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# CITY OF ASHLAND

## 2025-2029 CONSOLIDATED PLAN

5-Year Strategic Plan

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

Adopted by:

Ashland City Council

TBD

Prepared for:

The U.S. Department of Housing and Urban Development

By:

The City of Ashland

Department of Community Development

Planning and Housing Division

## Executive Summary

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

#### 1. Introduction

The City of Ashland 2025-2029 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 people."*

#### 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 through numerous citizen consultation processes in prior years have included Housing and Housing Related Activities that focus on the preservation of existing affordable units, new construction of affordable rental housing and rehab of existing units, development of rental housing for low income and small families and ownership assistance for low-income families. Citizen consultations have also prioritized service activities, such as services for people experiencing mental health issues, crisis support services, and homeless support services. Because these issues are endemic throughout the nation, and because the City of Ashland receives very little support from CDBG, progress in

addressing these issues is minimal at best. Therefore, these activities continue to be direly needed and therefore prioritized for the use of CDBG funding.

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

Priorities identified through the agency consultation process were gathered through a direct email feedback process. The priorities identified by agencies were primarily the same as those identified above. It should be noted that the resource and priority needs are most often identified by both agencies and the general population were access to services, such as mental health services, housing navigation and case management. These are all activities which have a limited ability to be funded by CDBG funding.

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

Based on research compiled from a variety of sources including data analysis, and input from citizen's and beneficiary groups, City staff have identified six broad areas to ensure that the City has options for all eligible CDBG activities, and addresses priority needs within the City to focus CDBG resources toward over the next five years.

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

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

The goals and priorities identified in the 2020-2025 Consolidated plan represent the most pressing needs identified in the Ashland community at the time. Many if not all the needs identified in the City are not unique to Ashland alone. These needs are representative of larger systemic issues experienced across a spectrum of large urban and small rural communities throughout the country that are a consequence of a lack of housing that if available at price-points affordable for a growing majority of the American population.

For the past twenty years the City has identified the provision of affordable housing (both ownership and rental) as the highest priority need and target for the use of CDBG funding. In that time the City has met its housing goals more often than not, which is quite remarkable considering the barriers that small CDBG entitlement jurisdictions such as Ashland face. While the CDBG program did not add any new affordable units within the previous 5-year period, the City is on track to see the development of several units of affordable housing in the near future. In 2021 the City of Ashland completed an update of the

City's Housing Capacity Analysis (HCA). At that time the HCA found that Cost burden in Ashland increased from 41% in 2000 to 46% in 2014-2018 based on data from the Census' American Community Survey. Housing affordability is a challenge across Jackson County, with housing costs in Ashland considerably above regional averages. In 2020, the median home sales price in Ashland was \$530,000, more than \$115,000 above the median sales prices for elsewhere in the County. In addition, 46% of Ashland's households were cost burdened, more than the county average of 39% of households. The Almeda wildfire increased the regional need for affordable housing by destroying about 2,549 dwellings in September 2020. The Almeda fire burned from north Ashland to just south of Medford, with the cities of Phoenix and Talent suffering the most housing loss. These losses increased the regional need for affordable housing and overall pressure on the housing market throughout the County.

Housing prices are increasing faster than incomes in Ashland and Jackson County, which is consistent with state and national challenges. The continuing 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>1</sup>

### **Strategies and Impact on Identified Needs**

#### *Housing*

Over the past 20 years the City has identified and prioritized the development, maintenance and preservation of affordable housing as its preferred use of CDBG funding. In that time the City has made great strides with regard to supporting the development of affordable ownership and rental units. Since 2004 CDBG funds have been used to support the acquisition, development, and/or rehabilitation of 186 ownership and rental units within the City of Ashland. However, many of the newly developed units in the past several years have received no CDBG funds. In recent years, developers have cited Federal regulations, specifically National Environmental Protection Act (NEPA) requirements, and Davis Bacon wage rates as significant barriers to utilizing CDBG for the development of housing units. The City has not utilized CDBG funds to support affordable housing projects other than rehabilitation of existing units since 2011. Given this recent trend, it seems increasingly unlikely that affordable housing providers will be seeking CDBG funding to fund affordable housing development in Ashland over the five-year period covered by this Consolidated Plan.

#### *Homelessness*

During the pandemic and in the wake of the Almeda fire, the City addressed the provision of services to serve homeless populations, as an emergency measure. Though the homeless populations have always had access to countywide services, transportation to and from Medford, the City where the most resources are located, can be challenging. Over the past several years the City has invested a large share of its CDBG funding as well as other funding and support to increase the number and scope of local

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resources to address the issues of homelessness. In the past ten years CDBG funds have been used to support staff efforts to provide community education, generate new and needed resources, and coordinate with homeless and at-risk service providers to address their needs and undertake strategic planning at a regional level. Over the past several years the City has provided CDBG funds to assist the Maslow Project in providing services to over one thousand extremely low income homeless and at-risk youth. The City has also continuously provided funding support to Options for Housing, Resources and assistance (OHRA), a non-profit formed in 2012 that operates an emergency shelter, a resource center, a laundry shower trailer, and provides rental assistance and housing navigation services.

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 complexity of these multi-faceted problems. Many of the factors that contribute to the problems are beyond the reach of jurisdictional policies and are certainly beyond the capacity of the CDBG program to address on its own. Ashland is committed to continue to explore additional funding opportunities and refining current strategies in order to coordinate and develop sustainable resources for addressing homelessness in our community.

#### **4. Summary of citizen participation process and consultation process**

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

The City of Ashland encourages the participation of all its citizens in the development of plans and in reviewing progress in implementing the planned 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

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- 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 Advisory Committee 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 Committee consists of 9 voting members and a City Council liaison and is staffed by Housing Program Staff. All members are appointed by the Mayor and confirmed by the City Council. The Committee meets on a monthly basis serving as an informed link between the citizens and the council. All Housing and Human Services Advisory Committee 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 to planned activities or funding allocations of the approved Consolidated Plan or Annual Action Plan. These hearings provide an opportunity for citizens 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 discussions on needs. In addition, the Ashland Housing and Human Services Advisory Committee will meet to discuss the components of the plan including the needs assessment, the strategic plan and the Annual Action Plans. The Committee 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 Advisory Committee shall also review the Consolidated Annual Performance Evaluation Report each year to examine the performance of the projects funded as a 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 Advisory Committee 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 Advisory Committee, and award CDBG funds to eligible projects that demonstrate the most effective use of CDBG funds to benefit extremely low, or low-moderate income residents. The Council will make the final sub-recipient selection and award allocation and will identify the use of CDBG funds thereby defining the goals outlined in the annual Action Plan.

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

Consolidated Annual Performance Evaluation Report (CAPER) Hearing: At the conclusion of each program year the CAPER will be presented at a public hearing before the Ashland Housing and Human Services Advisory Committee 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 people 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 News 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 the 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 News 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 News 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 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 News 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 News 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 elicited citizen participation through a variety of activities. The primary outreach tool utilized was a questionnaire that was posted on the City’s website. Advertisements for the questionnaire were sent out through the City’s Facebook and twitter pages, as well as through a legal notice in the local newspaper. The City also conducted direct email consultation with agencies and service providers. The City held two public hearings to provide further opportunities for public participation and feedback on the development of the plan. The first Public Hearing was held before the Housing and Human Services Advisory Committee at their regular meeting on March 26, 2020. The second public hearing was held before the City Council at their regular meeting on April 21, 2020.

**5. Summary of public comments**

TBD

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

Not Applicable

**7. Summary**

TBD

## The Process

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

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

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

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

**Table 1 – Responsible Agencies**

### Narrative

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

Community Development/Housing Division Staff and the Housing and Human Services Advisory Committee 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 Manager

20 E. Main Street, Ashland, OR 97520

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

reidl@ashland.or.us

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

### **1. Introduction**

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

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

City staff actively participate in several regional groups, including the Jackson County Homeless Task Force, and the Jackson County Continuum of Care, the coordinating body of the HUD Continuum of Care Program. City staff also participate in intermittent groups, committees, and commissions as needed, for example, City staff often serve on project specific housing and community education planning committees, 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 been an active member of the Jackson County Homeless Task Force, when that body managed the Continuum of Care program, then on the Jackson County Continuum of Care Board, once that body was established and designated as the County’s Continuum of Care. The Jackson County Continuum of Care (CoC) is a HUD-mandated, community-wide effort to end homelessness by providing stable housing for those experiencing homelessness and offering preventative services to those at risk of becoming homeless. The Jackson County CoC seeks to end homelessness in Jackson County through the collaborative efforts and resources of all sectors of our community. Since 2008, City of Ashland staff and elected officials have served on several committees and subcommittees including the Core group, which was the subcommittee that issues the request for proposals and coordinates the application and administration of the Continue of Care grants for Jackson County prior to the formation of the Jackson County Continuum of Care Board. City staff has also been a part of the Rating and Ranking subcommittee in several grant cycles, as well as having helped draft the coordinated application. In the last two years the governing structure of the Counties Continuum of Care in Jackson County has undergone a complete transformation. A new charter was created and adopted and a new process for electing board members was established. The CoC board is undertaking several activities to address deficiencies in the data collection, coordinated entry, and data input into the Homelessness

Management Information System to better understand and plan for addressing the needs of homeless population throughout Jackson County. The City is working in partnership with the CoC board to address the identified needs. Similarly, Housing Program Specialist continues to be active with the Jackson County Homeless Task Force and the Jackson County Continuum of Care, which coordinates the efforts of city and county governments, social service agencies, federal agencies, and non-profit organizations to address affordable housing and homeless issues on a regional level.

