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INTRODUCTION

The *City of Medford Consolidated Plan for Housing and Community Development* provides a framework for action to meet the needs of residents of the City, with emphasis on assisting its populations with greatest need. The five-year strategic plan outlines the City's needs, goals and strategies for assisting low- and moderate-income households. The plan also provides the basis for allocating U.S. Department of Housing and Urban Development (HUD) funds under the Community Development Block Grant Program (CDBG). During each year of the five-year plan, the City prepares an Annual Action Plan that outlines the specific program activities to be carried out in meeting the *Medford Consolidated Plan* strategies.

An extensive citizen participation process and an in-depth analysis of community needs provide the basis for the strategies developed under the plan. Key community leaders were interviewed, focus groups of providers were conducted, a survey of neighborhoods was undertaken, neighborhood groups participated in meetings to identify issues, a hearing on needs was held, citizens were given an opportunity to review the draft plan and the Housing and Community Development Commission was engaged throughout the process.

Low- and moderate-income families and individuals (defined as households with incomes at 80% or less of area median income) are the primary beneficiaries of the activities in the plan. There is a wide range of eligible activities under the CDBG Program: included are housing-related activities such as assistance to rehabilitate, acquire, and develop housing for low- and moderate-income households, and assistance for homebuyers. Community development activities include public facilities, public improvements and a variety of neighborhood improvements. Also eligible are economic development activities, planning activities and public services that target the needs of low- and moderate-income households.

HUD annually allocates approximately \$700,000 in CDBG grant funds to assist Medford with these programs. Additional resources from carryover funds and loan repayments raise the amount available for activities to approximately \$80,000 each year. Over the term of the five-year plan, slightly under \$4,000,000 is expected to be available for project activities identified in the Annual Action Plans. Based upon past experience, it is anticipated that essentially all of these CDBG funds will primarily benefit low and moderate income people. In addition to the CDBG Program (which is a direct HUD grant to the City of Medford), HUD provides grant assistance to the State of Oregon that can assist low- and moderate-income persons in Medford. Among these programs are the HOME Investment Partnerships, Housing Opportunities for Persons with AIDS, McKinney-Vento Continuum of Care Grants and Emergency Shelter Grants. Activities under these programs must be consistent with the *Medford Consolidated Plan*.

The Consolidated Plan was prepared by John Epler & Associates, consultant to the City, in close cooperation with the staff of the City Manager's Office, the Medford Housing and Community Development Commission and the City Council.

EXECUTIVE SUMMARY

The *City of Medford 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 households. The plan's development includes a profile of the community and its economy, an assessment of housing and community development needs, and the development of long-range strategies to meet those needs.

COMMUNITY PROFILE

Population

The City has experienced a rate of growth over past decade that exceeds state and national growth rates, adding 35% to its population between 1990-2000. Current estimates place the City's population at approximately 70,000 and growing at a rate of more than 2.5% annually.

In-migration accounts for the overwhelming majority of growth as persons are seeking an improved quality of life in the Rogue Valley and find it a good location for retirement. A reflection of this trend is the increasing age of the Medford population (currently averaging 37 years), furthered by a significant increase of the 45 to 64 year-old population in the 1990s.

Economy and Employment

Consistent with the national economy, the composition of Medford's economy is changing from manufacturing and processing to services emphasis. The timber products industry has given way to the services and retail sectors; and the Rogue Valley Medical Center now has more employees than the Bear Creek Corporation.

Medford unemployment rates in 2004 have hovered in the 6% range, above the national and state average. However, one of the most significant issues facing this community is that jobs added to the labor force have been largely lower wage jobs. As a result, salaries in Medford have not kept pace with inflation.

Household Income

The median household income was \$36,500 in 2000, falling 11% below the state median. Fourteen percent of the City's population lived in poverty in 2000; fully 26% of families with small children lived in poverty. This trend is most prevalent in female head of households with children under 5 years: 64% live in poverty, well above the state average of 47%.

While the median household income increased by 42% from 1990-2000, Medford did not keep pace with the nation. Median incomes for Hispanic households, the community's largest minority group, fell 20% below the City-wide median.

The highest proportions of low- and moderate-income households are found in the central and western areas of the City.

NEEDS ASSESSMENT

Housing

Medford's housing stock is relatively new and increasingly expensive. Only 10% of homes were built before 1940. A survey of housing conditions in selected neighborhoods found that 20% of the surveyed homes were in no better than "fair" condition. Homeownership is 57%, below the county rates of 67% and state rate of 64%.

Homeowner Households

The cost of homeownership is increasing rapidly in Medford. Recent median home sales prices exceeded \$162,750. While less than prices in the county, Medford sales prices have been annually increasing by double-digit percentages in recent years. Twenty-two percent of all homeowners have housing costs that are "unaffordable". A growing gap between incomes and home sales prices will prevent homeownership rates from rising in the near future.

Renter Households

There is a significant gap in affordability and availability of housing for renters in Medford. Almost 50% of all renters have a rental housing cost burden, meaning they are paying more than 30% of their income for rent. A full-time worker with a family of four would need to earn \$18.38 per hour to afford an apartment in Medford rented at the "fair market rent". If the same worker only earned the 2004 Oregon minimum wage of \$7.05 per hour, he or she would need to work 104 hours per week to be able to afford the same apartment.

A disabled person receiving a Supplemental Security Income (SSI) benefit would have to use 100% of the benefit to pay the rent of a one-bedroom apartment.

There is also a lack of available units with affordable rents for the lowest income households: there is just one affordable apartment for every 3 households with incomes of 30% of median income or less. Finally, the waiting list for subsidized housing at the Housing Authority of Jackson County exceeds 1,000 households.

Homeless and Special Needs Populations

Homelessness persists as a significant community problem. An estimated 800 persons are homeless in Jackson County, with most located in Medford. Two-thirds are homeless individuals, many with mental illness and substance abuse problems. The lack of affordable housing causes the initial homelessness for many, and serves

as a barrier for those homeless people who are otherwise prepared to become self-sufficient. Additionally, unemployment, domestic violence, mental illness, and chronic substance abuse are major factors in causing homelessness. To meet these needs, a variety of shelter and services providers in the community coordinate a variety of housing and specialized services. While these resources have proven effective in returning many homeless people to homes and employment, they remain insufficient to effect major reductions in the extent of homelessness.

Community Development Needs

The community development needs of Medford are similar to other communities of its size and regional setting. City infrastructure and facilities are in need of upgrading. The City's Capital Improvements Plan is dominated by needs for water reclamation projects, traffic/street improvements and parks and recreation facilities. Surveys of Medford's low and moderate income neighborhoods have indicated needs for housing rehabilitation and affordability, street and sidewalk improvements, park improvements, and neighborhood cleanups. The Downtown Medford area is undergoing a long-range revitalization effort.

FIVE YEAR STRATEGIC PLAN

The following strategies will guide the community over the next five years to meet the three priorities of expanding workforce housing, revitalizing neighborhoods and assisting the City's low- and moderate-income households to achieve independence and economic opportunity:

AFFORDABLE & WORKFORCE HOUSING

VISION: Medford has an abundant variety of attractive, safe, clean housing choices that suit a range of lifestyles, ages, and income levels without discrimination.

GOAL 1: INCREASE THE AFFORDABILITY OF HOUSING FOR THE CITY'S LOWER-INCOME WORKFORCE AND SPECIAL NEEDS HOUSEHOLDS

STRATEGY 1-1. Improve the quality and long-term affordability of existing rental and/or homeowner housing occupied by lower-income households.

STRATEGY 1-2. Increase the supply of affordable, safe and decent rental and/or homeowner housing for lower-income households.

STRATEGY 1-3. Reduce barriers to affordable housing by developing a Housing Affordability Plan for Medford, which will include planning for alternative modes of transportation and connectivity with public transportation.

STRATEGY 1-4. Expand homeownership opportunities for lower-income households.

STRATEGY 1-5. Affirmatively further Fair Housing choices.

NEIGHBORHOOD REVITALIZATION

VISION: A suitable living environment is a neighborhood characterized by a healthy real estate market, attractive public amenities, a sense of safety and security, and where residents are actively engaged in neighborhood concerns.

GOAL 2: IMPROVE THE QUALITY OF LIFE OF LOWER-INCOME RESIDENTS THROUGH NEIGHBORHOOD REVITALIZATION

STRATEGY 2-1. Preserve and restore existing housing resources in key neighborhoods.

STRATEGY 2-2. Build community through strengthened Neighborhood Councils.

STRATEGY 2-3. Improve the community infrastructure of predominately lower-income neighborhoods.

INDEPENDENCE AND ECONOMIC OPPORTUNITY

VISION: Medford's lower income citizens will receive the services and family wage employment they need to reach their full potential and to improve their quality of life.

GOAL 3: IMPROVE THE ABILITY OF LOWER-INCOME HOUSEHOLDS TO BECOME SELF-SUSTAINING

STRATEGY 3-1. Pursue strategies to improve opportunities of lower-income households to obtain and retain family wage employment.

STRATEGY 3-2. Assist public services agencies to provide safety net services to persons in need.

STRATEGY 3-3. Provide opportunities for homeless persons and those at risk of becoming homeless to achieve self-sufficiency.

FRAMEWORK FOR IMPLEMENTATION

SUMMARY OF CITIZEN PARTICIPATION PLAN

The City of Medford provides citizens and interested parties an opportunity to become involved in the development of the Consolidated Plan, the Annual Action Plans and the City's performance in implementing planned activities. A formal Citizen Participation Plan provides guidance in how citizens may be involved.

The Citizen Participation Plan calls for several steps to inform and provide opportunities for input into the Consolidated Plan and any amendments to it. Citizens are provided information on the amount of assistance that is expected to be available to carry out activities, the range of activities possible, the estimated amount of the Annual Action Plans that is to benefit low and moderate income persons and efforts to minimize displacement or persons if displacement should occur (see Appendix). It also calls for opportunities for citizens to review and comment on the draft Consolidated Plan, conducting at least one hearing during the development of the Plan, and a commitment on the part of the City to consider all comments submitted on the draft Plan.

OUTREACH AND CONSULTATION

Beginning in spring 2004, the City conducted an extensive outreach effort to obtain the views of citizens and stakeholders in the development of the Consolidated Plan. This effort involved several methods.

Input from stakeholders and key community leaders was obtained early in the process. In the spring, key informant interviews of 8 community leaders were conducted in order to focus on key issues facing the community and identify priority areas for future actions. Persons interviewed included the Mayor and several City Council members, as well as representatives from the Housing Authority of Jackson County, the Jackson County United Way and ACCESS, Inc. In addition, more than 20 representatives of private and government agencies as well as housing and services providers were contacted individually for information and data on community needs and priorities.

Focus groups were held in May 2004 with the Jackson County Homeless Task Force and with a broadly-based focus group of housing providers and housing advocates in the county. These meetings were well attended and resulted in a range of needs and priorities being discussed. The housing provider focus group included three breakout groups (rental housing, special needs housing and homeowner housing) to provide detail identifying major gaps and potential actions.

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Presentations on the needs assessment were made at several community meetings, including the McLoughlin neighborhood stakeholders group, the Liberty Park Neighborhood Council, and the Jackson County Homeless Task Force. In addition, a public hearing on needs was conducted in September at which citizens were given information on the performance of the CDBG Program, the amount of funds available, and the type of activities possible under the CDBG Program. The hearing also provided citizens an opportunity to discuss performance and the needs of the community. Finally, in November and early December, presentations on the draft Consolidated Plan were made to the West Medford Community Coalition, the Hispanic Interagency Committee, the City's Citizens Planning Advisory Committee, and the Jackson County Homeless Task Force.

The Medford Housing and Community Development Commission met in September to review the results of the consultation process to identify the primary needs and developed proposed goals and strategies for the plan in October. Citizens were invited to comment on the draft Consolidated Plan, during a thirty day period in November and December.

In December, the Housing and Community Development Commission reviewed the draft plan as well as citizens' comments on the plan. The City Council reviewed the citizen comments and formally adopted the final Consolidated Plan in a public meeting held in December 2004.

INSTITUTIONS & COORDINATION

The City of Medford plans and carries out the strategies of the *Consolidated Plan* through a variety of networked organizations and entities. This institutional framework includes citizens and citizen groups, businesses, non-profit organizations, regional organizations, City departments and the Medford City Council.

Institutional Framework

The strength of the system rests in the close working relationships between the entities and their commitment to constantly improving services and housing for residents of Medford. Working under the policy guidance of the City Council, staff in the Office of the City Manager is responsible for neighborhood and community liaison, on-going planning and management/oversight of funded activities. Key to the planning and on-going management of the Plan is the role of the City of Medford Housing and Community Development Commission, a citizen-based entity formed to serve as the primary advisory group to the City Council on housing and community development issues.

A number of regional consortia provide advice and information in the planning of activities in the region. These include the Jackson County Community Services Consortium (and its subcommittee-the Jackson County Homeless Task Force which is responsible for coordinating the *Continuum of Care Plan*), the Rogue Valley Council of Governments and the Southern Oregon Housing Resource Center Advisory Board. Neighborhood groups provide advice to the City on issues and

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priorities in their communities: the West Medford Community Coalition, the Liberty Park Neighborhood Council, and the newly forming McLoughlin Neighborhood Council. A variety of non-profit organizations provide valuable input into planning activities and many are involved in delivering services and housing. Among these non-profit organizations are the Housing Authority of Jackson County, the Rogue Valley Community Development Corporation, ACCESS Inc., OnTrack, Habitat for Humanity, and Goodwill Industries. Governmental entities such as the Medford Urban Renewal Agency, the State Department of Human Services and the Jackson County Public Health Department also play key roles. Local businesses are contracted to undertake construction or rehabilitation.

Coordination

The City works in close coordination with the Housing Authority of Jackson County (HAJC) to help maintain and expand housing for low- and moderate-income residents of the City. HAJC Board members are appointed by the Jackson County Commissioners. HAJC has utilized funds provided through the Consolidated Plan to repair and improve low-income housing in the City through a homeowner rehabilitation loan program.

A high priority of the City is to improve coordination between the City departments and programs and the community's housing and services providers. The strategic location of staff working on the *Consolidated Plan* and the CDBG Program in the Office of the City Manager, allows for effectively coordinating programs and activities throughout the community. Staff conducts outreach to neighborhood organizations, assisting them in organizing and strengthening their capacity. The City seeks to bolster coordination among the community's housing developers and public housing operators, as well as among private and government health, mental health, and public services providers. The City's Neighborhood Resource Coordinator will continue to participate in the countywide Jackson County Homeless Taskforce, the Southern Oregon Housing Resource Center, the Hispanic Interagency Committee, the Jackson County Community Services Consortium, and the Jackson County Regional Housing Coalition. Coordination with the Jackson County and City of Ashland CDBG Coordinators to develop appropriate cooperative efforts is achieved through a close working relationship.

A major step in further improving coordination was taken in 2002, with the formation of the Medford Housing and Community Development Commission. This nine-member body of citizens has proven to be an effective means of assuring that the housing and community development needs of the community are carefully considered in the decisions of the City.

POLICIES

National

The U. S. Department of Housing and Urban Development (HUD) has established three broad national program goals for the CDBG Program and the Consolidated Plan:

- Decent housing
- A suitable living environment
- Expanded economic opportunities

In addition, HUD has added two areas of emphasis:

- Ending chronic homelessness
- Expanding home ownership

Program activities funded with the CDBG Program must primarily benefit low and moderate income persons (defined as 80% of the median area income of families). Other eligible categories include the elimination of slums and blight, and urgent community needs.

Local

Two primary documents provide a vision and guidance to the community in matters of housing and community development.

The City of Medford in the 21st Century – *Vision Strategic Plan* provides a long range vision to guide community decisions and planning. This plan was adopted by the City Council in October 2002 following an extended community involvement and planning process. It is used as a broad guide for actions to meet the visions outlined in the plan. The overall vision of the plan follows:

“We envision Medford as an outstanding livable community- the financial, medical, tourist, and business hub of Southern Oregon and Northern California. Blending family lifestyles, educational, artistic and cultural resources and a strong sense of environmental stewardship with robust economic activity to create a vibrant place for people to live, work, learn, invest, grow, play, and visit.”

The Council vision for human services and housing activities are detailed in the plan.

- Human Services Vision - All Medford’s citizens receive the services they need to reach their full potential and to improve their quality of life.
- Housing Vision - Medford has an abundant variety of attractive, safe, clean housing choice that suit a range of lifestyles, ages and income levels without discrimination.

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The Housing Element of the City of Medford Comprehensive Plan establishes a framework of goals and policies for decisions and action steps related to land use. The Housing Element contains six broad goals:

1. To enhance the quality of life of all residents of the City of Medford by promoting a distinctive community character and superior residential environment, emphasizing the unique natural setting of the community.
2. To ensure that residential development in the City of Medford is designed to minimize the consumption or degradation of natural resources, promote energy conservation, and reduce the potential effects of natural hazards.
3. To ensure a coordinated balance among the provision of public services, the location of employment centers, and the production of appropriate housing within the City of Medford.
4. To provide equal opportunity for safe, decent, sanitary, and affordable housing for residents of the City of Medford, regardless of age, race, color, religion, mental or physical disability, sex, sexual orientation, marital or family status, or national origin, in conformance with the federal *Fair Housing Act of 1968* and the *Americans with Disabilities Act of 1990*.
5. To ensure opportunity for the provision of adequate housing units in a quality living environment, at types and densities that are commensurate with the financial capabilities of all present and future residents of the City of Medford.
6. To ensure opportunity for the provision of Medford's fair share of the region's needed housing types, and prices, with sufficient buildable land in the City to accommodate the need.

A new Neighborhood Element of the City of Medford Comprehensive Plan is under development in 2004-05.

POPULATION AND ECONOMY

BACKGROUND

Medford, the seat of Jackson County, occupies 23 square miles of the Bear Creek Valley in Southern Oregon. It was established in the early 1880s, as a “Middle Ford” for the new Oregon and California Railroad line, which ran through the center of the Bear Creek Valley. The name was soon shortened to Medford, and the town incorporated in 1885.¹ By 1896 the population grew to 2,000 – miners arrived seeking gold and farmers soon followed.² During the “Pear Boom” between 1900 and 1910, Medford was the third fastest growing City in the United States, nearly quadrupling its population.³

After World War II, demand for housing boosted timber sales and timber soon surpassed agriculture as the area’s biggest industry. However, in the last twenty years, timber harvests have declined as supplies have diminished throughout the entire Pacific Northwest. There has been a shift toward a more service- and retail-oriented economy in recent years. While this has been a national trend, this trend in Medford has also been impacted by the migration of middle- and upper-income retirees from California and the Midwest to Southern Oregon, attracted by the mild climate and the relatively more affordable cost of living,

Figure 1 on the following page shows the 2000 census tracts and block groups in Medford. This will serve as a reference for the maps presented and discussed in subsequent sections of this report.

POPULATION

Population Growth

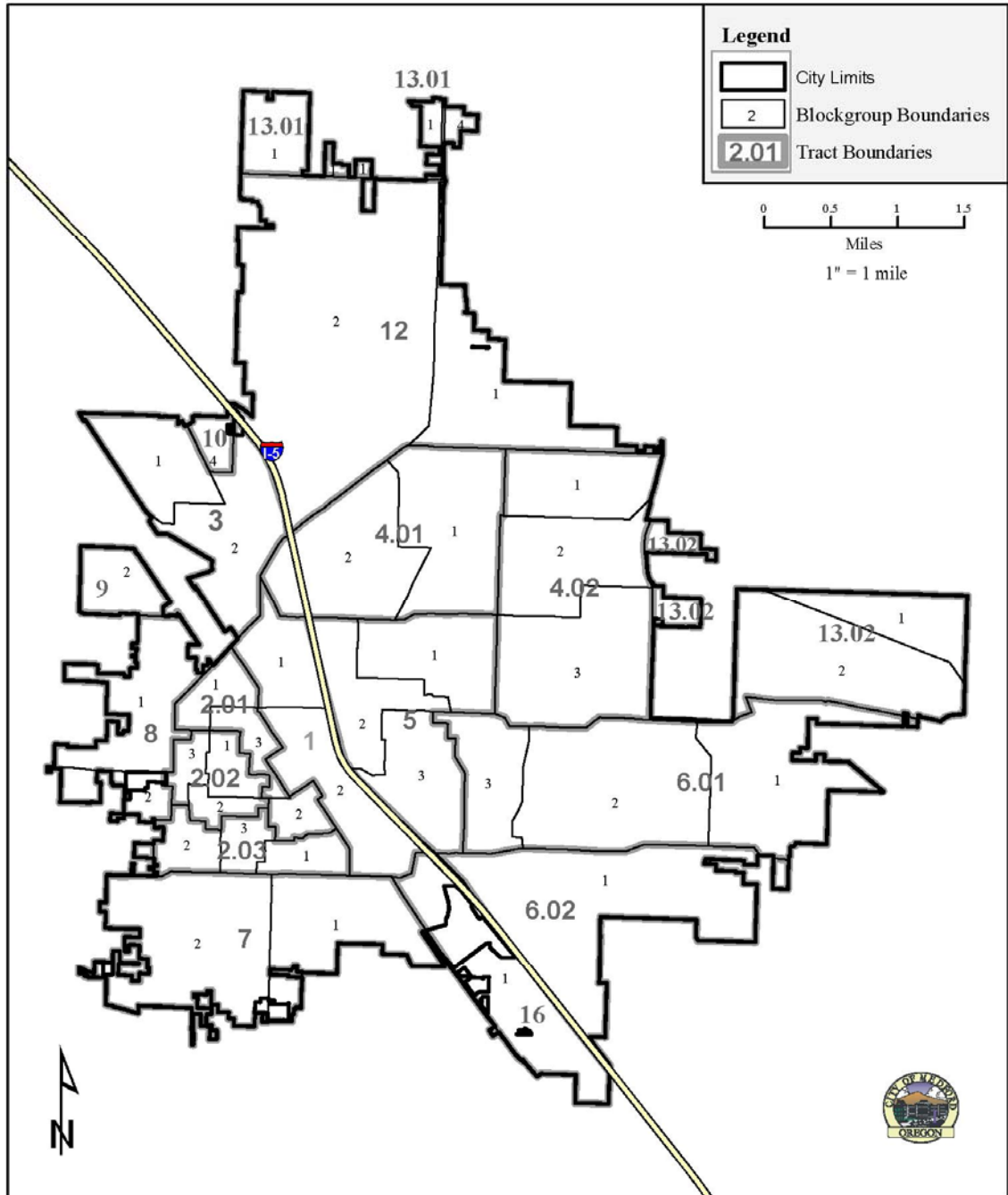
Medford is growing rapidly – it is Jackson County’s fastest growing City. Medford’s population grew 35% between 1990 and 2000, growth substantially higher than that of the State and Jackson County as a whole (24% and 20% respectively). In 1990, 32% of the County’s population lived in Medford; by 2000, Medford’s share had risen to 35%.

