



## Executive Summary

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

#### 1. Introduction

The City of Ashland 2014-2019 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 land acquisition for affordable rental and ownership housing/transitional housing/shelters and services for homeless populations and the mentally ill. Prioritized economic development activities such as job training/ skill training programs and small business/microenterprise loans were also identified. Citizen's also identified drug and alcohol treatment services, and fair housing compliance as prioritized community needs. With regard to public facilities respondents identified community gardens and ADA sidewalk improvements including audible signal installation as their highest rated public facility priorities.

### **Summary of Objectives and Outcomes identified through the Agency Consultation Process**

Priorities identified through the agency consultation process were primarily related to retention and expansion of affordable housing opportunities for those with the lowest incomes. Services that were prioritized included mental health services and services to assist with issues of housing discrimination.

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

Based on research compiled from a variety of sources (see appendix), data analysis, consultations with housing and service providers, interviews 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-, moderate-income and/or presumed benefit populations.
- Support services for homelessness outreach, prevention, and transition.
- Support housing and services for people with special needs.
- Improve safety and access in neighborhoods and areas throughout the City.
- 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.

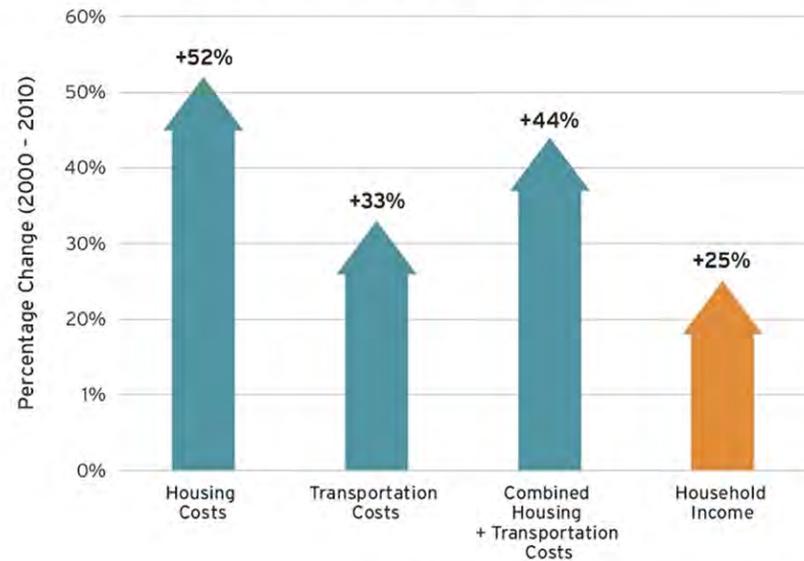
### **3. Evaluation of past performance**

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 ten 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 90% of the time, which is quite remarkable considering the barriers that small CDBG entitlement jurisdictions such as Ashland face. The information gathered for the process of creating this plan has indicated that the provision of affordable housing is still the largest unmet need within the City

of Ashland. 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%.<sup>1</sup> 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.<sup>2</sup>

**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).<sup>18</sup>*

**Strategies and Impact on Identified Needs**

*Housing*

Over the past 14 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.

*Homelessness*

In the past five years the City has prioritized the provision of services to serve homeless populations. The City lost it’s only provider of homeless services in 2008. Though the homeless populations have had access to countywide services, from 2008 to 2013 homeless populations and populations at risk of

<sup>1</sup> Ibid.

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

homelessness had very little local access to services without commuting to Medford. In the past five 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 their 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 CDBG funds have directly assisted 107 households to obtain or maintain housing. Similarly, over the past four years the City has also provided CDBG funds to assist the Maslow Project in providing services to over 475 extremely low income homeless and at-risk youth.

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. With consideration for those factors over which City policies can influence, and which CDBG funds can impact, the City feels that at this time the strategies that the City has articulated in past Consolidated Plans have been addressing identified needs adequately and would not propose any adjustments or improvements at this time.

#### **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.

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](http://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](mailto: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](http://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](mailto: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](http://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](http://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](http://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 and the Housing and Human Services Commission worked together to administer a survey targeted to beneficiaries of CDBG funded activities. To this end the City and the Housing and Human Services Commission held a CDBG open house on Friday December 5, 2014. The open housing provided a brief overview of the various ways that CDBG

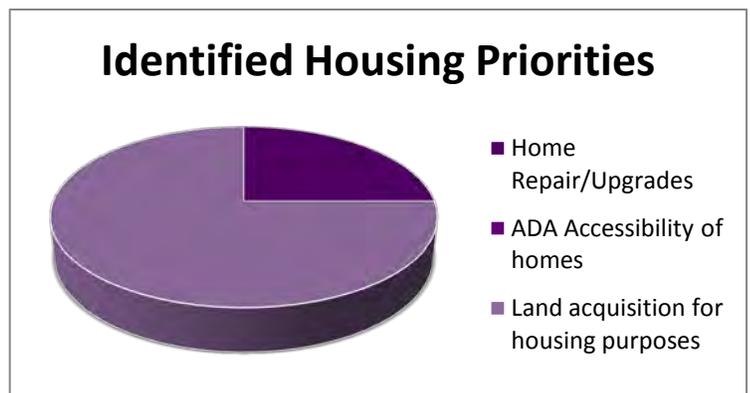
funds have benefitted the citizens of Ashland and provided a platform for guests to weigh in on the prioritization for spending goals for the next five years. The open house was advertised in the “the City Source”, the City of Ashland’s utility bill newsletter. The mailer goes out to approximately 12,200 Ashland residents. The City also completed a direct mailing to 250 residents of low-income rental and ownership housing units located throughout the City. Lastly, the open house was advertised in a public service announcement on KSKQ, the local community radio station.

## 5. Summary of public comments

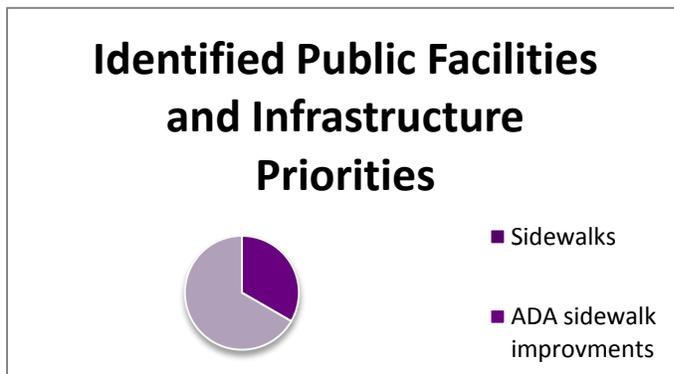
Attendees of the open house and citizen’s who responded to outreach efforts were asked to fill out a questionnaire that requested them to select up to three choices from a list of fourteen CDBG eligible activities broken down into five categories that they felt represented the most urgent needs/the best priority uses for CDBG funds in the Ashland community. Eleven (11) Respondents completed the questionnaire identifying priority activities from the eligible area and activity choices listed below.

### Housing:

- Housing Repairs/Energy Efficiency Upgrades
- Making existing housing more accessible (ramps, wider doors, etc.)
- Buy land to build affordable housing/transitional housing/shelters
- Homebuyer down payment/closing cost loans



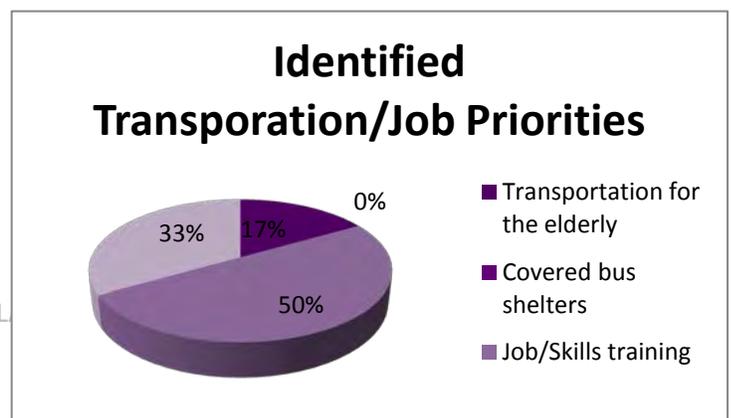
### Public Facilities and Infrastructure:



- Neighborhood Sidewalks
- ADA accessibility improvements to sidewalks and crosswalks (wheelchair ramps and/or audible signals)
- Community gardens

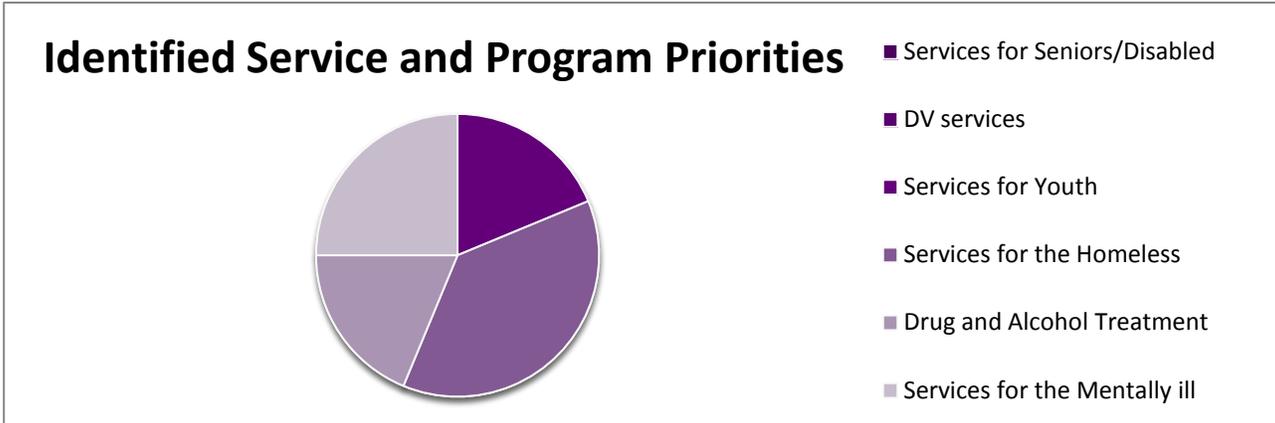
### Transportation and jobs:

- Help with transportation for the elderly or disabled
- Covered bus shelters
- Job & technical skills training
- Small business loans/job creation



### Services and Programs:

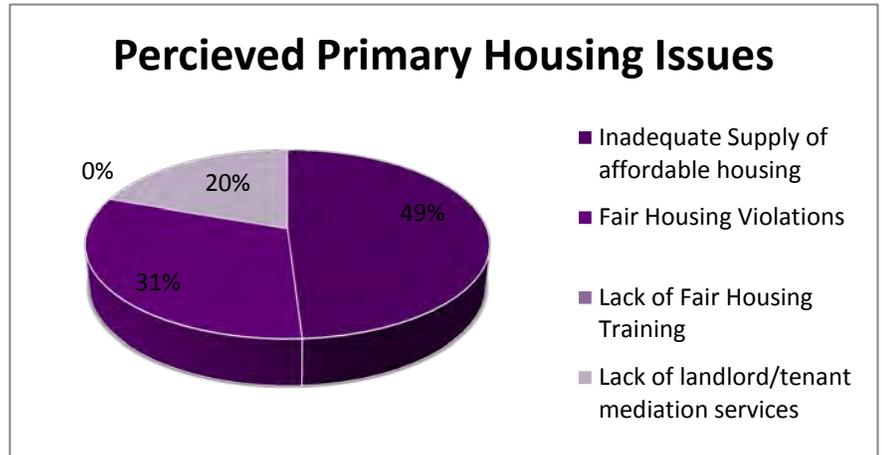
- Services for Senior citizens or persons with a disability
- Services for victims of abuse or neglect
- Programs for youth or children
- Services for the homeless or those at risk of becoming homeless



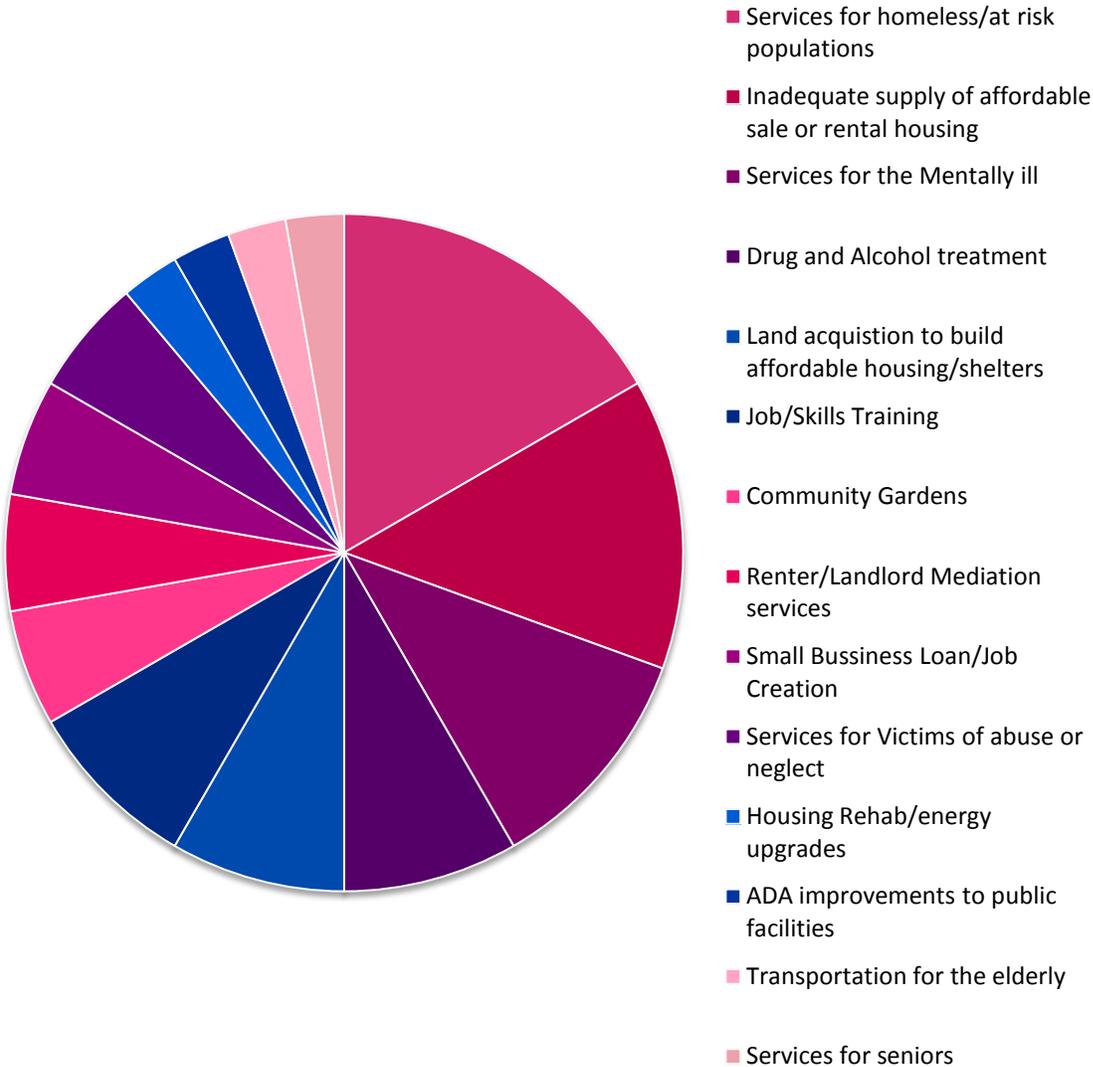
- Services to treat and prevent drug and alcohol abuse
- Services for peoples experiencing mental illness

### What is the primary housing issue in Ashland?

- Inadequate supply of housing for rent or for sale at an affordable price
- Unfair treatment based on race, color, sex, religion, national origin, family status, or disability
- People don't understand their fair housing rights
- Lack of renter/landlord mediation services



## Beneficiary Identified Priority Community Needs (all)



Respondents were also encouraged to provide comments on the programs or projects that they believe should be a priority for funding in the next five year period. Comments received are included in the Appendices.

### Summary of Consultation Efforts

On December 5<sup>th</sup>, city staff and the Housing and Human Services Commission held a CDBG open house targeted to beneficiaries of CDBG funding to gain input to inform the prioritization of funding uses. The

City also posted a questionnaire on the City’s website and made available to the general public and emailed the questionnaire to identified community partners, service providers, and affordable housing agencies. Lastly, the City held two public hearings on the development of the Consolidated Plan to encourage more citizen and service provider participation. The City held the first public hearing on April 2, 2015 before the Housing and Human Services Commission, and the second public hearing before the City Council on April 21, 2015. The open house was advertised in the “the City Source”, the City of Ashland’s utility bill newsletter. The mailer goes out to approximately 12,200 Ashland residents. The City also completed a direct mailing to 250 residents of low-income rental and ownership housing units located throughout the City. Lastly, the open house was advertised in a public service announcement on KSKQ, the local community radio station. Both public hearings were noticed in the Ashland Daily Tidings, the local newspaper and on the City’s website.