City staff coordinate with the agencies and individual members of both the Jackson County Continuum of Care (CoC) and the Jackson County Homeless Task Force, a working group of the CoC, to implement the actions identified by the recently adopted strategic plan. City staff also coordinates with county partners to plan and implement community education events. These events seek to highlight the need for affordable housing and resources to address complex situations, and to share with community members the work that is being done in the community to support homeless and at-risk populations navigate systems and connect with available needed resources

**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 does not receive a direct allocation of ESG funds, however, Access, the County's Community Action Agency does receive ESG funding from the State to distribute to organizations undertaking eligible activities. The City has representation on the Jackson County Continuum of Care board which coordinates actions to address the issues of homelessness throughout the valley, which often includes the use of Federal and State resources to address identified needs. Similarly, the CoC board has developed performance standards and has standing workgroups to evaluate outcomes, develop policies and procedures and oversee the administration of the HMIS system, and to develop additional resources, which may include funding, to help address identified needs

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

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

Agency/Group/Organization	Agency/Group/Organization Type	What section of the Plan was addressed by	How was the Agency/Group/Organization consulted and what are the anticipated outcomes
<TYPE=[pivot_table] REPORT_GUID=[AA4FDEC5439905E0BA7EBD82142E56F5]>			

**Table 2 – Agencies, groups, organizations who participated**

**Identify any Agency Types not consulted and provide rationale for not consulting**

Not Applicable

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

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care Strategic Plan	Access	Prioritization of housing and services that serve homeless populations
Housing Capacity Analysis	City of Ashland	Develop a broad range of housing types affordable to lower and moderate income households
2020 Analysis of Impediments to Fair Housing Choice	City of Ashland	Encourage diversity
Housing Production Strategy	City of Ashland	Strategies and Actions to support the development and retention of needed housing types.
City of Ashland Economic Development Strategy	City of Ashland	Promoting a diverse economy, support job creation, micro-enterprise

**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))**

**Narrative (optional):**

During the process of developing the Consolidated Plan Housing Program Staff conducted consultations with citizens, beneficiaries and key stakeholders, 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

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

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

### **1. Summary of citizen participation process/Efforts made to broaden citizen participation**

#### **Summarize citizen participation process and how it impacted goal-setting**

During the development of the Consolidated Plan, City staff elicited citizen participation through a variety of activities. The primary outreach tools utilized were questionnaires provided at community events. The City also conducted direct email consultation with agencies and service providers. The City held two public hearings to provide further opportunities for public participation and feedback on the development of the plan. The first Public Hearing was held before the Housing and Human Services Advisory Committee at their regular meeting on March 27, 2025. The second public hearing will be held before the City Council at their regular meeting on April 15, 2025.

Citizens were encouraged to provide written comments either handwritten or electronically on the draft plan from March 20<sup>th</sup>, 2025, through April 25<sup>th</sup> 2025.

**Citizen Participation Outreach**

<b>Mode of Outreach</b>	<b>Target of Outreach</b>	<b>Summary of response/attendance</b>	<b>Summary of comments received</b>	<b>Summary of comments not accepted and reasons</b>
Public Hearing-Housing and Human Services Commission	Beneficiaries	Five guests were in attendance at the virtual meeting. The comment that was submitted was received via email.	The City received one comment during the public hearing process. The comment submitted came from Rogue Valley Council of Government’s Senior and Disabled Services which was recommending the inclusion of language regarding lifelong housing, housing that promotes aging in place into the plan.	None
Public Hearing-City Council	Beneficiaries			None
Questionnaire	Agencies	E-mail cover letter and link to the questionnaire sent to list in Table 2.	Comments received are in aggregate with agency data and citizen data	None
Questionnaire	Non-targeted/broad community	At public engagement events		None

**Table 4 – Citizen Participation Outreach**

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A total of two public hearings were held during the 2025-2029 Consolidated Planning Process.

The first public hearing was held on **March 27, 2025**, before the City of Ashland Housing and Human Services Advisory Committee. The purpose of the initial public hearing is to provide a summary of the draft plan and to encourage public comments on the draft plan. The hearing was noticed in the legal section of the *Ashland News*.

The second public hearing will be held on **April 25, 2025**, before the Ashland City Council. The purpose of this meeting was to accept comments on the draft plan before final approval by the City Council.

The meetings were noticed in the legal section of the *Ashland News online newspaper* 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.

## Needs Assessment

### NA-05 Overview

#### Needs Assessment Overview

##### Housing Needs

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

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

Less evident in the data provided in the following tables, is the growing need for "middle income" housing, or those households earning above 60-80% of the Area Median Income, but who still cannot afford current market rate rents. This growing segment of the population earns too much to qualify for affordable housing developed through traditional funding sources. Current housing market conditions are quickly outpacing middle income households and there are currently no large-scale funding programs to subsidize housing development targeted to households at this income level. The City of Ashland's Affordable Housing Trust fund, and the City of Ashland Affordable Housing program both have resources to support development at this level. However, both programs are small-scale and are not able to develop the number of homes needed without the inclusion of outside funding sources.

Data in the following tables are experiencing Ashland has relatively few housing units (less than 25%) which would be considered substandard or having severe housing problems such as lack of plumbing

## Demo

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).

The most prevalent housing problem identified in the CHAS tables is housing cost burden. Approximately, 1,310 renters in Ashland Experience severe housing cost burden, while 685 homeowners experience severe housing cost burden.

### 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 941 homeless persons in Jackson County on January 23, 2023. 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 limited access some critical services such as mental health and drug and alcohol treatment services, which are primarily located in Medford, a neighboring City nineteen miles to the North of Ashland

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

### Summary of Housing Needs

Demographics	Base Year: 2009	Most Recent Year: 2017	% Change
Population	20,949	20,735	-1%
Households	9,650	9,720	1%
Median Income	\$38,436.00	\$50,517.00	31%

**Table 5 - Housing Needs Assessment Demographics**

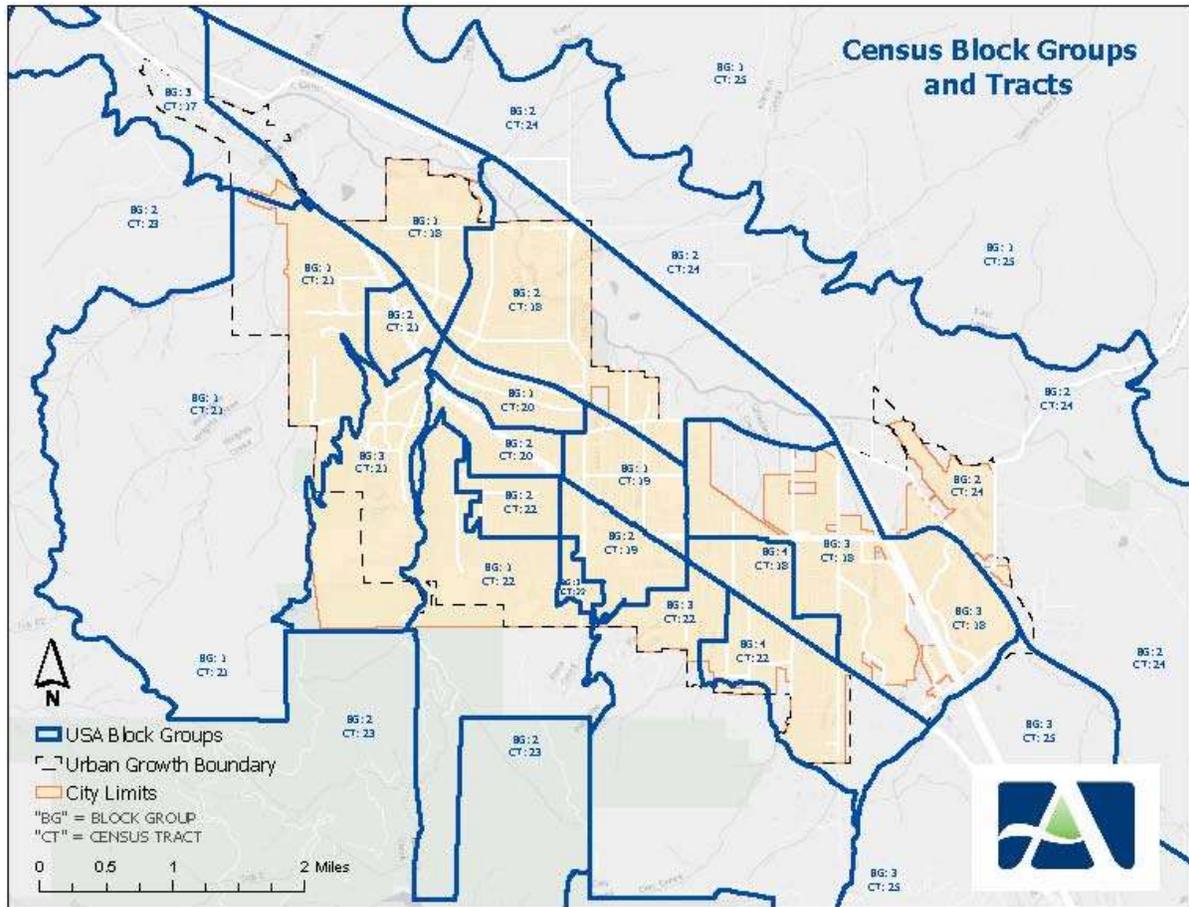
**Data Source:** 2000 Census (Base Year), 2013-2017 ACS (Most Recent Year)

### Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households	1,375	1,015	1,375	660	5,290
Small Family Households	365	150	465	150	1,775
Large Family Households	10	4	35	0	105
Household contains at least one person 62-74 years of age	270	310	230	210	1,910
Household contains at least one person age 75 or older	58	210	190	115	755
Households with one or more children 6 years old or younger	210	35	120	85	395

**Table 6 - Total Households Table**

**Data Source:** 2013-2017 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	35	15	90	0	140	0	0	0	0	0
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	10	25	0	0	35	0	0	0	0	0
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	0	0	0	0	0	0	0	0	0	0
Housing cost burden greater than 50% of income (and none of the above problems)	750	305	235	20	1,310	235	230	185	35	685

Demo

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Housing cost burden greater than 30% of income (and none of the above problems)	35	150	430	220	835	25	105	50	140	320
Zero/negative Income (and none of the above problems)	85	0	0	0	85	140	0	0	0	140

**Table 7 – Housing Problems Table**

Data 2013-2017 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	795	345	320	20	1,480	235	230	185	35	685
Having none of four housing problems	60	290	630	325	1,305	60	150	240	285	735
Household has negative income, but none of the other housing problems	85	0	0	0	85	140	0	0	0	140

**Table 8 – Housing Problems 2**

Data 2013-2017 CHAS  
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	260	75	255	590	30	30	40	100
Large Related	10	4	10	24	0	0	10	10
Elderly	130	170	145	445	104	244	134	482
Other	430	245	340	1,015	120	65	50	235
Total need by income	830	494	750	2,074	254	339	234	827

Table 9 – Cost Burden > 30%

Data 2013-2017 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	225	45	155	425	30	20	20	70
Large Related	10	4	10	24	0	0	10	10
Elderly	130	105	30	265	100	160	130	390
Other	430	160	60	650	105	55	25	185
Total need by income	795	314	255	1,364	235	235	185	655

Table 10 – Cost Burden > 50%

Data 2013-2017 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	10	25	0	0	35	0	0	0	0	0

Demo

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Multiple, unrelated family households	0	0	0	0	0	0	0	0	0	0
Other, non-family households	0	0	0	0	0	0	0	0	0	0
Total need by income	10	25	0	0	35	0	0	0	0	0

Table 11 – Crowding Information – 1/2

Data 2013-2017 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 12 – Crowding Information – 2/2

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

According to CHAS Data there are 3,765 households below 80% of Area Median Income in Ashland. CHAS data also identified that there are 2,074 renter households and 827 owner households that experience cost burden. These numbers down from the previous five-year period.