¹ City of Medford.

² Medford Visitor’s Bureau.

³ Medford Chamber of Commerce.

Figure 1: Medford Census Tract and Block Group Index Map



Map produced by Medford City Planning Dept.
September, 2004
Using data from Census 2000

Table 1
Population 1990 and 2000

Location	Year		Change 1990-2000
	1990	2000	
Medford	46,951	63,154	35%
Jackson County	146,389	181,269	24%
Oregon State	2,842,321	3,421,399	20%

Source: US Census.

Rapid population growth in Medford is expected to continue. By July 1, 2003, the City's population had increased to 68,080.⁴ This was an 8% increase in less than three years (since the census). Jackson County's population as a whole grew at a rapid yet slower pace, reaching 189,100 as of July 1, 2003, a 4% increase since the census.⁵ The City is expected to reach 74,164⁶ by 2010 while Jackson County's population is expected to reach 208,370.⁷

People moving to Medford and to Jackson County make up a large percentage of this growth pattern. Net migration accounted for the majority of the population increase in Jackson County since the 1970s, when the bulk (85%) of the total growth was due to in-migration. In the 1980s, in-migration dropped due to the recession, but resumed in the 1990s – 87% of the population increase in Jackson County was due to net in-migration.⁸ Net in-migration for the County is expected to double from 2000 to 2010.⁹

In 1999, the top three reasons for moving to the Rogue River Valley were to be with friends and family, quality of life, and retirement.¹⁰ The influx of retirees is changing the demographics and the economy of Medford – from earlier days of more resource-dependent industry, to a service oriented economy, supplemented with light industry and agriculture.

Age

By the 2000 census, the median age of the population in the United States was 35.3 years, a significant jump of two plus years from the previous census. This increase is due in large part to the aging of baby boomers (those born between 1946 and 1964). The “boomers” are pushing up the percent of the population between the ages of 45 and 64 years. At the same time, however, the population 65 and older increased at a slower rate than the general population because of the relatively lower birth rates in the late 1920s and early 1930s.¹¹

⁴ City of Medford; US Census.

⁵ WorkSource, Oregon Employment Department.

⁶ City of Medford.

⁷ State of Oregon, Office of Economic Analysis, April 2004.

⁸ Ostly, B. (2002). *Housing Study, Downtown Medford*.

⁹ State of Oregon, Office of Economic Analysis, April 2004.

¹⁰ Oregon Employment Department, 1999.

¹¹ US Census.

Table 2
Age of Population, 2000

Age	Medford	County	State	US
Birth to 17 years	26%	24%	25%	26%
18 to 44 years	36%	34%	39%	43%
45 to 64 years	22%	25%	24%	19%
65 and older	17%	16%	13%	13%
Median Age	37.0	39.2	36.3	35.3

Source: US Census

The median age of the population in Medford also rose about two years between 1990 and 2000, reaching 37.0 in 2000. This is substantially younger than Jackson County (median age 39.2) and a little higher than the State and the nation. The “boomers” have probably contributed to the rise in the percent of Medford’s population between 45 and 64 years. This age group rose from 18% of the total in 1990 to 22% in 2000. The percent of people 65 and older is higher in Medford than in Jackson County and Oregon. According to the Medford Comprehensive Plan, the trend is “primarily the result of retirement activities within this area, increased longevity, and in-migration of retiring people from other locations.”¹²

The number of elderly in Medford is growing at a faster rate than other populations. Between 1990 and 2000, the number of persons 85 years and older living in Medford increased by 59%, compared to the overall population growth of 35%. In addition, Medford’s older populations are growing faster than the statewide rate.

While retirees are affecting the median age and population age distribution in general, the percent of children from birth to 17 years of age (26% in Medford) was comparable to Oregon State (25%) and to the United States (26%) in 2000. The need for quality services and amenities for both households with school-aged (and younger) children will have to be balanced with amenities and services for the influx of retirees, some of whom are able to bring substantial “equity wealth” from sales of homes in higher priced communities.

As the influx continues, the retired population will have a greater impact on the economy, industry and services. By law this population is eligible to live in legally “age-restricted” communities,¹³ which, while meeting the housing and service demands for one segment of the population, can reduce housing choices for others.

Race and Ethnicity

Because of changes in the US census, a comparison of the population composition in 2000 with that in 1990 cannot be completely accurate. For the first time, the 2000 census allowed designation of two or more races. Designation of ethnicity (Hispanic) remained unchanged between 1990 and 2000, but the flexibility in choice of race may have influenced peoples’ designation of Hispanic origins in the census. Over time these changes will provide a more accurate picture of diversity in all

¹² Medford Consolidated Plan 2000-2005.

¹³ NAHB Housing Facts, Figures, Trends, 2003.

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communities. In the meantime, the changes make it difficult to assess recent trends in race and ethnicity with certainty.

Medford is less racially diverse than the United States and a little less diverse than Oregon State as a whole. However, it is slightly more racially diverse than Jackson County. In terms of ethnicity, Hispanics make up a larger percent of the population in Medford than in the County or Oregon State.

**Table 3
Population by Race and Ethnicity, 2000**

Race	Location			
	Medford	County	State	US
White alone	90%	92%	87%	75%
Black or African-American alone	1%	0%	2%	12%
American Indian or Alaska Native alone	1%	1%	1%	1%
Asian or Pacific Islander alone	1%	1%	3%	4%
Other race alone	4%	3%	4%	6%
Two or more races	3%	3%	3%	2%
Ethnicity				
Hispanic (of any race)	9%	7%	8%	13%

Source: US Census

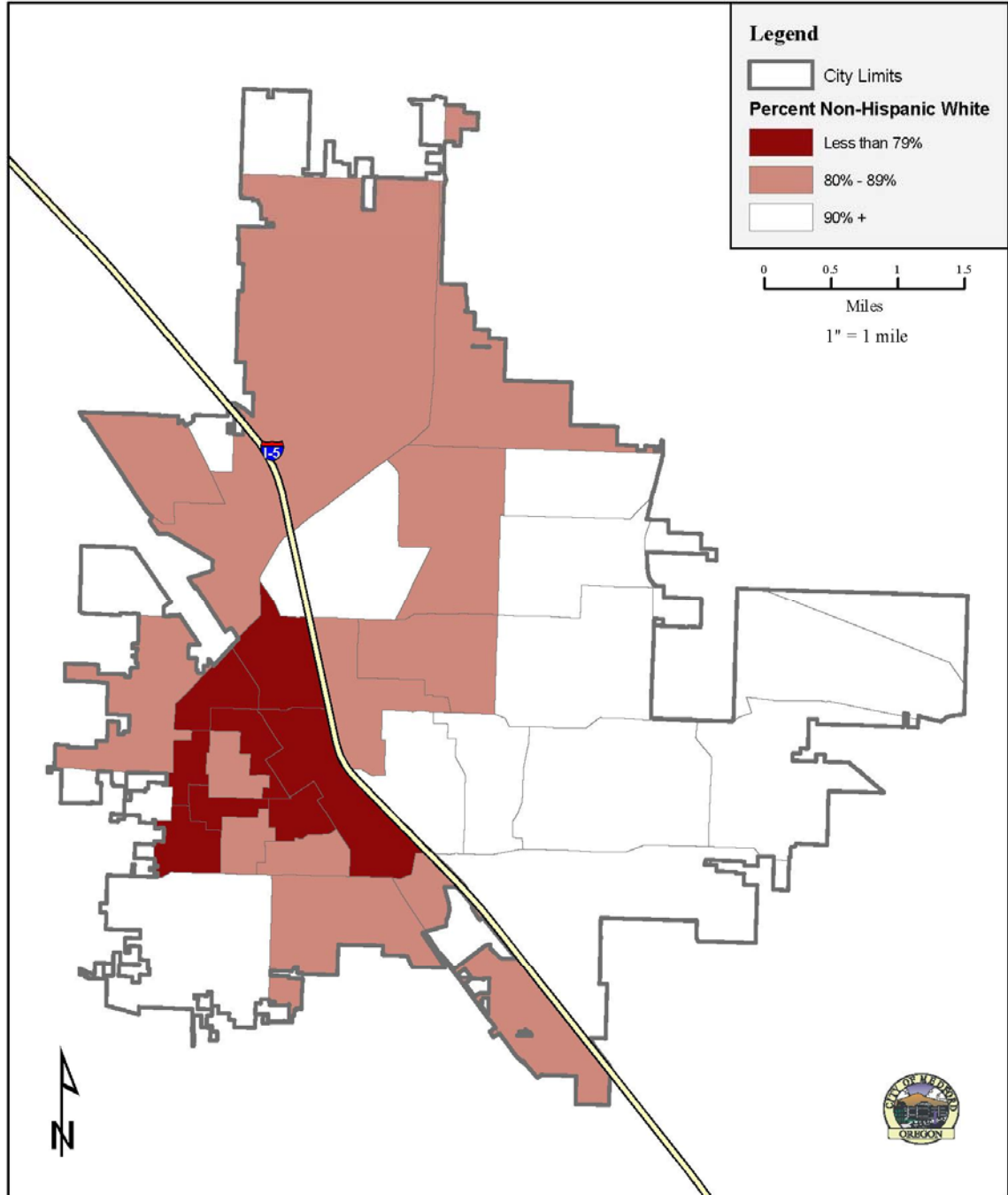
Figure 2 on the following page shows percent non-Hispanic white population by block group, which is a relatively unambiguous way to consider the areas of the City with concentrations of racial or ethnic minority populations. For purposes of this Consolidated Plan, areas of minority concentration are defined as census tracts where 20% or more of the population is racial or ethnic minority. In terms of the map, these are areas in which 80% or more of the population is non-Hispanic white. By that definition, all of census tracts 1 and 2.01 have a disproportionate share of minority population, as do portions of census tracts 2.02 and 2.03.

Languages Spoken and Linguistic Isolation

The 2000 census found that 11% of the United States population was born outside the country (not US citizens at birth). Just under of 5% of people in the United States were recent immigrants (had arrived between 1990 and March of 2000). In Oregon, 8% of the population was born outside the United States in 2000, compared to 5% in Jackson County and 6% in Medford. Two percent of the population in Medford was recent immigrants (entry since 1990), compared to 2% in the County and 4% in the State of Oregon.

Immigrants in general face significant disadvantages when entering the country. Among these are weak to no English language skills, adjusting to a different role of government and the difficulties of adapting to a new culture, lifestyle, food, climate, customs – all of which can be daunting. Furthermore, recent immigrants often find their job skills incompatible with the local job market.

Figure 2: Percent Non-Hispanic White
by Census Block Group



Map produced by Medford City Planning Dept.
September, 2004
Using data from Census 2000

City of Medford Consolidated Plan 2005-2009

Whether new to the country or longer-term residents, people with limited English-language skills face barriers in accessing services and understanding important life transactions. This includes such things as comprehension of legal rights, how to qualify for and buy a home, communicating with health-care professionals, and more routine day-to-day activities. Linguistic isolation can be a critical barrier in emergencies. Almost 10% of the population in Medford over 5 years of age spoke a language other than English in the home, and about half of them spoke English “less than well,” which implies some degree of difficulty. The predominant language reported was Spanish.

The census identifies “linguistic isolation” as the case when no person in the household (14 years old and over) speaks only English, or speaks a non-English language and speaks English “very well.” In other words, all persons in the household 14 plus years old have at least some difficulty with English. In 2000, 1,589 people (or 3% of the population of Medford) were considered linguistically isolated. This is a slightly lower percentage than the State as a whole (4%) and the nation (5%).

Households and Household Composition

The total number of households in Medford increased by 33% between 1990 and 2000, compared to a 35% increase in the total population during the same period. Family households comprised two-thirds of the total households in 2000, which was a slight decline since 1990. There was a modest increase in the percent of non-family households between 1990 and 2000, reflected in the slightly higher percent of single-person households in 2000 compared to 1990. Comparing Medford with the county, state and the nation, the split between family and non-family households was about the same in each location – one-third non-family households and two-thirds family.

**Table 4
Medford Households 1990 and 2000**

Type of Household	1990		2000	
	Number	%	Number	%
Non-family households	6,228	33%	8,575	34%
Single	5,054	27%	6,942	28%
(Elderly Single)	(2,308)	(12%)	(3,158)	(13%)
Small (2-4 people)	1,135	6%	1,574	6%
Large (5+ people)	39	<1%	59	<1%
Family households	12,639	67%	16,518	66%
Small (2-4 people)	11,157	59%	14,235	57%
Large (5+ people)	1,482	8%	2,283	9%
Total households	18,867	100%	25,093	100%
Average household size	2.44		2.47	

Source: US Census.

Consistent with the influx of retirees into Medford, there is a higher percentage of elderly (65 and over) single individuals living alone than in Oregon and the nation. Fully 13% of households in Medford in 2000 were single individuals 65 years of age and older living alone. That corresponds to 9% in the State and 9% nationally. Eleven percent of Jackson County households in 2000 were single elderly individuals.

Household size increased slightly from 2.44 in 1990 to 2.47 in 2000. Nationally, the average household size has been declining. Household sizes are becoming smaller for several reasons, including smaller families, childless couples, single-parent households, and an increase in the number of “empty-nesters” as the baby boomers age, to name some of the reasons. The average household size in the United States in 2000 was 3.14 persons per household. Even with the modest increase in average household size in Medford between 1990 and 2000, it was still substantially lower than the US average, the state (3.02 persons per household) and the county (2.95).

Group Quarters

Two percent of Medford’s population in 2000 lived in group quarters - about the same as Jackson County and the state. This is split between institutionalized and non-institutionalized quarters. Among the institutionalized population, the highest is nursing homes at 22% (double that of the state). Sixteen percent of the institutionalized population lives in correctional institutions.

ECONOMY AND EMPLOYMENT

Employment Trends

The service industry now tops the employment list, followed by retail trade. Higher-paying manufacturing jobs have declined overall, comprising just 11% of total employment in Jackson County (timber now comprises less than half that). In 1999, the average annual salary for a job in the lumber and wood industry was \$45,390, versus one in retail trade, at \$23,167.¹⁴ The latter is far below the income needed for a family of four to afford rent for a 3-bedroom home in Medford.

Medford has an average of 1.5 jobs per active member in the work force, which is significantly higher than that in the region, state and nation.¹⁵ This number suggests that Medford both attracts workers from outside of the City, and has a substantial number of two-income households.

While unemployment rates decreased from 1990 to 2000, jobs added during that period were lower-paying service and retail positions. Between 1990 and 2000, the average wage and salary per employee increased in absolute dollars; however, when taking inflation into account using the CPI, the average annual pay actually decreased.¹⁶ While median family income and median household income increased during that time, they did not increase as rapidly as those of Oregon State or the nation. Due to the trend in lower-paying non-manufacturing jobs, a relative decrease in annual pay may be expected to continue in Medford.

Major employers in Medford are shown in Table 5. Bear Creek Corporation is the largest manufacturing employer with 2,800 employees. The Rogue Valley Medical

¹⁴ Ostly, B. (2002). *Housing Study, Downtown Medford*.

¹⁵ Medford Economic Analysis, 2003.

¹⁶ Ostly, B. (2002). *Housing Study, Downtown Medford*.

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Center and Rogue Valley Mall are the dominant employers in the non-manufacturing private sector.

Table 5
Major Employers, City of Medford

Employer	Employees
Manufacturing	
Bear Creek Corporation	2,800
Boise Cascade	425
Timber Products Company	350
Commercial Printing Company	290
CSC Inc. Medford Fabrication	175
Medite Corporation	150
Sabroso	150
Southern Oregon Sales	150
Other Private Sector	
Rogue Valley Medical Center	3,200
Rogue Valley Mall	1,600
Providence Medford Medical Center	900
Rogue Valley Manor	500
Safeway Stores	400
BC/BS	350
US Cellular	300
Sherm's Thunderbird Market	300
Public Sector	
Medford School District	1,000
Jackson County	825
City of Medford	550
USDA Forest Service	385
US Bureau of Land Management	330

Source: City of Medford

Unemployment

Between 1990 and 2000, the unemployment rate in Medford was higher in each biennial period than the state, and slightly lower than the unemployment rate in the county. In 2002, it was slightly lower than the state.

Medford's unemployment rate in 2004 has begun to surpass that of the state. As of April 2004, the unemployment rate in Jackson County was 6.4%, and in 6.7% in Oregon State. Both rates were quite a bit higher than the national rate of 5.6%.¹⁷

¹⁷ Oregon Labor Market Information Statistics.

Table 6
Unemployment Rates, 1990-2004 (Biennial)

Location	Year						
	1990	1992	1994	1996	1998	2000	2002
Medford	6.4	8.1	6.3	7.8	6.7	5.0	6.8
County	6.8	8.5	6.7	8.2	7.1	5.3	7.1
State	5.6	7.6	5.4	5.9	5.6	4.9	7.5

Source: Bureau of Labor Statistics.

Education and Workforce Development

Medford's population has an education level a little lower than that of the state. Just 27% of the population in Medford holds an associate college degree or higher, compared to 29% in the county and 31% in the state. A slightly higher percent of Medford's residents 25 and older lacked a high school diploma or the equivalent than was true of the county and the state.

Table 7
Highest Education Levels, 2000
(Population Aged 25 Years and Older)

Highest Education Level Attained	Medford	County	State	US
No high school diploma or equivalency	17%	15%	15%	20%
High school diploma or equivalency	30%	30%	26%	29%
Some college	27%	27%	27%	21%
Associate degree	6%	6%	7%	6%
Bachelor's degree	14%	15%	16%	16%
Master's degree or above	7%	8%	9%	9%

Source: US Census.

According to the Bureau of Labor Statistics, education levels are proportional to both unemployment rate and median weekly earnings. While the unemployment rate in the U.S. for a high school dropout was 7.3% in 2001, it was 4.2% with a high school diploma, 2.5% with a bachelor's degree, 2.1% with a master's degree, and 1.1% with a doctoral degree.¹⁸ Furthermore, for all college degrees from an associate to doctoral, earnings exceed the median wage.¹⁹ In 1996, those without a high school diploma or equivalency earned 60% less than those with some college, and 120% less than those with a bachelor's degree.²⁰

¹⁸ Bureau of Labor Statistics, 2001.

¹⁹ OLMIS. (1998). *The Value of a College Degree*.

²⁰ Bureau of Labor Statistics, 1996.

Table 8
Median Weekly Earnings, 1996,
by Level of Educational Attainment

Highest Education Level Attained	Median Weekly Earnings*
High school drop-out	\$317
High school graduate	\$443
Some college	\$504
Associates degree	\$556
Bachelor's degree	\$697
Master's degree	\$874
Doctoral degree	\$1,088

*Based on those 25 or more years of age who are working full-time.

Source: Bureau of Labor Statistics.

Household Income

From 1990 to 2000, Medford median household income rose by 42% (compared to 45% in the county and 50% in the state.) Both Medford and Jackson County's median household income were substantially lower than the state and national median income in 2000. While income measures shown in the table below for Medford exceeded those in the county, all measures were below those in Oregon and the nation as a whole.

Table 9
Household and Family Income, 1999

Income Measure	Medford	County	State	US
Median household income	\$36,481	\$36,461	\$40,916	\$41,994
Per capita income	\$20,170	\$19,498	\$20,940	\$21,587
Median family income	\$43,972	\$43,675	\$48,680	\$50,046
Median earnings male*	\$34,533	\$32,720	\$36,588	\$37,057
Median earnings female*	\$23,714	\$23,690	\$26,980	\$27,194

*Working full-time, year-round.

Source: US Census.

Median family income in Medford in 1999 was higher than median household income, which is generally the case. There are fewer families than households, many including more than one wage earner. (Households include single individuals living alone.)

Figure 3, found three pages forward, shows the 1999 median household income in Medford by block group. Areas with lowest median household income are located in central Medford and highest in east Medford.

In Medford, 34% of the population makes less than \$25,000 per year and 8% are in the top income bracket, making \$100,000 per year. In the state, 10% of the population makes \$100,000 or more, and only 29% make less than \$25,000 per year.

Table 10
Median Household Income Range, 2000

Income Range	Medford		County %	State %
	Number	%		
Under \$15,000	4,413	17%	17%	15%
\$15,000 to \$24,999	4,118	16%	16%	13%
\$25,000 to \$34,999	3,485	14%	15%	14%
\$35,000 to \$49,999	4,355	17%	17%	18%
\$50,000 to \$74,999	4,697	19%	18%	20%
\$75,000 or more	4,182	17%	16%	20%

Source: US Census.

Median income for households with Hispanic households was 20% lower in 1999 in Medford than the median household income for all households (\$29,358 compared to \$36,481). This mirrors the disparity at the national level (median household income of households with Hispanic householders 20% lower than all households). The disparity in household income was even greater in Jackson County (23%) and the State of Oregon (22%).