### **Consultation results**

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

Not Applicable

## 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
Lead Agency	City of Ashland	Comm-Dev/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](mailto:reidl@ashland.or.us)

## **PR-10 Consultation - 91.100, 91.200(b), 91.215(I)**

### **1. Introduction**

**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)).**

The City of Ashland undertakes several activities to enhance coordination between the City, housing providers, health providers, and social service agencies. City staff actively participates in several regional groups, including; the Jackson County Homeless Task Force, the coordinating body of the Jackson County Continuum of Care grant, the regional Southern Oregon fair housing planning and coordination group (formerly the Southern Oregon Housing Resource Center Committee), and the Rogue Valley Regional Problem Solving-Housing group. 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 is the subcommittee that issues the request for proposals and coordinates the application and administration of the Continuum of Care grants for Jackson County. Similarly, the City coordinates with the agencies and individual members of the Task Force to implement the strategies of the Ten Year Plan to End Homelessness and to evaluate the County's progress on those strategies annually. Lastly, City staff 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.

**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**

The City consults with the Jackson County Homeless Task Force regarding the Continuum of Care, 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 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.

**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.**

<b>LIST OF AGENCIES CONSULTED</b>	
<b>AGENCY NAME</b>	<b>CONTACT PERSON</b>
AARP	Bandana Shrestha
ACCESS, Inc.	Cindy Dyer, Donna Lea Brooks, David Mulig
Addictions Recovery Center (ARC)	-
The ARC of Jackson County	-
Ashland CERT	Terri Eubanks
Ashland Community Hospital	-
Ashland at Home	Katharine Danner
Ashland Food Bank	Pam Marsh
Ashland Police Department	Gail Rosenberg
Ashland Rotary	Graham Lewis
Ashland School District's Homeless Liaison	-
Ashland Supportive Housing	Sue Crader
CASA	-
Center for Non-Profit Legal Services	Fay Wiesler
Children's Advocacy Center	-
City of Ashland Senior Center	Chris Dodson
City of Medford	Angela Durant
Commission on Children and Families	Stephanie Mendenhall
Community Health Center	-

Community Works	Connie Eidson
Department of Human Services	Taylor Kohn
Easter Seals	-
Fair Housing Council of Oregon	Louise Dix
Gospel Mission Men	Will Holmbeck
Habitat For Humanity Rogue Valley	Denise James
Help, Now! Advocacy Center	Larry Kahn
Housing Authority of Jackson County (HAJC)	Jason Elzy
Housing Authority of Jackson County (HAJC)	Cara Carter
Jackson County Mental Health	Linda Jackson
Kids Unlimited	Tom Cole
La Clinica Del Valle	David Dismuke
Linda Vista Nursing Home	-
Lions Club/Sight and Hearing	-
Living Opportunities	Roger Hassenpflug/Jim Gouchenour
Maslow Project	Mary Ferrell
OnTrack	Rita Sullivan
Options for Southern Oregon	-
Oregon Action	Rich Rhode
Oregon Youth Authority	-
Pathway Enterprises, Inc.	-
Peace House-Uncle Food's Diner	Leigh Madsen
Planned Parenthood	Paul Robenson
Rogue Retreat Transitional Shelter	Heather Hoyle
Neighborworks Umpqua	Karan Reed
RVCOG-Senior Services	Connie Saldana
Salvation Army	Jackie Agee

Kairos	-
Southern Oregon Goodwill Industries	Corriann Matthews
St. Vincent De Paul	Alice Nagel/Charlotte Dorsey
United Way	Jan Sanderson Taylor
YMCA	Lisa Molnar
Ashland at Home	Katharine Danner

**Table 2-List of Agencies Consulted**

**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?
10-Year Plan to End Homelessness	Jackson County Homeless Task Force-Continuum of Care	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. (SOREDI) Comprehensive Economic Development Strategy Plan	SOREDI	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(I))**

During the process of developing the Consolidated Plan, Housing and Human Services Commissioners and the Housing Program Staff conducted personal interviews and 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 participation process

and to voice their opinions and concerns at one of the three public hearings. Similarly, a notice was run in the “City Source”, the City’s utility bill mailer which is mailed to over 9,500 households (and emailed to over 2,000 households) within the City of Ashland. And lastly, the City completed outreach efforts including direct email contacts and announcement at public meetings of social service organizations and service providers to complete the online questionnaire.

On December 5, 2014 the Housing and Human Services Commission hosted an open house inviting beneficiaries of previously funded CDBG activities including residents of two low-income apartment complexes and two organizations serving special populations. Two more public hearings were held to accept public input on the Draft Consolidated Plan. The Plan was approved by the City Council on April 21, 2015, and sent to HUD for final public comment period, review and approval on May 4<sup>th</sup> 2010.

## **PR-15 Citizen Participation**

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

The City offered several opportunities during the development of the Consolidated Plan for Ashland citizens to provide input and participate in the development of the document. During the development of the Consolidated Plan, City staff and the Housing and Human Services Commission worked together to administer a survey targeted to beneficiaries of CDBG funded activities. To this end the City and the Housing and Human Services Commission held a CDBG open house on Friday December 5, 2014. The open housing provided a brief overview of the various ways that CDBG funds have benefitted the citizens of Ashland and provided a platform for guests to weigh in on the prioritization of spending priorities for the next five years. The open house was advertised in the “the City Source”, the City of Ashland’s utility bill newsletter. The mailer goes out to approximately 12,200 Ashland residents. The City also completed a direct mailing to 250 residents of low-income rental and ownership housing units located throughout the City. Lastly, the open house was advertised in a public service announcement on KSKQ, the local community radio station.

Citizens were encouraged to provide written comment either hand written or electronically on the draft plan from March 18<sup>th</sup> 2015 through April 21<sup>th</sup> 2015. No written comments were received.

### **Public Meetings and Hearings**

A total of two public hearings were held during the 2015-2019 Consolidated Planning Process.

The first public hearing was held on **April 2, 2015**, before the City of Ashland Housing and Human Services Commission. The purpose of the initial public hearing was to provide a summary of the draft plan and to encourage public comments on the draft plan. A hearing was noticed in the legal section of the *Ashland Daily Tidings* on March 18<sup>th</sup> 2015.

The second public hearing was held on **April 21, 2015** 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. Please see Appendix, for a copy of the April 21, 2015 meeting minutes.

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**

At this time no Comments have been received.

### 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 Meeting	Beneficiaries	5 people attended	See Appendix A	None
Public Meeting	Age Friendly Ashland	6 people attended	Comments received were recorded in questionnaire data	None
Public Meeting	Jackson County Homeless Task Force	E-mail cover letter and link to the questionnaire sent to HTF contact list.	Comments received are in aggregate with agency data and citizen data	None
Public Hearing	Non-targeted/broad community	Advertised through PSA, Utility Bill mailer and Public notice in the Newspaper and on the City's website		None

**Table 4 – 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 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 625 homeless persons in Jackson County on January 29, 2014. Of that total, 24 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.

**2014 Point-in-Time Count Homeless Population  
By Type of Household and Sub-population for Jackson County**

<b>Household Type</b>	<b>Jackson County</b>	<b>Ashland</b>
Total Homeless	625	24
Sheltered Homeless	399	Unknown
Unsheltered Homeless	226	Unknown
Homeless individuals	501	22
Homeless people in families	124	2
Chronically Homeless	84	17
Chronically Homeless Individuals	75	17
Chronically Homeless People in Families	9	0
Homeless Veterans	241	6
Homeless Unaccompanied Youth and Children	46	1
Homeless Unaccompanied Children	13	0
Homeless Unaccompanied Young Adults	33	1

**Table 5-PIT count by type**

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

### Summary of Housing Needs

Demographics	Base Year: 2000	Most Recent Year: 2011	% Change
Population	19,522	20,131	3%
Households	8,552	9,325	9%
Median Income	\$32,670.00	\$41,334.00	27%

**Table 6 - Housing Needs Assessment Demographics**

**Data Source:** 2000 Census (Base Year), 2007-2011 ACS (Most Recent Year)

### Number of Households (below 100% AMI) Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80- 100% HAMFI	>100% HAMFI	Percentage
Total Households *	1,315	950	1,440	685	4,935	100%
Small Family Households *	330	185	545	190	1,845	37.3%
Large Family Households *	15	85	55	0	140	7.6%
Household contains at least one person 62-74 years of age	110	90	235	180	1,160	23.5%
Household contains at least one person age 75 or older	25	175	140	85	695	14.0%
Households with one or more children 6 years old or younger *	145	150	175	65	205	4.2%

\* the highest income category for these family types is >80% HAMFI

**Table 7 - Total Households Table**

**Data Source:** 2007-2011 CHAS

## 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
<b>NUMBER OF HOUSEHOLDS</b>										
Substandard Housing - Lacking complete plumbing or kitchen facilities	40	10	20	0	70	0	0	0	0	0
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	0	0	0	0	0	0	0	0	0	0
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	0	40	55	0	95	0	0	0	0	0
Housing cost burden greater than 50% of income (and none of the above problems)	890	435	125	70	1,520	175	185	195	60	615
Housing cost burden greater than 30% of income (and none of the above problems)	35	120	595	150	900	0	45	70	90	205

	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
Zero/negative Income (and none of the above problems)	130	0	0	0	130	10	0	0	0	10

**Table 8 – Housing Problems Table**

Data 2007-2011 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
<b>NUMBER OF HOUSEHOLDS</b>										
Having 1 or more of four housing problems	930	485	200	70	1,685	175	185	195	60	615
Having none of four housing problems	75	200	745	315	1,335	0	85	295	240	620
Household has negative income, but none of the other housing problems	130	0	0	0	130	10	0	0	0	10

**Table 9 – Housing Problems 2**

Data 2007-2011 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
<b>NUMBER OF HOUSEHOLDS</b>								
Small Related	220	170	350	740	55	0	45	100
Large Related	0	60	30	90	15	24	0	39
Elderly	35	59	70	164	70	125	130	325
Other	680	315	310	1,305	35	80	90	205
Total need by income	935	604	760	2,299	175	229	265	669

**Table 10 – Cost Burden > 30%**

Data 2007-2011 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	220	155	20	395	55	0	35	90
Large Related	0	40	0	40	15	20	0	35
Elderly	35	55	20	110	70	95	105	270
Other	635	235	95	965	35	65	55	155
Total need by income	890	485	135	1,510	175	180	195	550

Table 51 – Cost Burden > 50%

Data 2007-2011 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	0	40	30	0	70	0	0	0	0	0
Multiple, unrelated family households	0	0	25	0	25	0	0	0	0	0
Other, non-family households	0	0	0	0	0	0	0	0	0	0
Total need by income	0	40	55	0	95	0	0	0	0	0

Table 6– Crowding Information – 1/2

Data 2007-2011 CHAS  
Source:

	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								

Table 7 – Crowding Information – 2/2

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

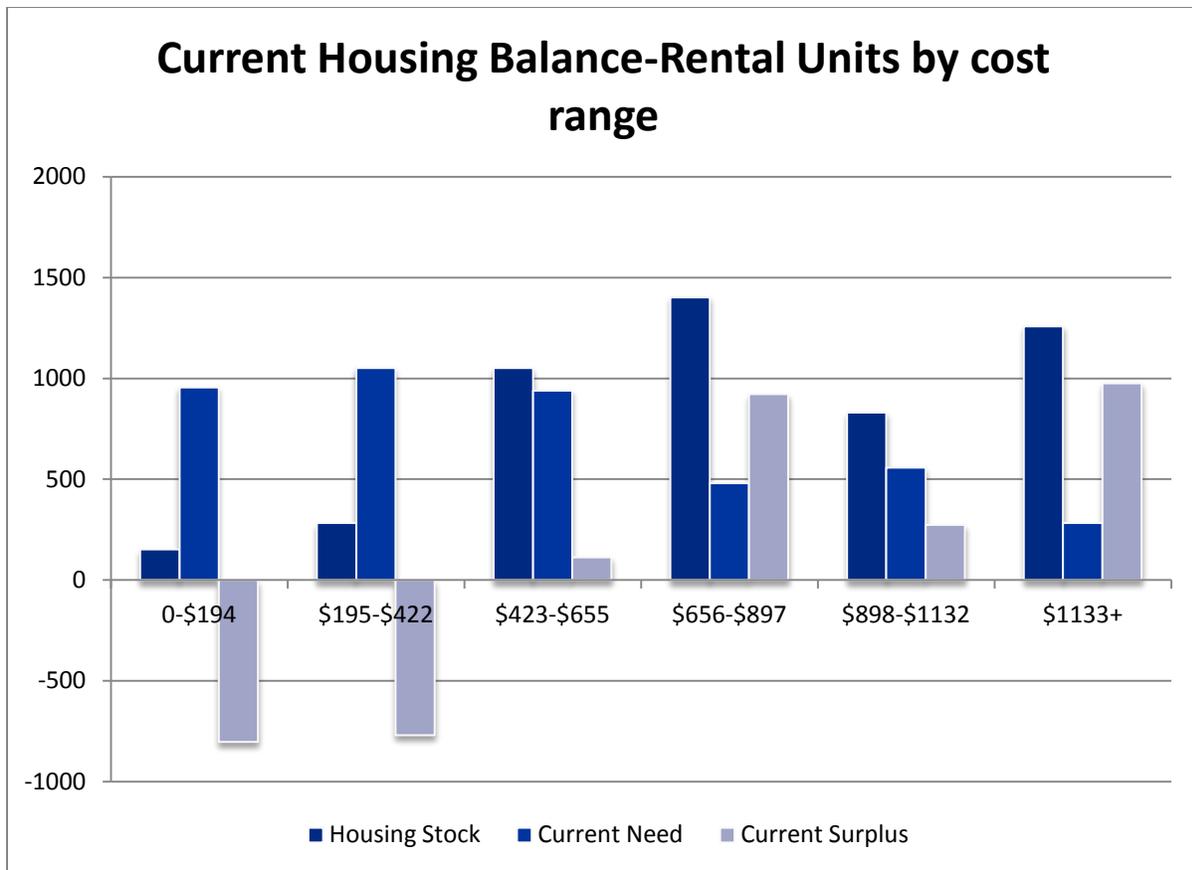
The Housing Authority of Jackson County reports that there are 268 households on the Section 8 waitlist for the City of Ashland. Of that number 164 households do not contain children. The housing authority report does not breakout single person households as a type, and while the report does provide breakdowns of household type (elderly, disabled, families with children, etc.) it does so independent of the number of people in such households. Consequently, though we can identify the number of households who have identified as elderly, disabled, or family households, we cannot quantify the number of households which are for example, both elderly and single person, and disabled and single person. However, information obtained from affordable housing providers indicates that the existing stock of below market rate one bedroom and studio units do not meet the need among elderly populations for such units. Similarly, Housing Authority reports for the Snowberry Brook complex and the Section 8 program show that 160 households are on the waitlist for a one bedroom unit at Snowberry, and that 199 households on the Section 8 waitlist. These numbers indicate an unmet need for a one bedroom unit. Lastly, data obtained for the 2012 Housing Needs Analysis showed a lack of single occupancy (studio and one bedroom units) to meet the needs in the community.

### **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.**

The Housing Authority of Jackson County does not track data on victims of domestic violence.

