

## Section IV. Housing and Homeless Needs Assessment

---

---

### Housing Needs Survey

As part of the Consolidated Plan, a needs assessment telephone survey was conducted. This was a primary research function designed to qualitatively gauge the perception of housing needs throughout the City of Rockford. With the assistance of the Community Development Department, a sample of 138 prospective respondents was selected. The disposition of the sample, including 82 completed surveys, is noted in Table IV.1, at right.

**TABLE IV.1**  
**TELEPHONE SURVEY**  
**DISPOSITION OF SAMPLE**

<b>Results</b>	<b>Sample size</b>
Completed	82
Refused	2
No answer	41
Duplicate	5
Bad telephone number	8
<b>Total</b>	<b>138</b>

For several questions, the respondent was asked to indicate their degree of agreement with a particular statement, from “strongly disagree” to “strongly agree.” Responses were tabulated by quadrant and are shown in Table IV.2, on the following page.

**Rental Housing.** A preponderance of respondents expressed either moderate or strong agreement with the statement that rental housing is plentiful in the City. This notion is supported by the increase in rental units in the Northeast quadrant over the last decade and by the rental vacancy rates presented earlier in this document.

When considering the affordability of rental housing, a substantial number of respondents felt the Northeast is not particularly affordable. Respondents felt the other three quadrants are far more affordable, with the most frequent answer representing moderate agreement.

One of the questions asked respondents if they agreed with the statement that rental housing is accessible. Very few felt strong agreement with this notion. While several expressed no knowledge of this aspect of the market, patterns of response indicate the perception that the rental stock lacks sufficient accessibility, especially in the Southwest quadrant.

The Northeast is perceived to have the highest quality of rental stock and the Southwest the lowest quality of rental stock. Perceptions of the rental stock in the Northwest and Southeast appear to be more positive than other data, such as the Assessor information and the Decennial Census, have suggested.

**For-Sale Housing.** Respondents indicated they believed for-sale housing was plentiful in the Southeast, Northeast, and Northwest quadrants. Respondents were not as clear about the amount of for-sale housing in the Southwest quadrant. While 12 respondents considered themselves “neutral” to the statement that there is plentiful housing in the Southwest, 18 moderately agreed and 20 moderately disagreed. This implies that a widespread and shared understanding of the housing market in the Southwest quadrant is lacking.

**TABLE IV.2  
CITY OF ROCKFORD HOUSING NEEDS SURVEY**

Quadrant	Don't Know	Strongly Disagree	Moderately Disagree	Neutral	Moderately Agree	Strongly Agree
<b>RENTAL HOUSING IS PLENTIFUL</b>						
SE	6	0	7	6	39	24
NE	3	3	11	10	27	28
SW	6	8	15	12	27	14
NW	4	5	10	11	38	14
<b>RENTAL HOUSING IS AFFORDABLE</b>						
SE	6	5	6	10	33	22
NE	3	18	17	11	18	15
SW	6	7	5	11	34	19
NW	5	5	8	13	31	19
<b>RENTAL HOUSING IS VERY ACCESSIBLE</b>						
SE	18	14	16	22	6	5
NE	17	13	12	22	10	7
SW	20	20	16	19	5	1
NW	19	12	18	21	9	2
<b>RENTAL HOUSING IS IN VERY GOOD SHAPE</b>						
SE	6	7	16	14	32	6
NE	2	0	1	3	39	36
SW	6	26	30	8	10	1
NW	5	7	23	11	30	4
<b>FOR SALE OWNER-OCCUPIED HOUSING IS PLENTIFUL</b>						
SE	10	3	5	10	31	22
NE	7	0	3	6	33	32
SW	12	8	20	12	18	11
NW	10	2	8	13	36	12
<b>OWNER-OCCUPIED HOUSING IS AFFORDABLE</b>						
SE	4	4	7	6	30	31
NE	2	9	19	4	27	21
SW	5	6	6	2	28	35
NW	3	4	6	5	35	28
<b>HOUSING FOR SALE IS IN VERY GOOD SHAPE</b>						
SE	6	6	12	9	36	11
NE	3	2	0	1	23	50
SW	6	21	32	7	11	2
NW	4	8	13	14	36	4
<b>HOUSING FOR SALE IS VERY ACCESSIBLE</b>						
SE	20	17	12	23	6	1
NE	18	14	7	24	13	2
SW	19	21	13	22	1	2
NW	19	13	17	22	5	2

In the survey, owner-occupied housing was generally considered affordable, with the Southwest perceived as most affordable. Opinions were split as to whether owner-occupied housing in the Northeast is affordable, with 19 respondents moderately in disagreement and 27 respondents in moderate agreement. In regard to whether for-sale housing is in good shape, most respondents felt housing conditions were less favorable in the Southwest. Very strong feelings were expressed about the Northeast, where 50 respondents strongly agreed that housing for sale is in very good shape. The general perception appears to be that housing quality in the Southeast and Northwest is better than indicated in the Assessor data.

**Degree of Need.** Another line of inquiry collected perceptions of the degree of need for certain types of housing activities by quadrant, as shown in Table IV.3, on the following page. These housing activities can be carried out by the City under the auspices of the Consolidated Plan. Ranking needs in this fashion provides input to the City on public preferences for resource allocation.