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

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

Community Works is the community’s sole provider of services to victims of domestic and dating violence. The City has provided Social Service grant funding to Community Works to help support the work they do throughout the community. From 2022-2024 Community Works provided shelter to 471

individuals experiencing domestic violence, 46 of those were identified as residents of Ashland. In that same time period Community Works served 606 victims of sexual assault, 35 of those individuals identified as Ashland residents. Additionally, Community Works provided advocacy, emotional support, resources to 3,394 adults and children and 215 were from Ashland.

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

Oregon Housing and Community Services identified that 31% or 1,230 renter households in Ashland experience severe cost burden. CHAS data identifies that 827 owner households earning 80% of the Area Median Income also experience severe cost burden. Cost burden is the most prevalent and pressing housing problem in the City of Ashland.

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

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

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

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

It is hard to infer from the little evidence on these populations that the City has been able to collect and from census data the full extent of a household’s risk of becoming homeless or the characteristics of those individuals and families. But from reports 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 as well as households experiencing extreme cost burden (paying 50% or more of their income toward rent), or who have difficulties paying utility costs. Households with fixed incomes, such as people with disabling conditions and seniors, are more at risk for losing housing, as well as people who experiencing unplanned events or family emergencies. 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.

Families and individuals who were formerly homeless and are receiving assistance through a rapid rehousing program that is set to terminate soon, will still have access services and case management even after exit from a rapid rehousing program. However, many recipients are concerned about what will happen once the financial assistance ceases. Many are preparing to become homeless again, because they cannot afford to maintain the housing once the grant assistance ends. Many need continued and ongoing rental assistance and support to afford the cost of living in general, at least until they can secure permanent affordable housing most likely through a voucher program. Voucher assistance is still often the only option that a low-income, fixed income, or person experiencing a physical or mental disability, for maintaining affordable housing, and consequently, housing stability.

**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 family's 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.

## **Discussion**

## 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	1,085	65	225
White	960	65	190
Black / African American	30	0	0
Asian	0	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	50	0	35

**Table 13 - Disproportionally Greater Need 0 - 30% AMI**

Data 2013-2017 CHAS  
Source:

\*The four housing problems are:

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

#### 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	830	185	0
White	775	170	0
Black / African American	0	0	0
Asian	15	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	4	15	0

**Table 14 - Disproportionally Greater Need 30 - 50% AMI**

Data 2013-2017 CHAS  
Source:

\*The four housing problems are:

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

**50%-80% of Area Median Income**

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	985	390	0
White	835	315	0
Black / African American	50	0	0
Asian	25	0	0
American Indian, Alaska Native	15	0	0
Pacific Islander	0	0	0
Hispanic	60	70	0

**Table 15 - Disproportionally Greater Need 50 - 80% AMI**

Data 2013-2017 CHAS  
Source:

\*The four housing problems are:

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

**80%-100% of Area Median Income**

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	410	250	0
White	370	250	0
Black / African American	0	0	0
Asian	15	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	10	0	0

**Table 16 - Disproportionally Greater Need 80 - 100% AMI**

Data 2013-2017 CHAS  
Source:

## Demo

\*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**

**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**

<b>Severe Housing Problems*</b>	<b>Has one or more of four housing problems</b>	<b>Has none of the four housing problems</b>	<b>Household has no/negative income, but none of the other housing problems</b>
Jurisdiction as a whole	1,030	120	225
White	935	85	190
Black / African American	30	0	0
Asian	0	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	50	0	35

**Table 17 – Severe Housing Problems 0 - 30% AMI**

Data 2013-2017 CHAS  
Source:

\*The four severe housing problems are:

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

**30%-50% of Area Median Income**

<b>Severe Housing Problems*</b>	<b>Has one or more of four housing problems</b>	<b>Has none of the four housing problems</b>	<b>Household has no/negative income, but none of the other housing problems</b>
Jurisdiction as a whole	575	440	0
White	540	405	0
Black / African American	0	0	0
Asian	0	15	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	4	15	0

**Table 18 – Severe Housing Problems 30 - 50% AMI**

Demo

Data 2013-2017 CHAS  
Source:

\*The four severe housing problems are:

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

**50%-80% of Area Median Income**

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	505	870	0
White	420	720	0
Black / African American	0	50	0
Asian	25	0	0
American Indian, Alaska Native	4	10	0
Pacific Islander	0	0	0
Hispanic	55	80	0

**Table 19 – Severe Housing Problems 50 - 80% AMI**

Data 2013-2017 CHAS  
Source:

\*The four severe housing problems are:

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

**80%-100% of Area Median Income**

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	55	610	0
White	45	585	0
Black / African American	0	0	0
Asian	0	15	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	0	10	0

**Table 20 – Severe Housing Problems 80 - 100% AMI**

## Demo

**Data** 2013-2017 CHAS  
**Source:**

\*The four severe housing problems are:

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

## Discussion

**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:**

**Housing Cost Burden**

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	5,410	1,895	2,195	225
White	4,965	1,705	2,000	190
Black / African American	15	50	30	0
Asian	140	30	25	0
American Indian, Alaska Native	50	10	4	0
Pacific Islander	0	0	0	0
Hispanic	190	60	65	35

**Table 21 – Greater Need: Housing Cost Burdens AMI**

Data 2013-2017 CHAS  
Source:

**Discussion:**

**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 income category or racial or ethnic group has disproportionately greater need than the needs of that income category as a whole.

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

Not Applicable.

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

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

**NA-35 Public Housing – 91.205(b)**

**Introduction**

**Totals in Use**

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			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 22 - 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	

Demo

	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 23 – 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

Demo

Program Type									
Race	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
American Indian/Alaska Native	0	2	0	41	0	37	4	0	0
Pacific Islander	0	0	0	5	0	5	0	0	0
Other	0	0	0	0	0	0	0	0	0

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

**Table 24 – 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 25 – Ethnicity of Public Housing Residents by Program Type**

Data Source: PIC (PIH Information Center)

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

According to the Housing Authority of Jackson County's Tenant Statistical Report there are 292 households currently receiving section 8 assistance, 43% are elderly, 52% experience a disability. There are no public housing units within the City of Ashland. The report from the Housing Authority of Jackson County does not provide demographic information on tenants residing in project based voucher units owned or managed by other housing providers. Those numbers will be reflected in the tables above; however, those tables also include tenants covered by the Housing Authority's report for additional programs.

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

The Section 8 waitlist currently has 380 households on the waitlist in Ashland. Of the 380 households on the waitlist, 23% are elderly and 46% are disabled. The households on the Section 8 waitlist share the need for safe, decent and affordable housing with much of the Ashland population, as many Ashland households experience housing cost burden. This is the most immediate need for Housing Choice voucher holders. In recent years rents along with sale prices, have risen precipitously. Consequently, housing vouchers amounts and incomes have not kept pace with housing costs. Many voucher holders are unable to find homes that rent for a rate which will meet the requirements of the Housing Choice program. Some voucher holders are unable to secure housing in the time allowed and are unable to accept the voucher.

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

The percentage of Ashland households that experience housing cost burden is included in Tables 17, 18, and 19 on pages 29 and 30. Households at many income levels, up to and beyond 100% of Area Median Income, experience housing cost burden. Ashland, like much of the nation is experiencing a housing crisis, the primary result of this crisis is that households at all income levels are having to devote larger percentages of their incomes toward housing costs.

**Discussion**

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

### **Introduction:**

#### **Chronically Homeless Populations**

According to the 2023 Continuum of Care Point in Time Count the total number homeless individuals surveyed totaled 1143. This was a 9.1% decrease from the previous year. Of those counted 49% were unsheltered, and nearly 21% of those surveyed qualified as chronically homeless. To be considered chronically homeless an individual must have experienced four episodes of homelessness in three years and also have a disabling condition or have been continuously homeless for 12 consecutive months and also have a disabling condition. Disabling conditions include: a diagnosable substance use disorder, a serious mental illness, a developmental disability, a chronic physical illness, including the co-occurrence of two or more of these conditions.

#### **Rapid Re-housing (Veteran’s and their families)**

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

#### **Families**

In 2019 the Point in Time homeless count found 258 homeless people in families with at least one child, and 23 chronically homeless people in families with at least one child. Of the 258 homeless people in families, 99% were sheltered and 1% homeless people in families were unsheltered.

#### **Unaccompanied Youth**

In 2023, the Point in Time homeless count found 6 homeless unaccompanied youth under the age of 18 and 74 homeless unaccompanied young adults between the ages of 18 and 24. There were 10 homeless parenting youth between the ages of 18 and 24. Of the 80 unaccompanied youth found by conductors of the count, a total of 42 unaccompanied youth and children reported being in a shelter, while 38 reported being

## Demo

unsheltered. However, as stated previously in this document, many homeless unaccompanied youth are not identified through the PIT count, as many do not meet the HUD definition of homelessness.

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

Data is not available for the numbers of persons becoming and exiting homelessness each year, or the number of days that persons experienced homelessness.