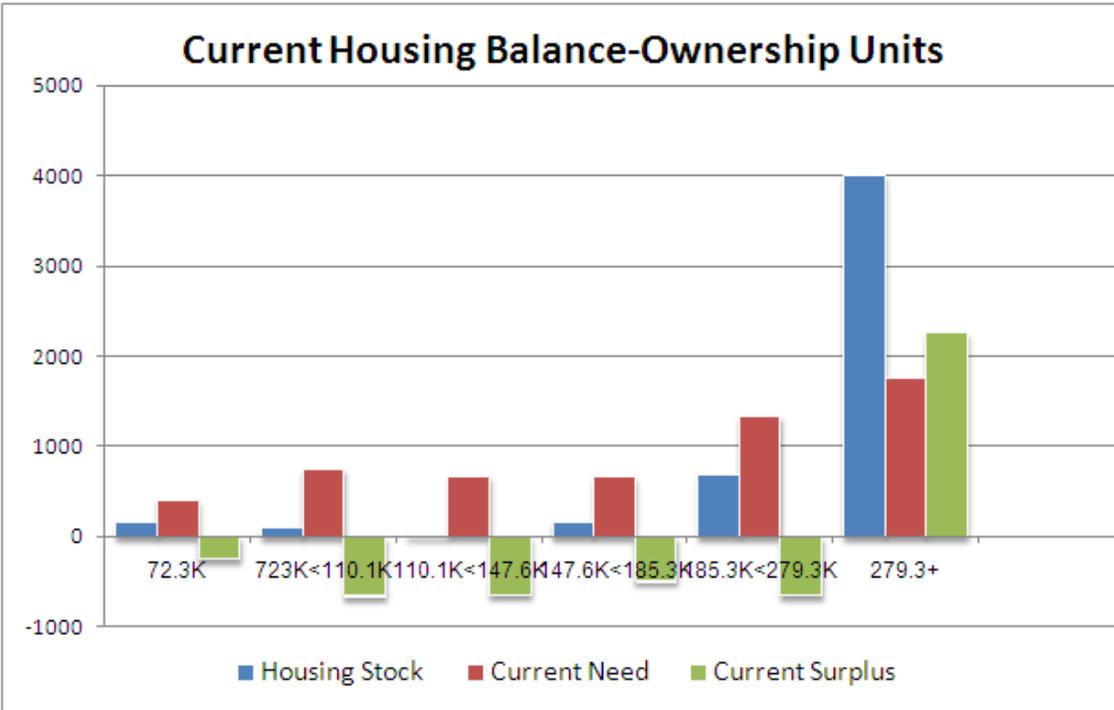
### **What are the most common housing problems?**

The most common housing problem in the City of Ashland is the lack of units affordable to low and moderate income households. According the 2012 Housing Needs Analysis there is a lack of rental housing stock affordable to those households with those lowest incomes and/or receiving Housing Choice Vouchers, whereas there is an excess of rental units available to higher income households. As illustrated in chart NA-10-1 there is a disparity of rental stock available at both ends of the spectrum; a dearth of units available to those able to afford rental rates between \$0-\$422 a month, and a surplus of units available to housings about to afford rental rates of \$656 a month or higher.



**Chart NA-10-1**

Similarly, housing units that are available for sale are priced beyond the income of the average (Area Median Income) household in Ashland. As illustrated in the chart below and the tables above, homeowners also experience housing cost burden, though often to a lesser extent than renter households, when the supply of housing units is not available at prices commensurate with incomes. There is also an inadequate supply of the housing types most in demand, affordable studios and three bedroom rental units. Lastly, as can be seen in Chart NA-10-2, there is a lack of ownership units available to all but the highest income range, and currently there are very few programs which assist homebuyers who are above 80% of AMI but below 120% AMI.



**Chart NA-10-2**

According to Housing Authority of Jackson County Statistical reports from February 2015 there are currently 138 households in Ashland that hold section 8 vouchers and 268 households on the waitlist for section 8 vouchers in the City of Ashland. There are currently 163 subsidized project based units within the city of Ashland (see table 3 on page 53 for a list of subsidized units throughout the City).

**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. 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	1,225	70	80
White	1,040	55	70
Black / African American	25	0	0
Asian	45	0	0
American Indian, Alaska Native	20	0	0
Pacific Islander	0	0	0
Hispanic	35	15	10

**Table 8 - Disproportionately Greater Need 0 - 30% AMI**

Data Source: 2007-2011 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%

#### 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	810	240	0
White	800	240	0
Black / African American	10	0	0
Asian	0	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	0	0	0

**Table 9 - Disproportionately Greater Need 30 - 50% AMI**

Data Source: 2007-2011 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%

### 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	1,190	695	0
White	995	595	0
Black / African American	0	0	0
Asian	55	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	20	45	0

**Table 16 - Disproportionally Greater Need 50 - 80% AMI**

Data Source: 2007-2011 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%

### 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	475	455	0
White	465	450	0
Black / African American	0	0	0
Asian	0	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	0	4	0

**Table 17 - Disproportionally Greater Need 80 - 100% AMI**

Data Source: 2007-2011 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%

### **Discussion**

Less than a quarter of households in Ashland experience any housing problems within the City of Ashland and among ethnic or racial groups experiencing housing problems, only Native American/Alaska Natives experience housing cost burden at a greater rate than that of the jurisdiction as a whole.

## 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	1,205	90	80
White	1,020	75	70
Black / African American	25	0	0
Asian	45	0	0
American Indian, Alaska Native	20	0	0
Pacific Islander	0	0	0
Hispanic	35	15	10

**Table 18 – Severe Housing Problems 0 - 30% AMI**

Data Source: 2007-2011 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	425	630	0
White	415	630	0
Black / African American	10	0	0
Asian	0	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	0	0	0

**Table 109 – Severe Housing Problems 30 - 50% AMI**

Data Source: 2007-2011 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%

### 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	480	1,410	0
White	390	1,200	0
Black / African American	0	0	0
Asian	0	55	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	15	50	0

Table 20 – Severe Housing Problems 50 - 80% AMI

Data Source: 2007-2011 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%

### 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	145	785	0
White	135	780	0
Black / African American	0	0	0
Asian	0	0	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 Source: 2007-2011 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%

## **Discussion**

Very few households experience severe housing problems within the City of Ashland and no ethnic or racial group's experienced severe housing problems at a greater rate than that of the jurisdiction as a whole.

## 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.

As evidenced by Table 22, the populations with the greatest housing cost burden are those who have the lowest income. Cost burden predominantly falls on those racial and ethnic groups which comprise the majority of the population; Caucasian households. Only Native American/Alaska Natives 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	5,295	1,985	2,260	105
White	4,985	1,835	1,990	70
Black / African American	10	0	10	25
Asian	50	55	45	0
American Indian, Alaska Native	55	0	20	0
Pacific Islander	4	0	0	0
Hispanic	135	40	50	10

**Table 112– Greater Need: Housing Cost Burdens AMI**

Data Source: 2007-2011 CHAS

**Housing Cost Burden as a Percentage of  
Total populations under 50% AMI**

<b>Housing Cost Burden</b>	<b>&lt;=30%</b>	<b>%</b>	<b>30-50%</b>	<b>%</b>	<b>&gt;50%</b>	<b>%</b>	<b>Total population under 50% AMI</b>	<b>Total Population by Race</b>	<b>%</b>
Jurisdiction as a whole		55.5%		20.8%		23.7%			
	5,295		1,985		2,260		9,540	20,355	<b>46.8%</b>
White	4,985	94.1	1,835	92.4%	1,990	88%	8,810	18,499	<b>47.6%</b>
Black / African American	10	.2%	0	-	10	.4%	20	427	<b>4.7%</b>
Asian	50	.09%	55	2.8%	45	2%	150	410	<b>36.5%</b>
American Indian, Alaska Native	55	1.0%	0	-	20	.8%	75	129	<b>58.1%</b>
Pacific Islander	4	0%	0	-	0	-	4	10	<b>40%</b>

**Table 23-Housing Cost burden-populations under 50% AMI**

**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?**

No.

**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.

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

Not applicable.

## NA-35 Public Housing – 91.205(b)

### Introduction

#### Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	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 24 - 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			Special Purpose Voucher		
				Total	Project - based	Tenant - based	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	
# Homeless at admission	0	0	0	40	0	0	40	0	

	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program
# 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 125 – 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
American Indian/Alaska Native	0	2	0	41	0	37	4	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 *
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 136 – 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 27 – 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:**

There are no Public Housing units within the City of Ashland or in Jackson County; consequently a narrative regarding public housing units is not applicable.

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

The Housing Authority of Jackson County reports that there are 268 households on the Section 8 waitlist for the City of Ashland. Of that number 164 households do not contain children, 39 identify as elderly households, and 63 identify as disabled household. The most obvious immediate need for the households on the section 8 waitlist is for units which do not cause housing cost burden and which meet housing quality standards for safety. Other than the need for more affordable housing options the City cannot discern any other pressing needs for this population from the data provided.

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

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. The percentage of Ashland households that experience housing cost burden are exemplified in Table 21 on page 37 that shows that 47% of households earning 50% AMI or less experience housing cost burden.

## **NA-40 Homeless Needs Assessment – 91.205(c)**

### **Introduction:**

#### **Chronically Homeless Populations**

According to the 2013 Continuum of Care the total number of sheltered homeless individuals was 436 in both 2012 and 2013. There was an increase in persons counted in Emergency Shelter beds in 2012 but these were offset by a decrease in Temporary Housing beds in the following year (the decrease was due to a change in the HUD definition). The number of unsheltered homeless people counted in Jackson County in 2013 was 112, which was a marked decrease from the number of unsheltered homeless persons counted in the prior year (250). The decrease has been attributed to several variables including a greenway sweep by the Medford Police Department just prior to the Count, and fewer volunteers visiting fewer known camp sites.

#### **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.

In 2013 the Jackson County Continuum of Care (CoC) received two rapid re-housing grants; one funded through the Emergency Shelter Grant (ESG) program totaling \$103,486 and one funded through the Supportive Services for Veterans & VA Families Program for Veteran Families (SSVF) program totaling \$213,837. The CoC reports that the total number of homeless households with children that were assisted with rapid re-housing funds through the CoC grants in 2013 totaled 14. The total number of homeless households with children that were assisted with Emergency Shelter Grant rapid-re-housing funding in 2013 totaled 39.

#### **Families**

In 2014 the Point in Time homeless count found 124 homeless people in families, and 9 chronically homeless people in families. Of the 124 homeless people in families 47 were sheltered and 77 homeless people in families were unsheltered. Of the chronically homeless people in families all were unsheltered.

#### **Unaccompanied Youth**

In 2014 the Point in Time homeless count found 13 homeless unaccompanied children and 33 homeless unaccompanied young adults. Of the total 27 unaccompanied youth and children were sheltered and 19 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):**

While specific data on the number of homeless persons becoming or exiting homelessness each year is not available for either Ashland or the Jackson County Continuum of Care, there are data on certain activities that serve homeless populations. These data show that 82% of the previously chronically homeless participants achieved housing stability.

**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 coordinating organizations, the Jackson County Homeless Task Force. The Jackson County Homeless Task Force 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.

<b>2014 PIT:</b>	<b>City of Ashland</b>	<b>Jackson County</b>
Total # of Homeless	24	625
# of Homeless People in Families	0	124
# of homeless Veterans	6	241

**Table 28-2014 PIT Count Results**

**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.

**Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.**

According to the 2014 Point in Time count data 64% 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 has 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 14% in 2000 to 19% in 2010. 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. Similarly

### **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 2014 the Ashland Senior Services Program provided information and referral services to 1,100 through their website, new visits, phone calls and walk-in services. The Senior Center reports this number to be an increase from previous years. Since the Senior Center provides services to the City of Ashland and surrounding areas, all of the referrals may not be solely from City residents. Currently 2011-2013 American Community Survey estimates show that the population of Ashland that is 65 years old and older is 3,935 persons, or 19.2% of the population. Similarly, CHAS data contained in table 10 on page 27 shows that the households containing at least one person aged 62 or over make up the majority of household earning less than 100% of AMI in Ashland; larger than any other household type.

#### *Persons with disabilities*

Census data reports that 2,569 people with disabilities resided in Ashland as of the 2011-2013 ACS survey estimates. Peoples with Disabilities made up 12.6% of the population at that time. The 3-year American Community Survey estimates do not provide more recent information about peoples with disabilities, nor does it provide a breakdown of the type of disability reported. However, as the City of Ashland has a greater percentage of the population which is 50 years old or older it can be expected that as the population ages more and more people will have an increasing need for services and housing that provides ADA considerations.

#### *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 state estimates of substance abuse and mental disorders, there are 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). Jackson County Mental Health reports that they served over 5,259 clients in 2014, JCMH reports that they served 2,100 Children and 3,200 adults in 2014.

### 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 victims violence, reports that in calendar year 2014, Dunn House, the emergency shelter for victims of domestic violence served 168 women and 111 children for 5,329 nights of shelter. The HelpLine, Community Works domestic violence emergency phone line answered 9,949 calls.

Dunn House Outreach Advocates worked with 1,806 victims of domestic violence and stalking, 134 of which were people with disabilities, and had 875 follow up contacts with victims. They helped develop 872 safety plans with victims. The Hispanic Services Coordinator worked with 480 unduplicated victims in the last calendar year. In that year the Hispanic Services Coordinator provided 510 follow up contacts with victims and helped develop 480 safety plans with victims.

### 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 as part coordinated care organization planning process 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 and than 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.<sup>3</sup>

### **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 Jackson County. The most recent data obtained from the Oregon Public Health Division indicates that there were a total of 68 cases of non-AIDS HIV cases and 70 cases of AIDS, for a total of 138 cases of HIV/AIDS (down from 141 delineated in the 2010-2014 Consolidated Plan) in Jackson County as of October of 2014. Data further indicates that cases are fairly evenly disbursed among age groups between 30 and 64 years of age with 45 through 54 year olds having the greatest incidents of both HIV and AIDS. Racially and Ethnically White non Hispanic the populations have the greatest incidents of infection in the Jackson County area.

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<sup>3</sup> <http://www.jacksoncareconnect.org/docs/default-source/default-document-library/jojackfinal.pdf>



## **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. During the public input process improved sidewalks, handicapped ramps and public gardens were the only public facilities improvements identified as priorities.

### **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?**

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.

### **Describe the jurisdiction's need for Public Services:**

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

### **How were these needs determined?**

Public services needs were determined through a combination of public outreach and consultation with community partners (as described elsewhere in the document), and through the review of federal, state, and local reports and studies such as community needs assessments and local planning documents.

# 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 multi-family 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

ACS data shows that the City has a total of 10,145 housing units with a homeownership rate of about 55%, lower than the Medford MSA average of 62%. According to American Community Service (ACS) data, 64% of all housing units<sup>4</sup> in the City of Ashland are 1-unit detached structures (6,462 units), shown in Table . Three or more bedroom units comprise 49% of the total units (owner-occupied and rented), with 4,562 units. Two bedroom units comprise 35% of units, with 3,259 units total, as shown in Table .

### All residential properties by number of units

Property Type	Number	%
1-unit detached structure	6,462	64%
1-unit, attached structure	865	9%
2-4 units	884	9%
5-19 units	1,123	11%
20 or more units	640	6%
Mobile Home, boat, RV, van, etc	171	2%
<b>Total</b>	<b>10,145</b>	<b>100%</b>

**Table 29 – Residential Properties by Unit Number**

Data Source: 2007-2011 ACS

### Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	0	0%	219	5%
1 bedroom	146	3%	1,139	25%
2 bedrooms	1,223	26%	2,036	44%
3 or more bedrooms	3,355	71%	1,207	26%
<b>Total</b>	<b>4,724</b>	<b>100%</b>	<b>4,601</b>	<b>100%</b>

**Table 30 – Unit Size by Tenure**

Data Source: 2007-2011 ACS

### 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** 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. Further, **Table** identifies units that

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<sup>4</sup> Per ACS definition, a housing unit is defined by a house, apartment, mobile home, a group of rooms, or a single room that is occupied as separate living quarters, in which occupants live separately from any other individuals in the building and have direct access outside the building or through a common hall.

receive federal project-based subsidies. Locally, the City’s affordable housing program has restricted the deeds for a total of 99 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.

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%
<b>TOTAL</b>		<b>365</b>	

**Table 31 – Section 8 Housing Vouchers/Number of Project-Based Voucher Units**

Data Source: City of Ashland

According to February 2015 Housing Authority of Jackson County data, there were 138 households that held Section 8 vouchers and 268 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 (Table ). The Housing Authority of Jackson County’s Public Housing Authority plan goals are consistent with the City of Ashland’s Consolidated Plan goals.

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
<b>Total</b>		<b>205</b>	<b>163</b>

**Table 32 - Properties with Project-based Subsidies**

Data Source: City of Ashland

### Rental Assistance and Emergency Repairs

Since 2011, the City of Ashland has supported a rental assistance program with CDBG funding administered by the Ashland Conference of the St. Vincent de Paul. Similarly, the City has used CDBG funding to support housing rehabilitation and emergency repairs in past years, using repayments from those projects to complete further repairs. Most recently, the City provided funding to Habitat for Humanity of Rogue Valley for emergency repair loans for low-and moderate-income households.