Respondents were asked the degree of need for each of the following considerations:

- Homeowner repair and maintenance;
- Emergency rental assistance;
- Development of affordable rental units;
- Rehabilitation of rental units;
- Construction of affordable new single-family units;
- Rehabilitation of single-family units;
- Assistance for developers of affordable housing;
- Down payment grants;
- Homebuyer education classes;
- Low-interest financing for home repair or remodel; and,
- Easier methods to condemn and demolish unsuitable housing units.

Within the context of all these prospective housing activities, two striking themes emerged. A significant perception exists that the Northeast quadrant has no need or at best just slight need for any of the housing activities listed. Moderate needs were said to exist in the Southeast and Northwest. In the Southwest quadrant, significant numbers of respondents indicated strong or extreme need for all the housing activities. The perception appears to be that the Southwest quadrant should have priority, with the Northwest and Southeast receiving less resource commitments and the Northeast none.

The degree of need expressed in response to each question also provides information about specific activities. Many respondents indicated an extreme need for establishing easier methods for condemning and demolishing unsuitable housing stock. Responses for this question were strong in all quadrants and especially strong for the Southwest.

The second most favored activity was aiding homeowners in the rehabilitation of their housing units. These two activities correspond with conclusions reached during evaluation of the condition of Rockford's housing stock.

**TABLE IV.3  
CITY OF ROCKFORD HOUSING NEEDS SURVEY**

Quadrant	Don't Know	No Need	Slight Need	Moderate Need	Strong Need	Extreme Need
<b>NEED FOR HOMEOWNER REPAIR AND MAINTENANCE</b>						
SE	4	8	9	35	18	6
NE	3	42	23	8	3	1
SW	3	0	2	8	26	41
NW	2	1	8	32	27	10
<b>EMERGENCY RENTAL ASSISTANCE</b>						
SE	14	6	12	28	16	5
NE	14	35	16	9	6	1
SW	14	1	5	11	26	24
NW	13	3	8	28	20	9
<b>DEVELOPMENT OF AFFORDABLE RENTAL UNITS</b>						
SE	6	10	10	26	22	6
NE	5	21	9	14	16	15
SW	6	7	9	16	20	22
NW	5	5	12	32	17	9
<b>REHABILITATION OF RENTAL UNITS</b>						
SE	5	9	9	24	25	9
NE	4	36	30	9	2	0
SW	5	0	4	9	28	35
NW	4	0	11	23	29	14
<b>CONSTRUCTION OF AFFORDABLE NEW SINGLE-FAMILY UNITS</b>						
SE	3	14	15	23	15	11
NE	2	26	16	14	10	13
SW	2	8	8	16	17	29
NW	1	7	13	25	25	9
<b>REHABILITATION OF SINGLE-FAMILY UNITS</b>						
SE	7	10	7	24	22	11
NE	5	37	24	8	5	2
SW	5	0	3	11	27	34
NW	4	1	6	34	20	15
<b>ASSISTANCE FOR DEVELOPERS OF AFFORDABLE HOUSING</b>						
SE	5	12	13	21	20	9
NE	5	41	11	5	8	10
SW	5	4	7	10	23	31
NW	5	8	9	20	23	15
<b>DOWN PAYMENT GRANTS</b>						
SE	5	10	11	22	22	10
NE	5	32	17	7	8	11
SW	4	3	7	16	18	32
NW	4	5	10	23	24	14
<b>HOMEBUYER EDUCATION CLASSES</b>						
SE	2	5	7	19	24	23
NE	2	24	16	12	15	11
SW	2	1	2	8	23	44
NW	1	3	4	22	25	24
<b>LOW INTEREST FINANCING FOR HOME REPAIR OR REMODEL</b>						
SE	5	5	6	27	19	18
NE	5	31	18	15	5	6
SW	4	1	2	10	26	37
NW	4	3	6	21	26	20
<b>EASIER METHODS TO CONDEMN AND DEMOLISH UNSUITABLE HOUSING</b>						
SE	4	14	4	13	10	34
NE	4	30	10	9	4	22
SW	4	4	3	9	13	46
NW	4	6	6	17	14	31

Table IV.4, below, offers citywide degrees of need for housing for selected special populations. Survey respondents indicated the greatest need for housing among the homeless, where 37 of the 82 respondents indicated an extreme need. Victims of domestic violence, as well as the disabled, also were said to have strong to extreme need. Again, these questions were phrased in terms of current *unmet* need. Many respondents expressed frustration with the current economic climate in and around Rockford and said they feared homelessness might be on the rise because of the poor economy.

**TABLE IV.4**  
**DEGREE OF UNMET HOUSING NEED**  
**CITY OF ROCKFORD HOUSING SURVEY**

<b>In-Need Population</b>	<b>Don't Know</b>	<b>No Need</b>	<b>Slight Need</b>	<b>Moderate Need</b>	<b>Strong Need</b>	<b>Extreme Need</b>
Elderly	6	5	10	26	26	7
Disabled	5	1	5	20	25	25
Victims of Domestic Violence	6	2	6	17	28	22
Homeless	5	3	7	13	16	37
Persons with HIV/AIDS	9	5	10	26	14	17
Persons with Drug and Alcohol	8	4	16	17	17	18
42 Other Groups	1	0	0	9	17	15

**Barriers to the Provision of Affordable Housing.** The survey was used to gauge the public's perception of factors influencing the provision of affordable housing stock in Rockford. The survey asked respondents to list the three major factors that affect a person's ability to buy a home in Rockford. Of the 81 responses to this question, the most frequently cited issue related to having insufficient funds for down payments.<sup>29</sup> In addition, the current economic climate in and around Rockford, including low incomes and unemployment, were influential factors, as noted in Table IV.5, below.