## **Nature and Extent of Homelessness: (Optional)**

### **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 not provided in Point In Time (PIT) counts conducted by the regional Continuum of Care. The Jackson County Continuum of Care Coordinates the Point in Time count in January each year. The Point-in-time count is conducted for the entire county, totals for Ashland are separated out of the regional totals, however in recognition of the transient nature of the county's homeless population, data from the regional PIT counts will be included as well.

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

The City does not have City specific data that breaks out racial and ethnic data by homeless household type. There is however, racial and ethnic data for Jackson county. The data show that the majority of those who are homeless in Jackson County are white, with the second largest racial group experiencing homelessness being American Indian/Alaska Native with 43 individuals, followed by Black, African American or African, at 31 individuals. Both racial groups are overrepresented in the homeless population, with American Indian/Alaska Natives representing 3.7% of the homeless population of Jackson County, while only being 1% of the total population of Jackson County, and Black, African American or African, comprising 2.7% of the homeless population while only representing 2.1% of the general population. This is a smaller disparity for Black, African American or African populations than in previous years, but slightly greater disparity for American Indian/Alaska Natives than previous years.

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

According to 2023 Point in Time data approximately 1,143 individuals met HUD's definition of homeless in the last week of January. 51.3% of the County's homeless population identified as benefitting from some form of shelter, whether it is through emergency shelter, transitional housing, or permanent supportive housing, 19.2 % of survey respondents were identified as Chronically homeless, 26.7 percent identified as female, 49.4% identified as male, and .7% identified as non-binary, questioning or transgender. Because HUD's definition of homelessness does not include children and families who may be "doubled up" or "couch surfing" with another family, a known and common occurrence with unhoused unaccompanied youth, and unhoused families, consequently, the PIT count often represents and undercount of homeless youth and families. For 2023, the PIT count identified that 90% of those surveyed were in households without children, and 9.2% were in households with at least one child. Surveys were conducted with six homeless households who identified as unaccompanied youth, or which were comprised of individuals under the age of 18.

### **Discussion:**

The homeless population in both Ashland and Jackson County have many unmet needs and face many barriers to meeting those needs. Chief among them is a lack of funding sources compared to the cost of

supporting the needs of the homeless population and providing case management. There is not enough Ashland-specific funding to support Ashland residents and programs, and the Federal programs that provide much of the funding to address these issues, such as those funded through the Department of Housing and Urban Development, are at risk of being defunded. Overall, this is due to a general lack of community support, at both the local and national levels.

It is a strategic priority of the City to target CDBG and other City funding to housing and services designed to work toward alleviating 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 recently adopted Jackson County Strategic Plan. However, addressing the need for affordable housing and addressing the complex issues of homelessness and housing insecurity are so much bigger than one small rural community can move the needle on alone.

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

**Introduction:** The City of Ashland has an aging population, in the last decade, the percentage of the population aged 65 years old and older grew from 19% in 2010 to 22% in 2017, to 29% in 2023<sup>2</sup> 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. Census data estimates that 11.5% of the total population of Ashland qualifies as having a disability.

### **Describe the characteristics of special needs populations in your community:**

Frail Elderly while the extent of people who are over 65 with severely debilitated health is not known, Census data indicates that 21.3% of the population over 65 qualify as having a disability. In addition, RVCOG Food & Friends provided over 15,000 meals to Ashland seniors from the Ashland Senior Center host site. The 2023 American Community Survey 5-year estimates show that the population of Ashland that is 65 years old and older is 6,062 persons, or 29% of the total population of Ashland.

Persons with disabilities Census data reports that 2,435 people with disabilities resided in Ashland.

Persons with Mental Illness Mental illness can be mild and short-term or can be incapacitating and long-term. Mental illness can affect a person's ability to work or perform daily activities independently. According to Oregon's State Health Assessment for 2018, the State of Oregon has the "highest prevalence of mental illness among youth and adults of any state in the nation." [1] There were approximately 28,000 people with severe mental illness living in Jackson County (major mental illnesses, such as schizophrenia, bi-polar disorders, and other organic brain disorders) in 2014. Currently there is not a more updated Oregon State Health Assessment, nor is there updated information regarding the number of people living with severe mental illness in Jackson County. However, 2023 Community Health Assessment identifies that in both Jackson and Josephine Counties, 1 in 4 adults have been diagnosed with depression, which is a higher prevalence than the state. Similarly, both Jackson and Josephine Counties have higher rates of suicide mortality than in the State, while in Jackson County, youth who identified as Transgender, Queer, Bisexual and Lesbian/Gay all were more likely to attempt suicide in the past year compared to their peers and the state. Lastly, the Oregon Health Authority reports that 49.2% of adults in Oregon, and 43.9% of adults in Jackson County report 1 or more days of poor mental health in the past month, while 22.9% of 11<sup>th</sup> graders report unmet emotional and mental health care needs in the past 12 months.

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 other people. Domestic Violence comes in many forms and can include physical, psychological, economic and emotional abuse. Victims of Domestic Violence have

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<sup>2</sup> American Community Survey 5-Year Estimates, Table S1810

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, is the only agency in Jackson County that specializes in services for victims' violence. From 2022-2024 Community Works provided shelter to 471 individuals experiencing domestic violence, 46 of those were identified as residents of Ashland. In that same time Community Works served 606 victims of sexual assault, 35 of those individuals identified as Ashland residents. Additionally, Community Works provided advocacy, emotional support, resources to 3,394 adults and children and 215 were from Ashland.

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 2023 found that compared to the entire state, a lower percentage of adults in both Jackson and Josephine counties, regardless of gender, reported engaging in binge drinking in the past month. In Jackson, people who identified as Black, Hispanic, and White NH had higher rates of alcohol-related deaths compared to those in the rest of the state. Both Jackson and Josephine counties had higher prevalence of current cigarette smokers than the state and the use of e-cigarettes has been increasing in both Jackson and Josephine in recent years. Individuals in the 18 to 34 age group exhibited a higher prevalence of current e-cigarette use compared to older age demographics in both counties and the State. Both Jackson and Josephine have higher drug mortality rates than the state, as well as having higher fentanyl mortality rates than the state.

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

It has been documented throughout this document that Ashland has a desperate need for Housing and supportive services targeted to both non-homeless, special needs populations, as well as homeless populations, and presumed benefit populations. Many low-income families with children are experiencing housing instability and are living with other families or are "doubled up" with others due to economic hardship, or are living in motels, vehicles, or other substandard housing situations. Many moderate- and low-income households are spending over 50% of their income on housing costs or are facing eviction or at imminent risk of losing housing. Many low-income households and presumed benefit populations and special needs populations lacking resources to navigate complex systems or lack support networks to help them maintain stable housing

Some primary needs identified by the members of the public and service providers include emergency housing stabilization support, rental assistance and security deposit assistance, assistance with basic needs, life food, medical/prescriptions, and other basic health supplies, especially for people who are housebound, or who lack transportation. There is an extreme need for emergencies and ongoing mental health services. Many populations are also impacted by rising inflation affecting housing affordability, growing rates of anxiety, depression, and isolation, limited access to services in rural areas, increasing food insecurity due to inflation.

The 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 a review of state and local needs assessments and reports.

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

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

**If the PJ will establish a preference for a HOME TBRA activity for persons with a specific category of disabilities (e.g., persons with HIV/AIDS or chronic mental illness), describe their unmet need for housing and services needed to narrow the gap in benefits and services received by such persons. (See 24 CFR 92.209(c)(2) (ii))**

**Discussion:** Not Applicable to Ashland.

## **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 healthcare facility, Assante Ashland Community Hospital, which offers a wide variety of services. However, Ashland also has access to two federally qualified health clinics, Rogue Community Health, and La Clinica De Valle, both of which offer a variety of services on a sliding scale fee basis. Ashland also has a Planned Parenthood office and access to a street nursing team through Oregon Health Sciences University.

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. In prior years, the City has 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, access to hot meals through food and friends program of Rogue Valley Council of Governments, as well as recreational activities. Similarly, the City has a variety of housing options for senior and elderly populations that serve a continuum of housing and care needs, including some dedicated affordable housing units.

The City of Ashland is served by four primary 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.

Most recently, the City partnered with Access, the County’s Community Action Agency and the State of Oregon to purchase a building to be utilized as an emergency low barrier shelter, an inclement weather shelter, and a social service and resource hub for people experiencing homelessness or at risk of homelessness. In extreme circumstances, the site could be utilized for respite and distribution of needed resources in cases of natural disasters or community wide emergencies.

### **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, as well as from past experience.

### **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. CDBG funds have been used in the past to support the development or improvement of Public facilities to serve special populations and presumed benefit populations.

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

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

### **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:

- Immediate housing stabilization support
- Rental assistance and help with deposits
- Eviction prevention services
- Housing navigation services
- Emergency hotel vouchers
- Case management and advocacy
- Basic needs (food, hygiene supplies, clothing)
- Transportation assistance
- Educational support for children
- Mental health services
- Employment assistance and job training

- Childcare support
- Enhanced outreach to rural areas
- Culturally specific services
- Expanded mobile service delivery
- Prevention-focused programs
- Place for people experiencing homelessness to store their things
- A safe place for people experiencing homelessness to be during the day and at night.
- Ways to address increasing cost of living/earning livable wages
- Treatment beds, both for mental health and drug and alcohol treatment

### **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, as well as from community and provider input regarding resource/service gaps and identified barriers.