**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 31** and **Table** above.

**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 268 households, while the approximate wait time to receive a Section 8 voucher within Jackson County is three years, down from four years in 2013. While the need for housing affordable for households earning 80% of the Area Median Income or less is well documented, the availability of housing to meet the financial needs for households earning more is less available. According to the Southern Oregon Rental Owner's Association, the vacancy rate for Jackson County as of February 2015 was at an all-time low of 2%. The U.S. Census reports 2014 4th quarter vacancy rates for Oregon to be 3.6%.<sup>5</sup> The rental housing market in Ashland is anecdotally reported to have a lower vacancy rate (townhome units) than that of either the state or the county, despite the 2010 census reporting a rental vacancy rate of 6.5% and a homeowner vacancy rate of 2.5%. Therefore, the number of housing units is not meeting the needs of the population.

**Describe the need for specific types of housing:**

The Housing Authority of Jackson County provided data on Section 8 waitlist applicants and for applicants who have been put on a waitlist for other Housing Authority-owned complexes in Ashland. In 2015, there were 199 households on the Section 8 waitlist in need of one-bedroom units; this is 68% of the total number of individuals on the waitlist for Section 8 housing. Similarly, the waitlist for the Snowberry Brook shows that there are 160 of the total 234 households on the waitlist or 59% in need a one-bedroom unit. 37% of households on the Section 8 waitlist and 32% of households on the Snowberry Brook waitlist indicate a potential need for Accessible housing.

**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

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<sup>5</sup> <http://www.census.gov/housing/hvs/data/rates.html>

units) have been identified as having unmet need. The City is not currently expecting any new affordable housing projects to be developed within the next couple of years. Therefore, the City of Ashland continues to face challenges to meet the demand for affordable housing.

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

### Introduction

There are a total of 10,145 residential housing units in the City of Ashland. Of the occupied housing units, 64% are 1-unit detached, 9% are 1-unit attached, 9% are 2-4 units, 11% are 5-19 units, 6% are 20 or more units, and the remaining 2% are mobile homes, boats, RVs, vans, etc. The following tables reflect the cost of both owner- and renter-occupied housing in the City of Ashland, according to the US Census and most recent ACS data (2007-2011). 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: 2000	Most Recent Year: 2011	% Change
Median Home Value	185,000	389,700	111%
Median Contract Rent	522	742	42%

**Table 143 – Cost of Housing**

Data Source: 2000 Census (Base Year), 2007-2011 ACS (Most Recent Year)

Rent Paid	Number	%
Less than \$500	749	16.3%
\$500-999	2,677	58.2%
\$1,000-1,499	946	20.6%
\$1,500-1,999	169	3.7%
\$2,000 or more	60	1.3%
<b>Total</b>	<b>4,601</b>	<b>100.0%</b>

**Table 154 - Rent Paid**

Data Source: 2007-2011 ACS

### Housing Affordability

% Units affordable to Households earning	Renter	Owner
30% HAMFI	120	No Data
50% HAMFI	385	55
80% HAMFI	2,065	104
100% HAMFI	No Data	169
<b>Total</b>	<b>2,570</b>	<b>328</b>

**Table 165 – Housing Affordability**

Data Source: 2007-2011 CHAS

### Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	610	616	834	1229	1385
High HOME Rent	610	616	834	955	1046
Low HOME Rent	512	548	658	760	848

**Table 176 – Monthly Rent – Medford MSA**

**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 \$16,000 and \$60,000 a year for a family of four). According to the 2009-2013 American Community Survey estimates, the median home value in Ashland is \$345,600 (with a margin of error of +/- 12,710). The median household income for Ashland in 2010 was \$41,334. By contrast, the median home value in Medford, just 19 miles to the north of Ashland, was \$211,800, and the median household income for Medford in 2010 was \$42,244. 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.

City	Ashland	Talent	Medford	Oregon
Median Home Value	\$345,600	\$163,700	\$211,800	\$238,000
Median Household Income	\$45,596	\$34,797	\$41,513	\$50,229
Persons per Household	2.08	2.22	2.47	2.49
Percentage of person below poverty level	18.2%	19.1%	20.6%	16.7%

**Table 37-Median home value**

Data Source: US Census, 2009-2013

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

Owner-occupied homes have become more affordable in the City of Ashland. According to ACS data, the median owner-occupied home value decreased by 18%, from \$409,100 (2005-2007 ACS) to \$321,200 (2011-2013 ACS). Contrarily, median rent has increased. The 2005-2007 ACS reports median rent at \$783, increasing to \$923 in the 2011-2013 ACS. Because of the increased affordability for buyers in the housing market, the demand in the rental market may decrease. Thus, rents may increase at a decreasing rate, or decrease.

**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 Fair Market rents for efficiency and one-bedroom units in the City of Ashland are less than the median rent reported in 2011, and greater than the 2011 median rent for two bedrooms or more. This shows that there may be more need for affordable housing units with two or more bedrooms.

**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 2011-2013 ACS shows that the median household income in the City of Ashland is \$46,586. According to HUD definitions, 41.2% of owners with a mortgage are cost-burdened in the City of Ashland, while 60.4% of renters are cost-burdened.

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

### Introduction

The 2007-2011 ACS estimates that out of all occupied units, 8,009 units (86%) were built before 2000, and these homes are more likely to require repairs in order to provide safe and decent affordable housing. Specifically, 84% of owner-occupied units and 88% 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, 34% of owner-occupied and 59% of renter-occupied units have one selected condition. Additionally, 3% of renter-occupied units have two selected conditions.

The majority of units built before 1980 are at risk for lead-based paint hazard. 2,592 owner-occupied units (55%) were at risk of lead-based paint hazard, 105 (2%) of which have children present. 2,736 renter-occupied units (59%) were at risk of lead-based paint hazard, 235 (5%) 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.”<sup>6</sup> 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	1,627	34%	2,733	59%
With two selected Conditions	0	0%	147	3%
With three selected Conditions	0	0%	0	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	3,097	66%	1,721	37%
<b>Total</b>	<b>4,724</b>	<b>100%</b>	<b>4,601</b>	<b>99%</b>

**Table 38 - Condition of Units**

Data Source: 2007-2011 ACS

<sup>6</sup> <http://archives.hud.gov/funding/2010/fupsec.pdf>

## Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	777	16%	539	12%
1980-1999	1,355	29%	1,326	29%
1950-1979	1,688	36%	1,682	37%
Before 1950	904	19%	1,054	23%
<b>Total</b>	<b>4,724</b>	<b>100%</b>	<b>4,601</b>	<b>101%</b>

**Table 39 – Year Unit Built**

Data Source: 2007-2011 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	2,592	55%	2,736	59%
Housing Units build before 1980 with children present	105	2%	235	5%

**Table 40 – Risk of Lead-Based Paint**

Data Source: 2007-2011 ACS (Total Units) 2007-2011 CHAS (Units with Children present)

## Vacant Units

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units			
Abandoned Vacant Units	22 <sup>7</sup>	0	22
REO Properties	15 <sup>8</sup>	0	15
Abandoned REO Properties	Unknown	Unknown	Unknown

**Table 41 - Vacant Units**

Data Source: City of Ashland and Realtytrac

## Need for Owner and Rental Rehabilitation

The majority of the City of Ashland's renter-occupied units have at least one selected condition (59%), while 34% of owner-occupied units have at least one selected condition defined by the ACS. So, there are 1,627 owners and 2,920 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.

<sup>7</sup> Abandoned and vacant units identified by code compliance complaints, condition of the units unknown.

<sup>8</sup> Data on foreclosed units obtained from Realtytrac for February 2015, condition of housing units unknown.

### **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

#### 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

**Table 42 – Total Number of Units by Program Type**

**Data** PIC (PIH Information Center) \*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home  
**Source:** Transition

#### Describe the supply of public housing developments:

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

#### 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:

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

#### Public Housing Condition

Public Housing Development	Average Inspection Score
N/A	N/A

**Table 43 - 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 are no formal homeless shelters or transitional housing facilities. The City offers the use of one City-owned facility to be used as a weekly winter shelter two nights a week from November to April. The winter shelters are organized and staffed by community volunteers, church groups, and Options for Homeless Residents of Ashland (a non-profit group). There are two additional shelter nights a week held at Ashland Churches, totaling four nights of shelter services available from November to April. The number of shelter and housing units for homeless households provided in Table 18 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)	35	12	88	157	0
Households with Only Adults	254	n/a	111	247	0
Chronically Homeless Households	n/a	n/a	n/a	233	0
Veterans	120	n/a	122	267	0
Unaccompanied Youth	16	n/a	6	0	0

**Table 44 - Facilities and Housing Targeted to Homeless Households in Jackson County**

Data Source: CHAS

**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.

**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**

- ***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 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.
- ***ACCESS-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.
- ***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 and administers the Veteran's Administration Grant per Diem program.

## **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.

***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. (<http://www.ashlandseniorcenter.org/>)
- **Linda Vista Nursing and Rehabilitation Center:** Linda Vista Nursing and Rehabilitation Center provides intensive rehabilitation and recovery for those who no longer require hospitalization. (<http://www.prestigecare.com/skilled.php?id=8>)
- **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. (<http://www.skylarkplace.com/>)
- **Brookdale Ashland Retirement and Assisted 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. <http://www.brookdale.com/communities/emeritus-mountain-view/>
- **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. (<http://ashlandathome.org/>)
- **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.

(<http://ashlandemergencyfoodbank.org/>)

- **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. ([http://www.rvcog.org/mn.asp?pg=welcme\\_to\\_sds](http://www.rvcog.org/mn.asp?pg=welcme_to_sds))

### **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. (<http://www.ashlandash.org/>)
- **Jackson County Mental Health:** Provides services including: Information, referral, and screening for all mental health concerns; immediate crisis assessment and intervention for mental health crises; access and referral to available mental health and community resources; 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. ([www.jacksoncountyor.org/hhs/Mental-Health](http://www.jacksoncountyor.org/hhs/Mental-Health))
- **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. (<http://www.livingopps.org/>)
- **Options/Starthistle:** An Oregon non-profit, 501(c)(3) corporation based in Grants Pass since 1981. 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. (<http://www.optionsonline.org/>)
- **Pathway Enterprises:** Offers people with disabilities opportunities to live, work, and recreate in their communities so they may experience personal growth, integration, and independence. (<http://www.pathway-inc.org/>)
- **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. (<http://www.ontrackrecovery.org/>)
- **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, DUII flex program, veterans service, transition, drop-in sobering program, community education, gambling awareness, pain management, and a domestic abuse alternative program. (<http://www.addictionsrecovery.org/>)

- **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. (<http://kolpiacounseling.com/>)

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

No formal programs exist that specifically address discharge into the community from mental and physical health institutions. However multiple agencies and organizations coordinate around issues of discharge planning for persons transitioning from a variety of institutional settings, including mental and physical health institutions, rehabilitation centers, incarceration, foster care, and the VA SORCC. These coordination efforts are facilitated through a variety of mechanisms including community groups, commissions, committees, and taskforces that focus on specific populations. One such community group, the Jackson County Homeless Task Force, specifically identifies their strategies for addressing discharge planning in that entities strategic plan, the Ten Year Plan to end Homelessness.

<http://www.unitedwayofjacksoncounty.org/files/10-year-plan-to-end-homelessness>

**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.

**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)

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.

#### Strategy to Remove or Reduce the Barriers to Affordable Housing:

Barriers	2010-2014 Strategies	2015-2019	Status
1. Lack of affordable single-family housing types.	Consider allowing Accessory Residential Units as a permitted use in single family zones.	Completed	ARU's were allowed outright with the adoption of the Unified Land Use Code Ordinance (ULUO) in Dec. 2014.
	Evaluate land use incentives to promote affordable single-family housing.	2014-2019	Ongoing
	Evaluate land use requirements to reduce barriers for manufactured housing.	Completed	The barriers to the placement of Manufactured Housing were addressed in the ULUO adopted in Dec. 2014.

<b>Barriers</b>	<b>2010-2014 Strategies</b>	<b>2015-2019</b>	<b>Status</b>
	Evaluate land use incentives to provide for small lots intended for small-unit development.	2014-2019	Ongoing-to be evaluated in 2015-2017 Biennium.
	Reduce development fees for low-income projects.	Completed	Development fees fro affordable housing projects were addressed in the ULUO adopted in Dec. 2014.
2. Small inventory of multifamily housing	Increase the land supply zoned for multifamily housing.	2014-2019	Continued evaluations for opportunities.
	Promote development of residential units in commercial and employment zones.	Completed	Under the Pedestrian Places ordinance created for specific nodes, the code promotes housing over commercial spaces.
	Consider restricting uses in certain zones to apartments.	2010-2014 2014-2019	Croman master plan created a Neighborhood Center zone with residential units restricted to apartments however this item is also ongoing as the City looks at more ways to promote this needed housing type.
	Examine opportunities for reductions in parking requirements for the provision of apartments meeting certain conditions.	2014-2019	Ongoing
	Limit multifamily housing conversions to condominiums.	2010-2014	Addressed under the Condominium conversion ordinance adopted in 2007.
3. Lack of investment in existing housing stock	Consider policies that encourage redevelopment or adaptive reuse of structures.	2015-2019	Ongoing
	Extend the useful life of existing affordable housing through rehabilitation, weatherization and repair programs.	2015-2019	Ongoing.
4. Low-income housing project development is not feasible in the City.	Develop more government-assisted housing in coordination with established housing providers including the Housing Authority of Jackson County.	2010-2014	Ongoing.
	Streamline development process for affordable housing.	2015-2019	Ongoing.
	Look for strategies to incentivize new low-income housing development.	2015-2019	Ongoing.

**Table 45 - Barriers to Affordable Housing**

Data Source: City of Ashland 2010-2014 Consolidated Plan

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

### Introduction

This section identifies current business activity and economic sectors in the City of Ashland where job opportunities exist.

### Economic Development Market Analysis

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.<sup>9</sup> According to a survey of local business owners in 2011, the main advantages for doing business in the City of Ashland are “its quality of life, natural and cultural assets, and its small-town feel.” Other assets include Southern Oregon University. Disadvantages were related to the relatively small labor pool and its lack of specialized and technical skills,<sup>10</sup> relative distance to major markets, and relative lack of industrial land supply.<sup>11</sup> The area continues to experience higher unemployment than average in Oregon. In January 2010, Jackson County had a 12.6% unemployment rate, but this rate has fallen steadily since that peak. The unemployment rate in the Jackson County in January 2015 was 7.7%, according to the Oregon Employment Department.

**The City of Ashland has a total labor force of just over 9,000, as shown in Table 46 below**

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Forestry, Fishing and Hunting, and Mining	107	70	1.2%	0.8%	-0.4%
Arts, Entertainment, Recreation, and Accommodations	1,293	2,370	14.0%	25.6%	11.5%
Construction	339	67	3.7%	0.7%	-3.0%
Educational Services, and Health Care and Social Assistance	2,888	3,066	31.4%	33.1%	1.7%
Finance, Insurance, Real Estate, Rental, and Leasing	243	279	2.6%	3.0%	0.4%
Information	248	228	2.7%	2.5%	-0.2%
Manufacturing	547	438	5.9%	4.7%	-1.2%
Professional, Scientific, Management, Administrative Services, and Waste	1,216	706	13.2%	7.6%	-5.6%
Public Administration	322	265	3.5%	2.9%	-0.6%

<sup>9</sup> City of Ashland Economic Development Strategy. 2010.

[http://www.ashland.or.us/files/Ashland\\_EconomicDevelopmentStrategy\\_Final2.pdf](http://www.ashland.or.us/files/Ashland_EconomicDevelopmentStrategy_Final2.pdf)

<sup>10</sup> 2012 Business Retention and Expansion Survey

Executive Summary [http://www.ashland.or.us/files/Economic\\_Dev%20Update%20Atch.pdf](http://www.ashland.or.us/files/Economic_Dev%20Update%20Atch.pdf)

<sup>11</sup> City of Ashland Economic Development Strategy. 2010.

Retail Trade	1,098	1,267	11.9%	13.7%	1.7%
Transportation, Warehousing, and Utilities	175	23	1.9%	0.2%	-1.7%
Wholesale Trade	103	219	1.1%	2.4%	1.2%
Other Services	628	272	6.8%	2.9%	-3.9%
Total	9,207	9,270	--	--	--

Table 20

Table 47 below shows the number of workers in the City of Ashland compared with the number of jobs by sector. Almost a quarter of workers and one-third of jobs in the City of Ashland are in the Arts, Entertainment, and Accommodations sectors. About 20% of jobs are within the education and health care services sector.

## Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Forestry, Fishing and Hunting, and Mining	107	70	1.2%	0.8%	-0.4%
Arts, Entertainment, Recreation, and Accommodations	1,293	2,370	14.0%	25.6%	11.5%
Construction	339	67	3.7%	0.7%	-3.0%
Educational Services, and Health Care and Social Assistance	2,888	3,066	31.4%	33.1%	1.7%
Finance, Insurance, Real Estate, Rental, and Leasing	243	279	2.6%	3.0%	0.4%
Information	248	228	2.7%	2.5%	-0.2%
Manufacturing	547	438	5.9%	4.7%	-1.2%
Professional, Scientific, Management, Administrative Services, and Waste	1,216	706	13.2%	7.6%	-5.6%
Public Administration	322	265	3.5%	2.9%	-0.6%
Retail Trade	1,098	1,267	11.9%	13.7%	1.7%
Transportation, Warehousing, and Utilities	175	23	1.9%	0.2%	-1.7%
Wholesale Trade	103	219	1.1%	2.4%	1.2%
Other Services	628	272	6.8%	2.9%	-3.9%
Total	9,207	9,270	--	--	--

**Table 47 - Business Activity**

Data Source: 2007-2011 ACS (Workers), 2011 Longitudinal Employer-Household Dynamics (Jobs)

## Labor Force

Total Population in the Civilian Labor Force	10,238
Civilian Employed Population 16 years and over	9,207
Unemployment Rate	10.0%
Unemployment Rate for Ages 16-24	28.6%
Unemployment Rate for Ages 25-65	5.9%

**Table 48- Business Activity**

Data Source: 2007-2011 ACS

According to Table 22, 41% of those employed are in the management, business, and financial sector. 29% of those employed are in the sales and office sector, while 18% are in the service sector.

Occupations by Sector	Number of People
Management, business, science, and arts	4,650
Service	1,714
Sales and office	2,029
Natural Resources, construction, and maintenance	402
Production, transportation and material moving	412
Total	9,207

**Table 49 – Occupations by Sector**

Data Source: 2007-2011 ACS

The majority of the City’s workers travel less than 30 minutes to reach their jobs, as shown in Table . Still, limited public transportation options and long commutes lead to increased expenditures on transportation, further exacerbating the housing affordability problem. According to the Center for Neighborhood Technology, Ashland households spend a combined 66% of their annual income on housing and transportation costs.<sup>12</sup>

**Travel Time**

Travel Time	Number	Percentage
< 30 Minutes	6,290	83%
30-59 Minutes	1,155	15%
60 or More Minutes	133	2%
<b>Total</b>	<b>7,578</b>	<b>100%</b>

**Table 50- Travel Time**

Data Source: 2007-2011 ACS

**Education**

Table and Table show educational attainment in the City of Ashland by employment status (for the population of 16 and older), by age and by median earnings. 59% of the labor force in the City of Ashland has attained a bachelor’s degree or higher. 28% have an associate’s degree or some college, 11% are high school graduates, and 2% are not high school graduates. Median earnings increase as educational attainment increases.

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	181	10	57
High school graduate (includes equivalency)	654	174	289
Some college or Associate's degree	2,006	160	920
Bachelor's degree or higher	4,273	237	959

**Table 51- Educational Attainment by Employment Status**

Data Source: 2007-2011 ACS

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	7	0	0	2	37
9th to 12th grade, no diploma	198	111	87	48	78
High school graduate, GED, or alternative	688	356	189	572	380
Some college, no degree	1,793	765	345	1,575	609
Associate's degree	246	110	17	290	251
Bachelor's degree	266	719	568	1,830	742
Graduate or professional degree	0	159	498	1,695	1,237

**Table 52 - Educational Attainment by Age**

<sup>12</sup> Center for Neighborhood Technology H+T Affordability Index Fact Sheet – Ashland, OR. <http://htaindex.cnt.org/fact-sheets/?lat=42.19380675326741&lng=-122.70355224609375&focus=place&gid=7877#fs>

Data Source: 2007-2011 ACS

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	\$14,125
High school graduate (includes equivalency)	\$17,087
Some college or Associate's degree	\$21,472
Bachelor's degree	\$30,748
Graduate or professional degree	\$44,959

**Table 53– Median Earnings in the Past 12 Months**

Data Source: 2007-2011 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. Table shows employment and average annual pay by industry sector.

Sector/Industry	Established Firms	Average Annual Employees	Average Annual Pay
Agriculture, Forestry, Fishing & Hunting	18	156	\$29,680
Construction	76	190	\$44,104
Manufacturing	56	520	\$44,500
Total Confidential, Non-Published Manufacturing	12	205	\$64,659
Wholesale Trade	60	175	\$65,193
Retail Trade	151	1390	\$27,699
Transportation and Warehousing	11	76	\$47,452
Information	41	199	\$51,167
Finance and Insurance	48	184	\$42,606
Real Estate and Rental and Leasing	47	90	\$25,521
Professional and Technical Services	139	382	\$47,145
Administrative and Waste Services	46	317	\$29,013
Educational Services	27	133	\$35,501
Health Care and Social Assistance	150	1411	\$36,961
Arts, Entertainment, and Recreation	30	720	\$29,990
Accommodation and Food Services	159	1843	\$16,864
Other Services, Excluding: Public Administration	150	392	\$22,474
Total Non-Published Industries	4	41	\$36,423
Total Federal Government	4	74	\$64,099
Total State Government	4	812	\$42,163
Total Local Government	12	727	\$40,746
TOTAL	1241	9831	\$33,143

**Table 54 Covered Employment in the City of Ashland, 2012**

Data Source: City of Ashland Chamber of Commerce, Ashland Living and Doing Business Guide. 2012 Quarterly Census of Employment and Wages data. <http://www.ashlandchamber.com/files/2014LDBonline.pdf>

**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 will be important to maintain housing affordability for employees in these important sectors who traditionally earn less than those in other industry sectors. These professional employees would include teachers, police and code enforcement officers, firefighters, EMTs, and medical technicians.

**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.**

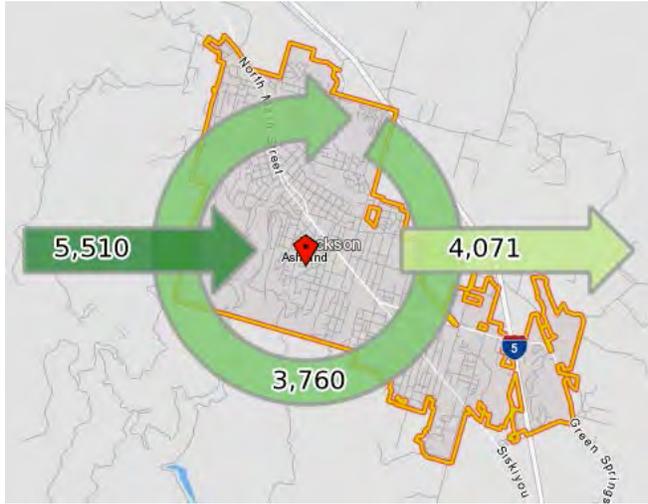
According to the City of Ashland’s 2012 Housing Needs Assessment, Ashland will add more than 8,492 households between 2010 and 2040 and about 3,057 of these new households will be low-income. The Housing Needs Model estimates that the City needs 1,163 units targeting those with those lowest incomes, 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. Figure 1 below shows the inflow and outflow of workers in the City of Ashland. Of the 7,831 employed residents in the City of Ashland, 3,760 work in

Ashland and 4,071 leave Ashland to work. An additional 5,510 employees live outside of Ashland but work in Ashland, totaling 9,270 employed individuals in Ashland.



**Figure 1 – City of Ashland Inflow/Outflow (All Workers)**

Data Source: US Census On the Map, <http://onthemap.ces.census.gov/>

**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.**

***The Job Council, Jackson and Josephine Counties:*** The Job Council's mission is to provide individuals with comprehensive workforce development services that enable them to become skilled, productive workers in Jackson and Josephine Counties. The Job Council is a local organization with offices located in Medford and Grants Pass that provides free job training and employment services to the public. The Job Council also provide local employers with new employees, and work with private employers to plan for future labor force needs. The Job Council assists qualified youth, adults, welfare recipients, and laid-off workers in finding education, training, and employment that will lead to long-term self sufficiency. The Job Council 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, The Job Council 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 The Job Council 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, Ashland:*** 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

The City of Ashland includes Census Tracts 18, 19, 20, 21, and 22. HUD Definitions

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

Table shows consolidated data from the 2009-2013 ACS by census tract. 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

**Table 55– Housing Problems**

Data Source: 2009-2013 ACS

### 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 shows concentrations of minority residents and low-income residents. 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.

	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	\$44,728	\$47,279	\$60,786
Percent Receiving Food Stamps/SNAP	22.5%	18.3%	14.5%	38.0%	19.4%	16.6%	10.4%

**Table 56 – Socioeconomic Indicators**

Data Source: 2009-2013 ACS

**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 tract 19 (shown in Map ?? below) 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.

# 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

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.

### Table 18 - Geographic Priority Areas

#### General Allocation Priorities

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

Not Applicable.

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

### Priority Needs

Table 57 – Priority Needs Summary

Priority Need Area	Priority Level	Activity Type	Target Population	Goals Addressing
The Provision of Affordable Housing	High	Rental Assistance Production of new units  Rehabilitation of existing units Acquisition of existing units  Accessible affordable housing * <i>Prioritize rehabilitation for accessibility and aging in place.</i>	Extremely Low, Low, and Moderate Income households  Large Families  Families with Children  Elderly, Frail Elderly  People experiencing mental illness  Victims of Domestic Violence  Unaccompanied Youth  Peoples with Mental, Physical, or Developmental Disabilities  Peoples Experiencing Homelessness  Chronically Homeless	Creation and Retention of Affordable Housing  Support Goals of the Ten Year Plan to End Homelessness

Addressing Issues of Homelessness	High	<p>Outreach Emergency Shelter and transitional housing Rapid Re-housing Prevention</p>	<p>Extremely Low, Low, and Moderate Income households</p> <p>Large Families</p> <p>Families with Children</p> <p>Elderly, Frail Elderly</p> <p>People experiencing mental illness</p> <p>Victims of Domestic Violence</p> <p>Unaccompanied Youth</p> <p>Peoples with Mental, Physical, or Developmental Disabilities</p> <p>Peoples Experiencing Homelessness</p> <p>Chronically Homeless</p>	<p>Support the goals of the Ten Year Plan to End Homelessness</p> <p>Regional Coordination</p> <p>Support Agencies that provide direct Services to targeted populations</p>
Non-housing Community Development	Medium	<p>Public Facilities</p> <p>Public Improvements and Infrastructure:</p> <p>* Sidewalk improvements/ADA improvements</p> <p>*Improved</p>	<p>Qualified low-, and Moderate Income Census Block Groups</p>	<p>Improve neighborhood safety</p> <p>Make neighborhoods more accessible</p>

		Transportation Options for Eligible populations *Community Gardens		Make neighborhoods more livable
Public services	High	<p>Services to peoples experiencing Mental Illness</p> <p>Services to peoples experiencing Drug and/or Alcohol Addiction</p> <p>Services that support peoples with disabilities</p> <p>Services that provide assistance and supports for at-risk and homeless youth</p> <p>Services that provide assistance and supports for frail and elderly populations</p>	<p>Extremely Low, Low, and Moderate Income households</p> <p>Large Families</p> <p>Families with Children</p> <p>Elderly, Frail Elderly</p> <p>People experiencing mental Illness</p> <p>Victims of Domestic Violence</p> <p>Unaccompanied Youth</p> <p>Peoples with Mental, Physical, or Developmental Disabilities</p> <p>Peoples Experiencing Homelessness</p> <p>Chronically Homeless</p>	
Economic	Medium	Micro-enterprise/job	Extremely Low,	

Development		creation Skills training and education	Low, and Moderate Income households Large Families Families with Children Elderly, Frail Elderly People experiencing mental illness Victims of Domestic Violence Unaccompanied Youth Peoples with Mental, Physical, or Developmental Disabilities Peoples Experiencing Homelessness Chronically Homeless	
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For Each priority need, the jurisdiction can indicate one or more populations to be served according to income, family type, homeless population, and special need. In addition each priority need will be assigned a priority level of “low or “high”. The priority level indicates relative preference among the needs listed.

**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 populations presumed income restraints.

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

### Influence of Market Conditions

Housing market conditions within the City of Ashland reflect a shortage of units affordable to low and moderate income populations. Strategies to alleviate the lack of affordable housing units within the City of Ashland have been the highest priority use of the City’s CDBG allocation for the past fifteen years, and will continue to be the highest priority use as market conditions continue to push land values, housing prices, and rental rates ever higher.

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	Rental units are renting for amounts which are beyond the rental assistance limits of many voucher holders
TBRA for Non-Homeless Special Needs	Same as above, compounded by an insufficient supply of accessible units
New Unit Production	Land values for flat multi-family zoned land make it hard for affordable housing providers to compete for land against developers of market rate housing
Rehabilitation	Many of the City’s smaller and older housing stock tends to be demolished to build larger more expensive units
Acquisition, including preservation	There are very few multi-family units within the city which are available to be acquired by affordable housing providers or which would be eligible for preservation activities

**Table 58 – Influence of Market Conditions**

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

**Introduction**

**Anticipated Resources**

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	Federal	Capital Improvement and Public services	165,000	0	69,000	234,000	825,000	
City General Funds	Local	Social Service Grants	130,000	0	0	130,000	650,000	

Table 59 - 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.**

Table 50 below identifies the institutional structure and entities that will 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 combinations of all of the sources identified about. 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.

<b>Responsible Entity</b>	<b>Responsible Entity Type</b>	<b>Role</b>	<b>Geographic Area Served</b>
City of Ashland	Government	Homelessness Non-Homeless/Special Needs Planning Neighborhood Improvements Public Facilities Public Services Rental/Ownership Housing Development and Services	Jurisdiction
Jackson County	Government	Economic Development Homeless Non-homeless/Special Needs Planning Public Facilities Public Services	Region
Jackson County Continuum of Care Consortium	Non-Profit	Homelessness	Region
Housing Authority of Jackson County	PHA	Rental Housing and Related Services	Region
Ashland School District	Public Institution	Homelessness Non-homeless special needs Public Services	Region
Access, Inc.	Non-Profit	Homelessness Non-Homeless/Special Needs Planning Public Services Rental/Ownership Housing Development and Services	Region
United Way	Non-Profit	Economic Development Planning Neighborhood Improvements Public Services Rental/Ownership Housing Development and Services	Region

Neighborworks Umpqua	Non-Profit/CDC	Homelessness Non-Homeless/Special Needs Planning Neighborhood Improvements Public Facilities Public Services Rental/Ownership Housing Development and Services	Jackson and Douglas Counties
Ashland Resource Center	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services Rental/Ownership Housing Development and Services	Jurisdiction
Peace House/Uncle Foods	Non-Profit	Homelessness Non-Homeless/Special Needs	Jurisdiction
Veteran's Administration-SORCC	Government	Homelessness Non-Homeless/Special Needs Public Services Rental/Ownership Housing Development and Services	Region
Community Works	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services Rental/Ownership Housing Development and Services	Region
Maslow Project	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services Rental/Ownership Housing Development and Services	Region

St. Vincent De Paul	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services Rental/Ownership Housing Development and Services	Jurisdiction
Ashland Emergency Food Bank	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services	Jurisdiction
Ashland Supportive Housing	Non-Profit	Non-Homeless/Special Needs Public Services	Region
Living Opportunities	Non-Profit	Non-Homeless/Special Needs Public Services	Region
Pathways Enterprises	Non-Profit	Non-Homeless/Special Needs Public Services	Region
Salvation Army	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services Rental/Ownership Housing Development and Services	Region
Community Health Center	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services	Region
La Clinica	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services	Region
Rogue Retreat	Non-Profit	Homelessness Non-Homeless/Special Needs Public Services	Region

**Table 60 Institutional Delivery Structure**

### **Assess of Strengths and Gaps in the Institutional Delivery System**

The institutional delivery system identified to carry out the goals and strategies identified in the 2015-2019 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 shelter/housing resource to serve homeless populations and transportation options for this population to get to another community that does offer shelter/housing options are limited.

**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
<b>Homelessness Prevention Services</b>			
Counseling/Advocacy	X		
Legal Assistance			
Mortgage Assistance			
Rental Assistance	X	X	
Utilities Assistance	X	X	
<b>Street Outreach Services</b>			
Law Enforcement	X	X	
Mobile Clinics	X	X	
Other Street Outreach Services	X	X	
<b>Supportive Services</b>			
Alcohol & Drug Abuse			
Child Care	X		
Education	X		
Employment and Employment Training			
Healthcare	X	X	
HIV/AIDS			
Life Skills			
Mental Health Counseling	X		
Transportation	X		
<b>Other</b>			
Other			

**Table 61 - 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)**

As can be seen in the table 51 above and as is noted elsewhere in this document the city does have some resources to address the needs of homeless persons locally but most resources that serve homeless persons are located 19 miles to the south in Medford. Consequently City staff and local service providers coordinate with non-local service providers to meet the needs of these populations, though with limited capacity of all services that may not be possible.