Population Below Poverty

Table 11
Percent of Population Living in Poverty, 1999

Population Group	Medford	County	State	US
Individuals	14%	13%	12%	12%
Individuals 18 or older	12%	11%	11%	11%
Individuals 65 and older	7%	7%	8%	10%
Families	10%	9%	8%	9%
Families with children <18	17%	15%	12%	14%
Families with children <5	26%	20%	17%	17%
Females alone with children <18	42%	37%	33%	34%
Females alone with children <5	64%	56%	47%	46%

Source: US Census.

Fourteen percent (14%) of the total population in Medford was living in poverty in 1999, compared to 13% in the county, and 12% in the state and the nation. Ten percent of all families in Medford were living in poverty. Families with children, especially those with children under the age of 18, were more frequently living in poverty than families as a whole. Households composed of female householders (and no husband present) were most likely to live in poverty: 42% of those households with children under 18, and 64% of those households with children under the age of 5. Both categories of female householders were considerably above the state and national averages. The percent of the population in Medford living in poverty was higher, for most population groups, than the county and the state.

Figure 4, found three pages forward, shows percent of population in poverty by block group. Areas of highest concentrations of the households in poverty are in central and west Medford and in north Medford (although this area is quite sparsely populated). Over 40% of the people in portions of tracts 1 and 2 are below poverty – the highest in the City.

Figure 3: Median Household Income by Census Block Group

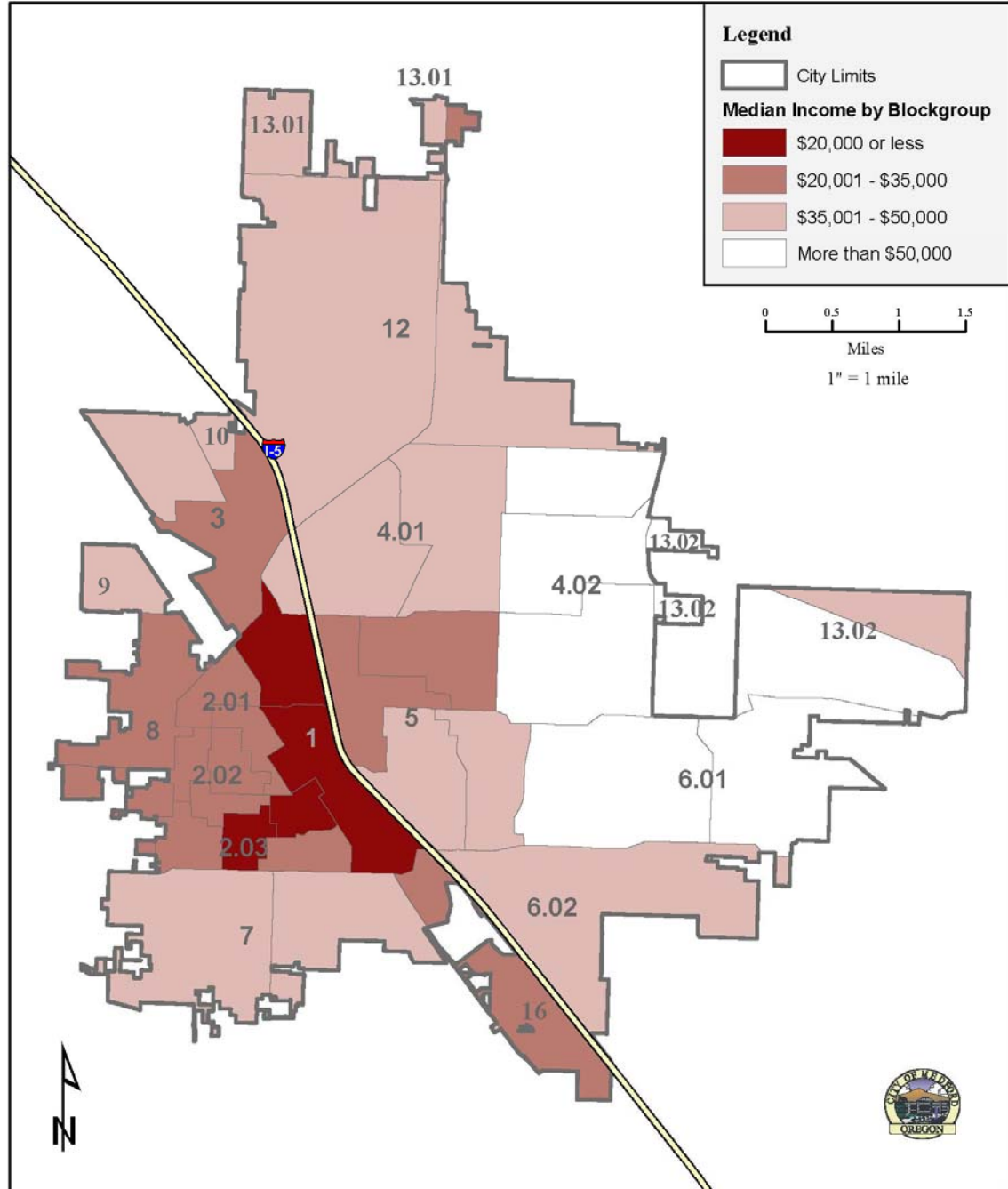
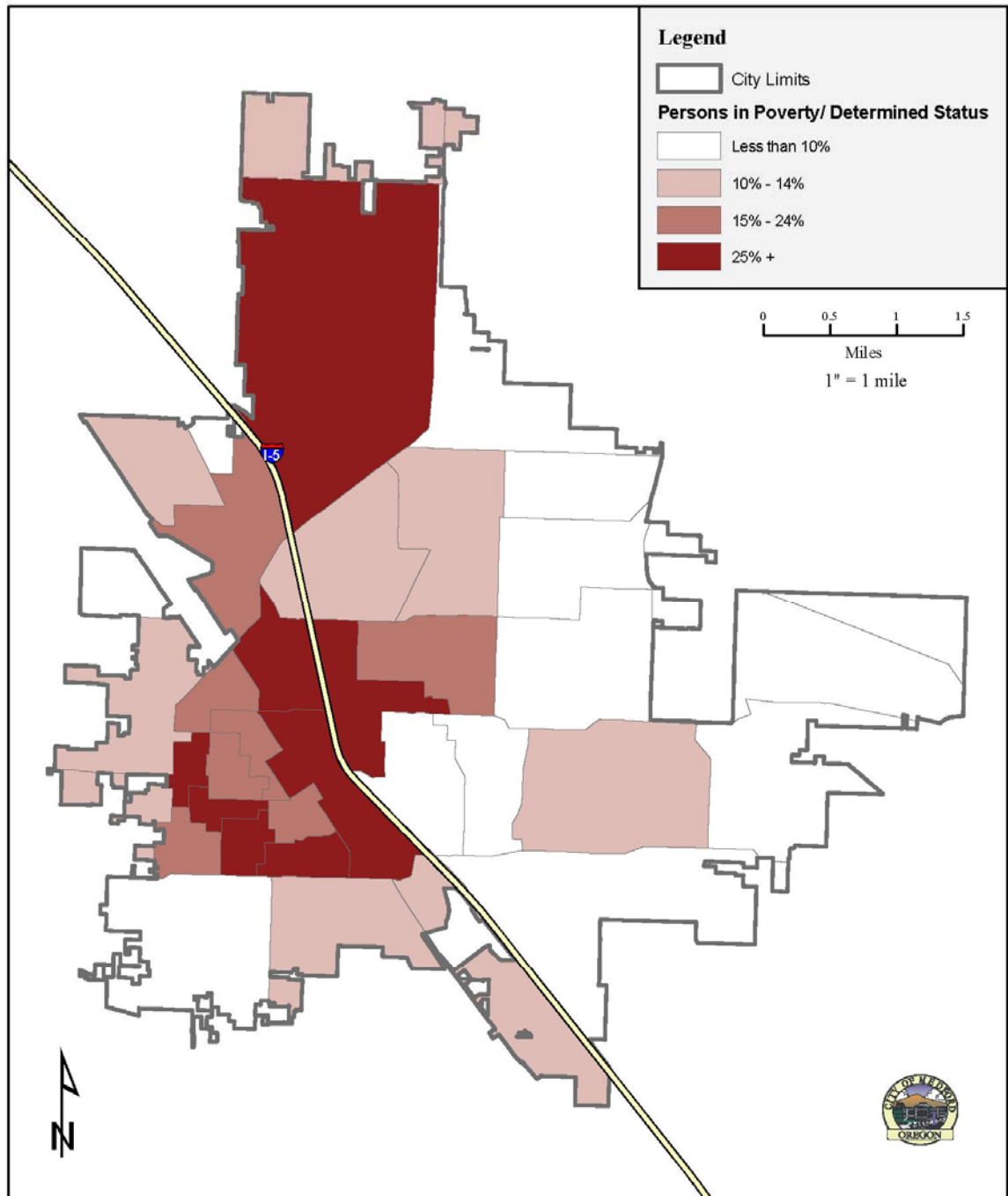


Figure 4: Percent of Population in Poverty
by Census Block Group



Low and Moderate Income Neighborhoods

For purposes of the Consolidated Plan, areas of lower-income concentration are defined as areas in which 51% or more of the households have incomes at or below 80% of HUD-defined area median income. Figure 5 on the following page shows the block groups in which the majority of households are low- or moderate-income. Consistent with other indicators of poverty, central and west Medford contain the majority of low- and moderate-income areas.

Both block groups in census tract 1 contain the highest percent of households below 80% of area median – 85% in block group 1 and 79% in block group 2. Nearby tract 2.02, block group 1 and tract 2.03, block group 3 contained the next highest percent of low-mod households (75% in both).

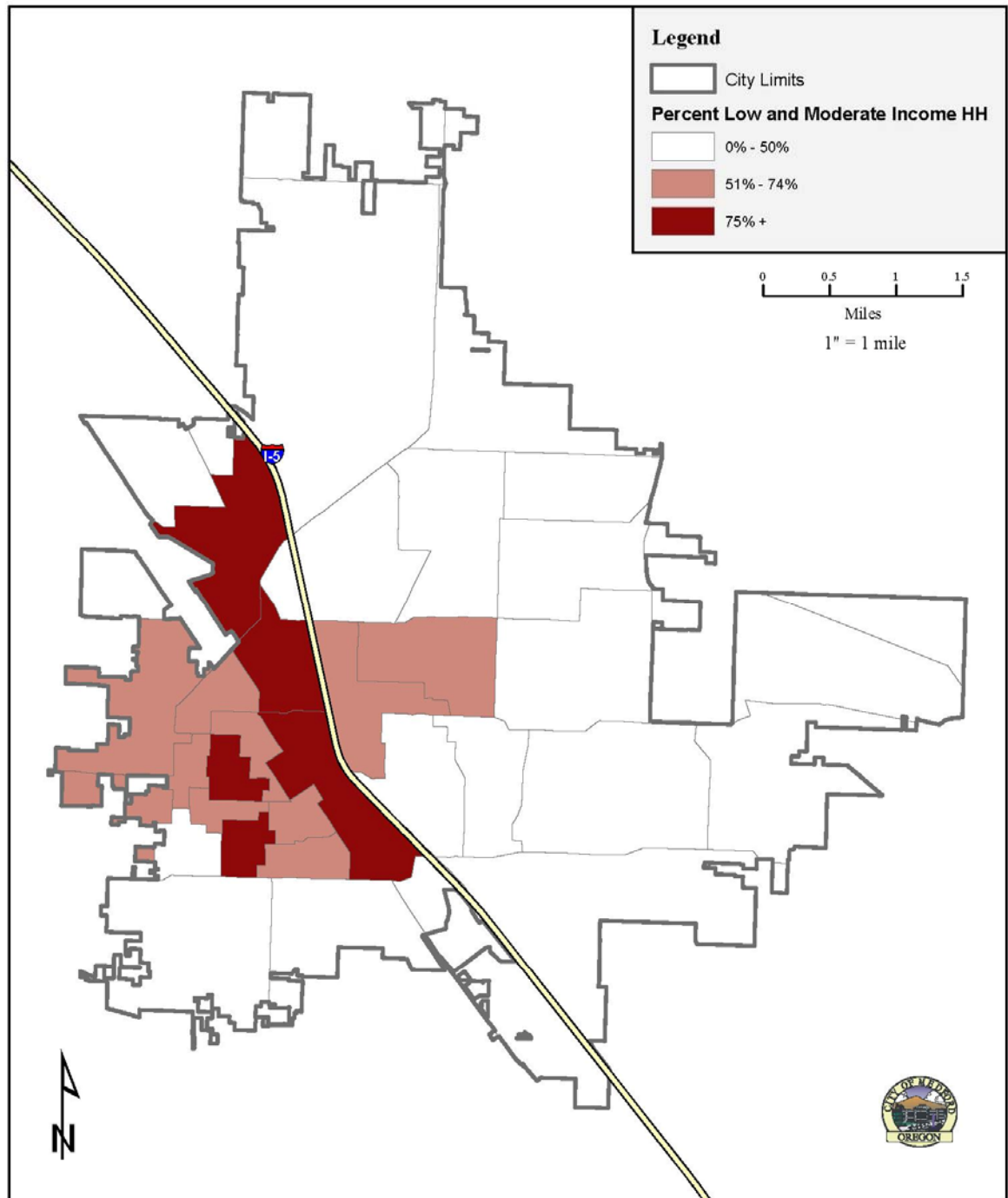
Other Indicators of Need

Students Eligible for Free and Reduced-Cost Lunches

The number of students eligible for free and reduced-cost lunches is a good indicator of need in neighborhoods. Elementary schools with the highest percent of students qualifying for free and reduced-cost lunches in the 2003/2004 school year were: Washington (86%), Jackson (85%), Oak Grove (73%), Roosevelt (70%), Wilson (67%), and Howard (66%).

Students are eligible for free and reduced-cost lunches at the middle and high school levels also, but the percent eligible tends to be lower than in elementary school. This may be because catchment's areas are broader for these more regional schools. It may also be because students in higher grades are more reluctant to identify a need. Some students in need at earlier grades may have dropped out of school before completing high school. The eligibility rates in middle schools were: Hedrick (31%) and McLoughlin (48%). By high school, eligibility rates had dropped again: North Medford (22%) and South Medford (27%).

Figure 5: Percent Low and Moderate Income Households
by Census Block Group



Map produced by Medford City Planning Dept.
September, 2004
Using data from Census 2000

HOUSING NEEDS AND MARKET ANALYSIS

HOUSING TRENDS

Number of Units

The number of housing units grew by 34% between 1990 and 2000, similar to the overall population increase of 35% in the same period. Several changes in the mix of housing types occurred over that 10-year period. There was a slight decline in the percent of single family units (from 70% in 1990 to 68% of the total in 2000), matched by a slight increase in the percent of multifamily units (from 26% in 1990 to 28% of the total in 2000). The greatest net gain in number of units in the 10 years between 1990 and 2000 was in multifamily units – especially in large (20 plus units) multifamily complexes.

**Table 12
Medford Housing Units 1990 and 2000**

Type of Unit	1990		2000		Change 1990-2000
	Number	%	Number	%	
Single family	13,700	70%	17,945	68%	31%
Detached	12,958	66%	16,790	64%	30%
Attached	742	4%	1,155	4%	56%
Multifamily	5,104	26%	7,350	28%	44%
2 to 4 units	2,344	12%	3,283	12%	40%
5 to 19 units	1,328	7%	1,410	5%	6%
20+ units	1,432	7%	2,657	10%	86%
Mobile homes	708	4%	985	4%	39%
Other*	172	1%	30	<%	-83%
Total	19,684	100%	26,310	100%	34%

*These units include boats, RVs, vans and other more temporary housing types.

Source: US Census.

Note: Totals may not add due to rounding>

Slightly more of the housing in Medford is single family than in the County and State (68% in Medford compared to 66% in both the County and State). At the same time, there is a greater share of multifamily housing and a substantially lower percentage of mobile homes in Medford.

**Table 13
Housing Type by Location, 2000**

Type of Unit	Medford	County	State
Single family	68%	66%	66%
MF (2 to 19 units)	18%	13%	15%
MF (20+ units)	10%	5%	8%
Mobile homes/other	4%	16%	11%

Source: US Census.

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According to a recent study, 605 new units in buildings with five or more units were constructed in Medford between 1997 and the end of 2001. Of those, upwards of half were retirement or assisted living units and another large portion were subsidized or special needs housing. Market-rate units constructed during that period were in the minority. Construction of additional single-family housing is expected over the next few years as land is developed out to the urban growth boundaries. Given the cost of both land and development, these are expected to be higher-priced units.

Planned Development

The City of Medford has been annexing properties out to its Urban Growth Boundary in recent years, along with “islands” of unincorporated properties inside City boundaries. No large annexations – which could affect housing or population in a significant manner – are anticipated in the near future.

The undeveloped land available within the Urban Growth Boundary is, for the most part, held in large tracts by builders, developers or private owners. Development will increase single-family housing units, but this will be primarily at the high end. There is little or no undeveloped land available for the production of housing affordable to lower-income households.

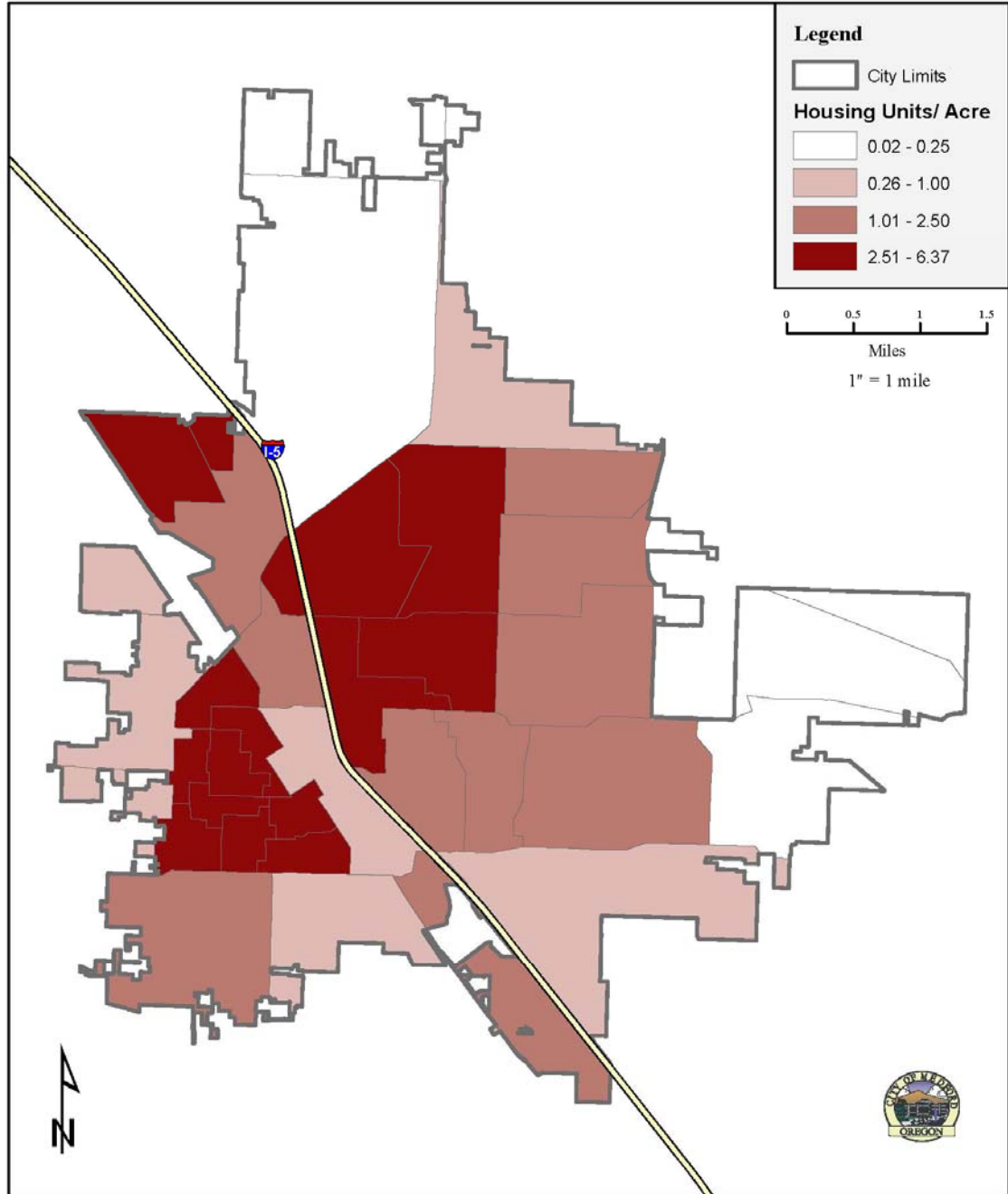
Mobile Homes

Mobile homes represented 4% of the total in 1990 and the same in 2000. Mobile homes can be one of the most affordable ownership options. At the same time, occupants are not guaranteed of space and are vulnerable to redevelopment and rezoning. It is not easy to obtain funding for renovation or purchase of mobile homes, which means they are increasingly threatened and sometimes in deteriorated and unsafe condition.

Housing Density

Figure 6 on the following page shows housing density in terms of units per acre mapped by census block. Medford is predominantly single family. Areas of high-density housing and large multi-family complexes are the exception.

Figure 6: Housing Units per Acre
by Census Block Group



Map produced by Medford City Planning Dept.
September, 2004
Using data from Census 2000

HOUSING CONDITION

Age of Units

Units in Medford are a little newer than in Oregon in general. Just 10% of the housing in Medford was built prior to 1940. The age of housing units is sometimes an indication of condition, depending on how well the units are maintained. On the other hand, well-maintained housing in older neighborhoods can be highly valued. Often centrally located, it can become prime property for redevelopment. Preservation of older units is one of the best strategies for preserving affordable housing. There are a number of neighborhoods in which strategies to rehabilitate older housing could be implemented effectively.

