland grantees provide the matching funds from a variety of sources including state and private foundation grant funds, donations and fundraising activities. Grantees often cite CDBG as “first in” funds that help to raise additional resources; however, the City would still require the applicant to provide a 10% match to the amount of CDBG funds requested.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

Not applicable