**TABLE IV.5**  
**THREE MAJOR FACTORS AFFECTING ABILITY TO BUY A HOME**  
**ROCKFORD HOUSING NEEDS SURVEY**

<b>Frequency of Factors Mentioned</b>	<b>Responses</b>
Down payment, closing costs	35
Unemployment, employment, job, wages	32
Credit history	30
Income level, low-income	27
Affordability/Availability of low cost home/Price of home	24
Location/Quality of Neighborhoods/Quality of homes	20
Finance	13
Lack of education on housing programs	10
Education	8
High real estate taxes/High interest rates	7
Loans, rehabilitate loans	5
Schools, school district	5
<b>Total</b>	<b>216</b>

<sup>29</sup> One of the 82 survey respondents did not respond to several questions, resulting in a total of 81 respondents for these questions.

Another of the survey questions asked respondents whether the City's building regulations adversely affect the availability of housing in Rockford. A total of 81 people responded to this question, and only 10 indicated building regulations adversely affect the availability of housing in Rockford. Of these 10 respondents, a majority indicated that regulations drive up costs. These respondents also indicated that the regulations for existing buildings were restrictive and the process time consuming. A few respondents specifically mentioned that regulations on the rehabilitation of lead-based housing were expensive.

A similar question asked whether the City's zoning regulations adversely affect the availability of housing in Rockford. Just 13 of the 81 respondents indicated that zoning regulations adversely affected the availability of housing in Rockford. A few of the specific problems noted by respondents were that zoning regulations prevented building on small lots and that the City does not allow mobile home developments, which could be more affordable. Respondents said zoning regulations make subdivisions on the east side of the City unaffordable for low-income households, and regulations reduce the availability of land for multi-family housing.

Respondents to the survey were asked whether building regulations adversely affect the affordability of housing in Rockford. Of the 81 responses to this question, 22 indicated building regulations adversely affect the affordability of housing in Rockford. Most of the 22 respondents indicated that building regulations and codes drive up cost, making housing unaffordable. Participants were also asked whether zoning regulations adversely affect the affordability of housing in Rockford. Just 11 of the 81 respondents indicated that zoning regulations adversely affected the affordability of housing in Rockford.

Most of these questions, and the respective responses, do not indicate appreciable perceived difficulties in the affordable housing markets in Rockford. Responses differed, however, when respondents were asked about whether there are barriers to the *production* of affordable housing in Rockford. Of the 81 responses to this question, nearly 60 percent said there were barriers to the production of affordable housing in Rockford. About 20 percent of the responses indicated a perceived lack of home financing, both public and private, as indicated in Table IV.6, below.

**TABLE IV.6**  
**ROCKFORD HOUSING NEEDS SURVEY**

<b>Barriers to the production of affordable housing</b>	<b>Responses</b>
Lack financing, low-cost loans	13
Infrastructure, appearance, good schools	10
No willingness/incentive to invest in certain areas	9
Community perception (NIMBY)	8
Lack of tax credits, assistance, grants	7
High taxes, impact fees, const/rehabilitate Costs	7
City involvement, education on housing program	7
Lack of land	4
Employment	3
<b>Total</b>	<b>65</b>

A similar question was asked regarding barriers to the rehabilitation of affordable housing in Rockford. Of the responses to this question, almost 75 percent, or 60 respondents, indicated that barriers existed to the rehabilitation of affordable housing in Rockford.

About one-third of the respondents indicated that zoning/building regulations were too stringent for rehabilitation. An additional 20 respondents indicated that high costs and fees for rehabilitation deter investments. The next largest group, 14 respondents, indicated that a lack of funding or loans for rehabilitation. Several of the respondents indicated that lead-based paint regulations drove up costs of rehabilitation. These data are presented in Table IV.7, below.

**TABLE IV.7  
ROCKFORD HOUSING NEEDS SURVEY**

<b>Barriers to the rehabilitation of affordable housing</b>	<b>Responses</b>
Zoning/Building regulations	21
High costs, impact fees	20
Lack financing/funding/loans for rehabilitate	14
Community perception/No incentive to developers	7
City involvement	2
Lack of infrastructure, neighborhoods in disrepair	2
Employment	1
<b>Total</b>	<b>67</b>

**Summary of Survey.** The housing survey found that most respondents believe rental housing is plentiful in the City. A substantial number of respondents felt rental housing in the Northeast quadrant was not particularly affordable; the other three quadrants were generally viewed as more affordable. The supply of rental housing was not viewed as accessible by respondents, particularly in the Southwest quadrant.

The housing survey respondents felt for-sale housing was plentiful in the Northeast, Northwest, and Southeast quadrants. Respondents expressed a wide variety of opinions about for-sale housing in the Southwest, indicating a lack of a widespread understanding of the housing market in that quadrant. Respondents felt housing is generally affordable, with the Southwest considered the most affordable quadrant. The Southwest also was said to have the least favorable housing conditions.

**Exit Survey.** At the conclusion of each of the four public input meetings, another survey was distributed asking attendants their opinions on housing and community development needs and where and how resources should be expended by the City of Rockford. While greater details regarding this survey are presented in the non-housing community development needs discussion in the following section of this report, one detailed question related to housing and how housing resources should be expended by the City of Rockford is presented at this time.