Table 14
Age of Housing Units, 2000

Year Built	Medford		County	State
	Number	%	%	%
Before 1940	2,588	10%	9%	13%
1940 to 1959	4,366	17%	15%	17%
1960 to 1979	8,887	34%	36%	35%
1980 to 2000*	10,469	40%	39%	34%
Total	26,310			

*March 2000.

Source: US Census.

Condition Survey

Methodology

A “walk by”, street view survey of the housing conditions in several neighborhoods of the City was completed in May 2004. The areas surveyed contain almost 2,600 single-family units in residential neighborhoods generally located west of the I-5 freeway and north and west of downtown. (One small neighborhood was located just east of I-5.) City staff selected the areas based on their potential need for housing improvements.

The person who completed the condition survey (surveyor) visually inspected each structure from the street, using a 5-point scale to assess overall exterior condition. The primary elements rated were roofs, foundations, porches, windows, chimneys, fascia, and siding. Only residential structures of 3 or fewer units were included in the survey. The surveyor viewed the structure, recorded specific deficiencies/conditions and provided a rating for each of the 734 single-family residential structures included in the sampling.

The sample for the survey included 25% of the structures in most neighborhoods. In two areas, half of the units were included because the areas were too small to obtain an adequate assessment based upon only a 25% survey sample.

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The following primary housing components were surveyed. The garage and other improvements were surveyed only if they were attached to the residence.

- Roof (including moss build-up, patching evidence or soffit deterioration)
- Chimney
- Steps/railings
- Siding
- Gutters/downspouts
- Foundation damage (or settling)
- Exterior paint
- Window frames/doors
- Porch and balcony
- Fire damage

CRITERIA AND RATING USED IN SURVEY
EXCELLENT (SOUND) – Well maintained, without visible deterioration or observable failings.
GOOD (BASICALLY SOUND) – House exhibits easily correctable wear that is within the range of ordinary maintenance. (Example: roof will not need partial repair or replacement for at least 5 years. At most partial painting and minor repairs needed.)
FAIR (NEEDS MAINTENANCE/REPAIR) – House is basically sound but has defects reflecting deferred maintenance. (Example: paint exhibits widespread peeling, roof needs replacement, some minor window repairs, and/or porch problems evident.)
DETERIORATED (SUBSTANTIAL REPAIR NEEDED) – Home shows major defects which compromise safety or weather fitness of the structure. Structure requires replacement of materials and/or repair well beyond ordinary maintenance. Multiple or major integrity problems evident. (Example: roof replacement <u>and</u> another major component, such as foundation needs repair or siding needs partial replacement.)
POOR (DILAPIDATED) – Structure does not provide safe and adequate shelter. Several critical and major deficiencies are evident, particularly structural components. The building has deteriorated to point that substantial rehabilitation may not be financially feasible. (Example: major components are failing as evidenced by roof sag, major foundation cracking, etc.)

Table 15
Housing Conditions Survey Results by Block Group

Tract/Blk Grp	Excellent		Good		Fair		Deteriorated		Poor		Total Units
	No.	%	No.	%	No.	%	No.	%	No.	%	
T 1/BG 1	39	35%	39	35%	20	18%	14	12%	1	1%	113
T 5/BG 2	47	55%	23	27%	14	16%	1	1%	0	0%	85
T 2.01/BG 1	46	57%	24	30%	9	11%	2	2%	0	0%	81
T 2.01/BG 2	42	50%	22	26%	17	20%	3	4%	0	0%	84
T 2.01/BG 3	34	41%	28	34%	15	18%	5	6%	0	0%	82
T 2.02/ BG 1	57	58%	28	28%	12	12%	1	1%	1	1%	99
T 2.02/BG 2	34	49%	24	35%	11	16%	0	0%	0	0%	69
T 2.02/BG 3	41	53%	17	22%	18	23%	2	3%	0	0%	78
T 2.03/BG 3	25	58%	15	35%	3	7%	0	0%	0	0%	43
Total Sample	365	50%	220	30%	119	16%	28	4%	2	0%	734

Source: Housing Condition Survey May 2004.
Note: Totals may not add due to rounding

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Findings

The areas surveyed reflect a homeownership of from 14% to 42% compared to the overall Medford rate of 57%. The percent of persons living in poverty in the selected block groups ranged from 18% to 58%. The typical home in the area was somewhat over 55 years old.

Single family housing in the areas surveyed was found to be in generally sound condition. Fully 50% of all structures were found to be in excellent condition and another 30% were categorized as being in good condition, meaning that 80% of the housing required only modest repairs to maintain integrity and ensure long-term use. On the other hand, there are a significant number of homes that require repair and rehabilitation to maintain their long-term viability as decent, safe and sanitary housing. Approximately 20% of the structures (representing over 500 residences) were found to need attention (scoring at fair or worse condition).

A positive sign is that the number of structures beyond repair (or of questionable feasibility) is limited – only 4% of the structures fell into the deteriorated or poor condition categories, which would be approximately 100 units (based on the sample surveyed). These structures had major structural components in disrepair. There was evidence of deferred maintenance to key building components that, if left unresolved, could jeopardize safety or structural integrity. If left unchecked, buildings in need of substantial repair create a depressing effect on investment in the area and can lead to overall reduction of values and livability of the neighborhoods.

Housing conditions across the nine block groups in the survey were similar but far from uniform. The percent of housing in excellent to good condition ranged from 69% in CT 1/BG 1 to 93% in CT 2.03/BG 3. Overall, 20% of the structures in the survey areas were in need of rehabilitation. At least 24% of the units in four block groups were in need of rehabilitation (CT 1/BG 1, CT 2.02/BG 3, CT 2.01/BG 2 and CT 2.01/BG 3). There were a number of common deficiencies found in the houses. The most common was poor roof condition (28% – including the need for replacement within 5 years). Other common deficiencies were problems with paint (21%), fascia (21%), railings (19%), and siding (18%).

All of these tracts would benefit from housing rehabilitation assistance. Loan or grant assistance could help stimulate private investment and have a positive impact on the long-term stability of the area.

CT 1 Block Group 1: This area, located north of downtown in the Liberty Park Neighborhood, contained the highest percentage of housing in need of rehabilitation. Thirty-one percent of the 224 structures were rated in fair or worse condition. The homes in the area are among the newest of those surveyed with the median age only 46 years. Not surprisingly, the area had the highest poverty rate (58%) and the second highest percentage of renters (73%). The primary issue with housing in this neighborhood was paint (31%), followed by fascia, and roof problems.

CT 5 Block Group 2 (partial): This was the only area surveyed east of the Interstate. It is bounded by the Interstate, Main, Portland and 10th Street. Only 17% of the 187 homes were found to need rehabilitation. The area contained the newest housing stock (44 years old) but also had the highest percent of renters among the areas surveyed (86%). Homes to the east of Portland Ave appeared to be better maintained. Roof problems were most common (32%), followed by paint and fascia.

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CT 2.01 Block Group 1: The area, located north and west of downtown and bounded by McAndrews Road, Western Avenue, West Jackson and Holly/Welch, exhibits one of the better housing stocks, with only 13% of the housing in need of rehabilitation. As might be expected, the area had fewer persons living in poverty than most areas surveyed (23%). This neighborhood is somewhat split. To the southwest, a trailer park and surrounding houses were rated as being in only fair to poor condition. To the northeast, housing conditions improved – most of the structures were rated as being in excellent and good condition.

CT 2.01 BG2: The area is located just south and west of downtown and is bordered by Holly, Dakota Avenue and 10th Street. The median age of the housing was 57 years. Poverty rates were low at 22%. A high percent (24%) of the housing is in need of rehabilitation. The most common problems noted were paint, fascia and roofs.

CT 2.01 BG3: Just to the north of the previous area is a long, narrow area that is roughly bounded by Jackson, downtown 10th Street and Orange Street. The median age of housing is 66 years. Only 21% of residents in this area lived in poverty. Over 24% of the housing in this area of over 300 homes needed rehabilitation. Roofs, fascia, paint and siding were the most common problems found. It was evident that improvements to buildings in this neighborhood were underway.

CT 2.02 BG1: Bounded by Plum, 10th, Orange and 2nd, this area has over 50 houses that need rehabilitation (14% of the total). This is somewhat surprising given the median age of housing is 68 years, older than all other areas. The relatively good condition of the housing may be partly explained by the fact that this area has the fewest persons living in poverty (18%) and has one of the highest owner-occupancy rates (41%). The most prevalent issues found were roofs and railings.

CT 2.02 BG2: The area is bounded by 10th, Columbus, Orange and 12th Streets. Only 16% of the housing needs rehabilitation, yet the ownership rates were the lowest of all block groups (22%). The poverty rate was the second highest (40%). On the average, units were slightly over 50 years old. The most common housing issues found were roofs (31%) and fascia.

CT 2.02 BG3: The area lies between Western/Jeanette, 8th, 2nd and 11th and contains a large number of homes needing rehabilitation – estimated at approximately 80 homes. The median age of housing is almost 60 years. The homeownership rate was 41% and poverty rate 35%. Most common conditions were roofs (39%), siding (24%), fascia and siding.

CT 2.03 BG3: This area is bounded by Stewart Avenue, Grant Avenue, 12th and Hamilton. In spite of a poverty rate of 34%, housing in this area is in the best condition of areas surveyed (only 7% of the 170 buildings need rehabilitation). This may in part be due to the fact that the area includes the youngest inventory of housing (44 years) and one of the highest ownership rates (41%). Roofs, siding and railings were cited as equally common issues (each in only 13% of the units).

The City defines “substandard” buildings using the 1997 Uniform Housing Code as a base. In summary, a substandard dwelling is one in which a condition exists that “.....endangers life, limb, health, property, safety or welfare of the public or the occupants....” This definition of substandard includes: inadequate sanitation; structural hazards; nuisances; hazardous electrical wiring, plumbing or mechanical equipment; faulty weather protection; fire hazards; faulty materials of construction;

hazardous or unsanitary premises; inadequate exits; inadequate fire-protection or firefighting equipment; and improper occupancy. Housing which is substandard but suitable for rehabilitation is any dwelling that has defects (including dilapidated dwellings, having one or more critical defects or inadequate construction) that are economically feasible to correct through repairs or reconstruction.

Lead-based Paint and Lead Hazards

The Residential Lead-Based Paint Hazard Reduction Act of 1992 seeks to identify and mitigate sources of lead in the home. A high level of lead in the blood is particularly toxic to children aged 6 and younger. Childhood lead poisoning is the number one environmental health hazard facing American children. Lead can damage the central nervous system, cause mental retardation, convulsions and sometimes death. Even low levels of lead can result in lowered intelligence, reading and learning disabilities, decreased attention span, hyperactivity and aggressive behavior.

Children who live in homes with lead-based paint can become exposed by inadvertently swallowing lead contained in household dust. This is particularly a problem when houses are remodeled using practices such as scraping or sanding of old paint. Lead-based paint is not the only culprit. Lead has also been identified in many other sources, including some vinyl blinds, pottery, lead in water pipes, lead in dust brought into the home from work sites, some hobbies (like lead solder in stained glass work), and some herbal remedies.

The Centers for Disease Control and Prevention (CDC) recommends that children ages 1 and 2 be screened for lead poisoning. CDC also recommends that children 3 to 6 years of age should be tested for lead if they have not been tested before and receive services from public assistance programs; if they live in or regularly visit a building built before 1950; if they live in or visit a home built before 1978 that is being remodeled; or if they have a brother, sister, or playmate who has had lead poisoning.

In the 4-year period 2000 through 2003, 33,025 children under the age of 6 were tested in Oregon and 425 had confirmed elevated blood-lead levels. CDC provides funding for testing for children who are not eligible for Medicaid or who do not have private insurance. Most of the testing is performed by private physicians and clinics, at the request of parents. The Oregon Department of Human Services maintains a web site with instructions for lead testing, an indication of hazards, lists of resources and links to other sites.

The State of Oregon Lead Poisoning Prevention Program compiles data on testing statewide and results of those tests. Testing data are not tracked by location unless the children are Medicaid-eligible. Results that are confirmed positive for elevated blood-lead levels are tracked by location. The information is reported to the County health department for follow-up. Between January 2000 and December 2003, there were 2 confirmed findings in Medford. There were 257 Medicaid-eligible children tested, with 1 positive confirmed finding in Medford. Since CDC recommends testing all children between 1 and 2 years of age, and only 257 Medicaid-eligible children were actually tested in a 4-year period, there may be an opportunity for increased education on lead-hazards in Medford.

Earlier general testing found elevated blood-lead levels in Jackson County. In May, 1995, the Jackson County Health and Human Services Department completed a state-funded two and one-half year pilot program which tested the lead levels in approximately 380 children in the County. Blood-lead levels of between 10 and 19 are ‘reportable’, while levels greater than 20 are considered poisonous. Of the 380 children tested, 12 had levels above 10, and 5 had levels greater than 20.

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. 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.²² Based on those estimates, almost 5,000 homes pose potential lead-based paint hazards in Medford. 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%).

Table 16
Potential Lead-Based Paint (LBP) Hazards in Medford

Date Built	Total Units	Potential Hazards	
		%	Number
Before 1940	2,588	67%	1,734
1940 to 1959	4,366	51%	2,227
1960 to 1979	8,887	10%	889
1980 to 2000	10,469	1%	105
Total	26,310		4,955

Source: US Census. Clickner, et al.

Using the above percentages of potential hazards by date of construction and then applying the CHAS tables (see Tables 26 and 27) percentages of low and moderate income households by tenure, it is estimated that 1,250 low and moderate income renter households and 690 low and moderate income owner households in Medford are living in potential hazard.

The Housing Authority of Jackson County has a lead-based paint risk assessor and inspector on staff. “Working Safe with Lead” trainings have been provided to reduce the risk of hazards to the workers and releasing contaminated dust. The City of Medford keeps a list of all certified lead-based paint risk assessors and inspectors in Southern Oregon on file.

HOUSING TENURE

In 2000, 57% of the occupied housing in Medford was owner-occupied. The overall percent of owner-occupied and renter-occupied units has not changed too much since 1970. There was a modest decrease in the percent of owner-occupied units between 1970 and 1980, but the proportion has been relatively stable since then. Medford had

²² Clickner, R. et al. (2001). *National Survey of Lead and Allergens in Housing, Final Report, Volume 1: Analysis of Lead Hazards*. Report to Office of Lead Hazard Control, US Department of Housing and Urban Development.

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more renter-occupied units in 2000 than Jackson County (43% compared to 34% renter-occupied) or the whole of Oregon (36% percent renter-occupied).

Table 17
Medford Housing Tenure, 1970 - 2000

Year	Renter-Occupied		Owner-Occupied		Total
	Number	%	Number	%	
1970	3,998	39%	6,350	61%	10,348
1980	6,499	42%	9,060	58%	15,559
1990	8,160	43%	10,707	57%	18,867
2000	10,721	43%	14,372	57%	25,093

Source: US Census.

Figure 8 on the following page shows the percent of renter-occupied units by block group in Medford. While overall 43% of the units were renter-occupied in 2000, this varies by neighborhood. For example, 83% of the occupied housing units in census tract 1 were renter-occupied, as were about two-thirds of the housing units in tracts 2.01 and 2.02.

Tenure varies in Medford by type of unit, type of household, household income, and other factors. For example, multifamily housing is usually built for the rental market, so substantially more multifamily than single-family units are renter-occupied. More single-family (detached and attached) units are owner-occupied – 77% of occupied single-family units in Medford in 2000 were owner-occupied and 23% were renter-occupied.

More family households live in houses they own or are buying. More single individuals rent, except for the elderly, as is shown below. Household income is certainly a factor in ability to own a home. The median household income for owner-occupied units was \$47,358 and that for renter-occupied units about half as much at \$24,293.

Table 18
Tenure by Household Type, Medford 2000

Type Household	Living in units they:	
	Owned	Rented
All households	57%	43%
Family households	65%	35%
Non-family households	43%	57%
Single individuals	45%	55%
Elderly (65+) singles	55%	45%
Average household size	2.52	2.39

Source: US Census.

Tenure by Race and Ethnicity of Householder

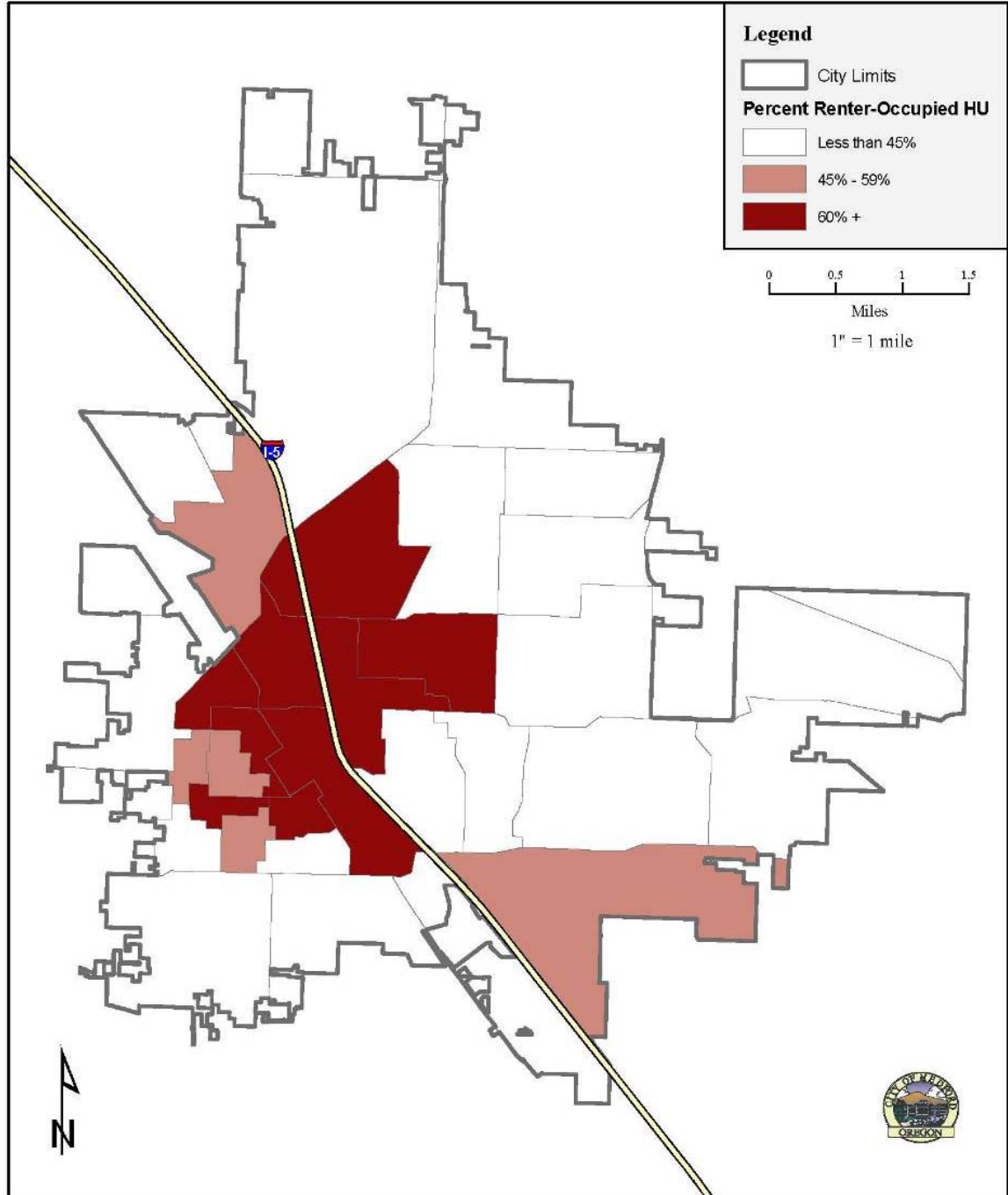
Tenure also varied in 2000 by race and ethnicity of the householder. As seen in Table 17, 57% of all households owned the house in which they were living at the time of the 2000 census. Owner-occupancy was higher for white (alone) householders (59% lived in housing they owned or were buying) than non-white (alone) householders (38% lived in housing they owned or were buying). Owner-occupancy also varied by

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ethnicity – just 34% of Hispanic householders owned the home in which they were living.

There was also quite a disparity in income, which contributes substantially to the ability to purchase a home. The median household income of households headed by a white (alone) householder in 1999 was \$37,175, compared to just \$28,542 for a household headed by an African-American/Black (alone) householder, \$26,477 for a household headed by an American Indian/Alaska Native (alone) householder, and \$29,358 for a household headed by an Hispanic householder (could be of any race). The median household income for a household headed by an Asian householder was nearer the overall median at \$35,357.

Figure 7: Percent Renter-Occupied Housing Units
by Census Block Group



Map produced by Medford City Planning Dept.
September, 2004
Using data from Census 2000

MARKET ANALYSIS

Housing Costs

As of the 2000 census, the median value of all owner-occupied housing in Medford was \$132,400 – lower than the median value in Jackson County and Oregon State. Monthly owner costs, with and without a mortgage, are shown below along with median household gross rent as of the census.

**Table 19
Housing Costs, 2000**

Type of Cost	Medford	County	State
Median value owner-occupied	\$132,400	\$140,000	\$152,100
Median monthly owner costs			
With mortgage	\$1,000	\$1,006	\$1,125
Without mortgage	\$284	\$281	\$303
Median gross rent	\$605	\$597	\$620

Source: US Census.

