

City of Ashland
Social Service Grant Program
Strategic Plan
Adopted December 16, 2014

Introduction-Purpose of the Plan

The City of Ashland is committed to supporting the agencies and organizations that work to improve the lives of its most vulnerable citizens.

The Strategic Plan for the use of Social Service Grant funds is intended to provide guidance for applicants and assistance to elected and appointed officials by providing a framework for allocating resources and for tracking progress on identified goals and community priorities.

The Strategic Plan will be updated at four year intervals (every two grant cycles) to be responsive to the changing demographics of the community and to the social and human service needs of the citizenry. The updates may include shifting goals and measurable objectives to more efficiently and effectively address community wide issues.

History/Background

The City of Ashland established the Social Service Grant Program in 1986 due to a reduction in Federal Revenue Sharing funds which had, in prior years, provided funding to the City to support the activities of non-profit and social service agencies that provided services to vulnerable Ashland Citizens. Resolution 86-35 was adopted in recognition that: *“the funding of health care and social service needs is an important City function which contributes to the health and well-being of the citizens of Ashland.”* The Council at that time opted to maintain funding for social services with an emphasis on health care in recognition of the City’s tourism based service sector economy, and felt that it was *“appropriate for the City to address the problems created by this type of economy”*¹. Since that time the City of Ashland has committed a portion of the general fund in support of activities that address the health and social service needs of the Ashland community.

Today’s Community Snapshot

The ability of working class individuals and families to afford housing and secure employment that offers compensation that is commensurate with the local cost of living, has far reaching impacts on the community. Reduced discretionary spending negatively impacts the local economy, the physical and mental wellbeing of families, and inhibits access to good nutrition and basic health care. Community diversity, vibrancy, and resilience are all impacted by an individual’s or families’ ability to work and reside in their community. This has been and continues to be a challenge for the Ashland community.

- **Population:** The City of Ashland has a population of just over 20,295 people.²
- **Age:** The population of Ashland has seen an increase in older individuals and a decrease in younger families with children. These findings are evident in the most recent census data; which shows that approximately 83% of the population is 18 years old or older.³ The largest age group is 45-54 year olds at 13.9%⁴, and is echoed in the findings of various demographic reports and community assessments.

¹ Philip Arnold, Former City Councilor.

² 2013 PSU Population Research Center estimate certified estimate.

³ 2008-2012 ACS 5 year estimates.

⁴ Ibid.

- **Income and Poverty:** The median income for a household in the city was \$43,305, and the median income for a family was \$58,616. About 18% of the population and 11.4% of families had incomes below the poverty level, with female headed households with children under 18 and those households with children under 5 experiencing the highest rates of poverty, at 42.2% and 43.4% respectively. 4.7% of individuals 65 years old and older are below the poverty level.⁵
- **Housing:** The City of Ashland has over 10,000 housing units. 53% of occupied housing units are owner occupied, and 46.1% are renter occupied⁶. In the 2012 National Citizen’s Survey completed for the City of Ashland, the City met or exceeded most national benchmarks for citizen satisfaction for all but two categories; availability of affordable quality housing and employment opportunities. Availability of affordable quality housing and variety of housing options are comparatively lower than both national benchmarks and to other University communities with populations from 10,000 to 40,000 comparisons.⁷ Similarly, Census data shows that 43% of homeowners with a mortgage and 54.5% of renters pay more than 35.0% of their income toward housing cost.⁸
- **Employment:** 2013 Ashland annual average unemployment rate was 6.7%.⁹ Ashland School District reports that over half of the employees within Ashland live outside of the district and commute to work.¹⁰
- **Transportation:** When workers must live elsewhere and commute into or out of the community, this has a significant impact on other aspects of the community. Community diversity, vibrancy, and resilience are all impacted by an individual’s or family’s ability to work and reside in their community. Similarly, household transportation costs increase and traffic and air quality are impacted. This has been and continues to be a challenge for the Ashland community.
- **Health:** The social service grant program was originally established in part to address access to affordable health care, and while access to affordable health care continues to be a priority especially as the population ages, community feedback and demographic data has identified more pressing healthcare service needs. *The 2013 Community Health Assessment identified oral/dental health and mental health, especially as it relates to depression and suicide as the most urgent unmet health care needs within the community.* Further, community feedback identifies mental health disorders with co-occurring drug/alcohol addiction to be a need that is currently not adequately addressed in the Ashland community.