# 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. These findings come from the 2023 Housing Capacity Analysis developed by EcoNorthWest. The key findings of the Ashland's Housing Capacity Analysis are that:

- **Ashland has sufficient land to accommodate its housing forecast between 2021 and 2041** and can accommodate growth (858 dwelling units) over the next 20 years with a surplus of capacity. Some development in the Suburban Residential, Normal Neighborhood, and Multifamily Residential Plan Designations will need to be accommodated in the City's urban growth boundary, outside the City Limits.
- **Ashland is planning for the continued growth of single-family detached units, however, more opportunities for multifamily and single-family attached will need to occur to meet the City's needs.** The factors driving the shift in types of housing needed in Ashland include changes in demographics and decreases in housing affordability. The aging of the baby boomers and the household formation of the millennials and Generation Z will drive demand for renter- and owner-occupied housing, such as single-family detached housing, townhouses, duplexes, tri- and quad-plexes, and apartments. Both groups may prefer housing in walkable neighborhoods, with access to services.
- **Over the 2021 to 2041 period, Ashland will need to plan for more multifamily dwelling units in the future to meet the City's housing needs.** Historically, 66% of Ashland's housing was single-family detached. While 35% of new housing in Ashland is forecast to be single-family detached, the City will need to provide opportunities for the development of new single-family attached (10% of new housing); duplex, triplex, and quadplex housing (10% of new housing); and multifamily units (35% of new housing).
- **Ashland has unmet needs for affordable housing.** Ashland has unmet housing needs for households with extremely-low and very-low-income households, as well as households with low- and middle-income. The forecast shows 273 of Ashland's new households will have incomes of \$32,600 (in 2019 dollars) or less. These households can afford monthly housing costs of \$820, which is considerably below market rate rents starting around \$1,145 for a two-bedroom unit. About 127 of Ashland's new households will have incomes between \$32,600 and \$52,000 and can afford \$820 to \$1,300 in monthly housing costs.
- **Ashland will need more diverse housing types to meet these housing needs and address demographic changes.** These housing types include rental and ownership opportunities such as: small single-family detached housing, accessory dwelling units, cottage housing, townhouses, duplexes, tri- and quad-plexes, and apartments. Without the diversification of housing types,

lack of affordability will continue to be a problem, possibly growing in the future if incomes continue to grow at a slower rate than housing costs.

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

### Introduction

#### All residential properties by number of units

Property Type	Number	%
1-unit detached structure	6,735	64%
1-unit, attached structure	855	8%
2-4 units	1,205	11%
5-19 units	800	8%
20 or more units	585	6%
Mobile Home, boat, RV, van, etc	385	4%
<b>Total</b>	<b>10,565</b>	<b>100%</b>

**Table 26 – Residential Properties by Unit Number**

Data Source: 2013-2017 ACS

#### Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	0	0%	395	9%
1 bedroom	135	3%	1,095	25%
2 bedrooms	1,510	29%	1,520	34%
3 or more bedrooms	3,610	69%	1,450	33%
<b>Total</b>	<b>5,255</b>	<b>101%</b>	<b>4,460</b>	<b>101%</b>

**Table 27 – Unit Size by Tenure**

Data Source: 2013-2017 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 32** provides a list of units assisted with state or federal funding, the targeted income limit of the households, and the types of households the developments serve. Locally, the City’s affordable housing program has restricted the deeds for several units through a variety of mechanisms, including land-use regulations, incentive programs, and investment of Community Development Block Grant (CDBG) dollars. Though some of these units are rental units, the majority of the units are owner-occupied.

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

Since 2008, 89 units receiving HUD project based subsidies have expired without the renewal of HUD-funded Section 8 contracts (this number is not representative of other types of state or federally financed units, just HUD project based subsidized units). This represents 41% of the City's total subsidized housing stock targeted to those with the lowest incomes and the greatest need for housing assistance. These units represent 95% of the City's Section 8 contracted properties. The 12-unit housing development, Star Thistle, is the only remaining HUD-financed property within the City. The City does not anticipate the further loss of affordable housing units due to expiring Section 8 contracts or for other reasons. The remaining balance of units required to be affordable through state and federal obligations are detailed in **Table 31** and **Table 32** above.

According to data provided by the Housing Authority of Jackson County, there are a total of 292 households that hold Section 8 vouchers and 380 households on the waitlist for Section 8 vouchers in the City of Ashland. There are 163 subsidized project-based units within the City of Ashland. The Housing Authority of Jackson County's Public Housing Authority plan goals are consistent with the City of Ashland's Consolidated Plan goals.

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

Currently, providers of affordable housing units within the City of Ashland report that they must maintain waiting lists because there are not generally readily available units. The Housing Authority of Jackson County reports that the Section 8 waitlist for the City of Ashland comprises 380 households. HAJC reports seeing an increased need for housing over the 60% AMI threshold. More and more people are being denied affordable housing for being over income, for traditionally financed affordable housing, but are still not earning enough to afford market rate rents. At the same time there continues to be a large portion of the population who are needing assistance with rents in deed restricted affordable units. And lastly, many voucher holders are unable to find and secure affordable rental housing due to high rents and low vacancy rates. Based on feedback from the community and from affordable housing providers, it is an obvious conclusion that the number and price point of housing units does not meet the needs of the population at nearly every level of income, except those who are earning more than 100% of the Area median income.

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

Affordable housing providers and a multitude of other sources cite the need for regulated affordable housing units, housing units affordable to those with the lowest incomes, with moderate incomes, and with "middle incomes" (above 60% but below 100% of the AMI) and housing units which are accessible and allow for households to age in place, or that provide on-site supportive services.

### **Discussion**

The City continues to have a need for all types of housing targeted to all income levels, rental and ownership housing types, for low-income, moderate-income, and middle-income households. The City is

expecting the development several new affordable housing units to be developed within the next five-year period. However, the City of Ashland continues to face challenges to meet the demand for affordable housing.

### **2023 Housing Production Strategy**

In 2023, with a grant from the Department of Land Conservation, the City was able to hire a consultant, EcoNorthwest, to develop strategies and identify actions to encourage and support the development of needed housing types. Through this process the City developed four initiatives and 12 actions that address key housing needs in the city, focusing on outcomes of implementing the actions. The initiatives comprise a set of potential city-led strategies, funding sources, and potential partnerships with other entities that help to achieve an overarching goal. By bundling strategies and funding sources, the City acknowledges that several strategies and partnerships are necessary to achieve the City's housing goals.

- Encourage development of low- and moderate-income affordable rental housing. This initiative seeks to increase the housing options for unregulated rental households earning between 60% and 120% of MFI (\$43,900 to \$87,700).
  - Evaluate participating in or establishing a land bank.
  - Disallow SFD in High Density R-3 Zone
  - Evaluate increasing allowances for residential dwellings in commercial and employment zones
  - Increase development capacity of MFR dwellings through changes to the Land Use Ordinance
  - Implement the Multiple Unit Property Tax Exemption (MUPTEx) to support multifamily or affordable housing
- Increase opportunities for affordable homeownership. This initiative seeks to increase the housing options for homeownership for households earning less than 120% of MFI (less than \$87,700).
  - Evaluate opportunities to participate in a land trust.
  - Maintain quality and support preservation of existing manufactured home parks
  - Evaluate opportunities to improve energy efficiency and reduce GHG emissions during housing development
- Encourage development of income-restricted affordable housing units. There are limited options available in Ashland that are affordable to households with income of less than 60% of MFI (\$43,900). This initiative supports development of housing affordable in this income group.
  - Work with partners to support development of additional permanent supportive housing
- Preserve existing of low- and moderate-income affordable housing. This initiative seeks to increase the housing options for households earning less than 120% of MFI (less than \$87,700).
  - Preserve and improve existing low-cost, unregulated, rental housing
  - Host educational events with the Housing and Human Services Advisory Committee or other organizations

- Develop an equitable housing plan

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

### Introduction

According to the 2023 American Community Survey, there are a total of 11,499 residential housing units in the City of Ashland. Of the total housing units, 59.3% are 1-unit detached, 13.1% are 1-unit attached, 10.4% are 2-4 units, 7.4% are 5-19 units, 8.3% are 20 or more units, and the remaining 1.5% 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 ACS data. Due to the nature of the last ten years in the housing market, there have been changes in housing pricing and rent that are not fully shown here but will be discussed at the end of this section.

### Cost of Housing

	Base Year: 2009	Most Recent Year: 2017	% Change
Median Home Value	393,300	392,000	(0%)
Median Contract Rent	695	919	32%

Table 28 – Cost of Housing

Data Source: 2000 Census (Base Year), 2013-2017 ACS (Most Recent Year)

Rent Paid	Number	%
Less than \$500	554	12.4%
\$500-999	2,095	47.0%
\$1,000-1,499	1,080	24.2%
\$1,500-1,999	555	12.4%
\$2,000 or more	175	3.9%
<b>Total</b>	<b>4,459</b>	<b>100.0%</b>

Table 29 - Rent Paid

Data Source: 2013-2017 ACS

### Housing Affordability

Number of Units affordable to Households earning	Renter	Owner
30% HAMFI	80	No Data
50% HAMFI	305	240
80% HAMFI	1,700	255
100% HAMFI	No Data	319
<b>Total</b>	<b>2,085</b>	<b>814</b>

Table 30 – Housing Affordability

Data Source: 2013-2017 CHAS

## Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	946	1062	1396	1967	2357
High HOME Rent	946	1050	1262	1450	1598
Low HOME Rent	768	823	988	1141	1273

**Table 31 – Monthly Rent**

Data Source: HUD FMR and HOME Rents

### Is there sufficient housing for households at all income levels?

Ashland lacks sufficient rental housing for households at all but the highest income levels, and rental and ownership housing for households earning between 30%-100% of Area Median Income (or between \$31,000 and \$88,000 a year for a family of four). According to the 2019-2023 American Community Survey estimates, the median home value in Ashland is \$573,700. The median household income for Ashland according to ACS estimates was \$71,782. By contrast, the median home value in Medford, just 19 miles to the north of Ashland, was \$376,200. These numbers make it easier to illustrate the reality of housing market in the valley and its impact on the choices valley residents make in choosing where to purchase housing.

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

Both the cost of owner-occupied homes and rentals have become more expensive in the City of Ashland. Since the drafting of the last Consolidated Plan. According to ACS data, the median owner-occupied home value increased by 18%, from \$321,200 (2011-2013 ACS) to \$392,000 (2013-2017 ACS) and 31.6% to \$573,700 (2019-2023) for a total increase of nearly 50% in the last decade. The 2011-2013 ACS reported median rent at \$923, increasing to \$1056 in 2013-2017 ACS estimates to \$1,367 in 2019-2023. Because of these increases in both rent and home values, affordability is decreasing for many Ashland residents and housing cost burden for both homeowners and renters is increasing. Current market conditions do not see housing prices coming down in the near future. Interest rates increased after the pandemic and shortages of building supplies and workers in that same period drove up the cost of construction, while severely constrained markets and the lack of upward mobility drove demand for an already overburdened rental market.

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

Home and Home Fair Market rents in the City of Ashland are significantly less than the area median rent reported in 2019-2023 ACS five-year estimates for all unit sizes. This shows that there is a significant need for more affordable housing units at all income levels and bedroom sizes. As rents increase those on fixed incomes like the will become increasingly cost burdened.