Housing costs have been escalating steadily in Medford and in Jackson County. The average (mean) sales price of houses sold in Jackson County in 1977 was \$42,942. The mean sales price in 2003 was \$207,759.23 The mean price of units sold has also increased at a greater rate in the last five years (8% annually) compared to the overall rate since 1977 (6% annually). However, these countywide averages are influenced by the higher prices in Ashland compared to Medford. Means are also influenced by extremes, such as including the prices of very high-end properties.

The median price of a house in West Medford through May of 2004 was \$166,000, compared to \$141,000 for 2003 (an 18% increase). The median price of a house in East Medford through May of 2004 was \$210,000, compared to \$194,000 in 2003, an increase of 8%.

Rental Costs and Vacancies

Rental rates have fluctuated considerably over the past year but fell to less than 4% in September 2004 according to a Southern Oregon Rental Association estimate. The rental market vacancy rate in 1999, reported in the *Medford Consolidated Plan 2000-2005*, was 2.7%, which is quite low. The 2000 census found the rental vacancy rate was 4.9%.

The current low vacancy rates underscore the need to consider affordable rental opportunities in housing planning. The 2002 Housing Study for Downtown Medford emphasized that there were no new or newer market-rate apartment buildings in the downtown core. There are some subsidized apartments, but tenancy is restricted to households with incomes at or below 60% of median income. Rents in new and newer market-rate suburban garden-style apartments in close-in east Medford areas ranged from \$600 to \$625 for a 1-bedroom unit and up to \$735 for a 2-bedroom unit

²³Roy Wright Appraisal Service, Inc. web site.

with a carport. Recent low interest rates have made it possible for people who were paying high rents to buy – sometimes with the assistance of first-time homebuyer programs.

Housing Cost Expectations

The same housing study noted above found several conditions that will lead to higher housing prices in the future. There is little land available downtown (within developed areas) for construction of affordable housing and little zoned for multifamily. At the same time, the cost of development is very high. City land held for development in the urban growth boundary is expected to be used for high-end housing; the lots are not likely to be released to small developers.

The cost of housing is relatively lower in West Medford, which is close to the City and to services, making it attractive for purchase. People who have been paying fairly high rents are able to buy, or have been able to buy, because of affordable costs (until lately), and low interest rates. Speculation is also placing more of a demand on housing. People are buying up additional houses and using them as rental property.

A 2003 housing study, *You Can't Eat the View*, by the Rural Collaborative (a non-profit housing network) noted that Medford is experiencing a rapid loss of affordability in large part because of escalating land costs. The Housing Authority of Jackson County noted that lots are priced for maximum developable value – a 6-acre lot, for example, had a recent price of \$1,800,000, clearly out of range for those looking to provide affordable housing.

HOUSING AFFORDABILITY

The cost of housing is generally considered to be affordable when it equals no more than 30% of household income, including expenditures for utilities. Escalating housing and utilities costs have forced many households to pay considerably more for housing than is affordable or even feasible. While housing costs are increasing, income is not increasing at the same rate. The following cost comparison was prepared by HUD using the 2000 census. (All costs are adjusted to 1999 dollars.) The table reflects a major drop in values in the 1980s and early 1990s caused, in part, by the impact of Federal environmental policies on the logging industry. It also demonstrates the significant increases in housing values that most communities in Oregon experienced in the late 1990s.

Table 20
Median Income and Housing Costs, Medford
(1999 Dollars)

Year	Median Income		Median Housing Measures	
	Household	Family	Gross Rent	Owner's Value
1970	\$33,629	\$41,182	\$451	\$64,407
1980	\$35,830	\$42,494	\$532	\$118,682
1990	\$34,498	\$42,096	\$549	\$90,374
2000	\$36,481	\$43,972	\$585	\$128,094
Change 1970-2000	8%	7%	30%	99%

Source: US Census, HUD.

As is evident, the increase in the median cost of housing between 1970 and 2000 exceeded median family and median household income in Medford during the same period. Median household income grew by 8%, median family income grew by 7%, median gross rent grew by 30% and the median owner's value (with considerably fluctuation) grew by 99%. Clearly income did not keep pace with the value of housing.

The following table shows the relationship between modest housing costs (Fair Market Rents set by HUD based on actual area housing costs) and the income required to afford that housing in the Medford-Ashland area. These estimates are prepared annually by the National Low Income Housing Coalition (NLIHC).

Table 21
Housing Costs and Income, Medford-Ashland Area

Housing/Income Factor	Number of Bedrooms				
	Zero	One	Two	Three	Four
Fair Market Rent (FMR)*	\$481	\$523	\$670	\$956	\$1,127
Income needed to afford	\$17,600	\$20,920	\$26,280	\$38,240	\$39,360
Hourly wage required to afford (working 40 hours/week)	\$8.46	\$10.06	\$12.63	\$18.38	\$18.92
Hours per week at minimum wage (\$7.05 in Oregon)	48	57	72	104	107

*HUD 2005 FMR.

Source: National Low Income Housing Coalition. (2004). *Out of Reach 2004: America's Housing Wage Climbs*.

The estimated median annual income of renter households in the Medford-Ashland area in 2003 was \$28,584. If a household did earn that amount, it would have been able to afford a 2-bedroom unit (at 30% of their income) at a cost of \$715 – just a little more than the Fair Market Rent for that 2-bedroom unit. However, almost half of all renter households would not be able to afford this unit. A person earning minimum wage in Oregon would have to work 72 hours a week for the unit to be affordable. Even two members in the household working full-time at minimum wage would barely be able to afford the cost of the two-bedroom unit.

The National Low Income Housing Coalition determined the “housing wage” in the Medford-Ashland area to be \$12.63 an hour. This is the amount a full-time (40-hour

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per week) worker would have to earn to afford a 2-bedroom apartment at the area’s fair market rent. That is 179% of minimum wage.

The Area Median Income in the Medford-Ashland area in 2004 was \$52,100. Clearly, housing becomes less affordable as income falls. The following are designated low-income levels and the corresponding income for a family of four in relation to the 2004 AMI.

Table 22
2004 Low Income Ranges and Affordable Housing Costs
Medford-Ashland Area

Definition	Percent of AMI	Income Limit	Maximum Monthly Housing Costs
Extremely low income	to 30% of AMI	\$15,630	\$391
Very low income	to 50% of AMI	\$26,050	\$651
Other low income	to 80% of AMI	\$41,680	\$1,042

Notes: HUD estimated AMI (Area Median Income) for the Medford/Ashland area was \$52,100 in 2004. Source: National Low Income Housing Coalition. (2004). *Out of Reach 2003: America’s Housing Wage Climbs*.

Extremely low-income households (those with incomes at or below 30% of area median income) are hard-pressed to find housing they can afford, are more likely to live in unsuitable housing or in overcrowded conditions, and are at risk of homelessness. Meeting the cost of housing leaves little for child care, medical insurance or basic health care, adequate food, and other necessities.

Jobs have been shifting from goods production, with relatively higher wages, to service sector positions, with relative lower wages. For example, the average wage in Jackson County in 2003 for persons working in retail food and beverage stores (2,053 people) was \$20,491 a year. The average gas station wage was \$14,290, one of the lowest paying jobs. People working in nursing and residential care facilities earned on average, \$18,465 a year in the County. The average local government job (over 7,000 employees) paid \$32,698 a year.²⁴

Table 23 demonstrates how difficult it is for the lowest income households (those living in poverty) to budget for daily expenses. This was taken from an analysis of national costs and expenditures prepared by the Catholic Campaign for Human Development.²⁵ The budget starts with an annual income of \$18,392 per year – a national figure for a household of four living in poverty. As the table shows, families living in poverty have insufficient income to meet their daily living expenses.

²⁴ Oregon Labor Market Information System (OLMIS). *Jackson County 2003 Covered Employment and Wages Summary Report*.

²⁵ www.usccb.org/cchd

Table 23
Budgeting for Poverty in the United States

Item	Source	Amount
Annual income	For a family of 4 living in poverty	\$18,392
Rent	HUD 2002 FMR for 2-bedroom unit in major metropolitan area	-8,256 \$10,136
Utilities	DOL, Bureau of Labor Statistics, Consumer Expenditures Survey, 2001	-1,944 \$8,192
Transportation	2 persons commuting daily to work in a major metropolitan area (Chicago Transit)	-1,500 \$6,692
Food	Consumer Expenditures Survey, 2001 (assuming food stamps for the majority)	-1,301 \$5,391
Health care	Agency for Healthcare Research and Quality, Center for Cost & Financing Studies (assumes health insurance through employer)	-1,347 \$4,044
Child care	Bureau of Labor Statistics, "Comparison of Average Annual Child Care Costs" (assumes subsidy of ¾ of real cost)	-4,200 \$-156

Source: Catholic Campaign for Human Development.

The expenditures noted above assume a substantial subsidy in the form of food stamps and child care as well as employer-paid health insurance. The list leaves out toiletries, school supplies, shoes, clothes, holiday gifts, education life insurance, furnishings, recreation, cleaning supplies, entertainment, birthdays, and so on.

Affordability Mismatch

Comparing the cost of housing and the ability of households to meet the cost is one measure of mismatch in supply and demand. Another is the actual allocation of those units. Units are not generally allocated on the basis of need – even if units are rented or sold at a price affordable to low-income households, households with low incomes are not necessarily occupying the units.

Using the 2000 census, HUD provided an analysis of the availability of units priced within range of low-income households and compared that with the income of the occupants. Just over half of the rental units within the appropriate affordability range were actually occupied by households with incomes in that range in 2000. For example, there were 1,084 rental units with rents affordable to households with incomes at or below 30% of Area Median Income. Of those units, 52% were occupied by households with incomes in that range. The remainder was occupied by households with higher incomes.

Far fewer owner-occupied units were actually available and occupied by households within the appropriate income ranges. There were no owner-occupied units valued within range of households with incomes at or below 30% of Area Median Income. There were just 953 units with values within range of households with earnings below 50% of AMI, and just 43% of those were actually occupied by households with incomes below 50% of AMI. The others were occupied by households with higher incomes.

Table 24
Affordability Mismatch, Medford 2000

Housing Units by Affordability	Rentals	Owned*
Rent/price affordable at <30% AMI		
Units in price range	1,084	N/A
Occupants at <30% AMI	52%	
Vacant units for rent/sale	4	
Rent/price affordable at 31%-50% AMI		
Units in price range	1,525	953
Occupants at <30% AMI	52%	43%
Vacant units for rent/sale	195	24
Rent/price affordable at 51%-80% AMI		
Units in price range	6,120	2,688
Occupants at <30% AMI	59%	43%
Vacant units for rent/sale	255	25

*Includes units for sale.

Source: HUD 2000 CHAS data.

Affordability and Persons with Disabilities

Among people at the lowest levels of household income are persons with disabilities who have only federal SSI income for support. In 2002, the most recent year that that housing costs for the disabled were studied, the SSI program provided just \$547 per month. The average national rent in 2002 was above that. “People with disabilities were priced out of every housing market area in the United States.”²⁶ In the Medford-Ashland Metropolitan Statistical Area, it would have taken 88% of the monthly SSI benefit to rent a 1-bedroom apartment.

A significant proportion of the Medford population is living with disabilities. The 2000 census found a total of 11,513 people aged 16 or older in Medford with disabilities. That information is shown in Table 25 below.

Table 25
Persons with Disabilities, Medford, 2000

Age	Male	Female	Total
16-20	262	266	528
21-64	3,527	3,143	6,670
65-74	698	746	1,444
75+	1,071	1,800	2,871
Total	5,558	5,955	11,513

Source: US Census.

²⁶O'Hara. A. et al. (2003). *Priced Out in 2002*. Technical Assistance Collaborative, Inc. Boston, MA.

BARRIERS TO AFFORDABLE HOUSING

Medford has seen a substantial increase in population in recent years as people relocate to the area, attracted by the mild climate and quality of life – often for the purpose of retirement. This influx of people, many with equity from sales of homes in other areas of the country in hand, has contributed to the rise in price of both land and housing in Medford. Much of the new development anticipated in the coming years will be in subdivisions on the periphery of Medford, up to the identified urban growth boundaries, mostly devoted to higher-end single-family housing. This pressure provides less incentive for development of affordable housing, either on the periphery or in central Medford.

Barriers to affordable housing identified in Medford include:

- High cost of land and high development costs.
- Lack of land suitable and zoned for multifamily housing in central Medford.
- High system development charges, which averaged \$4,508 per residential unit in 2003.²⁷
- Lack of land in central Medford within reach of non-profit developers of affordable housing.
- Lack of inclusionary zoning in the State of Oregon.
- Extended review times for permitting approvals.

First-time homebuyer and credit counseling for both buyers and renters with poor rental histories are assisting low- and moderate-income households obtain suitable housing. However, these initiatives are insufficient to meet the need in the face of soaring housing costs.

The newly established Housing and Community Development Commission, a citizens advisory committee, has been charged with reviewing problem properties, reviewing strategies and incentives for first-time homebuyers (including employer-assisted initiatives), and strategies to preserve housing stock. The work of the commission is an essential element in developing a vision and strategies for provision of affordable housing in Medford.

NEED FOR HOUSING ASSISTANCE

Renter Households with Problems

The following table shows renter households in Medford by size and composition, by household income as a percent of median family income, and the percent of households in each category with housing problems. Housing problems are defined as a cost burden (paying over 30% of income for rent and utilities), overcrowding,

²⁷ Rural Collaborative. (2003). *You Can't Eat the View: The Loss of Housing Affordability in the West*.

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and/or lack of complete kitchen and plumbing facilities. RVs and other impermanent quarters were excluded. Also shown is the percent of households paying 50% or more of family income for housing costs.

**Table 26
Medford Renter Households (2000) and Percent with Housing Problems**

Household (HH) Income Level	Household Size and Composition				
	Elderly (1-2 people)	Small Related (2-4 people)	Large Related (5+ people)	All Others	Total Renters
HHs at 0% to 30% MFI	415	735	160	689	1,999
% with housing problems	67.5	89.1	100.0	71.0	79.2
% cost burden >30%	67.5	87.8	93.8	71.0	78.2
% cost burden >50%	50.6	76.2	78.1	63.9	66.8
HHs at 31% to 50% MFI	635	780	220	424	2,059
% with housing problems	65.4	85.3	86.4	87.0	79.6
% cost burden >30%	63.8	81.4	72.2	86.1	76.0
% cost burden >50%	48.8	21.8	15.9	31.8	31.6
HHs at 51% to 80% MFI	434	1,030	280	714	2,458
% with housing problems	65.4	52.4	82.1	42.6	55.2
% cost burden >30%	63.1	41.3	19.6	40.6	42.5
% cost burden >50%	35.5	1.5	0.0	2.8	7.7
HHs at 81% of more MFI	1,009	1,620	435	1,225	4,289
% with housing problems	42.5	11.4	32.2	6.5	19.4
% cost burden >30%	40.0	4.3	2.3	4.5	12.6
% cost burden >50%	19.2	0.0	0.0	0.0	4.5
Total Renter Households	2,493	4,165	1,095	3,052	10,805
% with housing problems	56.5	49.1	65.8	40.7	50.1
% cost burden >30%	54.7	42.6	34.2	39.3	43.6
% cost burden >50%	34.8	17.9	14.6	19.5	21.9

Notes: MFI is median family income. Housing problems include cost greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities. Cost includes rent and utilities. Totals may vary slightly from census data.

Source: HUD 2000 CHAS tables.

Half of all renter households in Medford had housing problems, most because they were paying more than 30% of their income toward rent and utilities. The extent of households with housing problems increased markedly as family income decreased. Almost 80% of renter households at the lowest income levels were paying more than 30% of their income for housing and nearly 2/3 were spending more than half of their income for rent and utilities.

Most severely burdened were large households (5 or more related people). They were also most likely to be overcrowded. While a factor for all households, the problem of overcrowding naturally increased with household size. Overcrowding persisted with larger households, even when the cost burden was alleviated. For example, only 2% of large renter households with incomes at or greater than 81% of MFI had a 30% cost burden and yet 32% are shown with housing problems, which is mostly attributable to overcrowding.

Many elderly renters, even at higher income levels, were still burdened by the cost of housing. Overall nearly 35% of elderly renter households are paying 50% or more of their income for housing costs. Housing costs that outpace incomes, especially fixed-incomes for the elderly, will result in an increased burden, which could jeopardize access to needed services and requirements of daily living.

Disproportionate Housing Problems by Race/Ethnicity – Renter Households

Racial and ethnic minority households are often more cost-burdened or more likely to experience other housing problems, including over-crowding or substandard conditions. For example, in Medford, 100% of African-American/Black, non-Hispanic renter households with incomes below 50% of area median experienced housing problems, according to the HUD analysis (CHAS tables). This statement applies to a total of 18 households. With such small numbers, valid comparisons based on census data alone may not show the true extent of housing problems. Racial and ethnic minority households most certainly experience problems as well, but the numbers of households were so low that HUD was unable to even calculate a percentage for comparison.

A greater percentage of the total Hispanic renter households, at all income levels, had housing problems than renters as a whole in Medford.

- 92% of Hispanic households at or below 30% of median family income had problems, compared to 79% of all households at that level.
- 84% of Hispanic households between 31% and 50% of median family income had problems, compared to 80 % of all households at that level (though less than a 10% variance).
- 67% of Hispanic households between 51% and 80% of median family income had problems, compared to 55% of all households at that level.
- 35% of Hispanic households at or above 81% of median family income had problems, compared to 19% of all households at that level.

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Owner Households with Problems

Table 27
Medford Owner Households (2000) and Percent with Housing Problems

Household (HH) Income Level	Household Size and Composition				
	Elderly (1-2 people)	Small Related (2-4 people)	Large Related (5+ people)	All Others	Total Owners
HHs at 0% to 30% MFI	380	175	40	124	719
% with housing problems	71.1	85.7	100.0	68.5	75.8
% cost burden >30%	71.1	85.7	75.0	68.5	74.7
% cost burden >50%	46.1	80.0	75.0	56.5	57.7
HHs at 31% to 50% MFI	575	143	114	134	966
% with housing problems	47.8	79.0	100.0	88.8	64.3
% cost burden >30%	47.8	76.2	96.5	85.8	63.0
% cost burden >50%	25.2	49.0	65.8	33.6	34.7
HHs at 51% to 80% MFI	1,095	654	120	310	2,179
% with housing problems	31.5	67.9	58.3	64.5	48.6
% cost burden >30%	31.5	65.6	41.7	64.5	47.0
% cost burden >50%	15.5	29.8	16.7	14.5	19.7
HHs at 81% of more MFI	2,799	5,684	900	1,105	10,488
% with housing problems	9.3	12.6	25.0	17.6	13.3
% cost burden >30%	8.9	11.8	13.3	17.6	11.8
% cost burden >50%	0.5	0.8	0.0	2.3	0.8
Total Owner Households	4,849	6,656	1,174	1,673	14,352
% with housing problems	23.7	21.3	38.2	35.8	25.2
% cost burden >30%	23.5	20.4	26.4	35.6	23.7
% cost burden >50%	10.4	6.8	10.6	11.1	8.8

Notes: MFI is median family income. Housing problems include cost greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities. Cost includes mortgage payment, taxes, insurance and utilities. Totals may vary slightly from census data.
Source: HUD 2000 CHAS tables.

Fewer owner households have housing problems as defined by HUD in the CHAS tables, than do renter households (25% overall compared to 50% of renter households). As with renter households, the percent with problems increases as median family income decreases. The lowest income households are most burdened by cost, particularly family households.

Disproportionate Housing Problems by Race/Ethnicity – Owner Households

As with renter households, a greater percentage of racial and ethnic minority households are likely to experience housing problems. The numbers of low-income racial minority owner households was small. There were either no disparities noted in the CHAS analysis or the number of households was too small to permit calculation of differences.

The number of Hispanic owner households is larger and did permit an analysis of differences. As with renter households, a greater percentage of the total Hispanic

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owner households, at all income levels, had housing problems than owners as a whole in Medford.

- 100% of Hispanic households at or below 30% of median family income had problems, compared to 76% of all households at that level.
- 100% of Hispanic households between 31% and 50% of median family income had problems, compared to 64 % of all households at that level.
- 73% of Hispanic households between 51% and 80% of median family income had problems, compared to 49% of all households at that level.
- 25% of Hispanic households at or above 81% of median family income had problems, compared to 13% of all households at that level.

Overcrowding

Table 28
Overcrowded Conditions, 2000

Persons per Room	Medford		County	State
	Number	%		
1.00 or less	23839	95%	95%	95%
1.01 – 1.50	726	3%	3%	3%
More than 1.50	576	2%	2%	2%

Source: US Census.

Another indication of housing problems is the extent of overcrowding. The 2000 census found 5% of the units in Medford overcrowded as defined by the presence of more than one person per room. The indicators of overcrowding in Medford were identical to those in the county and the state.

Wait Lists for Housing Assistance

The Housing Authority of Jackson County provides rental housing to low and moderate income individuals and families at affordable rents. The Housing Authority maintains wait lists for public housing and for Section 8 units available to county residents. As of August 2004, there were 1,068 people on the wait list for public housing who were living in Medford, 73% of whom were female, 6% elderly, and 18% disabled (and may also have been elderly). There were also 1,720 people on the wait list for Section 8 housing (for Medford addresses). Of these, 73% were female, 7% elderly, and 20% disabled (and may also have been elderly).

The Housing Authority reports that the longest wait times are for studios and 1-bedroom units. People have also been holding on to their Section 8 certificates and vouchers. There has been a very low turnover, which increases the wait time.

HOUSING RESOURCES

Table 29 summarizes the subsidized rental housing units and general sponsorship of those programs in Medford.