Respondents to the survey were asked how they would use housing resources. A fairly broad cross-section of opinions was offered. However, as noted in Exhibit IV.1, below, home repair and home ownership were the most significant preferences for housing resources.

**EXHIBIT IV.1**  
**EXPRESSED USES FOR HOUSING PROGRAM FUNDS**  
**CITY OF ROCKFORD: PUBLIC INPUT EXIT SURVYES**

---

14.6 % Home repair grants
13.4 % Development to provide affordable home ownership opportunities
9.0 % Provide low-interest financing for remodel of purchase
8.7 % Provide assistance with down payments for first-time home buyers
7.2 % Rehabilitation of existing rental units to improve safety and quality of units
6.1 % Development to provide affordable rental units
4.9 % Conduct home buyer classes
4.7 % Other:
4.5 % Emergency rental assistance payments
4.5 % Development of assisted care facilities
3.8 % Long-term rental assistance payments
3.1 % Development of additional senior housing
2.7 % Vouchers for emergency shelter
2.7 % Promote additional shelter space for at-risk youth
2.5 % Promote additional homeless shelter space
2.4 % Devote additional funds to affirmatively furthering fair housing
1.5 % Promote additional domestic violence space
1.2 % Development of foster care facilities
1.0 % Promote additional shelter space for those with drug/alcohol problems
.8 % Promote additional housing for those suffering from HIV/AIDS
.7 % Development of congregate care facilities

## Overcrowding

Overcrowding is a key factor to examine in evaluating the City's housing market. HUD defines overcrowded households as those with more than one person per room. As seen in Table IV.8, on the following page, 2,186 renter and owner-occupied units were overcrowded in 2000. Some 61.2 percent of the overcrowding occurred in rental housing, but overcrowding increased from 1990 to 2000 for both renters and owners. Over the decade, 802 more units became overcrowded, with severe overcrowding more than doubling over the decade.<sup>30</sup> As seen therein, the Southeast quadrant had the greatest number of units overcrowded, about 900 units or 3.8 percent, but the Southwest had the greatest share of its occupied housing stock overcrowded, with some 9.4 percent overcrowded.

**TABLE IV.8**  
**OVERCROWDING BY TENURE**  
**1990 AND 2000 CENSUS**

Persons Per Room	Owner		Renter		Total	
	1990	2000	1990	2000	1990	2000
Less than 1 person per room	32,242	35,455	21,213	21,560	53,455	57,015
1.01-1.5 persons per room	350	551	598	757	948	1,308
1.51+ persons per room	106	298	330	580	436	878
<b>Total Occupied Housing Units</b>	<b>32,698</b>	<b>36,144</b>	<b>22,141</b>	<b>23,014</b>	<b>54,839</b>	<b>59,158</b>

<sup>30</sup> For data concerning overcrowding by tenure in each of the City's four quadrants, refer to Appendix C.

## Cost Burden

Cost burden refers to the percent of household income spent on housing. Renter households experiencing a cost burden spend more than 30 percent of their income on housing, usually including the monthly rent and energy utilities. For a homeowner, these costs include principal, interest, taxes, insurance, water and sewer costs, refuse collection, and all energy utilities.

Cost burdens for renters and homeowners diverged in the City of Rockford between 1990 and 2000. In 1990, the percent of renter households spending more than 30 percent of their income on housing was 36.5 percent. This had fallen to 34.4 percent by 2000, a positive trend and an accomplishment about which few other cities can boast.

Renter cost burden was most improved in the Southwest quadrant. In 1990, 48.8 percent of all renters in the Southwest were spending more than 30 percent of their income on housing. By 2000, this total had fallen to 38.8 percent. The Southeast and Northwest improved modestly too, decreasing to 33.0 and 36.3 percent, respectively. The Northeast quadrant is the only area where a larger percentage of renters were spending more than 30 percent of their income on housing in 2000, at 32 percent. These data are presented in Diagram IV.1, below.