## **Discussion**

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

The 2019-2023 ACS shows that the median household income in the City of Ashland is \$71,782. According to HUD definitions, 44.2% of owners are cost-burdened in the City of Ashland, while 55% of renters are cost-burdened.

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

### Introduction

The 2019-2023 ACS estimates that out of all occupied housing units, (11,499 units) 78.4% were built before 2000, and these homes are more likely to require repairs in order to provide safe and decent affordable housing. In order to assess the quality of the housing inventory and easily determine the homes in which the quality of living and housing is considered substandard, ACS reports “selected conditions.” According to ACS, selected conditions for owner- and renter-occupied housing units are as follows: (1) lacking complete plumbing facilities, (2) lacking complete kitchen facilities, (3) with 1.01 or more occupants per room, (4) selected monthly owner costs as a percentage of household income greater than 30%, and (5) gross rent as a percentage of household income greater than 30%. According to ACS, 31% of owner-occupied and 52% of renter-occupied units have one selected condition. Additionally, 5% of renter-occupied units have two selected conditions.

The majority of units built before 1980 are at risk for lead-based paint hazard. 2,790 owner-occupied units (53%) were at risk of lead-based paint hazard, 475 (9%) of which have children present. 2,475 renter-occupied units (56%) were at risk of lead-based paint hazard, 95 (2%) of which have children present.

### Describe the jurisdiction's definition of "standard condition" and "substandard condition but suitable for rehabilitation":

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

### Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	1,620	31%	2,335	52%
With two selected Conditions	0	0%	220	5%
With three selected Conditions	0	0%	4	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	3,640	69%	1,895	42%
<b>Total</b>	<b>5,260</b>	<b>100%</b>	<b>4,454</b>	<b>99%</b>

**Table 32 - Condition of Units**

Data Source: 2013-2017 ACS

**Year Unit Built**

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	970	18%	655	15%
1980-1999	1,500	29%	1,325	30%
1950-1979	1,765	34%	1,530	34%
Before 1950	1,025	19%	945	21%
<b>Total</b>	<b>5,260</b>	<b>100%</b>	<b>4,455</b>	<b>100%</b>

**Table 33 – Year Unit Built**

Data Source: 2013-2017 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	2,790	53%	2,475	56%
Housing Units build before 1980 with children present	475	9%	95	2%

**Table 34 – Risk of Lead-Based Paint**

Data Source: 2013-2017 ACS (Total Units) 2013-2017 CHAS (Units with Children present)

**Vacant Units**

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

**Table 35 - Vacant Units**

**Need for Owner and Rental Rehabilitation**

Many of the City of Ashland’s renter-occupied units have at least one selected condition at 52%, while 31% of owner-occupied units have at least one selected condition defined by the ACS. There are 1,620 owners and 2,335 renters in total that have at least one selected condition. Age is also a significant factor in housing conditions and rehabilitation necessity. As units age, maintenance becomes more expensive. This will place more burden on homeowners and could pose more challenges to tenants whose landlords are unable to make immediate repairs.

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

Lead-based paint exposure is a major environmental health hazard, and many homes built before 1978 were painted with lead-based paint. Thus, the majority of units built before 1980 are at risk for lead based paint hazard. Although a hazard for all people, lead exposure is especially hazardous for children and can result in behavioral and learning problems, lower IQ, slowed growth, hearing problems, and anemia. Low- and moderate-income families are more likely to live in older and less-maintained housing units, increasing their likelihood of lead exposure. A total of 2,790 owner-occupied units (53%) were at risk of lead-based paint hazard, 9% that have children present. 2,475 renter-occupied units (56%) were at risk of lead-based paint hazard, 2% that have children present.

### **Discussion**

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

### Introduction

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

### Totals Number of Units

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

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

**Table 36 – Total Number of Units by Program Type**

Data Source: PIC (PIH Information Center)

**Describe the supply of public housing developments:** Not Applicable.

**Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:** Not Applicable.

**Public Housing Condition**

Public Housing Development	Average Inspection Score

**Table 37 - 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.

**Discussion:**

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

### **Introduction**

The Ashland City Council recognizes homelessness as a critical issue in our community. We're actively working with partners to reduce hardships that lead to homelessness and increase access to affordable housing for our residents and families with children who are unsheltered or at-risk of becoming homeless. We're taking a collaborative approach and adapting multiple best practices to fit our community. In 2023, the City of Ashland acquired a property at 2200 Ashland St. to provide homeless shelter and related services, and to have a space to open a severe weather shelter when needed. Over the years the City has partnered with several non-profit organizations to provide needed shelter oversight, for both short term inclement weather shelters and longer term every night low barrier shelters. Community partners have included OHRA, Rogue Retreat, and Southern Oregon Jobs with Justice. The City has utilized State, local, and during the pandemic, federal funding to support these efforts. Currently, the Fire Code restrictions on the 2200 Ashland St property will not permit us to operate the shelter for more than 90 days in 2025. In November 2024, Council voted unanimously to leverage CDBG (Community Development Building Grant) funds to upgrade the 2200 Ashland St property to make it usable year-round for a severe weather shelter. The number of shelter and housing units for homeless households provided in Housing Inventory Chart, with the exception of the OHRA Center Shelter and the Parker House Shelter, are physically located outside of the City of Ashland but within Jackson County and all programs/beds are available to serve the homeless households within Ashland.

The City of Ashland Housing Program administers three sources of funding: Affordable Housing Trust Fund, Social Service Grant Funds, Community Development Block Grant (CDBG) funds. These funding sources can be utilized to provide resources to assist area non-profit agencies in providing a range of services and housing activities to support the continuum of housing needs, from emergency shelter, case management and navigation services, to funding to support essential services for homeless populations.

The City provides funding to support a variety of shelter and housing-focused services from a variety of service providers in Ashland and across the Jackson County region, including Opportunities for Housing Resources & Assistance (OHRA), Community Works, St. Vincent DuPaul and Maslow Project.

**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)	112		163	298	
Households with Only Adults	255		128	183	
Chronically Homeless Households					
Veterans		25	13	70	
Unaccompanied Youth	19		27		

**Table 38 - Facilities and Housing Targeted to Homeless Households**

## **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 Advisory Committee in 2013, which assesses and makes recommendations to the City Council to address the continuum of housing and human services needs within the City using general fund moneys. Assante Ashland Community Hospital and Rogue Community Health, and La Clinica offer healthcare services including mental health services. The Ashland Emergency Food Bank, Ashland Food Angels, Rogue Food Unites, Peace House, and Southern Oregon Jobs with Justice all provide food, hot meals, and other resources to both housed and unhoused populations.

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

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

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

### **Services for Homeless Veterans**

- ***Southern Oregon Rehabilitation Center and Clinics (SORCC):*** The SORCC offers a wide variety of services for homeless veteran populations including housing, physical and mental health services, and financial and housing assistance.
- ***Columbia Care-Supportive Services for Veteran Families (SSVF):*** The SSVF program provides supportive services for low-income veterans and their families residing in or transitioning to permanent housing. The program is designed to increase housing stability and reduce the incidence of homelessness among the veteran populations. The SSVF program provides case management services, financial assistance for housing stabilization, housing placement services,

and assistance with obtaining other public benefits and services including those benefits and services offered through the Department of Veterans Affairs. Columbia Care also offers the Grant per Diem program, HUD-VASH program and provides rental assistance and case management to veterans in addition to the SSVF program.

- **Easter Seals Homeless Veterans Reintegration Program (HVRP):** The HVRP program provides employment support services that assist homeless veterans in reintegrating into the community.
- **Rogue Valley Veteran and Community Outreach (RVVCO):** RVVCO provides housing and case management services for homeless and transitioning veterans.

## **Housing and services for Homeless and Chronically Homeless Populations**

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

**Opportunities for Housing Resources and Assistance (OHRA):** OHRA operates a low-barrier, non-congregate, shelter, a laundry shower trailer and a drop-in resource center with navigation services and access to resources from community partners.

**Parker House:** Offers transitional housing and case management for single women with children.

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

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

- **Maslow:** Maslow Project is funded partially from McKinney Vento funds to address issues of homelessness in school-age children and their families. Maslow provides a number of services including school-based and community outreach, case management, school supplies, and other resources to meet basic needs including housing resources and stabilization. Maslow also offers counseling and advocacy. Since 2012, the City of Ashland has awarded CDBG grant funds to the Maslow project to support a part-time, school-based advocate.
- **Community Works –Transitional Living Program:** The transitional living program (TLP) serves youth between the ages of sixteen and twenty-two to work towards independent living in the community. The transitional living program offers case management, mental and physical health services, educational and vocational services, and housing assistance funded in part by the Continuum of Care grant program.
- **Hearts with a Mission:** Hearts with a Mission (HWAM) is Jackson County’s only shelter serving homeless and at-risk youth. HWAM offers emergency shelter for up to 72 hours for youth between the ages of ten and seventeen and up to 120 days with parental or guardian consent. HWAM offers case management, individual and family counseling, education, life skills and vocational resources, and transition planning services.