Table 29
Medford Assisted/Subsidized Housing: Families, Seniors/Disabled – May 2004

Name	Target Population	Units	Comments
Housing Authority of Jackson County			
Royal Apartments	Family	86	Bond project
Southernaire	Family	58	Bond project
Lilac Meadows	Farm Laborers	40	20 migrant, 20 permanent
Lilac Meadows	Family	42	Tax credit
Medford Hotel	Singles/disabled	74	Mod Rehab
Grand Hotel	Singles/disabled	26	Mod Rehab
Autumn Glen	Family	16	Public housing
Scattered site, single family	Family	22	Public housing
Scattered site, small multifamily	Family	40	Public housing
Table Rock Apartments	Family	30	HOME
Scattered sites	Family	26	HOME
Scattered sites	Family	750	Section 8 Certificates
Other Assisted Housing			
Arc	Disabled	6	Mod Rehab
Barnett Town homes	Family	82	ACCESS, Inc.
Birch Corners	Disabled	8	ACCESS, Inc.
Four Oaks	Disabled	7	ACCESS, Inc.
Holly Court	Senior/disabled	8	ACCESS, Inc.
Lion's Cottage	Disabled	4	ACCESS, Inc.
Miller House	Devlmtly Disabled	5	ASH
Pinel House	Devlmtly Disabled	10	ASH
Project-Based Section 8			
Bartlett Street Apartments	Senior/disabled	16	Arthur Ekerson
Catalpa Shade	Mobility impaired	22	ACCESS, Inc.
Conifer Gardens I & II	Senior/disabled	50	Conifer Management
Eastwood Living Group I	Family	24	Medford Better Housing
Eastwood Living Group II	Family	16	Medford Better Housing
Glen Ridge Terrace	Family	46	Pacific Retirement
Julia Ann Apartments	Family	43	Medford Better Housing
Larson Creek Retirement	Senior/disabled	40	Pacific Retirement
Mulberry Court	Family	30	Cascade Management
Northwood Apartments	Senior/disabled	36	Medford Better Housing
Quail Ridge Retirement	Senior/disabled	60	Pacific Retirement
Rogue River Estates	Elderly	92	GB Enterprises
Ross Knotts Retirement Center	Senior/disabled	50	Pacific Retirement
Springdale Terrace	Senior/disabled	17	Bob Hunter
Spring Street Apartments	Senior/disabled	56	Cascade Management
T-Morrow for the Elderly	Senior/disabled	36	Medford Better Housing
Valley Pines	Family	120	GSL Properties
Total Units		2,094	

Housing Authority of Jackson County

The Housing Authority of Jackson County manages 78 units of public housing in Medford, 25 of these units are scattered site, single family houses. The other public housing units are in small multifamily complexes, the largest of which is Autumn Glen with 16 units of family housing. There is no loss in public housing units anticipated, although the Housing Authority would like to convert the scattered site, single family units to tenant-based Section 8 vouchers in the future and use the proceeds to develop additional multifamily housing.

The condition of units owned or managed by the Housing Authority is generally good. Improvements for public housing are ongoing. The 5-year plan includes the addition of air conditioning, carpeting and amenities, as well energy efficient improvements and general maintenance. A substantial renovation was recently completed on the Royal Apartments, which was a 3-year effort involving the use of CDBG funds. As a result of a recent evaluation of units to accommodate persons with disabilities (504 evaluation), several units were made accessible. Since 1990, 5% of all units are accessible, including some 3-bedroom units built with HOME funds.

The Housing Authority encourages tenant associations; however, tenant interest has been limited. Summer programs for youth have been widely accepted, including a successful film project in which youth selected the topic (general public service, drugs, youth abduction, etc.) and produced the films.

The Housing Authority also manages Section 8 certificates and vouchers in Jackson County. There are currently approximately 750 Section 8 vouchers associated with Medford addresses (out of 1,415 vouchers in the County). There is currently little turnover. People are holding on to the vouchers, which adds to the time on the wait list for new applicants. There is very good acceptance of Section 8 vouchers among landlords in Medford. However, the Housing Authority is having difficulty supporting the vouchers already issued due to federal requirements.

The Housing Authority of Jackson County has applied for a new project to build Pacific Village, which is proposed as an 82-unit complex for families at or below 50% of median income; 48 of the units will be one-bedroom to alleviate the waits for smaller units in Medford.

Project-Based Section 8

In addition to units managed by the Housing Authority, there are 754 units in Medford built primarily with Section 202 and 236 programs, and are tied to continued support with Section 8 funds. Of the total, 279 are family housing and 475 housing for elderly and/or people with disabilities. Leases with owners have been renewed, so there is no anticipated loss of these assisted units.

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Southern Oregon Housing Resource Center

The Southern Oregon Housing Resource Center is a partnership consisting of the Housing Authority of Jackson County, ACCESS, Inc., and Jackson County. The Center is located in the offices of ACCESS, Inc. and meant to be a “one-stop-shopping-center” for housing information and assistance, including:

- Information on home improvement programs.
- Energy conservation information.
- First-time homebuyer information and training.
- Counseling on reverse mortgaging.
- Information on grants, loans, and down payment assistance.
- Advocacy and information to avoid delinquency and foreclosure for tenants, owners, and small property owners.

ACCESS, Inc.

ACCESS, Inc. has been designated a Community Development Organization (CDC) and a Community Housing Development Organization (CHDO), both of which result in eligibility to furnish low-interest HUD loans and other housing assistance. ACCESS, Inc. offers housing assistance in several ways:

- Subsidized rental properties (listed in section on special populations).
- ABC’s of Homebuying: State approved homeownership education curriculum is taught in both English and Spanish.
- Refundable Security Deposit Program helps low and moderate-income renters with the up-front costs of obtaining rental housing.
- Rental Subsidy Program, provides up to 6-months subsidy on rent for low and moderate-income households.
- Rental counseling and referrals (not restricted on the basis of income).
- Home weatherization program, with priority for seniors and persons with disabilities for rental and owner-occupied units.

City of Medford

The City of Medford provides direct housing assistance through the Emergency Home Repair Loan Program and the First-Time Homebuyers Program.

The Emergency Home Repair Loan Program, administered by the Housing Authority of Jackson County, funds emergency repairs under an interest-free deferred loan program. Applicants must meet income requirements and repairs must be required for health and safety of the occupants (such as roof, electrical or heating). Funding is also available for low-income homeowners with disabilities for assistance with removal of architectural barriers and modifications to improve access and livability. The First-Time Homebuyers Program, new in 2004, assists low-income residents with up to \$15,000 towards the down payment and closing costs. Loans are interest free and payment is deferred until refinance or sale of the unit. The program is administered by the Southern Oregon Housing Resource Center, through ACCESS, Inc.

Rogue Valley Community Development Corporation (RVCDC)

The RVCDC was established in 1990 to assist low and moderate income households with affordable housing and to encourage economic and community development. The RVCDC has acquired, renovated and sold 11 single family homes in Medford to date and is looking for continued opportunities. They have worked jointly with the Medford School District to provide high school students skills in homebuilding. In 2005, the RVCDC is constructing nine townhouses (Eleventh and Grape St. Project) for homebuyers with incomes below 80% of median income.

Rogue Valley Habitat for Humanity

Habitat for Humanity/Rogue Valley develops single-family owner-occupied housing and town homes for low-income households using volunteers, contributions, and the “sweat equity” of prospective owners. They have built 15 homes in Medford housing 77 persons. All original homeowners are still in their Habitat homes and they have never had to foreclose on any of their families.

Other Homeownership Assistance

The Oregon Bond Residential Loan Program, administered through local participating financial institutions, provides assistance for first-time homebuyers who qualify on the basis of income and purchase price. In addition the Home Purchase Assistance Program, administered by the Oregon Bankers Association, provides up to \$1,500 in down payment and closing cost assistance to qualified applicants.

HOMELESSNESS AND SPECIAL NEEDS

HOMELESSNESS

One of the most frustrating social issues of the past 20 years has been the growth in the number of persons losing their homes and falling into homelessness, particularly during a time of unprecedented prosperity in the United States. Homelessness was once thought to be just a big City issue, but increased housing costs, unemployment and cutbacks in many safety net programs have made homelessness evident in small communities such as Medford.

Overview of Homelessness

Extent of Homelessness in Jackson County

The Jackson County Homeless Task Force estimated in spring 2004 that there are more than 800 homeless persons in the County. Slightly less than 100 families were identified among the homeless. Two-thirds of the county's homeless are single individuals: single men make up the largest segment; many others are youth who have left home for a wide variety of reasons. It is estimated that 10% to 20% of the homeless are the "chronic homeless" who have a pattern of cyclical homeless or have been homeless in and out of shelter for more than a year.

Causes of Homelessness

The underlying causes of homelessness are many; often an individual homeless person will experience multiple issues leading to their homelessness. A single event often catalyzes homelessness: an eviction, a release from jail or domestic violence. A recent national survey of homeless providers indicated the following four ranked, primary causes of homelessness:²⁸

1. Lack of affordable housing
2. Inadequate income
3. Substance abuse and/or mental illness
4. Domestic violence

In November 2003, the Jackson County Homeless Task Force conducted a survey of all homeless persons encountered during a one-week period. These homeless respondents gave similar reasons to those of the national providers:

1. Loss of income/employment
2. Substance abuse
3. Couldn't afford rent
4. Mental/emotional disorder

²⁸ Culhane, Dennis. (January 2002) "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing", *Housing Policy Debate*, Vol. 13, Issue 1.

Cost of Homelessness

Recent national studies have highlighted the cost of homelessness.²⁹ There are both financial and social costs. Studies have demonstrated that homeless persons placed in supportive housing have significant reductions in the number and length of future hospitalizations and the length of incarceration. They also have shown that the cost of housing persons in permanent housing with supports is no more expensive than emergency and crisis services provided to homeless persons who are on the streets. The social costs of homelessness are also high. Children living in homeless families generally are found to have limited socialization skills and are frequent “failures” in the school system. As adults, they also are more likely to become homeless.

Homeless Needs

The needs of homeless persons also vary and are usually multiple. National data on the homeless reveal that about 35% to 40% of the homeless suffer from mental illness and approximately 30% have chronic substance abuse problems. Many of the homeless with these conditions require long-term housing with supportive services. Mental health counseling and substance abuse treatment and counseling are also necessary, as are housing and services for the victims of domestic violence. Case management services are needed by all homeless people to assure they are provided the services they require.

The Homeless Task Force has established several priority needs that they will seek to meet, including transitional housing and shelter, outreach services and shelter for youth, homelessness prevention, and permanent supportive housing for the disabled.

Homeless persons view their needs from a somewhat different perspective. The 2003 Jackson County survey of the homeless revealed the following needs ranked by order of most frequent response:

1. Employment
2. Affordable housing
3. Assistance with rental housing deposits
4. Alcohol and/or drug treatment
5. Transportation

Resources for the Homeless

To meet the needs of the homeless in Medford and the County, a wide variety of services and housing, operated by several non-profit agencies, has been developed over the years. As of summer 2004, there were 441 transitional and shelter beds in the county and another 330 permanent supportive housing beds for the disabled homeless. The following summarizes available housing resources (a complete list of facilities may be found in the Appendix):

²⁹ Ibid.

Table 30
Housing Resources for the Homeless

Housing Type	Beds for Singles	Beds for Families	Total Beds
Emergency shelter	142	31	173
Transitional housing	124	144	268
Permanent supportive housing	144	186	330

Both housing-based services and free-standing services are available to the homeless. Churches, non-profits and governmental agencies cooperate to provide an array of services. While there are not enough staff and services to meet the needs of the homeless, there are several agencies that provide case management services, life skills training, employment skills, substance abuse counseling, food, mental health counseling, and child care services.

Continuum of Care

The Continuum of Care organization, of the Jackson County Homeless Task Force, is a major community asset in planning for meeting the needs of the homeless and coordinating efforts in the community to make systems changes within the homeless provider community. The Homeless Task Force holds regularly-scheduled planning/coordinating meetings focused on finding resources and developing partnerships to fill gaps in a continuum of housing and services for the homeless. Membership includes non-profit homeless providers, governmental agencies, City government staff, faith-based organizations as well as private and homeless individuals. They utilize a Five-Year Strategic Continuum of Care Plan to serve as a guide to plan and implement new homeless projects and activities.

POPULATIONS WITH SPECIAL NEEDS

Frail Elderly

The frail elderly have significant service needs. While the extent of persons who are over 65 with severely debilitated health is not known, an indication of need is found in data on services received by seniors. In December 2004 a total of 954 seniors living in Jackson County were receiving Medicaid Long Term Care services. An additional 1,226 receive other medical assistance.

Many seniors over 85 years of age are among the frail elderly. This population is growing at a rate above the state rate. As of the 2000 census, there were 1,635 residents 85 years and older living in Medford compared to 1,026 in 1990, a 59% increase. This compares with an increase of 52% for the state as a whole. As retirees continue to move to the Medford areas to live, the numbers will continue to grow at a high rate; and the need for supportive services will increase. Low-income, frail elderly residents are often isolated and in need of nutrition, basic services, health care and social activities.

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Services and Assistance for the Frail Elderly

- ACCESS, Inc. Family and Senior Services Department provides a senior outreach program to assess the daily survival needs of senior and disabled individuals, and links them with agencies and community resources as appropriate. Other programs of assistance to the frail elderly are utility assistance, emergency food and rental assistance.
- Senior and Disability Services Program of the Rogue Valley Council of Governments provides state services for seniors and adults with disabilities. These services include: eligibility determinations and case management for Medicaid long term care (in-home, in community based settings and in nursing homes); Oregon Project Independence assistance for seniors who are not income-eligible for Medicaid; and Oregon Health Plan assistance with Medicare premiums, food stamps. Family care-giver support, abuse protection, medical transportation, and information and referral.
- The Medford Senior Center provides opportunities for socialization, meals and activities for seniors.
- The Rogue Valley Medical Center and Providence Hospital both offer in-home health services to the frail elderly.
- The Food and Friends Program delivers food to home-bound seniors and operates lunch time meal programs throughout the county.
- The Center for Non-Profit Legal Services operates a special legal assistance programs for seniors.

Persons with Disabilities

The census found that there were 34,031 persons 5 years and older with disabilities living in Jackson County in 2000. Many are receiving a range of services. There were 708 people with developmental disabilities in the county who were receiving case management, residential care, employment services, transportation, family support and crisis services as of October 2004. There were also 2,824 seniors and 1,591 persons with physical disabilities who received services in Jackson County, such as community care, in-home care services, nursing home care and services under the Older Americans Act and Project Independence.³⁰

Services and Assistance for Persons with Disabilities

Several organizations provide housing and services in Medford for persons with disabilities:

- Living Opportunities, Inc. has 5 houses serving 29 developmentally disabled adults. The organization provides supportive services to 35 additional people who are living in apartments.
- Alternative Learning Services, Inc. has four 5-bed group homes. In addition, the organizations provide supportive services to 21 disabled persons living in apartments.
- Southern Oregon Training and Rehabilitation, and Alternative Services, Inc. have a 5-bed group home and serve an additional 6 persons living in apartments.
- The Arc of Jackson County has a HUD-subsidized independent living facility with 1-bedroom apartments for persons with developmental disabilities.

³⁰ Oregon State Department of Health Services database.

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- Manor Community Services manages several senior housing complexes, including some for persons with disabilities.
- ACCESS, Inc. Family and Senior Services Department provides an outreach program to assess the daily survival needs of senior and disabled individuals, and links them with agencies and community resources as appropriate. The agency also provides Medicaid services to persons with disabilities. ACCESS, Inc. also operates four single family residences as transitional housing for persons living with psychiatric disabilities.
- Services for people with Developmental Disabilities are coordinated by Creative Supports, Inc.
- The Medford Disability Services Office provides people with disabilities between the ages of 18-64 with many of the services listed under the Senior Services Office above.
- Catalpa Shade, managed by ACCESS, Inc. provides supportive housing for 21 persons with brain injury and mobility- related injuries.
- Lions Cottage, owned by Lions Sight and Hearing and managed by ACCESS, INC. provides 4 units for elderly persons with disabilities.

Persons with Mental Illness

Mental illness ranges from mild and short-term depression to chronic, life-affecting conditions such as schizophrenia. The publicly-funded services focus on persons whose mental illness affects the ability to work and live in the community independently. Most persons with depression, anxiety and other mental illnesses that can be self-managed do not reside in institutions, as a major focus of publicly-funded mental health services is on stabilization and avoidance of institutionalization.

According to the Jackson County Health and Human Services Department, there are 3,180 persons with severe mental illness in the county. They have major mental illnesses, such as schizophrenia, bi-polar disorders, and other organic brain disorders. The vast majority of the county's psychiatrically disabled persons live in Medford, which is the center for social and medical services for persons with mental illness in the county.

Services and Assistance for Persons with Mental Illness

Jackson County Mental Health offers case management, out-patient psychiatric services, mental health treatment, medication management and life skills training. The Department of Veterans Affairs provides outreach and case management services as well as out-patient and in-patient medical and psychiatric services to veterans. Disability Advocates for Social and Independent Living (DASIL) provides crisis intervention services for persons with disabilities. DASIL also provides case management and rent payee services. ACCESS, Inc., in partnership with Jackson County Mental Health, is developing the 8-unit Woodrow Pines project for the chronically mentally ill.

Victims of Domestic Violence

Victims of domestic violence have significant immediate needs for shelter and crisis services, and ongoing needs for support to overcome the trauma they have experienced in order to move on with their lives. About 30% of the 16,000 Crisis Line calls involve requests for domestic violence housing or services. However, these

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calls represent only a fraction of the domestic violence calls, because referrals come through the Help Line and other sources throughout the county.

Services and Assistance for Victims of Domestic Violence

The Dunn House, which is operated by Community Works and located in the Medford-Ashland area, is the only shelter for battered women and their children. On average, up to 20 women and children are sheltered on a given night seeking refuge from domestic violence. Annually 700 women and their children are served.

Persons with HIV/AIDS

In 2003, there were 81 cases of AIDS and 21 cases of HIV in Medford.³¹ Persons living with HIV/AIDS vary in their needs for housing and housing-related services. The effects of HIV/AIDS range from loss or reduction of income to functional changes in ability to live independently due to declining health. A range of housing options is needed, including options that allow for in-home caregivers at certain points. Housing linked to mental health and chemical dependency case management is needed for persons who are dually or triply diagnosed – a growing portion of the HIV/AIDS population. Housing and care needs can extend to assisted living support such as in-home medical services, nursing services, and hospice care.

Services and Assistance for Persons with HIV/AIDS

OnTrack operates two homes for persons with HIV/AIDS. Fairfield Place is a 4-unit independent supportive housing, funded by CDBG and HOME funds, and an Elderly and Disabled loan. OnTrack also operates Alan's House, a home for persons with AIDS who are unable to live independently. In addition, State of Oregon Health Division utilizes funds from a Housing Opportunities for Persons with AIDS (HOPWA) grant, in partnership with five local agencies, provides tenant-based rental assistance as well as housing coordination and housing information services.

Substance Abuse

Substance abuse is implicated across a wide range of human service needs. It complicates treatment of mental health problems in persons who self-medicate with drugs and/or alcohol. It contributes to family conflict and dysfunction. It is frequently a factor in homelessness in both single transients and families in crisis.

The Southern Oregon Quality of Life Index notes that substance abuse is a pediatric disease: almost all substance abuse begins between the ages of 10 and 15 years. Substance abuse among teens is a significant factor in criminal behavior, employability and job retention. In a 2002 survey of Jackson County eighth graders, 24% reported they had used alcohol within the 30 days of the time they participated in a survey. In addition 12% of those surveyed reported using cigarettes and 14% reported using marijuana.³²

Key leaders surveyed in Medford for this Consolidated Plan expressed a significant concern with drug abuse in the community, particularly with methamphetamines.

³¹ Oregon State Department of Health Services database.

³² Rogue Valley Civic League, et. al. (2003). *Southern Oregon Quality of Life Index*.

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Several placed substance abuse treatment and/or drug abuse prevention programs in their top three priorities. During 2002, a total of 4,775 Jackson County residents received detox, drug and alcohol treatment or assistance through drug/alcohol maintenance.

The following are 2002 DHS estimates of the number of adults in Jackson County who abuse or depend on alcohol and/or illicit drugs:

- Alcohol and illicit drugs – 13.6% (19,072 adults)
- Alcohol alone – 6.9% (9,676 adults)
- Illicit drugs alone – 9.6% (13,463 adults)

Of illicit substances, the highest use is marijuana at 7.4%, followed by methamphetamines (3.8%), cocaine (2.5%), and hallucinogens (2%).

Services and Assistance for Persons with Substance Use/Abuse Issues

- Rogue Valley Addiction Recovery Center: 23 beds for adults providing both residential treatment and outpatient treatment.
- Rogue Valley Serenity Lane: 36 beds for adults, half of which are typically occupied.
- Addiction/Recovery: A detox center
- OnTrack:
 - West Main Apartments, a 6-plex with supportive services funded by CDBG and HOME funds and a state loan (OAHTC).
 - Franquente, a 10-unit congregate living facility with supportive services for chemically dependent fathers with their children; funded by HOME funds conventional loan and Oregon Housing Trust Funds.
 - Delta Waters, a 27-unit congregate living facility with supportive services for chemically dependent pregnant and parenting women with children. Funded through conventional loan, CDBG for rehabilitation, City general funds, and Oregon Housing Trust.
 - Grape Street, 8-units of transitional housing with supportive services for women in recovery; funded through the Oregon Housing Trust and a conventional loan.
 - Stevens Place, a tax credit project consisting of 51 one to four bedroom apartment units targeted to low and very low income families with 24 set aside for persons/families who could not meet tenancy requirement under normal criteria. A full time Family Advocate is on site..
 - Three buildings on long-term leases from the City of Medford for transitional housing for chemically dependent women.
 - Teen CIRT, an 8-unit residential treatment facility for chemically dependent adolescents.
 - Living On Track Project, 62 units are currently being developed of low income service enriched supportive apartment housing. These scattered site projects will also serve a mixed population of the fragile and vulnerable including persons with alcohol and drug related problems, developmental disabilities, psychiatric disability and domestic violence.