**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.

**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 Homeless Task Force to better coordinate services and leverage resources across the region.

**SP-45 Goals Summary – 91.215(a)(4)**

## Goals Summary Information

Priority	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
High	Create and Maintain Affordable Housing Units/Units Occupied by low-Moderate Income and/or presumed benefit populations	2015	2019	Affordable Housing Homeless Non-Homeless Special Needs	City Wide	Provision of Affordable Housing	CDBG City General Fund	<p><i>Number of Rental Units Constructed (50 units)</i></p> <p><i>Number of Ownership Units Deed Restricted (5 units)</i></p> <p><i>Number of Housing units Receiving Repairs or ADA improvements that promote ADA accessibility, architectural barrier removal and other modification and improvements that increase the supply of housing suitable for all ages and abilities (15 units)</i></p>

High	Support Services for Homelessness outreach, prevention and transition	2015	2019	Homeless Special Needs	City Wide		CDBG City General Fund	<i>Rental/Security Deposit Assistance to prevent or alleviate homelessness (100 households)</i>  <i>Outreach/Direct Services to Homeless Populations (500 households)</i>
High	Support housing and services for peoples with special needs. <i>(Peoples with special needs include the elderly, the frail elderly, persons with developmental disabilities, persons with physical disabilities, persons with severe mental illness, person with alcohol or drug dependence, persons with HIV/AIDS)</i>	2015	2019	Homeless Special Needs	City Wide		CDBG City General Fund	<i>Number of beneficiaries with increased or improved access to housing opportunities (10 households)</i>  <i>Number of beneficiaries receiving new or improved access to supportive services that improve health, safety, general welfare and/or self reliance (25 people)</i>

Low	Improve safety and access in neighborhoods and areas throughout the City	2015	2019	Community Development/Public Facilities Improvements	City Wide Qualified Census Block Groups		CDBG City General Fund	Number of newly installed or improved wheelchair ramps(15)  Linear feed of sidewalk completed in qualified low income census block groups (500 LF)
Low	Improve Transportation Options for low-income and special needs populations	2015	2019	Public Facilities Improvements Homeless Non-homeless Special Needs	City Wide Qualified Census Block Groups		CDBG City General Fund	Number of beneficiaries with new or improved access to transportation resources (25 persons)
Medium	Support Economic Development activities that assist in reducing poverty among low-, moderate-income and special needs populations	2015	2019	Homeless Non-Homeless Special Needs Low-, Moderate Income Households	City Wide		CDBG City General Fund	Number of beneficiaries with new or improved access to job training or employment related education, training, services, or opportunities (20 persons)

Table 62– Goals Summary

### Goal Descriptions

**Housing Goals:** Access to Housing units that are affordable suitable to low-, and moderate-income and special needs households continues to be the most pressing problem 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 modification and improvements that increase the supply of housing suitable for all ages and abilities.

**Homeless Goals:** As in prior consolidated plan iterations, the City continues to struggle with providing resources and services to assist those populations experiencing housing instability and homelessness. Goals set in the 2010-2014 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 service to homeless populations.

**Special Needs Goals:** 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.

**Public Infrastructure Goals:** Citizen Input identified the need for increased ADA accessibility. Over the years the City has targeted CDBG and general fund resources to providing increased ADA access to City owned facilities and to public infrastructure. 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.

**Economic Development Goals:** 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)**

The City of Ashland does not receive a direct allocation of HOME funds, consequently the City does not anticipate assisting any families by providing 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**

The cost of housing in the City of Ashland has a major impact on the development, improvement, and maintained, of affordable housing. Similarly the high cost of housing and lack of affordable housing units increased the demand for affordable units and decreases the availability of the existing units. In the past five years the City has worked to create policies and incentives that encourage and support the development and retention of affordable units.

In 2012 the City of Ashland completed a Housing Needs Analysis to identify housing needs and to assist the city in developing a comprehensive affordable housing strategy based on those identified needs. Among the many issues that are affected by public policies identified by the analysis were;

- High Cost of Land in Ashland
- A relatively small inventory of land zoned for multi-family housing
- Condominium Conversions

### **Strategy to Remove or Ameliorate the Barriers to Affordable Housing**

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 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

## **SP-60 Homelessness Strategy – 91.215(d)**

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

The Jackson County Homeless Task Force (HTF) 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 HTF.

### **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 HTF continues to address these needs and coordinate services to develop more resources. Similarly, within the City of Ashland efforts to develop emergency shelter and transitional housing for homeless and special needs populations are ongoing.

### **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.

### **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 provider 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. 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 LPB 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 10,319 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.<sup>13</sup> 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%).

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
<b>Total</b>			<b>2,037</b>

**Table 63-LBP**

Sources: U.S Census; American Community Survey. Clickner, et al.

<sup>13</sup> Clickner, R. et al. (2001) National Survey of lead and Allergens in Housing, Final Report, Volume 1: Analysis of Lead Hazards. Report Office of Lead Hazard Control, US Department of Housing And Urban Development.

Using the above percentages of potential hazards by date of construction and then applying the CHAS table for percentages of low and moderate income households by tenure, it is estimated that 634 low and moderate income renter households and 218 low and moderate income owner households are residing in units which pose a potential lead contamination hazard.

**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 you 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.

## **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.

#### *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. Rogue Valley Community Development Corporation and the Southern Oregon Housing Resource Center 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.

**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 2015-2019 Consolidated work in concert with these goals in supporting economic development.

## **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 clients 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.

# Appendix

## December 5, 2014 Outreach Event Comments Received (in person and by mail)

- "Funding the Ashland Community Resource Center (ACRC) , which assists the most vulnerable community members with housing, jobs, computer access, and guidance to appropriate service providers."
- "Love the idea of job creation for simple service positions, yard work...."
- "Continuation (funding) of the Resource Center."
- (Primary Housing Issue in Ashland is) Inadequate supply of housing for rent for seniors - Cohousing/Share"
- "Thank you for the work you do."
- "Cool Projects!!"
- "More Public Transportation"
- "Yearly fund to provide transportation I.E. Bus Ticket to homeless population wanting to return home to family and/or friends, must be verifiable through ACRC
- "Very difficult to choose since all are so important outreach such as this meeting are really important in letting the general public know both where CDBG money is being directed and informing people in general about what the issues are and which organizations are doing what. Get more publicity out about ways the "non-needy" public can be involved in helping (I.E. sweat equity, participation, help for elderly services, etc.)
- "The city should fund ACRC programs that protect the most vulnerable among us by providing jobs, computer lab, housing and rental assistance as well as connections with referrals to other service providers. ACRC is an excellent investment because it attracts other public agencies to help Ashland residents and leverage the City's dollars."
- "(Land) tends to be in isolation areas away from services"
- Legislation requiring new construction to include low income % of tenants for mixed use.
- Wheelchairs, walker w/wheels, blind, baby buggies need access
- Push button light at Albertson's crosswalk sign to alert drivers of those crossing from YMCA or Donald Lewis Retirement Center like those across from SOU. Drivers go too fast not paying attn. The bus stop is located there with many students of RCC & employees early/late.
- Valley Lift is very restricting
- Covered Bus Shelters with Ballot measure failure revised service will mean longer waits especially critical shelter at route far end [of town] Bi-mart/Tolman Creek
- (Services for Senior citizens or persons with disabilities) including cognitive disabilities and physical, age related or physiological not just wheelchair confined.
- Counseling limited to those w/\$ in Ashland. OHP sends all to Medford behavioral center limited staff, limited expertise mostly for extreme cases that requite medication.
- Landlords and tenant both often misinformed (of fair housing rights.)
- With bus cut backs of routes & times and this area at the far end of service, pushing for RVRTD to reinstall missing bus route signs at the church on Siskiyou before Safeway and the one near Shop-n-Kart drive entrance on Ashland St would help drivers, regular riders and visitors to Ashland Recognize bus stop on Ashland Street to be placed at the Sherwin Williams side of Shop-n-Kart drive. It is well lit at

night has a bench and no ice accumulates. Transients congregate at the alternative spot by the Allergy Clinic. Very creepy.

-South Ashland residents between Tolman Creek & Clay/Main & Ashland Street have logistic challenges created by lack of bus route access & lack of through street access for pedestrians or cyclists and especially those using walkers or wheelchair or other mobility issues, the main bike/walk path is not accessible due to railroad tracks and fencing design upgrading this where Clay streets the overpass, redesigned as on streets that cross tracks to a leveled design would allow safe access for students of Walker (Elementary) and the Middle School living here, those to use the path to access the growers market or science works, or City commission meetings, The Grove, etc. The present limited roundabout route residents in this South Ashland quadrant have to take using sidewalks requires using Clay St (limited finished walks) up around an "S" curve up a slope to meet Ashland St. over to the light at Tolman Creek to cross at the light and then walk, ride, manage a wheelchair or walker across the overpass to access shopping centers on the south side to see a movies or the social service office: alternately stay on the north side of Ashland St to cross over the overpass hill to access the walking/bike path past the cemetery- mobility devices have limited power and limited range depending on battery capacity.

Conversely, those living outside this quadrant that want to access the YMCA (families, grade school, middle school kids) have just as difficult time using the bike/walk path to reach it easily.

Please research the individual entities in charge of the bike/walk path and the railroad right of way to consider the costs and legislation that might be necessary.

**Letter Submitted:**

December 12, 2014

To whom it may concern,

First, I want to express my respect and gratitude that you would take it upon yourselves to seek out advice and input from the public. It is a commendable action on your part and I appreciate it. I've attached this short note to your request for feedback on the use of CDBG funds over the next five years to elaborate on a specific selection I made on your input sheet.

As you may have noted, among the items I checked off as important to me, was the following: "*ADA accessibility improvements to sidewalks and crosswalks (Wheelchair ramps and/or audible signals)*". This is an important issue in my life since I am wheelchair bound and enjoy getting out and about in our beautiful city. But there are barriers.

I wish to make a specific suggestion that would benefit not only those of us in wheelchairs, but will also address a serious safety issue that endangers bicyclists, runners and even pedestrians.

There is a small overpass on Ashland Street just west of lower Clay St. Beneath the overpass where the railroad tracks run there is also a path which runs essentially parallel to Ashland Street. It is peaceful and pretty. I live nearby in the Snowberry Brook Apartments off Clay Street on Villard St.

Unfortunately there is a barrier that prevents me from using the path. Approximately 100 yards before Clay St. meets Ashland St. the trail begins at the southeast corner of Wingspread Mobile Home Park. Within twenty five yards railroad tracks cross the path and present a barrier that prevents me from moving any farther. Unlike other locations there is no ramp on either side of the tracks that would allow me to rise to the appropriate level and continue on the elevated insert to the other side where I would then take a ramp back down to the path. The railroad tracks are an effective blockade for all of us in wheelchairs, or those with strollers or carts who could otherwise use this path since it is hard packed dirt and wide enough to be safe for traffic in both directions.

My inability to take advantage of this nice path is one thing. But beyond my inconvenience there is a very real safety issue. The lack of a ramp is a danger to bicyclists, pedestrians and joggers whenever the light is low or they are distracted. They could suddenly hit the tracks which are at least eight inches above the path. There is no warning whatsoever that the tracks are there. In essence, what is an inconvenience to me is a genuine danger to bicyclists, runners and pedestrians.

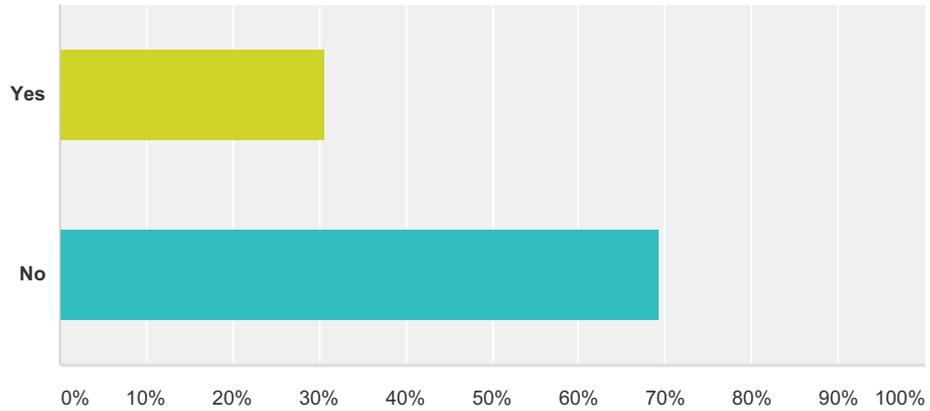
Installing the appropriated riser, insert between rails, and second riser on the opposite side will meet ADA requirements and could even save a life one day. This is what I would like to see addressed first and foremost. I might also point out that this might require minimal financial contribution from the CDBG funds as the owner of the tracks might be eager to build a good ramp if they were notified of the inconvenience and danger presently posed by the exposed tracks as they cross the path.