⁵ Ibid.

⁶ 2008-2012 ACS 5 year estimates

⁷ 2012 National Citizen’s Survey. <https://ashland.or.us/Page.asp?NavID=15166>

⁸ Ibid

⁹ Guy Tauer, Regional Economist, State of Oregon Employment Department.

¹⁰ ASD 2012 Demographer’s report. <http://www.ashland.k12.or.us/Files/ASD%20Demographer%27s%20Report%202012.pdf>

Community Strengths and Challenges

Community Strengths

Ashland residents are civic minded, and work together to solve community issues through a strong commitment to community service.

While access to affordable health care continues to be an issue for many in the community, since the inception of the Social Service Grant Program many resources to address these concerns have been implemented.

Ashland's community groups, faith-based groups, civic groups, non-profit organizations, social service agencies, governmental agencies, and business groups have a history of successful collaboration.

Ashland's faith-based communities communicate and collaborate to problem solve and implement strategies to address community concerns.



Community Challenges

High need individuals and those with challenging behaviors, such as those with dual diagnosis, (mental health and/or alcohol/drug addiction), physical, mental, or developmental disabilities, need more effective service options than the community currently provides.

There is a deficit of supportive services for vulnerable populations such as; peoples with developmental disabilities, people with mental health issues/frail/elderly populations, veterans, at-risk youth and homeless populations.

Working families and citizens earning below the median income for the Medford/Ashland area have a difficult time finding rental or ownership housing options in Ashland which are commensurate with their incomes.

There is a lack of transitional housing options for families and individuals who are working toward self-sufficiency.

Social Services Grant Program Mission Statement

To fund support services that improve the lives of Ashland residents, assist individuals and families in the community and promote personal and community safety, health, and wellbeing.¹¹

Strategic Priorities: *(These strategic priorities were identified through a process which included community outreach, grantee/stakeholder feedback, and key informant interviews. These priorities are not in any priority order.)*

- Assistance to obtain and/or maintain housing¹²
- Supports to increase accessibility and availability of transportation options/services¹³
- Services for people with mental health issues¹⁴
- Services for people with drug and alcohol addiction
- Services for at-risk youth

Implementation Strategies *(which may include, but is not limited to the following)*

- Allocate resources to activities which address an identified strategic priority
- Support innovative proposals
- Support proposals that leverage community collaborations or enhance community or existing regional partnerships¹⁵
- Support proposals which have a proven capacity to carry out their stated goals/meet proposed numerical outcomes
- Support proposals which are ready to proceed
- 20% of the overall grant allocation will be made available to support small grants; small grants include any request of up to \$5000, should the City not receive enough applications to allocate the balance of funds. The City will have the discretion to allocate any remaining balances to small grants.

Outcome Measurement

- Request the grant recipients to list their anticipated measurable activity/program outcomes
- Review and compare applicants' identified anticipated outcomes annually and at the completion of the grant year using a standardized evaluation matrix. *(Example: Number of Ashland Residents who; received housing support, participated in life skill training, received job search assistance, etc.)*
- The Commission will host stakeholder/applicant/community forum every four years to elicit feedback on grant making process and reporting requirements

¹¹ Consistent with Council priority strategic plan goal 5: "Seek opportunities to enable all citizens to meet basic needs."

¹² Consistent with Council priority strategic plan goal 5.2: Support and promote, through policy, programs that make the City affordable to live in.

¹³ Consistent with Council priority strategic plan goal 3.4: Support RVTD in fulfilling and expanding its mission.

¹⁴ Consistent with Council priority strategic plan goal 5.1: Examine means and methods by which to improve access to mental health services in Ashland for Ashland citizens who need them.

¹⁵ Consistent with Council priority strategic plan goal 5.3: Leverage partnerships with non-profit and private entities to build social equity programming.