COMMUNITY DEVELOPMENT

PUBLIC FACILITIES AND SERVICES

The City's Five Year Capital Improvement Plan outlines the needs of the community in detail. The plan includes the following needs over the period 2005-2010:

Water Reclamation Facilities (More than 50% toward water reuse projects)	\$28,968,000
Traffic and Street Improvements (The majority for arterial and collector street improvements, followed by traffic signalization improvements)	\$14,520,000
Parks and Recreation (Including \$3,240,000 for the Sports Park Development)	\$10,720,000
Storm Drain & Sanitary Sewer Improvements (A variety of small projects are planned)	\$3,125,000

NEIGHBORHOOD REVITALIZATION

While there are many neighborhoods in need of improvements, the majority of CDBG-qualified neighborhoods are located in the west and central areas of Medford. A wide range of needs have been identified. Sidewalks, streets, curbs, gutters and storm drain are the dominant needs. The "Safe Sidewalks" program focuses on substandard facilities along routes to City elementary schools. Street beautification with tree planting has been a popular tool in some neighborhoods. Code enforcement activities have been a powerful tool to eliminate unsafe and unsightly conditions in revitalizing neighborhoods.

One of the most active neighborhood groups in areas eligible for CDBG assistance is the West Medford Community Coalition. The Coalition was created in the mid-90s to focus community efforts to improve the neighborhoods on the west side of the City. It was reorganized in 2003 and is comprised of active neighborhood residents who meet monthly. The Coalition has been actively assisting in the revitalization of two neighborhoods within its boundaries: Liberty Park and the McLoughlin neighborhood.

These two neighborhoods, located north of Downtown Medford have begun meeting to plan and undertake multi-faceted activities aimed at improving the environment, safety and livability of their communities.

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The Liberty Park Neighborhood Council was formed in 2002 as the community developed a neighborhood action plan. The plan covers the area once called the Beatty/Manzanita neighborhood but renamed the Liberty Park District during the planning process. The Liberty Park Plan Neighborhood Revitalization Plan, adopted in 2003 describes the neighborhood vision and outlines five areas of focus (with high priorities in brackets):

- Community Building
(Speeding and traffic)
- Facilities and Services
(Parks and access to Bear Creek Greenway)
- Housing and Neighborhood Commercial
(Financial assistance to repair and maintain homes)
- Infrastructure
(Improvements to sidewalks, handicapped access and streets)
- Economic Base
(Increase household incomes)

Residents of the McLoughlin neighborhood met at a City-sponsored barbeque in summer 2004. Residents completed a survey to identify needs and issues facing their neighborhood. A total of 255 of surveys were completed, representing 30% of the residents. While the survey indicated that most residents liked their neighborhood and felt that it was the same or a better place to live than a year prior, they indicated the following high priority unmet needs: resolution of speeding traffic, improved street lighting, affordable housing, neighborhood cleanup and development of a community center. In October 2004, community members met with City staff to conduct a “SWOT Analysis” and discuss the possibility of forming a neighborhood association. Those present agreed to participate in the formation of a McLoughlin Neighborhood Council

In addition to residential neighborhoods that are working toward revitalizing their communities, the Medford Urban Renewal Association (MURA) is focusing on the revitalization of the downtown commercial/retail core. Medford’s downtown is the mixed-use urban center in the Rogue Valley region. The *City Center 2050 Plan* and Urban Renewal Plan provide the community with a vision and the policy framework for planning and revitalization of the downtown neighborhood core.

COMMUNITY ASSETS

PUBLIC FACILITIES

Senior Center

Built in the mid- 1970s, the Medford Senior Center was formerly owned by the City of Medford. It is now owned and managed as a nonprofit agency. Located two blocks from the downtown and across the street from Hawthorne Park, it serves individuals over 55 years and older who reside in Medford. In 2003, over 38,000 seniors attended the center. The Senior Center offers meals onsite, feeding an average of 115 persons daily. It also offers educational classes, a legal clinic, exercise classes, health clinic, internet Access, lending library, tax help and social activities.

Community Center

The City of Medford has one community center, the Santo Community Center, managed by the Parks and Recreation Department. The City had rented the Santo Community Center for two years prior to acquiring the property via the Federal Lands to Park Program. The facility is located in an economically disadvantaged area. Sixty nine percent of families are low income, forty six percent of adult males are unemployed and eighty eight percent of the students attending Jackson Elementary School (within one block of the facility) receive free or reduced lunches. The facility is a distribution point for an agency providing surplus food supplies to the needy. Classes are held there daily in languages, exercise, dog obedience, art classes and financial management. Meeting space and community dances are offered as well.

The City of Medford also owns the old Carnegie Library Building in downtown Medford across from City Hall. A new Jackson County library facility was completed in 2004 and thus, the Carnegie Building was vacated. City officials are considering how to best use this facility.

Youth Centers

The City operates The Shack Youth Activity Center as a place for afternoon activities for youth. It offers video games, air hockey and pool tables. It also offers a Computer and Homework Assistance Center.

Kids Unlimited, a nonprofit Youth Center, serves 1,000 children a week throughout the year. They offer an after school partnership program with the Medford School District in elementary schools located in Medford's lower income neighborhoods. Over 50% of the children served are Spanish-speaking. Kids Unlimited has been housed in a former bank building in the downtown since the late 90s but has recently purchased an Old Bowling Alley in Liberty Park which they are remodeling to create

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a Youth Center. They will provide educational, sports, arts and social opportunities to Medford's children in this new facility.

Child Care Centers

The Jackson County Commission on Children and Families Comprehensive Plan 2001 estimated that 22% of children under the age of 13 are in paid child care arrangements for an average of 31.3 hours per week in Jackson County. The county has a long standing and effective early childhood collaboration network. Early childhood services targeted for the Hispanic population are strong, diverse and well-supported.

The Southern Oregon Child and Family Council provides Head Start, comprehensive early childhood education and other social services to 552 low income children ages 3-5 and their families. This does not include children enrolled in the Early Head Start or Migrant Education (LISTO) programs.

Currently there is no crisis relief nursery but efforts have begun to develop such a nursery.

Child Development Services

Asante Child Development Services provides services for young children (birth-to-five years of age) who have special needs, disabilities or developmental delays. A variety of services are provided: a high-risk infant follow-up program to monitor for potential developmental delays, a feeding clinic (evaluating and providing recommendations to families who have young children with feeding concerns), and early intervention/early childhood special education. The intervention/special education program provides an array of services such as preschool, home consultation, speech, language and occupational therapies, behavior consultation and autism services. Each year the program serves over 800 children in Jackson County with a staff of 110.

Parks and Recreation Facilities

There are five City of Medford parks located in the low income areas of the City. Two of these parks, Hawthorne and Jackson, have outdoor swimming pools. Two are co-located with elementary schools, one is downtown and the other, Union Park, is a small neighborhood park. The City is in the process of developing a new park, Lewis Street Park, located in a low income census tract in West Medford. The Master Plan is completed and design work is nearing completion. The City is also seeking to acquire land and develop a neighborhood park in the Liberty Park neighborhood. This was the number one priority of the neighborhood residents when they were surveyed in 2002. There are over 400 children under the age of 18 living in this neighborhood with no access to a park.

INFRASTRUCTURE

Streets

Most of the CDBG eligible census block groups are located in West Medford and in old East Medford, the oldest parts of the City. Many of these streets remained unpaved until the mid-1980s when the City began a systematic program of street improvements using CDBG funds.

The City of Medford has been annexing portions of Jackson County to the west. Many of these newly annexed areas also have substandard streets lacking curbs and gutters. Annexation of these new areas means that the City has inherited several miles of substandard “oil mat” surfaces streets. These consist of a thin asphalt surface which has been placed over a thin base. They have gravel shoulders, no curbs and no sidewalks.

Sidewalks

The City has had an on-going program of sidewalk restoration since the mid-1980s as well. West Medford and parts of East Medford have many blocks of old, deteriorated sidewalks which are in poor condition. There are also many areas which have no sidewalks. A \$4.6 million dollars bond was passed in November 2004 to develop sidewalks within a one mile radius of elementary schools throughout the City. This funding is in addition to \$1 million of Department of Transportation funds earmarked for safe school sidewalks. Safe Routes to School continues to be a major priority with the Medford City Council. A Section 108 loan was approved for the City of Medford to improve the streets and build sidewalks around Washington Elementary School and Union Park in West Medford.

Street Lighting

As new subdivisions are added to the City of Medford, street lighting is systematically installed along the streets. In older parts of the City, street lights exist but in a much more haphazard manner. Many neighborhoods have but a single set light for an entire block. The Neighborhood Resource Division works with targeted neighborhoods in CDBG-eligible census tracts to ascertain where placement of street lights would have the greatest impact on crime prevention and safety.

Public Services

The City of Medford is the largest City in Jackson County and Southern Oregon and as such, serves as a regional commercial and medical center. There are approximately 50 public service agencies located in the City, both non-profit and governmental. Most serve the entire county as well as the City of Medford.

FIVE YEAR STRATEGIES

PRIORITIES

To guide the focus of activities over the next five years, Medford has established three primary housing and community development priorities that it will pursue:

First, the lack of affordable housing is a critical issue which adversely affects all residents but is particularly devastating to low and moderate income households. Expanding the availability of decent, safe and affordable housing for members of the City's workforce is a primary goal in the City's effort to assist families and individuals to achieve their full potential. The removal or mitigation of lead based paint hazards in existing residential structures will be an integral part of the City's assisted rehabilitation programs. The characteristics of the current housing market, such as the high cost of constructing housing, have influenced how the housing priorities have been established. The market conditions have led to an emphasis on use of the available CDBG funds for rehabilitation of existing units and new construction primarily for housing serving persons who are homeless or have special needs.

Secondly, several of the City's neighborhoods lack the amenities and basic improvements needed to provide their families with a suitable living environment. A priority will be to undertake basic improvements that increase the quality of life in targeted low and moderate income neighborhoods located to the north and west of downtown Medford. The non-housing community development objectives of this plan are described primarily in the Neighborhood Revitalization strategies below. Short-term objectives involve primarily the organization and strengthening of neighborhood councils over the next three years while the longer term objectives will undertake comprehensive improvement strategies in selected neighborhoods.

Third, many Medford residents lack the basic services needed to help them return to fully independent lives. A focus will be to implement strategies aimed at increasing the number of households with living wage jobs and provide safety net services to assist the very low income of the City with their basic needs.

The City will pursue a variety of supportive objectives to achieve these priorities. In addition, a wide range of financing mechanisms will be utilized to undertake activities implementing the objectives. Among the mechanisms that may be used are loans for housing activities, direct financial support to organizations undertaking selected activities, the use of Section 108 loans and the use of "float" loans.

There are several obstacles the City will face in implementing the five year strategies. The limited amount of funds available to meet the many needs of the City will be a significant barrier. The high cost of developing housing and the recent Federal and State cutbacks in social services programs will limit the amount of assistance that can be provided through the Plan. In spite of these limitations, the City has established the following strategies and objectives to focus the use of CDBG funds for maximum impact in the meeting the priorities of the community.

AFFORDABLE & WORKFORCE HOUSING

VISION: Medford has an abundant variety of attractive, safe, clean housing choices that suit a range of lifestyles, ages, and income levels without discrimination.

GOAL 1: INCREASE THE AFFORDABILITY OF HOUSING FOR THE CITY'S LOWER-INCOME WORKFORCE AND SPECIAL NEEDS HOUSEHOLDS.

STRATEGY 1-1. Improve the quality and long-term affordability of existing rental and/or homeowner housing occupied by lower-income households.

OBJECTIVES

- Maintain housing currently owned or rented by lower-income households through rehabilitation and/or weatherization assistance.
- Improve housing safety through reduction of lead based paint hazards.
- Continue to support efforts to improve the maintenance and habitability of rental properties.
- Improve the ability of homeowners to maintain their properties.

STRATEGY 1-2. Increase the supply of affordable, safe and decent rental and/or homeowner housing for lower-income households.

OBJECTIVES

- Provide assistance to acquire land and/or improve infrastructure in support of new affordable housing.
- Support regional efforts to increase the supply of workforce housing.
- Support the creation of higher density, mixed-income and mixed-use housing in the redevelopment of the downtown.

STRATEGY 1-3. Reduce barriers to affordable housing by developing a Housing Affordability Plan for Medford, which will include planning for alternative modes of transportation and connectivity with public transportation.

OBJECTIVES

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- Revise City policies and procedures to encourage long-term affordability of housing in Medford (such as fast tracking planning, building and permitting applications and processes).
- Support efforts to make more land available for affordable housing, such as land set-asides, land trusts, land aggregation for housing purposes, and the development of an urban reserve.
- Develop a City Housing Affordability Incentives Policy that encourages developers to provide a percentage of units in housing developments to low- and moderate-income households at affordable levels.
- Update the Housing Element and the Neighborhood Element of the Comprehensive Plan.

STRATEGY 1-4. Expand homeownership opportunities for lower-income households.

OBJECTIVE

- Assist prospective lower-income homebuyers to obtain affordable housing through programs such as down payment assistance and other forms of assistance.
- Encourage public/private partnerships to bundle Individual Development Accounts (IDAs) to assist potential homebuyers to save for home purchases.

STRATEGY 1-5. Affirmatively further Fair Housing choices.

OBJECTIVES

- Assist residents, particularly minority and other households who are traditionally underserved, to remain in affordable housing by improving their budgeting and life skills.
- Support programs that provide assistance to prevent discrimination in housing and lending practices and provide educational opportunities for improving household credit ratings.

NEIGHBORHOOD REVITALIZATION

VISION: A suitable living environment is a neighborhood characterized by a healthy real estate market, attractive public amenities, a sense of safety and security, and where residents are actively engaged in neighborhood concerns.

GOAL 2: IMPROVE THE QUALITY OF LIFE OF LOWER-INCOME RESIDENTS THROUGH NEIGHBORHOOD REVITALIZATION.

STRATEGY 2-1. Preserve and restore existing housing resources in key neighborhoods.

OBJECTIVES

- Actively enforce City codes to improve the habitability and safety of housing and eliminate blighting influences in neighborhoods.
- Maintain housing currently owned or rented by lower-income households in targeted neighborhoods through rehabilitation and/or weatherization assistance.

STRATEGY 2-2. Build community through strengthened Neighborhood Councils.

OBJECTIVES

- Continue to support the development of strong community-based organizations to organize and plan community events and improvement programs.
- Encourage volunteerism to build neighborhood capacity.

Strategy 2-3. IMPROVE THE COMMUNITY INFRASTRUCTURE/FACILITIES AND REDUCE BLIGHTING INFLUENCES IN PREDOMINATELY LOWER-INCOME NEIGHBORHOODS.

OBJECTIVES

- Provide comprehensive assistance to at least one neighborhood.
- Study potential long-term solutions to improving qualified and challenged neighborhoods.
- Provide assistance to improve basic neighborhood infrastructure such as water and sewer improvements, sidewalks, street improvements, lighting and street trees utilizing several funding mechanisms, including paying local improvement district assessments of lower-income households.
- Provide assistance to develop neighborhood facilities such as youth centers, parks/recreational facilities, open space and community centers.

INDEPENDENCE AND ECONOMIC OPPORTUNITY

VISION: Medford's lower-income citizens will receive the services and family wage employment they need to reach their full potential and to improve their quality of life.

GOAL 3: IMPROVE THE ABILITY OF LOWER INCOME HOUSEHOLDS TO BECOME SELF-SUSTAINING

STRATEGY 3-1. Pursue strategies to improve opportunities of lower-income households to obtain and retain family wage employment.

OBJECTIVES

- Support community strategies and programs that prepare lower-income and special needs populations to access family wage jobs.
- Support the development of mechanisms for encouraging micro-enterprises such as the creation of small business incubator facilities.

STRATEGY 3-2. Assist public services agencies to provide safety net services to persons in need.

OBJECTIVES

- Support programs that provide healthy youth activities, such as youth and family programs, youth shelter and after school programs.
- Support programs that provide basic health care services to people in need, such as female head of households with children and seniors.
- Support programs to reduce dependency on drugs and alcohol, including the activities of the Commission on Children and Families.

STRATEGY 3-3. Provide opportunities for homeless persons and those at risk of becoming homeless to achieve self-sufficiency.

OBJECTIVES

- Support the efforts of the Jackson County Continuum of Care to plan and implement activities reducing homelessness in the community.
- Support activities that expand service-enriched housing for the homeless and other special needs populations, including increased shelter, transitional and permanent supportive housing resources.
- Assist non-profit service providers to deliver effective supportive services for homeless persons and those at risk of homelessness.

ANTI-POVERTY STRATEGY

The strategies under Goal 3 of the Plan represent the strategies the City will employ to improve the independence and economic opportunity of its residents. These strategies are aimed at improving the ability of lower income households to achieve

self-sustaining, economic independence. The City will seek ways to enhance lower income households' ability to obtain and retain family wage jobs, will support non-profit and governmental agencies efforts to provide critical services to those most in need and will assist those who are homeless or at risk of homelessness to become self-sufficient.

PERFORMANCE MEASUREMENT FOR FIVE YEAR STRATEGIES

The City has established a system of measuring the performance of its programs, activities and strategies to determine how well they are meeting the priorities of the plan and, particular, the needs of lower income households. The following performance measures will used to gauge progress in achieving the desired outcomes:

GOAL 1: INCREASE THE AFFORDABILITY OF HOUSING, PRIMARILY FOR LOWER-INCOME HOUSEHOLDS

PERFORMANCE OUTCOME:

- Lower-income households are able to obtain or remain in decent, affordable housing.

PERFORMANCE MEASURES:

- Lower-income households with improved housing.
- New housing units affordable to, and occupied by, lower-income households.
- Lower-income homebuyers that have purchased a home following homebuyer assistance classes including number of minority and female heads of households.
- Properties with code violations that have been brought into compliance.
- Households assisted whose properties have had Lead Based Paint abated.
- New City policies and procedures to speed the development process for affordable housing are adopted.
- Clinic or workshops convened to make low households aware of their Fair Housing rights and/or methods of avoiding predatory lending practices.

GOAL 2: IMPROVE THE QUALITY OF LIFE OF LOWER-INCOME RESIDENTS THROUGH NEIGHBORHOOD REVITALIZATION

PERFORMANCE OUTCOME:

- Lower-income households live in neighborhoods that are revitalized.

PERFORMANCE MEASURES:

- Properties with blighting influences removed in CDBG-eligible neighborhoods.
- Lower income households with access to new or repaired public infrastructure improvements.

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- Lower income households benefiting from new or enhanced community facilities.
- Neighborhood council organizations conducting planning for their neighborhoods.

GOAL 3: IMPROVE THE ABILITY OF LOWER-INCOME HOUSEHOLDS TO BECOME SELF-SUSTAINING

PERFORMANCE OUTCOME:

- Lower-income households are able to live independently.

PERFORMANCE MEASURES:

- Family wage jobs created or retained by lower income persons..
- Homeless who have been stabilized by housing and services.
- Homeless that have obtained permanent housing or permanent supportive housing.
- People with special needs who received new housing with supportive services.

APPENDIX

CONSIDERATIONS IN ASSIGNING HOUSING PRIORITIES

The priorities found in the HUD Tables relating to Affordable Housing, Homeless and other Special Needs Populations were determined after considering several factors.

Table 1A Homeless and Special Needs Populations

The “Unmet Need/Gap” determinations for shelter, transitional housing and permanent supportive housing were developed by the Jackson County Housing Task Force based upon a review of resources and the needs identified in the survey of the homeless.

Table 1B Special Needs Populations

In general, special needs populations have been identified as a high priority population because of the significant difficulties faced by those populations in obtaining affordable housing in general and specifically the difficulty of finding affordable housing fitting their specific needs (and include accompanying services they need).

The interview process conducted in the Consolidated Plan planning process identified drug and alcohol abuse as a very high priority. Data indicated a very high incidence of substance abuse in the community.

Programs and housing for victims of domestic violence were identified by several providers as a high unmet need. Because of the limited income of victims and often the lack of marketable job skills, this population has a difficult time finding and obtaining affordable housing.

Persons with severe mental illness are among the least able to meet their needs or to compete affordable housing. Their general lack of employability keeps their income too low to obtain affordable housing. Almost 90% of the SSI benefit for the disabled is needed to obtain standard housing in Medford.

Table 2A Priority Affordable Housing Needs

The primary objective of the City is to achieve the total goals indicated for affordable housing. The City does not intend to target assistance based upon unfulfilled goals for a specific category. City housing programs are directed at lower income

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households and also target specific neighborhoods for special emphasis for both housing and community development activities.

Generally, a high priority has been given to homeowners in the 31%-80% MFI range because of the significant affordability mismatch in Medford and the rapidly rising cost of acquiring and maintaining owned housing. Goals for owners and potential owners for 0%-30% MFI households are low because it is not anticipated that many in this category will qualify for financing from local financial institutions and the City's available resources are too limited to provide deep subsidies.

The Medford area has seen very low vacancy rates impact the ability of renters to find affordable renter housing. As a consequence, households in the 0%-50% MFI category are in the greatest need for assistance. In addition, large families face additional other expenses and are often unable to obtain housing meeting their needs. Small families in the 51%-80% MFI category were given high priority because there were more than 1,000 households in this category with housing needs.