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

### Introduction

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

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

### Facilities and Services for the Elderly and the Frail and Elderly

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

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

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

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

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

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

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

The City of Ashland has a local self-sufficiency office for the Oregon Department of Human Services (DHS), Children, Adults and Families Division. DHS provides many services including food benefits, health coverage assistance, cash assistance, and senior services. Additionally, the City of Ashland established the Housing and Human Services Advisory Committee in 2013, which assesses and makes recommendations to the City Council to address the continuum of housing and human services needs within the City using general fund moneys. Ashland, like many communities, has a severe lack of supportive housing options for people experiencing mental or physical health barriers. Housing units built or remodeled with the intention of providing accessibility features or incorporating universal design are becoming more prevalent throughout the community but are still not accessible or available at the levels or in price ranges needed to meet the growing demand of a community with an aging

population. Similarly, housing with supportive services for people experiencing severe persistent mental illness (SPMI) is a resource that has long been identified as a crucial need in the community, leaving many SPMI individuals facing homelessness due to the lack of this needed resource in the community

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

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

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

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

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

### **Negative Effects of Public Policies on Affordable Housing and Residential Investment**

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

### **Negative Effects of Public Policies on Affordable Housing and Residential Investment**

#### **1. Lack of affordable single-family housing types.**

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

#### **2. Small inventory of multifamily housing.**

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

#### **3. Lack of investment**

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

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

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



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

### Introduction

### Economic Development Market Analysis

### Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	180	47	3	1	-2
Arts, Entertainment, Accommodations	1,632	2,940	25	36	11
Construction	226	168	3	2	-1
Education and Health Care Services	1,295	1,294	20	16	-4
Finance, Insurance, and Real Estate	294	247	5	3	-1
Information	194	280	3	3	0
Manufacturing	324	459	5	6	1
Other Services	326	417	5	5	0
Professional, Scientific, Management Services	417	392	6	5	-2
Public Administration	0	0	0	0	0
Retail Trade	1,040	1,475	16	18	2
Transportation and Warehousing	119	60	2	1	-1
Wholesale Trade	195	189	3	2	-1
Total	6,242	7,968	--	--	--

**Table 39 - Business Activity**

Data Source: 2013-2017 ACS (Workers), 2017 Longitudinal Employer-Household Dynamics (Jobs)

## Labor Force

Total Population in the Civilian Labor Force	10,525
Civilian Employed Population 16 years and over	9,930
Unemployment Rate	5.61
Unemployment Rate for Ages 16-24	15.79
Unemployment Rate for Ages 25-65	3.63

**Table 40 - Labor Force**

Data Source: 2013-2017 ACS

Occupations by Sector	Number of People
Management, business and financial	2,930
Farming, fisheries and forestry occupations	335
Service	1,253
Sales and office	2,075
Construction, extraction, maintenance and repair	705
Production, transportation and material moving	245

**Table 41 – Occupations by Sector**

Data Source: 2013-2017 ACS

## Travel Time

Travel Time	Number	Percentage
< 30 Minutes	6,635	80%
30-59 Minutes	1,400	17%
60 or More Minutes	300	4%
<b>Total</b>	<b>8,335</b>	<b>100%</b>

**Table 42 - Travel Time**

Data Source: 2013-2017 ACS

## Education:

### Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	185	0	100

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
High school graduate (includes equivalency)	805	90	315
Some college or Associate's degree	2,065	105	900
Bachelor's degree or higher	4,470	185	1,255

**Table 43 - Educational Attainment by Employment Status**

Data Source: 2013-2017 ACS

### Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade					
9th to 12th grade, no diploma					
High school graduate, GED, or alternative					
Some college, no degree					
Associate's degree					
Bachelor's degree					
Graduate or professional degree					

**Table 44 - Educational Attainment by Age**

Data Source: 2013-2017 ACS

### Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	22,915
High school graduate (includes equivalency)	26,505
Some college or Associate's degree	24,355
Bachelor's degree	26,525
Graduate or professional degree	52,645

**Table 45 – Median Earnings in the Past 12 Months**

Data Source: 2013-2017 ACS

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

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

**Describe the workforce and infrastructure needs of the business community: Describe the workforce and infrastructure needs of the business community:**

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

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

According to the City of Ashland's 2021-2040 Housing Capacity Analysis, Ashland's UGB is forecast to grow from 21,936 people in 2021 to 23,627 people in 2041, an increase of 1,691 people. The population is expected to grow at an average annual growth rate of 0.37%. To accommodate the city's forecasted population growth of 1,691 people, Ashland needs to plan for 858 new dwelling units between 2021 and 2041. About 300 units of new housing will be single-family detached (35%); 86 units of new housing will be single-family attached (10%); 172 units of new housing will be duplexes, triplexes, or quadplexes (20%); and about 300 units will be multifamily housing with five or more units per structure (35%).

Ashland's median household income was \$50,613, in line with the County's median household income of \$50,851. Approximately 26% of Ashland's households earn less than \$25,000 per year, compared to 24% in Jackson County and 20% in Oregon. About 46% of Ashland's households were cost burdened, compared to the countywide average of 39%. About 63% of Ashland's renters are cost burdened and about 31% of homeowners were cost burdened. As pointed out previously, housing prices are increasing faster than incomes in Ashland and Jackson County, which is consistent with state and national challenges. The existing housing challenges were exacerbated by the Almeda fire, which burned from north Ashland to just south of Medford, destroying about 2,549 dwellings in September 2020. These losses increased the regional need for affordable housing and overall pressure on the Ashland housing market.

Demographic and economic trends will drive demand for affordable and diverse housing in Ashland. Key demographic and economic trends affecting Ashland's future housing needs are the aging of the baby boomers, the aging of the millennials and Generation Z, and the continued growth in Hispanic and Latino population. Baby boomers are expected to remain in their homes as long as possible but demand

for specialized senior housing, such as age-restricted housing or continuum of care housing, may grow in Ashland. The ability to attract millennials and Generation Z will depend on the City's availability of renter- and ownership-housing large enough to accommodate families while still being relatively affordable, as homeownership decline among Millennials and Generation Z may have more to do with financial barriers rather than the preference to rent. Traditionally Ashland's economy has been primarily based on tourism and service sector industries. These jobs tend to be entry level, or less than full time employment, and are sometimes seasonal.

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

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

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

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

***Rogue Community College Workforce Training Program:*** RCC Workforce Training provides responsive, career-focused training for southern Oregon's citizens and businesses in order to develop a more

productive workforce to drive the region's economic engine and improve the quality of life among residents. Career-Focused Training includes customized training, commercial truck driving, landscape technology, short-term skills training, and apprenticeships.

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

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

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

The City Council adopted an Economic Development Strategy in 2011, and is currently in the process of developing a new economic development strategy. Previous economic development strategies included objectives such as, diversification of the economic base of the community, supporting the creation and growth of businesses and non-profit/public sector organizations that use and provide local and regional products, increasing the number of family-wage jobs in the community, and leveraging the strengths of Ashland's tourism and repeat visitors.

The City of Ashland collects a Transient Occupancy Tax from people who stay in overnight lodging within City limits. Over half (69%) of those funds are reserved for the City's General Fund and are used to support Police, Fire, Community Development, and Municipal Court. Slightly more than 30% of those funds are used to support the tourism industry, including supporting partnership efforts with Travel Ashland in support marketing to tourists. The remaining funds are dedicated to the City's grant program focused on reinvestment in tourist-related infrastructure and tourism drawing events. For many years the City has utilized this funding to provide economic, cultural and tourism grants, and in more recent years the City has provided grant funding to businesses in Ashland to encourage private investment in renovating and rehabilitating existing lodging and commercial properties within Ashland City limits.

**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 existing economic development plan through priorities such as job creation, increasing the number of family wage jobs (poverty reduction) and through the promotion of job and skills training. Similarly, the City prioritizes the use of CDBG funding to provide housing that is commensurate with the wage scale generated from a tourism based economy promoting both the strength of the tourism industry locally and reducing the transportation

costs both to families and the communities by expanding opportunities for workers to live in the community where they work.

## MA-50 Needs and Market Analysis Discussion

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

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

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

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

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

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

### 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 the % Non-White by Census Tract Map on page 30) which has the largest concentration of low-income households, also contains a large concentration of multi-family properties and is also near to the university.

### Are there any community assets in these areas/neighborhoods?

Not Applicable.

**Are there other strategic opportunities in any of these areas?**

Not Applicable.

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

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

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

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

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

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

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

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

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

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

# Strategic Plan

## SP-05 Overview

### Strategic Plan Overview

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

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

### **Geographic Area**

**Table 46 - Geographic Priority Areas**

#### **General Allocation Priorities**

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) As mentioned elsewhere in this document, the City of Ashland is geographically small in area relative to other entitlement jurisdictions; consequently, the City does not prioritize funds to geographically specific areas within the City.

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

### Priority Needs

Priority Needs:			
Sort*	Need Name	Priority Level	Action
1	Housing Goals	High	View
2	Homeless Goals	High	View
3	Special Needs	Low	View
4	Public Infrastructure	Low	View
5	Economic Development Goals	Low	View

**Table 47 – Priority Needs Summary  
Narrative (Optional)**

The strategies identified in the City’s Consolidated Plan are based on conclusions drawn from the Needs Assessment and the Market Analysis sections of this Consolidated Plan and are informed by the community and provider outreach. 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 these populations presumed income restraints.

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

### Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	Not applicable in Ashland
TBRA for Non-Homeless Special Needs	Not applicable in Ashland
New Unit Production	This year the City is expecting to add between four and ten new units of affordable, the use of CDBG funds will be minimal or non-existent in these developments due to the added time and cost of meeting NEPA, Davis bacon, and public contracting requirements as well as a lack of funding.
Rehabilitation	Rehabilitation continues to be a viable use of CDBG funding for owner-occupied, single-family units as the City’s existing housing stock tends to be older and more affordable/occupied by low- to moderate-income households.
Acquisition, including preservation	Acquisition and preservation activities tend to be minimal as all affordable multi-family housing stock is either already owned and managed by affordable housing providers or is in high demand due to high rents in the area.

**Table 48 – 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 Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
	CDBG	Acquisition Admin and Planning Housing Public Facilities Improvements Public Services	162,639	0	112,000		813,195	

Table 49 - 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 publicly owned land or property located within the jurisdiction that may be used to address the needs identified in the plan**

Not applicable

**Discussion**

## 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.

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

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

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

**Table 50 - Institutional Delivery Structure**

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

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

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

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
<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		
Mobile Clinics	X	X	
Other Street Outreach Services			
<b>Supportive Services</b>			
Alcohol & Drug Abuse			
Child Care	X		
Education	X		
Employment and Employment Training	X	X	
Healthcare	X	X	
HIV/AIDS	X		
Life Skills			
Mental Health Counseling	X	X	
Transportation	X	X	
<b>Other</b>			
Other			

**Table 51 - Homeless Prevention Services Summary**

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

The institutional delivery system identified to carry out the goals and strategies identified in the 2025-2029 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. Similarly, the City of Ashland and many of its local providers of services have a strong and committed volunteer base which evaporated during the pandemic but is building up again. However, there are still several barriers to effectively serving homeless populations.