Respectfully and gratefully yours

Ted Hicks

### Q1 Are you completed this survey as an interested citizen? (as opposed to an agency or organization)

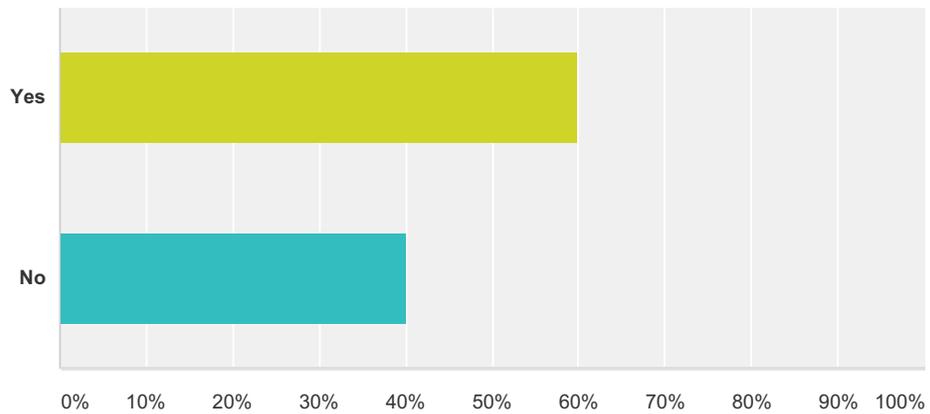
Answered: 13 Skipped: 0



Answer Choices	Responses	Count
Yes	30.77%	4
No	69.23%	9
<b>Total</b>		<b>13</b>

### Q2 Do you have a service location in Ashland?

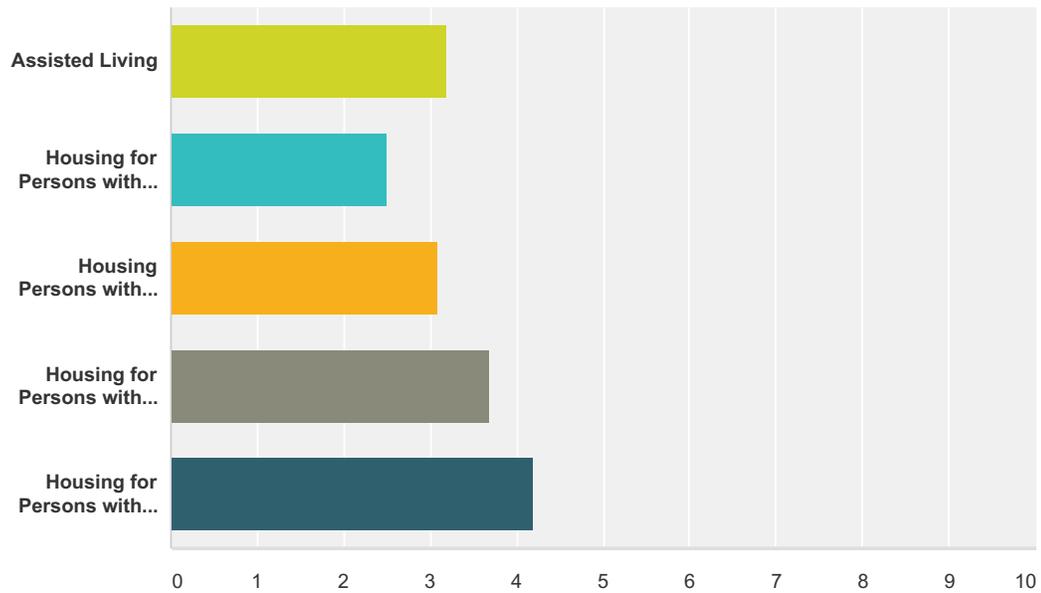
Answered: 10 Skipped: 3



Answer Choices	Responses	Count
Yes	60.00%	6
No	40.00%	4
<b>Total</b>		<b>10</b>

### Q12 Housing for Person with Special Needs

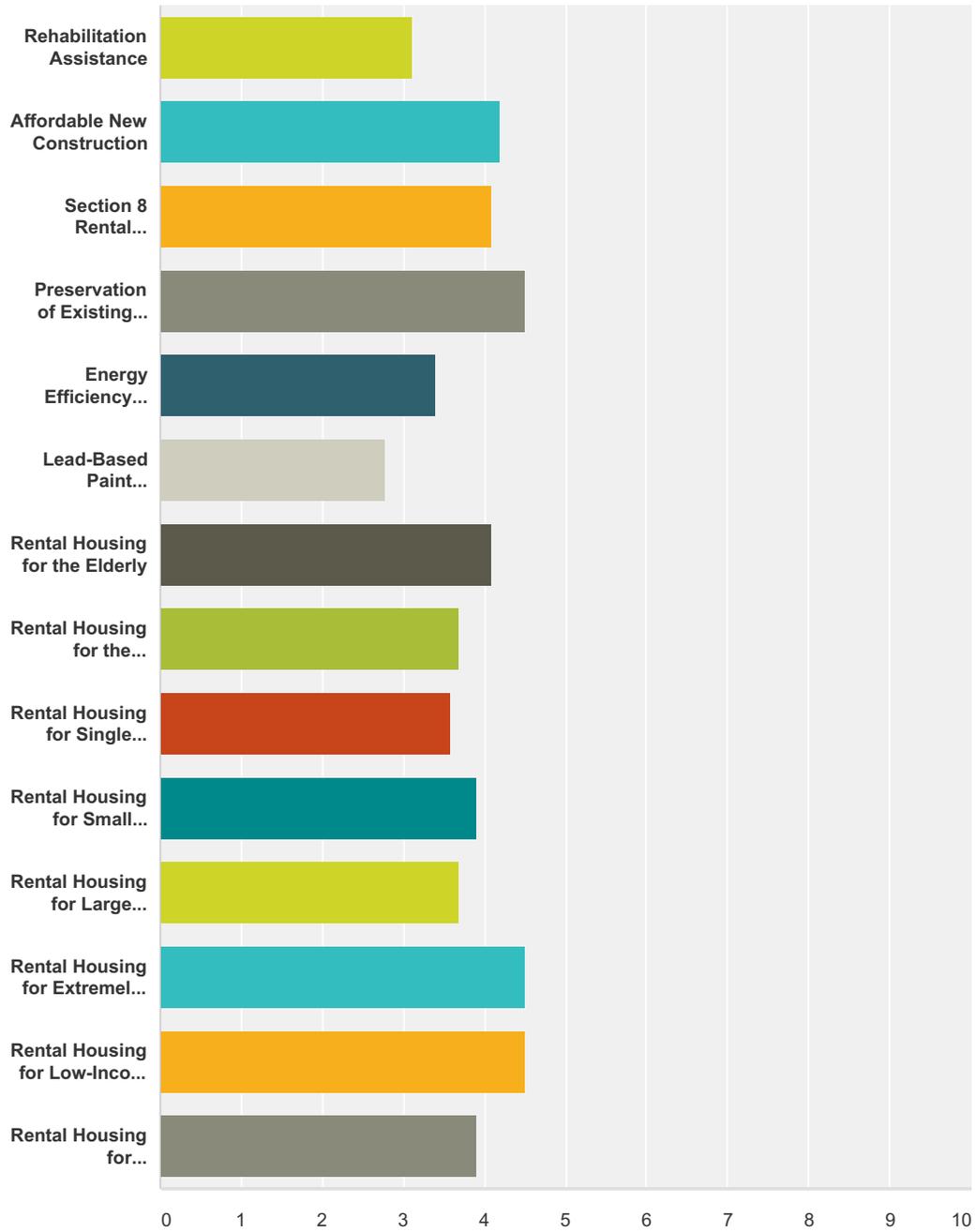
Answered: 10 Skipped: 3



	Very Low Need	Low Need	Moderate Need	High Need	Critical Need	Total	Weighted Average
Assisted Living	0.00% 0	20.00% 2	50.00% 5	20.00% 2	10.00% 1	10	3.20
Housing for Persons with HIV/AIDS	10.00% 1	30.00% 3	60.00% 6	0.00% 0	0.00% 0	10	2.50
Housing Persons with Alcohol/Drug Addiction	10.00% 1	10.00% 1	40.00% 4	40.00% 4	0.00% 0	10	3.10
Housing for Persons with Developmental Disabilities	0.00% 0	0.00% 0	30.00% 3	70.00% 7	0.00% 0	10	3.70
Housing for Persons with Mental Illness	0.00% 0	10.00% 1	20.00% 2	10.00% 1	60.00% 6	10	4.20

### Q13 Affordable Rental Housing Needs

Answered: 10 Skipped: 3

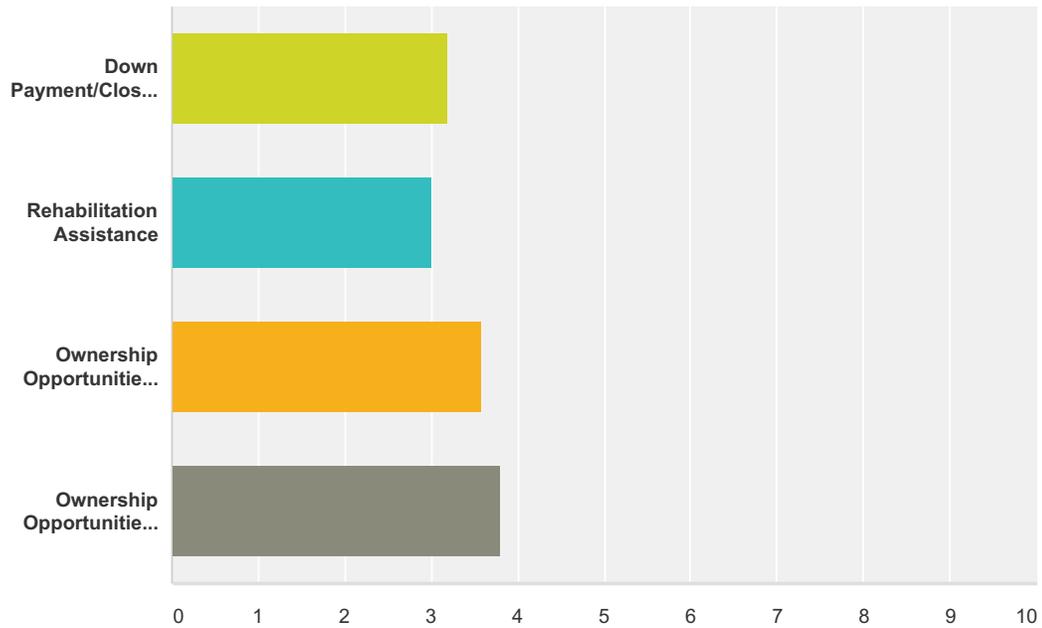


	Very Low Need	Low Need	Moderate Need	High Need	Critical Need	Total	Weighted Average
Rehabilitation Assistance	0.00% 0	11.11% 1	77.78% 7	0.00% 0	11.11% 1	9	3.11
Affordable New Construction	0.00% 0	0.00% 0	20.00% 2	40.00% 4	40.00% 4	10	4.20
Section 8 Rental Assistance	0.00% 0	0.00% 0	30.00% 3	30.00% 3	40.00% 4	10	4.10
Preservation of Existing Affordable Rental Units	0.00% 0	0.00% 0	10.00% 1	30.00% 3	60.00% 6	10	4.50
Energy Efficiency Improvements	0.00% 0	10.00% 1	50.00% 5	30.00% 3	10.00% 1	10	3.40

Lead-Based Paint Screening/Abatement	0.00% 0	44.44% 4	33.33% 3	22.22% 2	0.00% 0	9	2.78
Rental Housing for the Elderly	0.00% 0	0.00% 0	20.00% 2	50.00% 5	30.00% 3	10	4.10
Rental Housing for the Disabled	0.00% 0	0.00% 0	40.00% 4	50.00% 5	10.00% 1	10	3.70
Rental Housing for Single Persons	0.00% 0	0.00% 0	60.00% 6	20.00% 2	20.00% 2	10	3.60
Rental Housing for Small Families (2-4 Persons)	0.00% 0	0.00% 0	30.00% 3	50.00% 5	20.00% 2	10	3.90
Rental Housing for Large Families (5 or more Persons)	0.00% 0	10.00% 1	20.00% 2	60.00% 6	10.00% 1	10	3.70
Rental Housing for Extremely Low Income Families	0.00% 0	0.00% 0	20.00% 2	10.00% 1	70.00% 7	10	4.50
Rental Housing for Low-Income Families	0.00% 0	0.00% 0	0.00% 0	50.00% 5	50.00% 5	10	4.50
Rental Housing for Moderate-Income Families	0.00% 0	0.00% 0	30.00% 3	50.00% 5	20.00% 2	10	3.90

### Q14 Home Ownership Needs

Answered: 10 Skipped: 3

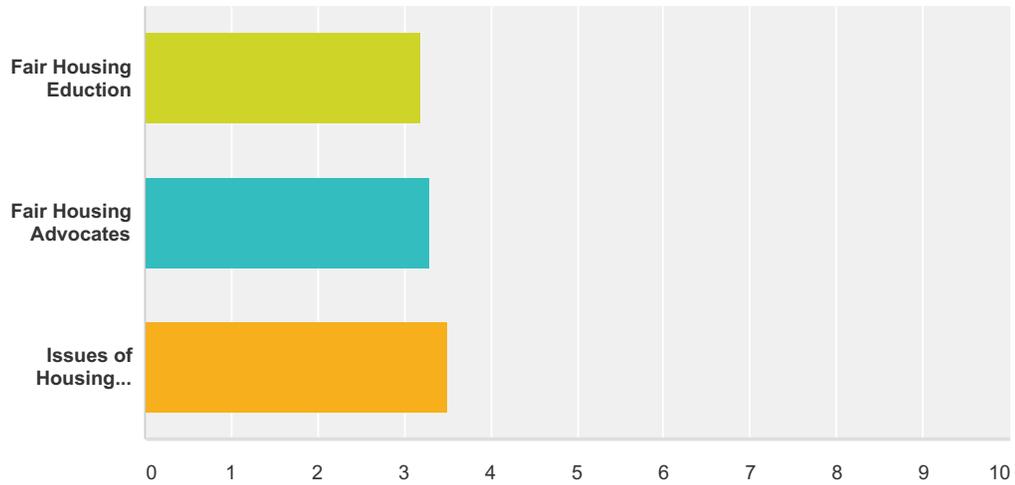


	Very Low Need	Low Need	Moderate Need	High Need	Critical Need	Total	Weighted Average
Down Payment/Closing Cost Assistance	0.00% 0	10.00% 1	60.00% 6	30.00% 3	0.00% 0	10	3.20
Rehabilitation Assistance	0.00% 0	30.00% 3	50.00% 5	10.00% 1	10.00% 1	10	3.00
Ownership Opportunities for Low-Income Families	0.00% 0	20.00% 2	20.00% 2	40.00% 4	20.00% 2	10	3.60

Ownership Opportunities for Moderate-Income Families	0.00% 0	0.00% 0	30.00% 3	60.00% 6	10.00% 1	10	3.80
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### Q15 Fair Housing Concerns

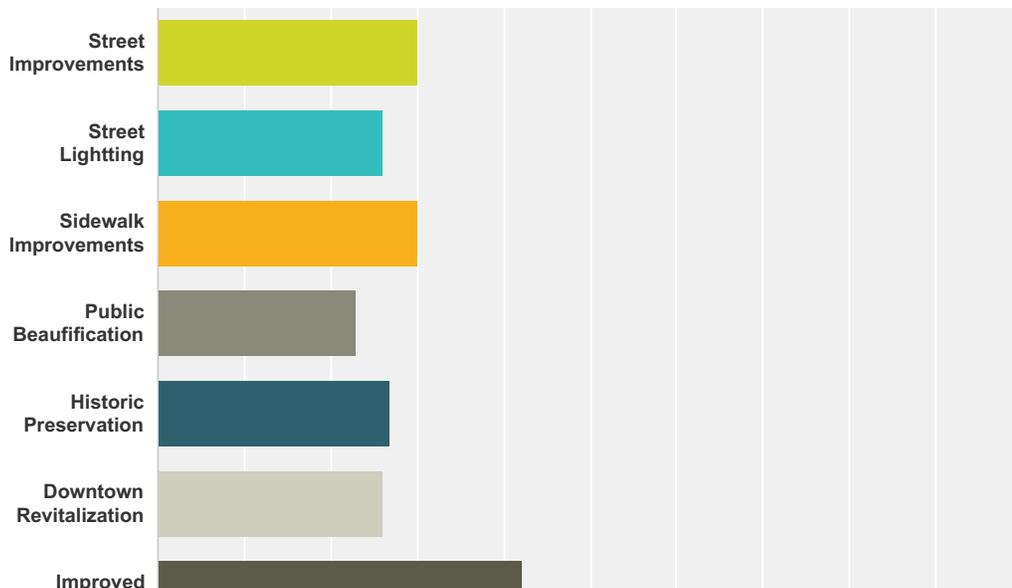
Answered: 10 Skipped: 3

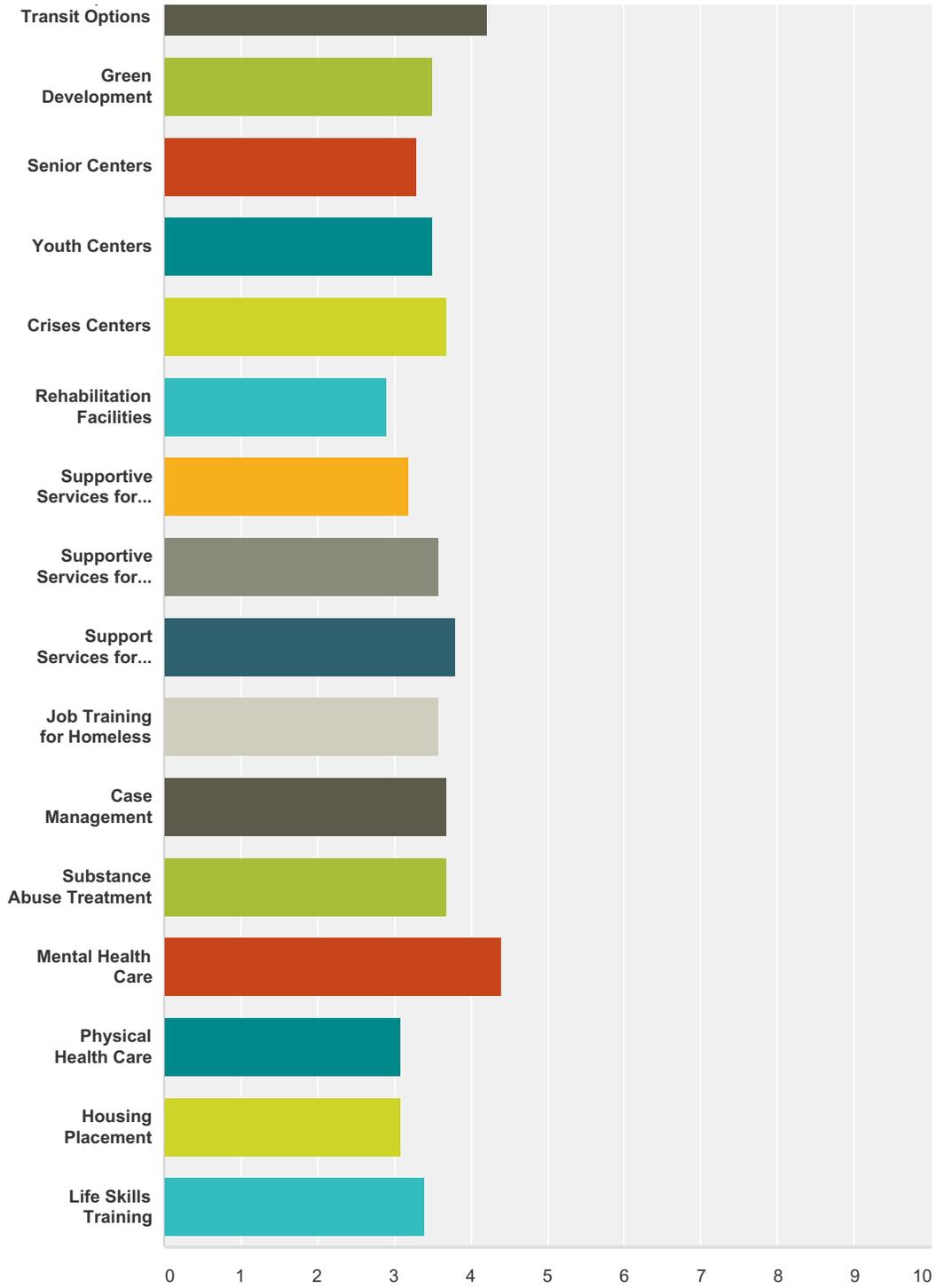


	Very Low Need	Low Need	Moderate Need	High Need	Critical Need	Total	Weighted Average
Fair Housing Education	0.00% 0	30.00% 3	30.00% 3	30.00% 3	10.00% 1	10	3.20
Fair Housing Advocates	0.00% 0	30.00% 3	20.00% 2	40.00% 4	10.00% 1	10	3.30
Issues of Housing Discrimination	0.00% 0	20.00% 2	30.00% 3	30.00% 3	20.00% 2	10	3.50