HUD TABLES

**Homeless and Special Needs Populations
Continuum of Care Housing Gaps Analysis Chart
Table IA**

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals				
Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	141	0	135
	Transitional Housing	144	0	356
	Permanent Supportive Housing	162	10	151
	Total	447	10	642
Persons in Families With Children				
Beds	Emergency Shelter	32	0	44
	Transitional Housing	124	0	312
	Permanent Supportive Housing	168	0	241
	Total	324	0	597

Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	51 (N,E)	357(N)	178 (N)	586
2. Homeless Families with Children	81 (N,E)	5 (N)	10 (E)	94
2a. Persons in Homeless Families with Children	136 (N,E)	5 (N)	30(N,E)	
Total (lines 1 + 2a)	268	365	218	851
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	Unknown			
2. Severely Mentally Ill	Unknown		<i>Optional for</i>	
3. Chronic Substance Abuse	20		<i>Unsheltered</i>	50
4. Veterans	50			
5. Persons with HIV/AIDS	Unknown			
6. Victims of Domestic Violence	15			
7. Youth (Under 18 years of age)	618			
Code: (N)=Enumeration (E) = Estimate				

Methods used to Collect Information for the Fundamental Components of the CoC System Housing Activity Chart, Housing Gaps Analysis and Homeless Population/Subpopulations Charts

1. Housing Activity Chart.

(a) Our CoC community’s method for conducting an annual update of the emergency, transitional housing and permanent supportive current housing inventory in place and under development contained in the 2004 CoC competition, including the definition your community used for emergency shelter and transitional housing included various planning meeting with the HTF Core Group. A Committee Member was assigned the task of completing the study by taking last year’s data, contacting all agencies to verify and update data, and determine whether additional revisions are needed. The data source included all emergency shelters and transitional housing providers in Jackson County. One person was in charge of this assignment and personally contacted each provider through email, telephone, and mail to ensure that everyone would be ready to report the data on the specific day identified. The survey was conducted for a one night point-in-time count. March 29, 2004 was the date the community selected for the 2004 the point-in-time.

EMERGENCY SHELTER: The Jackson County HTF definition of emergency shelter is any facility with the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

TRANSITIONAL HOUSING: The Jackson County HTF definition of transitional housing is a facility that promotes and facilitates the movement of homeless individuals and

families in the continuum towards permanent housing with a maximum stay of 24 months. This is temporary housing sometimes combined with supportive services that enable homeless individuals and families to live as independently as possible. The supportive services help promote residential stability, increased skill level and/or incomes, and greater self-determination. The services are sometimes provided by the managing agency and in some situations coordinated by the managing agency. This type of housing can be provided in one structure, or several structures on one site or multiple structures at scattered sites.

(b) The Jackson County HTF is currently planning for conducting an inventory for the 2005 CoC competition based upon a one day, point-in-time study in the last week of January 2005. We are currently in the planning stages and the HTF Core Work Group is working together to refine our data collection process. We will form a small committee that will be responsible for conducting the study and compiling the data.

2. Housing Gaps Analysis Chart.

It is difficult to accurately count homeless people in general, well enough in rural areas. Whereas in urban areas homelessness is visible and ever present, in rural communities the homeless are hidden. There is not a feasible way to count those individuals and families who are residing in campgrounds, cars, and abandoned buildings, under bridges, on the streets or squatting. Jackson County is very mountainous terrain covering more than 2,700 square miles. However, the HTF does coordinate with the Community Action Agency of Jackson County, ACCESS, Inc., to conduct several local studies to assess the needs of the homeless on an annual basis. These include the Gaps Analysis and the Homeless Survey which are conducted annually, and the One Night Shelter Count which takes place two times a year and is conducted statewide. The Gaps Analysis is a point in time survey of organizations that provide housing and supportive services to the homeless in Jackson County. The HTF Core Work Group mails out the Gaps Analysis chart to Jackson County homeless service providers each spring. The Gaps Analysis questionnaire is mailed along with directions for conducting the count and definitions of the various populations and subpopulations, housing components and supportive services. Then, volunteers from the HTF call and visit each of the homeless service providers to ask if they have questions or need assistance in completing the point-in-time analysis and conduct first hand surveys of the homeless. The Homeless Task Force then meets to review the data and to discuss results. The HTF basis for the community's determination for unmet needs are supported and substantiated by the surveys conducted and the reporting of availability accurately.

While each service provider uses a slightly different technique for completing this analysis, most rely on their intake and case management records for households accessing services, combined with the professional judgments of their staff who directly serve the homeless in our community on a daily basis. As a part of the 2004 Gaps Analysis we also conducted homeless surveys. Volunteers visited homeless service providers and personally conducted the surveys. Every effort is made to make this analysis as comprehensive as possible, but like all surveys this tool has its limitations. Namely, the difficulty of accurately counting homeless people in rural communities simply because of our size and terrain explained above and the difficulty of getting service providers to respond to the surveys in a comprehensive coordinated approach. However, we have chosen to continue this method because combined with information from the other two local studies we do (the Homeless Survey and the One Night Shelter Count) it does provide the most accurate data of

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the estimated need, available services, and gaps in our CoC. This is the Jackson County Homeless Task Force basis for determining the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.

**Special Needs (Non-Homeless) Populations
Table 1B**

SPECIAL NEEDS SUBPOPULATIONS	Priority Need Level High, Medium, Low, No Such Need	Unmet Need	Dollars to Address Unmet Need	Goals
Elderly	M			10
Frail Elderly	M			5
Severe Mental Illness	H			15
Developmentally Disabled	M			0
Physically Disabled	M			5
Persons w/ Alcohol/Other Drug Addictions	H			15
Persons w/HIV/AIDS	L			0
Other (Domestic Violence Victims)	H			15
TOTAL				65

**Summary of Specific Homeless/Special Needs Objectives/Strategies
Table 1C**

Objectives-Strategies #	Specific Objectives/Strategies	Performance Measure	Expected Units	Actual Units
	Homeless Objectives/Strategies			
3-3	Provide opportunities for homeless persons and those at risk of homelessness to achieve self-sufficiency	Homeless persons that have obtained permanent housing or permanent supportive housing Homeless persons who have been stabilized by housing and services	Interim goal is 400 persons per year* Interim goal is 500 persons per year*	
	* This goal will be reviewed for modification when the Countywide Homeless Management Information System is fully operational.			
	Special Needs Objectives/Strategies			
3.3	See above	People with special needs who received new housing with supportive services	250	

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Priority Needs Table
Table 2A

PRIORITY HOUSING NEEDS (households)		Priority Need Level High, Medium, Low		Unmet Need*	Goals
Renter	Small Related	0-30%	H	710	7
		31-50%	H	771	7
		51-80%	H	1,004	7
	Large Related	0-30%	H	157	7
		31-50%	H	207	7
		51-80%	M	265	5
	Elderly	0-30%	H	417	7
		31-50%	H	640	4
		51-80%	M	405	2
	All Other	0-30%	M	697	0
		31-50%	M	422	0
		51-80%	L	703	0
	Owner	0-30%	L	717	5
		31-50%	H	924	40
		51-80%	H	2,170	55
Special Needs	0-80%	H	500	65	
Total Goals					218
Total 215 Goals					125
Total 215 Renter Goals					70
Total 215 Owner Goals					55

*Unmet Need data is derived from the HUD CHAS Tables

**Community Development Needs
Table 2B**

See below for Instructions and Definitions				
PRIORITY COMMUNITY DEVELOPMENT NEEDS	Need Level Priority: High, Medium, Low, No Such Need	Unmet Need	Dollars to Address Unmet Need	Goals
PUBLIC FACILITY NEEDS (projects)				
Senior Centers	L		\$200,000	
Handicapped Centers	L		\$250,000	
Homeless Facilities	H		\$2,500,000	
Youth Centers	H		\$2,750,000	
Child Care Centers	M		\$500,000	
Health Facilities	L		\$250,000	
Neighborhood Facilities	H		\$1,500,000	
Parks and/or Recreation Facilities	H		\$15,500,000	
Parking Facilities	L		\$12,000,000	
Non-Residential Historic Preservation	M		\$300,000	
Other Public Facility Needs	M		\$200,000	
INFRASTRUCTURE (projects)				
Water/Sewer Improvements	M		\$2,250,000	
Street Improvements	M		\$15,750,000	
Sidewalks	H		\$6,500,000	
Solid Waste Disposal Improvements	M		\$1,900,000	
Flood Drain Improvements	L		\$1,500,000	
Other Infrastructure Needs	M		\$5,000,000	
PUBLIC SERVICE NEEDS (people)				
Senior Services	H		\$1,500,000	
Handicapped Services	H		\$1,250,000	
Youth Services	H		\$1,500,000	
Child Care Services	H		\$1,500,000	
Transportation Services	H		\$500,000	
Substance Abuse Services	H		\$1,750,000	
Employment Training	H		\$1,500,000	
Health Services	H		\$3,500,000	
Lead Hazard Screening	H		\$50,000	

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Crime Awareness	M		\$15,000	
Other Public Service Needs	M		\$25,000	
ECONOMIC DEVELOPMENT				
ED Assistance to For-Profits(businesses)	H		\$4,200,000	
ED Technical Assistance(businesses)	H		\$2,000,000	
Micro-Enterprise Assistance(businesses)	M		\$1,000,000	
Rehab; Publicly- or Privately-Owned Commercial/Industrial (projects)	M		\$6,100,000	
C/I* Infrastructure Development (projects)	L		\$1,800,000	
Other C/I* Improvements(projects)	L		\$1,300,000	
PLANNING				
Planning	M		\$1,250,000	
TOTAL ESTIMATED DOLLARS NEEDED:			\$99,590,000	

* Commercial or Industrial Improvements by Grantee or Non-profit

**Summary of Specific Housing/Community Development Objectives/Strategies
Table 2C**

Objectives-Strategies #	Specific Objectives/Strategies	Performance Measure	Expected Units	Actual Units
	Rental Housing Objectives/Strategies			
1-1	Improve the quality and long-term affordability of rental and/or homeowner housing occupied by lower-income households	Lower income renters with improved housing and/or properties with code violations that have brought into compliance	250	
1-2	Increase the supply of affordable, safe and decent rental and/or homeowner housing for lower-income households	New housing units affordable to, and occupied by, lower-income households	315	
	Owner Housing Objectives/Strategies			
1-1	Improve the quality and long-term affordability of rental and/or homeowner housing occupied by lower-income households	Lower income homeowners with improved housing	100	
1-2	Increase the supply of affordable, safe and decent rental and/or homeowner housing for lower-income households	New housing units affordable to, and occupied by, lower-income households Households assisted whose properties have had lead based paint abated	50 25	
1-3	Reduce barriers to affordable housing by developing a Housing Affordability Plan for Medford, which will include planning for alternative modes of transportation and connectivity with public transportation	New City procedures and policies to speed the development process for affordable housing adopted	1	

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1-4	Expand homeownership opportunities for lower-income households	Lower-income homeowners that have purchased a home following homebuyer assistance classes-including the number of minority and female head of households	20	
1-5	Affirmatively further fair housing choices	Clinic or workshops convened to make low households aware of their Fair Housing rights and/or methods of avoiding predatory lending practices	10	
	Community Development Objectives/Strategies			
2-1	Preserve and restore existing housing in key neighborhoods	Lower income renters or homeowner households with improved housing	50	
2-2	Build community through strengthened Neighborhood Councils	Neighborhood council organizations conducting planning for their neighborhood	6	
2-3	Improve the community infrastructure/facilities and reduce blighting influences in predominately lower-income neighborhoods (also an Infrastructure Objective/Strategy and Public Facilities Objective/Strategy)	Properties with blighting influences removed in CDBG-eligible neighborhoods	2,500	
	Infrastructure Objectives/Strategies			
2-3	See above	Lower income households with access to new or repaired public infrastructure improvements	2,500	

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	Public Facilities Objectives/Strategies			
2-3	See above	Lower income households benefiting from new or enhanced community facilities	5	
	Public Services Objectives/Strategies			
3-1	Pursue strategies to improve opportunities of lower-income households to obtain and retain family wage employment	Family wage jobs created or retained by lower income persons	250	
3-2	Assist public services agencies to provide safety net services to persons in need	People received services designed to improve their health, safety general welfare or economic opportunities within the City of Medford	7,500	

SUMMARY OF CITIZEN'S COMMENTS

A broad effort was made to provide information on the Consolidated Plan so that citizens, citizen's organizations, agencies and other interested parties could review and comment on the document. A total of 13 entities or individuals provided written comments. Two organizations (Liberty Park Neighborhood Council and ACCESS, Inc.) and one individual provided verbal comments at the public hearing. In most cases, the comments were fully supportive of the plan and the respondent focused on providing updated or more detailed information and data that was then included in the final plan. In some cases, comments suggested adding new objectives or broadening existing objectives.

All comments and suggestions were fully considered prior to adoption of the Consolidated Plan. Modifications were made to the final plan taking into consideration a balance of two factors: a desire to assure that the Plan maintains a focus for maximum impact on priority needs and target populations; and a need to maintain a level of flexibility in the document to encompass activities that may be undertaken within the five year period. The following is a summary of comments received:

The following provided written specific comments in support of the plan:

Brian Sjothun, Director, City of Medford Parks and Recreation Department
Tom Cole, Director, Kids Unlimited of Oregon
Karen Holt, Kids Health Connection
Gary Stine, Housing and Community Development Commissioner
Betty McRoberts, Housing Authority of Jackson County
Peg Crowley, Executive Director, Community Health Center

The following provided additional written information, correction of data or updates for the plan:

Betty McRoberts and Christine Gooding of the Housing Authority of Jackson County
Patty Claeys, ACCESS, Inc.
Gary Stine, Housing and Community Development Commissioner
Linda Cade, Consumer Credit Counseling Service of Southern Oregon
Peg Crowley, Community Health Center
Darcy Strahan, Oregon State Housing and Community Services
Karen Phillips, Southern Oregon Goodwill
Bianca Petrou, City of Medford Planning Department

The following provided specific suggestions to the Strategies of the Plan:

West Medford Community Coalition
Lori Hopkinson
Patty Claeys of ACCESS, Inc.

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Comments from the above three entities/individuals were forwarded on to the Housing and Community Development Commission. The Commission reviewed the comments and decided that the information could be utilized in future discussions on the details of implementing the plan. A response was sent to each stating that the ideas and comments brought forward were compatible with the goals and strategies as stated and could be funded under the Consolidated Plan.

ACCESS, Inc.'s comments regarding specific objectives have been included in their entirety as they made these comments both in writing and verbally at the public hearing. The Housing and Community Development Commission reviewed these comments and determined that the revisions recommended were sufficiently covered under the language in Strategy 3-2.

“ACCESS has provided comments previously, much of which have been incorporated, however, we believe there are issues that still need to be addressed that are missing and critical to the overall safety net services provided to persons in need within the City of Medford. Previous City of Medford strategies have allowed for general operating grants to support emergency food programs, senior outreach services, etc. and have not been specifically addressed in the new strategies.

More specifically, Strategy 3-2 (page 67) first bulleted objective to "support programs that provide healthy youth activities, such as youth and family programs, youth shelter and after school programs." We believe that low-income individuals and families in general and seniors and disabled should all be addressed.

The second bulleted objective to "support programs that provide basic health care services to people in need, such as female head of households with children and seniors" could more accurately address critical needs in the community if it was stated differently. We believe it should include critical services and populations served and should not just be limited to "female head of households with children and seniors" only. Please consider revising the objective to be more reflective of all vulnerable populations in need in the City and other program they see as critical not just "health care services". We recommend the following changes - "support programs that provide basic services such as health care, emergency food, senior services etc. to low-income people in need including households with children, seniors and the disabled."

SUMMARY OF HOUSING AND HOMELESS NEEDS/BARRIERS/GAPS/STRATEGY RECOMMENDATIONS FROM SPRING 2004 HOUSING WORKSHOPS

In spring 2004, a wide variety of housing providers and planners from throughout the county were invited to meet in to discuss the current housing issues and trends in Jackson County. The groups were split into three separate focus to determine the specific needs, gaps and recommended actions for renter housing, homeownership housing and special needs housing. A separate meeting was held with the Jackson County Homeless Task Force to focus on the needs of the homeless. Below is a summary of the results of the meetings.

MEDFORD/JACKSON COUNTY 2004 BARRIERS TO AFFORDABLE HOUSING MEETING

Unprioritized Barriers Identified by 31 participants in the May 26, 2004 meeting of Jackson County housing professionals

BARRIERS

1. Limited properties that are properly zoned for residential uses, resulting in high land costs
2. Suitable land availability is limited due to lack of property consolidation
3. The combination of low wages/high housing costs on renters and owners
4. Major increases in housing costs to owners and renters
5. 80% unemployment rate among disabled
6. Lengthy development process discourages potential project sponsors
7. Onerous requirements on Federally-assisted housing projects create increased costs and delays in development process (includes Davis-Bacon Wage Rates, environmental rules and clearance processes, relocation costs and documentation/reporting)
8. Limited public transportation discourages building at distances from work/businesses. The result is affordable housing is often far from jobs.

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9. The existence of noise and congestion from the Railroad discourages development in locations near employment in spite of the fact that there is underdeveloped land near the tracks
10. Financial literacy of renters and buyers. Weak budgeting skills cause inability to maintain payments
11. Systems development costs discourage developers, including Development Fees/Permit costs
12. Inadequate long-range strategic planning in housing
13. Competing priorities cause short term decisions whereas the creation of affordable housing requires long range solutions and commitment
14. A lack of local political champions for housing
15. A lack incentives to landlords to maintain affordable rents
16. Low vacancy rates in units affordable to lower income persons

BROAD STRATEGIES TO OVERCOME BARRIERS

1. Develop regional housing goals, strategies and cooperative actions
2. Increase the political commitment to make housing more affordable
3. Reduce barriers in local development processes
4. Provide a variety of incentives to private and non-profit developers to create additional affordable housing
5. Develop partnerships between the housing developers, service providers and the private sector

**MEDFORD/JACKSON COUNTY
RENTAL HOUSING BREAKOUT GROUP**

5/26/04

Gaps and priority strategies of the breakout group focused on rental housing issues

MAJOR GAPS

- Adequate inventory of rentals*
- Apartments in Downtown Medford *
- MURA support of housing*
- Zoning process that is time-sensitive and low cost*
- City/county support of non-profit affordable housing developers*
- Incentives to improve housing*
- Safe rental neighborhoods
- High rents relative to wages
- Reasonable land costs for development
- Feasible development costs
- Sufficient subsidies for affordable housing
- Legal options for assuring a percentage of all new development is affordable (currently illegal in Oregon)
- Capital for quality design
- Public amenities that compliment affordable housing to enhance quality of life (parks, etc.)
- A “Yes” attitude from the City
- Sufficient support services for those without financial expertise
- Addictions services
- Mental health services
- Affordable housing in east Medford

STRATEGIES

1. Land banking*
2. City initiated zoning on behalf of non-profit developers*
3. SDC deferral for affordable housing*
4. Institute a City affordable housing goal/requirement so that all other development is suspended until the affordable goal for the year is met*
5. Update the Housing Element of the Medford Comprehensive Plans*
6. On-site counseling for persons with addictions
7. Zoning expiration-vacant warehouses/commercial properties
8. Remove inclusionary zoning restriction

* Denotes highest priorities

**MEDFORD/JACKSON COUNTY
HOMEOWNER BREAKOUT GROUP**

5/26/04

Gaps and priority strategies of the breakout group focused on homeowner housing issues

MAJOR GAPS

- Suitable land for development
- Reduction in governmental barriers for non-profit developers
- Living wage jobs
- Education/training for homeowners and prospective homeowners
- Inventory of housing available to low and moderate income persons in the (below \$150,000)
- Financing (loan products) for rehabilitation of existing homes
- Creative ownership opportunities-lease to own
- Affordable down payment and closing costs
- Cooperation between cities and the county, etc for a regional approach to housing

STRATEGIES

1. Develop an affordable housing incentive policy
 - a. Develop a Housing Needs Assessment to identify the need by number of units in each income category
 - b. Develop multiple year goals for categories
 - c. Create incentives for developers to meet goals in each category prior to permitting additional development
2. Develop Land Bank/Charitable Foundation/Housing Trust
3. City assure that they can meet the new HUD criteria for “Removal of Regulatory Barriers to Affordable Housing” –allows potential competitiveness for Federal housing funding
4. Promote awareness of educational opportunities for homeowners for credit, budgeting and the ABC’s of homeownership. Utilize web pages to advertise
5. Develop matching funds from employer-assisted housing or other approaches, as match for down payment/closing costs
6. Encourage employers to use IRA accounts for employee down payment assistance

**MEDFORD/JACKSON COUNTY
JACKSON COUNTY HOMELESS TASK FORCE BREAKOUT
GROUP**

5/27/04

Priorities developed by the Jackson County Homeless Task Force

1. Maintain the number of residential alcohol and drug treatment beds.
 - a. Make the public and Local Alcohol & Drug Planning Commission aware of the need.
 - b. Develop more outpatient treatment beds or shelter by networking with current shelter providers and creating stronger partnerships between permanent housing providers.
2. Increase the number of shelter beds for special populations (handicap accessible, dual diagnosis, prison release.)
3. Increase the number of transitional shelter beds.
4. Create “Out of the Cold” emergency shelter for the coldest months of the year.
5. Develop a publicly funded shelter with amenities. (From Homeless Citizens Advisory Council)
6. Support the development of a non-profit campground.
7. Enhance outreach programs, utilizing specialized needs assessment tools, targeting a regional, rural population.
8. Continued support for the development of affordable, accessible housing on the Domiciliary grounds based on Homeless Provider Grant/Per Diem Housing Program/VASH.
9. Maintain the Youth Transitional Housing services available through the current McKinney Grant.
10. Develop additional resources for homeless youth under the age of 16
11. Create an Emergency Shelter for youth
12. Continue to support other affordable accessible housing projects in the community
13. Support the creation of a Jackson County Housing Trust Fund
14. Strengthen Continuum of Care by maximizing current resources and finding new ongoing sources of funding
15. Address economic discrimination in property management.
16. Continued participation in the Jackson County Affordable Housing Coalition
17. Increase public awareness of homelessness.
18. Maintain resources - encourage providers to utilize and make better connections.