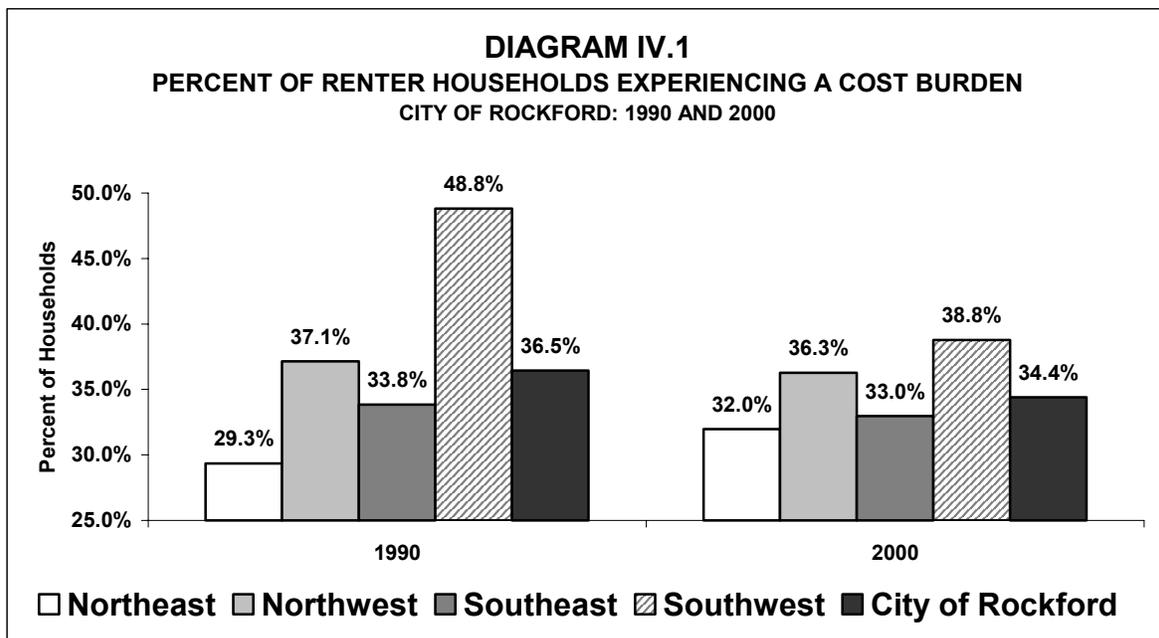
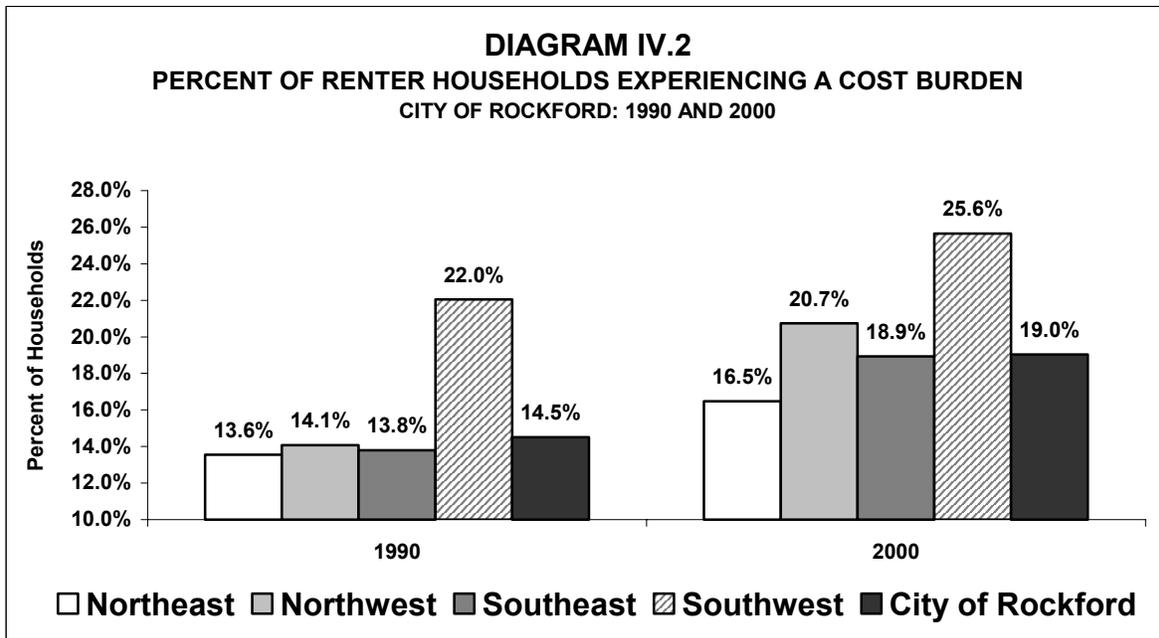


Diagram IV.2, below, displays cost burden data for homeowners. A larger portion of homeowners in the City of Rockford were experiencing a cost burden in 2000, with the citywide share jumping from 14.5 percent in 1990 to 19 percent in 2000, and increasing in all quadrants.

The Northwest had the most significant increase in homeowners with cost burdens, rising from 14.1 percent to 20.7 percent. The Northeast rose from 13.6 to 16.5 percent, and the Southeast jumped from 13.8 to 18.9 percent. The Southwest rose from 22 percent to 25.6 percent.



The 2000 Census data on cost burdens were separated into cost burden and severe cost burden, and are presented in Table IV.9, below. Cost burden represents expenditures absorbing 30 to 50 percent of household income, and severe cost burden represents expenditures above 50 percent of household income. In general, fewer households are expected to have severe cost burdens as compared to cost burdens. This is shown not to be the case for renters in the Northwest and Southwest quadrants and for homeowners in the Southwest quadrant.

**TABLE IV.9**  
**PERCENT OF HOUSEHOLDS WITH COST BURDENS**  
**2000 CENSUS SPECIAL TABULATIONS**

<u>Quadrant</u>	<u>Cost Burdened Renters</u>	<u>Severely Cost Burdened Renters</u>	<u>Cost Burdened Homeowners</u>	<u>Severely Cost Burdened Homeowners</u>
Northeast	17.6%	14.4%	11.2%	5.3%
Northwest	17.3%	19.0%	13.7%	7.1%
Southeast	18.1%	14.9%	13.2%	5.7%
Southwest	17.5%	21.3%	12.1%	13.5%
<b>City of Rockford</b>	<b>17.7%</b>	<b>16.7%</b>	<b>12.6%</b>	<b>6.4%</b>

The Southwest quadrant had a large percentage of severely cost burdened renter and homeowner households. The percentage of severely cost burdened renters also was unusually high in the Northwest quadrant. This indicates that a number of households on the west side of the City face serious housing problems.

For renters, any particular economic setback could cause the householder to fall behind in rental payments, thereby becoming at risk for eviction and homelessness. For homeowners, this data suggests these householders are at higher risk for foreclosure, and they lack sufficient resources to conduct routine and periodic maintenance on their homes. By deferring maintenance, these

dwelling units increasingly become at risk of falling into a state of disrepair, becoming dilapidated, and contributing to urban blight.