**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 any other time in its history there are still several gaps in services. Namely a lack of emergency shelter beds, and transitional and permanent supportive housing units to meet the level of need that exists in Ashland and in the County. In Ashland and throughout the County there is a critical need for emergency and long-term housing interventions and support such as funding to provide rental assistance, eviction prevention, security deposit assistance, and assistance with moving costs, housing navigation services and ongoing case management. Emergency hotel vouchers, which were more available during the pandemic, are still needed to address emergent short-term housing needs. Similarly, there continues to be a need for supportive services such as on-going case management, advocacy for homeless and special needs populations, assistance with transportation costs and basic needs such as food insecurity.

Some of the strengths of the existing service delivery system, reiterated from the paragraph above, include a strong dedicated volunteer base, good working relationships and partnerships with agencies and organizations that provide services to homeless and special needs populations. Lastly, Ashland has several organizations that serve special needs populations.

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

Opportunities for Housing Resources and Assistance has grown significantly since that organization was first established in 2012. The City of Ashland and OHRA have worked closely together and over the years the City has provided financial support through direct funding, of Social Service grants, affordable housing trust funds and CDBG funding. OHRA provides a wide variety of resources including essential services such as computer access and vital document replacement, resource referrals, employment and housing supports, a shower facility with laundry and bathroom access, and a space for service providers who do not currently have locations within the City to meet with clients locally. OHRA owns and manages a comprehensive shelter program which includes case management and housing navigation. City of Ashland residents can also access available services, programs, and funds through ACCESS, Inc. the regional CAP agency that serves Jackson and Josephine Counties. Similarly, many non-

profit agencies that provide housing or support services for homeless populations are eligible to apply for funds through Oregon Housing and Community Services or through the Jackson County Continuum of Care.

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

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

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

**Goals Summary Information**

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Housing Goals	2025	2030	Affordable Housing				Rental units constructed: 15 Household Housing Unit  Homeowner Housing Rehabilitated: 15 Household Housing Unit
2	Homeless Goals	2025	2030	Homeless				Public service activities other than Low/Moderate Income Housing Benefit: 100 Persons Assisted  Public service activities for Low/Moderate Income Housing Benefit: 50 Households Assisted  Homeless Person Overnight Shelter: 50 Persons Assisted  Overnight/Emergency Shelter/Transitional Housing Beds added: 50 Beds  Homelessness Prevention: 50 Persons Assisted  Housing for Homeless added: 5 Household Housing Unit

3	Special Needs Goal	2025	2030	Non-Homeless Special Needs				<p>Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 100 Persons Assisted</p> <p>Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 5 Households Assisted</p> <p>Public service activities other than Low/Moderate Income Housing Benefit: 25 Persons Assisted</p>
4	Public Infrastructure Goals:	2025	2030	Non-Housing Community Development				<p>Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 100 Persons Assisted</p> <p>Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 5 Households Assisted</p>

5	Economic Development Goals:	2025	2030	Non-Homeless Special Needs Non-Housing Community Development				Public service activities other than Low/Moderate Income Housing Benefit: 5 Persons Assisted  Jobs created/retained: 5 Jobs
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Table 52 – Goals Summary

**Goal Descriptions**

1	<b>Goal Name</b>	Housing Goals
	<b>Goal Description</b>	Access to Housing units that are affordable and suitable to low-, and moderate-income and special needs households continues to be a priority identified through the consolidated planning process. Consequently, the City is continuing to identify the goal of developing and maintaining affordable housing as the highest priority use of CDBG funds. Furthermore, in recognition of the City’s aging population the City would has also included the priority of funding to projects and activities which provide and/or incentivize remodeling and rehabilitation to new and existing owner and rental properties that promote ADA accessibility, architectural barrier removal and other modifications and improvements that increase the supply of housing suitable for all ages and abilities. Encourage projects that promote Accessibility/lifelong livability. The City of Ashland has adopted a Climate Energy Action Plan (CEAP), which, among other things, seeks to expand participation in energy efficiency programs and promote climate-friendly practices in building and construction. In consideration of the policies contained in CEAP, housing projects supported with Community Development Block Grant Funding will be assessed for consistency with the policies contained in that document. The City will strongly encourage projects that promote CEAP goals through funding prioritization.

<b>2</b>	<b>Goal Name</b>	Homeless Goals
	<b>Goal Description</b>	The City has been making headway with providing resources and services to assist those populations experiencing housing instability and homelessness. Goals set in the 2020-2024 Consolidated Plan were met and exceeded each program year, yet the issues and problems of homelessness continue to persist within the community. The City, partner agencies, and community volunteers have made huge strides in creating more resources and better access to existing resources for homeless and at-risk populations, but these efforts must be continued and expanded in order to meet the continuing need. Consequently, the City is continuing the high priority designation of activities which provide resources or services to homeless populations.
<b>3</b>	<b>Goal Name</b>	Special Needs Goal
	<b>Goal Description</b>	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.
<b>4</b>	<b>Goal Name</b>	Public Infrastructure Goals:
	<b>Goal Description</b>	Citizen Input identified the need for transportation options. The City of Ashland values multi-modal transportation options and continues to prioritize activities which improve safety and access of public infrastructure for all Ashland residents.
<b>5</b>	<b>Goal Name</b>	Economic Development Goals:
	<b>Goal Description</b>	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 does not receive funding from the HOME program.

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

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

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

### **Activities to Increase Resident Involvements**

Not Applicable

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

No

### **Plan to remove the ‘troubled’ designation**

Not Applicable

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

### **Barriers to Affordable Housing**

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

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

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

Some of the barriers to affordable housing identified previously, also serve as barriers to addressing impediments to fair housing choice. Primarily the lack of multi-family inventory which tends to concentrate low-income and/or minority populations in the areas of town which contain the largest supply of multi-family and rental housing, which also happens to be the census block groups near the university. The City is committed to following HUD guidance regarding fair housing implementation. The City also regularly contracts with the Fair Housing Council of Oregon to provide ongoing fair housing education, outreach, and training to citizens, elected and appointed officials and other populations as identified.

Education and Outreach is a significant role of the Housing and Human Services Advisory Committee and such activities often have the benefit of not just disseminating information, but collecting information as well. Such a dialogue within the City facilitates an awareness of the barriers to affordable housing and highlights mechanisms available to address such barriers. In the last few years, the Housing and Human Services Advisory Committee has undertaken several activities, which addressed some aspects of this goal. These activities include hosting housing and community resource fairs, and conducting extensive community engagement activities to gain a better understanding of the gaps and needs of various populations within the Ashland Community. The HHSAC works to identify strategies for addressing the ongoing affordable housing crisis in Ashland.

### **Housing and Human Services Advisory Committee**

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 enhance 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 Advisory Committee, in recognition that housing issues and human service issues are often intertwined. The Housing and Human Services Advisory Committee 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.

### **Land Use Regulations**

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

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

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

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

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

The Jackson County Continuum of Care (CoC) is the coordinating body for planning and coordinating homeless activities throughout Jackson County. Access is the lead agency for the HMIS system and the Continuum of Care grant application process. 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. In 2024 the CoC adopted an updated board charter, and in 2025 the CoC board adopted a new strategic plan.

Several members of the CoC board and the CoC general membership conduct outreach to homeless populations and populations at risk of homelessness as a regular part of the programs and services they offer. The CoC board also conducts the annual Point in Time Count, which is another way to gather information about the needs of homeless individuals and families.

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

The City has prioritized the use of CDBG funds to support activities which promote the transition from homelessness to housing stability in a variety of ways including; providing more affordable housing to alleviate housing cost burden which can lead to housing instability. The provision of services such as employment supports and life skills training to promote employment opportunities and to help ease the transition from homelessness to stably housed for chronically homeless populations or populations with special needs and/or mental illness are also a priority for CDBG funding. Within the community, Ashland provides funding through the general fund to OHRA, which offers employment supports, laundry shower services, and housing navigation as well as providing space for partner organizations to meet with clients, both Maslow Project and St. Vincent De Paul, who are both CDBG grantees, work with OHRA to streamline services to homeless and at-risk populations. In recent years, OHRA has partnered with La Clinica, to open a small clinic in the shelter building to better provide mental and physical health care access to residents of the shelter as well as community members who come to the OHRA Resource Center for resources and services.

### **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**

It is a priority of the CoC board to ensure that discharge planning for those transitioning back into the community is taking place in the community. To this end the Jackson County Continuum of Care board has representation from law enforcement, mental health institutions, health service providers, and the Department of Human Services. There are new resources within the community, in terms of programming, funding and capacity, to accomplish these goals. More robust programming around rapid rehousing and connecting homeless and individuals transitioning from institutions with resources to address substance use disorder and co-occurring disorders. 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 10,373 total housing units in the City of Ashland 68% (7,000) were built prior to 1980. The 1999 national survey found that 67% of housing built before 1940 had significant LBP hazards. This declined to 51% of houses built between 1940 and 1959, 10% of houses built between 1960 and 1977 and just 1% after that. Based on those estimates, over 3,300 homes pose potential lead-based paint hazards in Ashland. However, the Clickner study also noted that there were regional differences in the probability of a hazard; the risk was more prevalent on the east coast (43%) than on the west coast (19%).

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

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

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

<b>Date Built</b>	<b>Total Units</b>	<b>Potential Hazards</b>	
		%	Number
Before 1940	1,385	67	928

1940-1959	1,528	51%	779
1960-1979	2,840	10%	284
1980-2000	3,318	1%	33
2000-2004	940	1%	9
After 2005	406	1%	4
Total			2,037

**Table 53 - Potential Lead-Based Paint (LBP) Hazards in Ashland**

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

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

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

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

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

The City works to support and coordinate with community partners toward poverty reduction. The City supports a staff member within the planning department that offers resource referrals to assist residents with a variety of housing and service needs. The City also has its own small affordable housing program,

### **Individual Development Account Programs**

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

### **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 mentioned previously. 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 approximately 250 extremely low-, low- and moderate-income individuals annually, providing over \$100,000 in assistance from our Utility funds. Similarly, the City provides utility discounts to seniors and the disabled, assisting approximately 275 special needs residents providing over \$100,000 to these residents.

## **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 to which the program participant has the administrative capacity to carry out CDBG requirements. Analysis to include assessment of:
  - Experience level of Key staff particularly as it relates to CDBG funded activities
  - Program History including performance indicators
  - Reporting consistency

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

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

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

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

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