### Q16 Public Facilities Needs and Improvements

Answered: 10 Skipped: 3





	Very Low Need	Low Need	Moderate Need	High Need	Critical Need	Total	Weighted Average
Street Improvements	0.00% 0	20.00% 2	70.00% 7	0.00% 0	10.00% 1	10	3.00
Street Lighting	0.00% 0	40.00% 4	60.00% 6	0.00% 0	0.00% 0	10	2.60
Sidewalk Improvements	0.00% 0	20.00% 2	60.00% 6	20.00% 2	0.00% 0	10	3.00

Public Beautification	20.00% 2	40.00% 4	30.00% 3	10.00% 1	0.00% 0	10	2.30
Historic Preservation	0.00% 0	40.00% 4	50.00% 5	10.00% 1	0.00% 0	10	2.70
Downtown Revitalization	10.00% 1	40.00% 4	40.00% 4	0.00% 0	10.00% 1	10	2.60
Improved Transit Options	0.00% 0	0.00% 0	33.33% 3	11.11% 1	55.56% 5	9	4.22
Green Development	0.00% 0	0.00% 0	70.00% 7	10.00% 1	20.00% 2	10	3.50
Senior Centers	10.00% 1	10.00% 1	40.00% 4	20.00% 2	20.00% 2	10	3.30
Youth Centers	0.00% 0	10.00% 1	50.00% 5	20.00% 2	20.00% 2	10	3.50
Crises Centers	0.00% 0	10.00% 1	40.00% 4	20.00% 2	30.00% 3	10	3.70
Rehabilitation Facilities	0.00% 0	40.00% 4	40.00% 4	10.00% 1	10.00% 1	10	2.90
Supportive Services for Men	0.00% 0	20.00% 2	50.00% 5	20.00% 2	10.00% 1	10	3.20
Supportive Services for Women	0.00% 0	0.00% 0	50.00% 5	40.00% 4	10.00% 1	10	3.60
Support Services for Youth	0.00% 0	0.00% 0	30.00% 3	60.00% 6	10.00% 1	10	3.80
Job Training for Homeless	0.00% 0	10.00% 1	40.00% 4	30.00% 3	20.00% 2	10	3.60
Case Management	0.00% 0	20.00% 2	10.00% 1	50.00% 5	20.00% 2	10	3.70
Substance Abuse Treatment	0.00% 0	10.00% 1	20.00% 2	60.00% 6	10.00% 1	10	3.70
Mental Health Care	0.00% 0	0.00% 0	30.00% 3	0.00% 0	70.00% 7	10	4.40
Physical Health Care	0.00% 0	20.00% 2	50.00% 5	30.00% 3	0.00% 0	10	3.10
Housing Placement	0.00% 0	30.00% 3	40.00% 4	20.00% 2	10.00% 1	10	3.10
Life Skills Training	0.00% 0	10.00% 1	50.00% 5	30.00% 3	10.00% 1	10	3.40

**Q17 Please provide us with a list of your opinions on unmet service needs or gaps in your community.**

Answered: 5 Skipped: 8

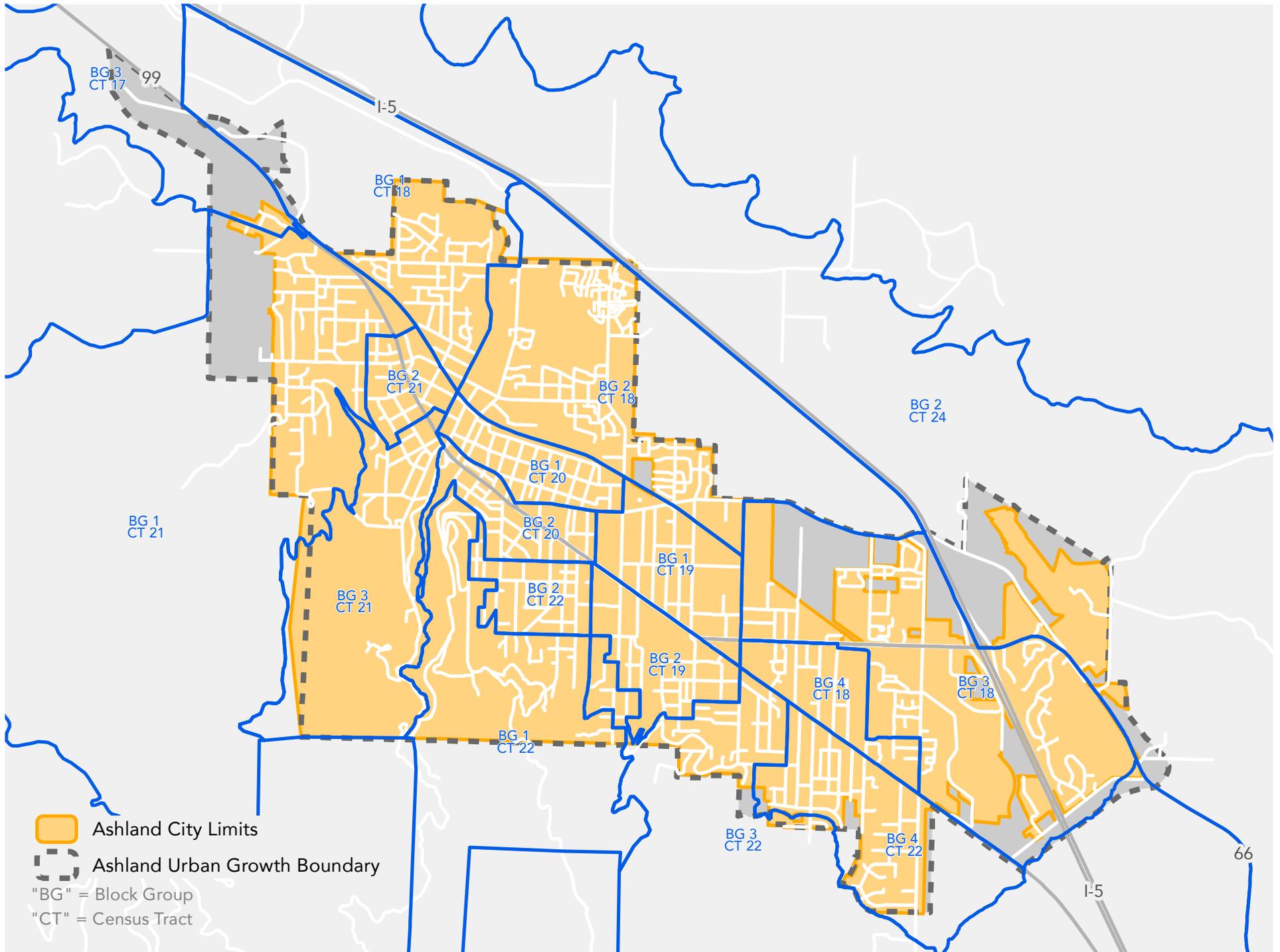
**Q18 Additional Comments, Concerns or Suggestions**

Answered: 2 Skipped: 11

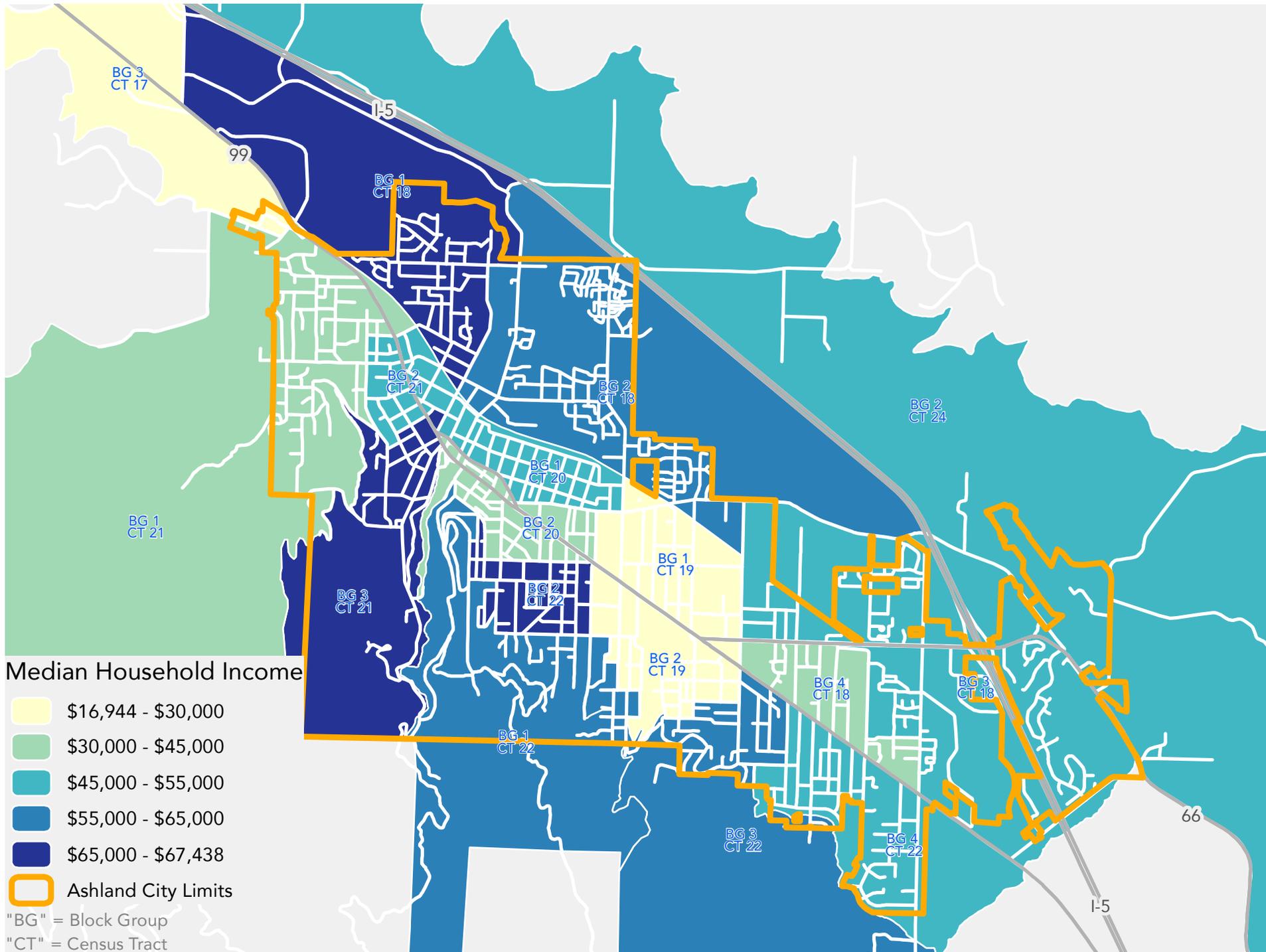
### Q19 Organization/Agency Contact Information (Optional)

Answered: 4 Skipped: 9

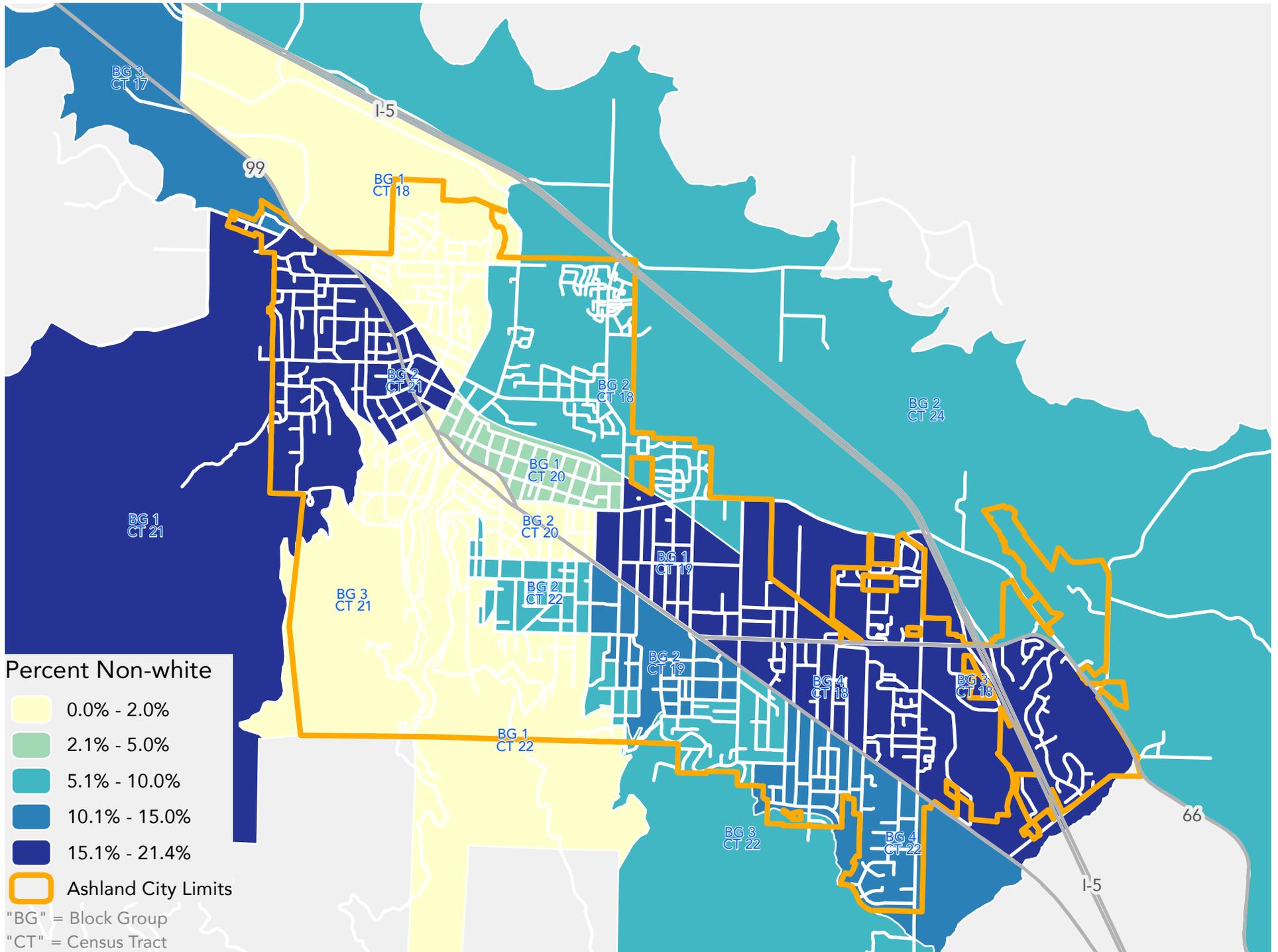
Answer Choices	Responses	
Contact Person	75.00%	3
Name of Organization/Agency	100.00%	4
Address	100.00%	4
Address 2	25.00%	1
City/Town	100.00%	4
State/Province	100.00%	4
ZIP/Postal Code	100.00%	4
Country	100.00%	4
Email Address/Website	50.00%	2
Phone Number	75.00%	3



Source: ECONorthwest, US Census



Source: ECONorthwest, US Census, 2013 ACS 5-year estimates, Table B19013



Source: ECONorthwest, US Census, 2013 ACS 5-year estimates, Table B19013