### Disproportionate Need by Race and Ethnicity

Soon after the 2000 Census, HUD requested a set of data from the Decennial Census. Known as the 2000 HUD Special Tabulations, this data was designed to assist jurisdictions with the development of their Consolidated Plan and planning process. Using this data allowed for a determination of the number of households in the City of Rockford with a housing problem. A housing problem is defined as a householder experiencing a cost burden or severe cost burden; a householder living in a unit that lacks complete plumbing or kitchen facilities; or a householder in an overcrowded or severely overcrowded unit. HUD's Special Tabulations offered this data by tenure, race, and income, as presented in Table IV.10, below.<sup>31</sup>

**TABLE IV.10**  
**HOUSEHOLDS WITH A HOUSING PROBLEM BY INCOME, RACE,<sup>32</sup> AND TENURE**  
**ROCKFORD, 2000 HUD SPECIAL TABULATIONS**

INCOME RANGE	White	Black	American Indian/ Alaskan Native	Asian	Pacific Islander	Some other Race	Two or More Races	Hispanic/ Latino of any Race	Total
<b>Homeowners</b>									
0-30% MFI	1,205	365	4	20	.	4	25	175	1,798
31-50% MFI	1,230	240	.	4	.	.	10	200	1,684
51-80% MFI	1,660	240	10	40	.	.	15	155	2,120
81-95% MFI	525	30	10	25	.	.	.	45	635
96% + MFI	975	125	.	75	.	.	30	215	1,420
<b>Total</b>	<b>5,595</b>	<b>1,000</b>	<b>24</b>	<b>164</b>	<b>.</b>	<b>4</b>	<b>80</b>	<b>790</b>	<b>7,657</b>
<b>Renters</b>									
0-30% MFI	2,550	1,310	15	45	.	15	75	415	4,425
31-50% MFI	1,470	675	15	45	.	.	15	210	2,430
51-80% MFI	780	175	.	10	.	.	15	110	1,090
81-95% MFI	145	20	.	10	.	.	4	10	189
96% + MFI	155	75	.	30	15	.	.	140	415
<b>Total</b>	<b>5,100</b>	<b>2,255</b>	<b>30</b>	<b>140</b>	<b>15</b>	<b>15</b>	<b>109</b>	<b>885</b>	<b>8,549</b>
<b>Total</b>									
0-30% MFI	3,755	1,675	19	65	.	19	100	590	6,223
31-50% MFI	2,700	915	15	49	.	.	25	410	4,114
51-80% MFI	2,440	415	10	50	.	.	30	265	3,210
81-95% MFI	670	50	10	35	.	.	4	55	824
96% + MFI	1,130	200	.	105	15	.	30	355	1,835
<b>Total</b>	<b>10,695</b>	<b>3,255</b>	<b>54</b>	<b>304</b>	<b>15</b>	<b>19</b>	<b>189</b>	<b>1,675</b>	<b>16,206</b>

In 2000, the majority of householders, 52.8 percent, experiencing housing problems were renters. The majority of all renter households having housing problems, 51.5 percent, were extremely low-income households.

While whites comprised about 72.8 percent of the City's population in 2000, just 66 percent of those households with housing problems were white. Blacks comprised 17.4 percent of the City's population but comprised 20.1 percent of the households with housing problems. Of all

<sup>31</sup> These data are presented by quadrant in Appendix C.

<sup>32</sup> The HUD category Hispanic/Latino of any race tabulates people of this ethnicity separately. They are not included with the other race categories. All other racial categories are of non-Hispanic/Latino ethnicities.

the extremely low-income households with housing problems, nearly 30 percent were black, a disproportionately high share.<sup>33</sup>

The Hispanic population, which comprises 10.2 percent of the City of Rockford's total population, had 10.3 percent of the households experiencing housing problems. Again, extremely low-income minority households had a disproportionate share of the housing problems, with the extremely low-income representing 46.9 percent of all Hispanic renter households with housing problems.

## **Fair Housing**

The City adopted a Fair Housing Ordinance more than 30 years ago. The ordinance provides protection for various classes of citizens known as "protected classes." The ordinance also creates a nine-member board to assist in carrying out activities that promote fair housing in the City of Rockford.

As it had in previous years, in 2002 the City examined fair housing in the community. City staff and the City of Rockford Fair Housing Board revisited the 1996 "Analysis of Impediments to Fair Housing in Rockford, Illinois." The initial analysis was conducted with assistance from the City of Rockford Fair Housing Board, the Rockford Area Affordable Housing Coalition, the Rockford Public Housing Authority, and numerous members of the lending and real estate communities. The data used in the study were based primarily on an analysis of the 1990 Census, information from the above referenced organizations, and an assessment of the governmental practices of the City.

The re-evaluation of the analysis revealed that the three primary impediments to fair housing choice in Rockford determined from the original analysis continue to be impediments. The first impediment was then and remains the lack of diversity in the real estate community, including finance, sales, and management of rental properties. The City of Rockford continues to be underserved by diversity, particularly in the real estate and banking communities.

The second impediment was less tangible than the first. Economic indicators and other rational factors cannot explain why several Census tracts have disproportionately low percentages of minorities living in them. It remains unclear whether "steering" or "redlining" exists within the real estate and/or financial communities.

The third impediment relates to the City of Rockford's lack of home rule status with state government. This translates into a lack of authority to adopt a local fair housing ordinance which is "substantially equivalent" to the federal statute. Such an ordinance would enable the City to hold administrative hearings and to levy fines on individuals who violate its fair housing ordinance. A substantially equivalent ordinance would also increase the possibility of the City qualifying for federal dollars for specific fair housing efforts.

In previous years, efforts were made to address the first and second impediments, while it was believed that addressing the third impediment could only be realized through a vote by the

---

<sup>33</sup> HUD defines disproportionate share as any share exceeding 10 percentage points of the particular group average.

citizens of Rockford or a change in legislation. The City believes that passage of enabling legislation is a distinct possibility. State Representatives agreed to work with the City legal department to accomplish this. Also, in recent years both the real estate and financial communities became more diverse, as a result of more minorities entering these professions and increased sensitivity and diversity training for non-minorities working within those fields.

The improvements in addressing the first impediment are largely due to the responsiveness of the Rockford Area Affordable Housing Coalition and the Rockford Area Association of Realtors. Each of these entities worked to increase minority recruitment as well as encouraging diversity training. The improvements in addressing the first impediment may have led to success in addressing the second impediment. While firm data to substantiate this do not yet exist, it is believed that certain Census Tracts that were disproportionate in regards to minorities living in them may now be closer to proportionality. Results of the 2000 Census substantiated this to a certain degree. Diversity in both the real estate and lending communities is believed to have led to improved fair housing choice in this area.

The Rockford Area Association of Realtors has worked with the local bar association to eliminate restrictive language in the covenants of some condominium associations in recent years, and these efforts will continue.

## **HOMELESS NEEDS ASSESSMENT**

### **Background**

In 1987, bipartisan support in the U.S. Congress led to passage of the Urgent Relief for the Homeless Act. After the death of one of its chief sponsors, Representative Stewart B. McKinney of Connecticut, the act was renamed the McKinney-Vento Homeless Assistance Act and signed into law in 1987. The Act was amended four times in the next eight years, expanding the scope and strength of the original legislation.

The goal of eliminating homelessness was announced in 2000, when the National Alliance to End Homelessness stated the goal in its 10-year plan. Mel Martinez, then secretary of the Department of Housing and Urban Development (HUD), accepted the goal of ending homelessness in his keynote speech at the National Alliance's conference in 2001. President George W. Bush made ending chronic homelessness within a decade one of the goals of his 2003 budget.

The challenge of ending chronic homelessness and, by extension, all homelessness, is immense, in part because of the difficulty of assessing the problem, both at the local and national level. Defining, locating, and counting the homeless, as well as understanding the wide variety of needs both in the general homeless population and specific subpopulations, is a necessary step in meeting the challenge.

HUD initiated what is called the Continuum of Care (CoC) process in 1994 to encourage a coordinated, strategic approach to planning assistance for the homeless. The CoC approach re-organized the mechanism by which McKinney-Vento homeless assistance funds were awarded, consolidating several HUD grant programs into a single competitive grant process. Applying for

these funds requires submission of a CoC plan that demonstrates broad participation of community stakeholders and that identifies the resources and gaps in the community's approach to providing homeless services.

HUD's definition of homelessness, which is used in applications for assistance from HUD-sponsored programs, is slightly more comprehensive than the definition provided in the McKinney-Vento Act. HUD defines the homeless as persons who:

- 1) are sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- 2) are sleeping in emergency shelters;
- 3) are living in transitional or supportive housing for homeless persons but who originally came from streets or emergency shelters;
- 4) ordinarily sleep in transitional or supportive housing for homeless persons but are spending a short time (30 consecutive days or less) in a hospital or other institution;
- 5) are being evicted within the week from private dwelling units and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing; or,
- 6) are being discharged within the week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing.

### **Continuum of Care**

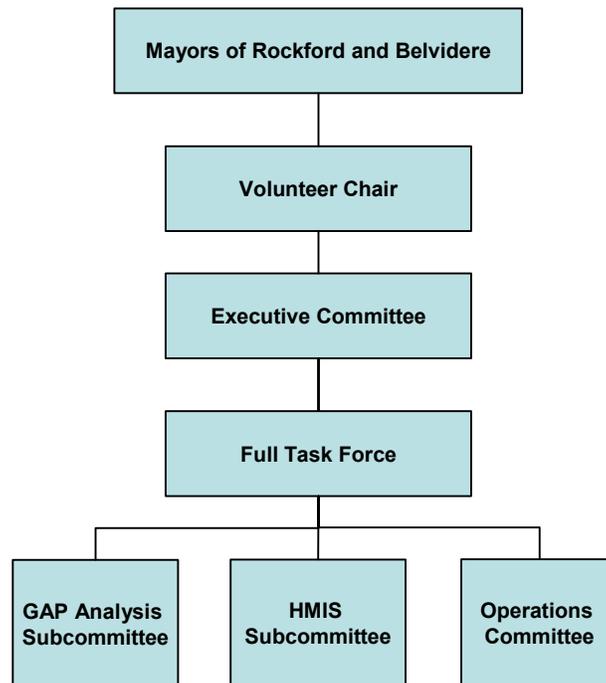
In 1987, a public hearing concerning homelessness in the City was conducted in Rockford. The outcome of the hearing was a request for then-mayor John McNamara, along with social service agencies in the community, to address the issue of homelessness. As a result, a task force was formed that included more than 30 community agencies.

Now called The Mayor's Task Force on the Homeless, the Task Force has become more sophisticated in both goals and mission. The original members remain, a testament to their longstanding commitment, but the Task Force expanded to over 70 members, including government representatives, shelter and service providers, housing developers, school district and church representatives, and representatives from subpopulations such as homeless veterans.

The Task Force is recognized as the main forum for discussion of homelessness issues within the City's Continuum of Care (CoC). In 2001, the City of Belvidere and Boone County joined the CoC, with the City of Belvidere a partner to the City of Rockford. The structure of the CoC is shown in Diagram IV.3, on the following page.

The goal of the Task Force and, by extension, the CoC, is to plan, implement, and maintain a system of services to respond to the needs of the homeless in the Rockford area. By 2002, the City had succeeded in its first priority, which was to establish shelters for all categories of homeless people.

**DIAGRAM IV.3  
WINNEBAGO AND BOONE COUNTY CONTINUUM OF CARE**



Other priorities, such as developing additional transitional and permanent housing opportunities and helping homeless persons become fully employed, are continuing challenges the CoC is addressing.

### Population

The most recent gaps analysis, completed on May 21, 2004, identified 1,441 homeless persons, approximately twice the total seen in the 2003 count. This may be due to one or more factors. It may be true that more homeless persons are in the regions served by the CoC. It may also be true that the newly implemented Homeless Management Information System (HMIS), which is now utilized by many of the region's homeless providers, helped to provide a more accurate count of the homeless, identifying persons missed in prior counts.

It is possible that more than 1,441 homeless persons live in the CoC region. They may, for instance, live in encampments or may not seek services. Also, HUD does not allow "doubled up" persons to be counted. It is likely that a number of sometimes-homeless persons were not counted on May 21 because they were temporarily housed with friends, relatives, or others. The CoC estimates a need for 368 additional beds for individual homeless persons, and an additional 614 beds for homeless persons in families with children. The greatest unmet need for individual homeless persons is for permanent housing. Transitional housing is also a strong need, while there is no unmet need for emergency shelter. Persons in families with children have a similar stratification of needs, with the greatest unmet need, 434 beds, in permanent housing, followed by needs in transitional, followed by emergency housing.

The unmet need or “gaps” for serving the homeless were estimated on the same day as the point-in-time count. Agencies filled out surveys on that day, indicating available housing, under-development housing, and increases or decreases in housing. Similar information was obtained from other agencies through the HMIS. Once housing capacity was determined, the information was contrasted with the number of homeless persons on that point-in-time count night. Any gaps were noted, as seen in Table 1A, below.

**HUD TABLE 1A  
CITY OF ROCKFORD CONTINUUM OF CARE**

		Estimated Need	Current Inventory	Unmet Need / Gap	Relative Priority
<b>Individuals</b>					
<b>Beds / Units</b>	Emergency Shelter	123	123	0	
	Transitional Housing	257	110	147	
	Permanent Housing	357	136	221	
	<b>Total</b>	<b>737</b>	<b>369</b>	<b>368</b>	
<b>Estimated Supportive Services Slots</b>	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
<b>Estimated Sub-populations<sup>34</sup></b>	Chronic Substance Abusers		192		
	Seriously Mentally Ill		160		
	Dually—Diagnosed		-		
	Veterans		37		
	Persons with HIV/AIDS		33		
	Victims of Domestic Violence		134		
	Youth		42		
	Other—Chronically Homeless		570		
<b>Persons in Families with Children</b>					
<b>Beds / Units</b>	Emergency Shelter	188	132	56	
	Transitional Housing	330	94	236	
	Permanent Housing	450	16	434	
	<b>Total</b>	<b>856</b>	<b>242</b>	<b>614</b>	
<b>Estimated Supportive Services Slots</b>	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
<b>Estimated Sub-populations</b>	Chronic Substance Abusers				
	Seriously Mentally Ill				
	Dually – Diagnosed				
	Veterans				
	Persons with HIV/AIDS				
	Victims of Domestic Violence				
	Youth				
	Other				

<sup>34</sup> The CoC did not differentiate estimated sub-populations of persons in families with children from sub-populations of homeless individuals. The total sub-population numbers provided therefore were summed and listed only in the Individual section of the table.

Using HUD's definitions of homelessness and chronic homelessness, the CoC counted subpopulations and chronically homeless persons during its May point-in-time count. As shown in Table 1A, on the following page, the CoC found 570 chronically homeless persons, of which 230 were sheltered and 340 were unsheltered. The CoC counted 134 victims of domestic violence, 192 persons with chronic substance abuse, 160 seriously mentally ill persons, 37 veterans, 33 persons with HIV/AIDS, and 42 youths.

Racial and ethnic breakdowns of the homeless are available from the 2003 CoC report to HUD. At that time, 44 percent of the homeless were black, 44 percent were white, 5 percent were Hispanic, 4 percent gave no response, 2 percent were listed as "other," and 1 percent identified as Asian or Native American. The relatively low percent of Hispanics may be due to doubling up with family or friends.

The CoC prioritized funding for programs designed to serve several homeless subpopulations. The Janet Wattles Center's Shelter-Plus Care projects address the mentally ill homeless population. As of 2003, those projects, along with the Grand Apartments, were the only sources of permanent supportive housing in Winnebago and Boone County. The Shelter-Plus Care projects are therefore a top funding priority for the CoC.

Promised Land Employment Services is a high priority of the CoC because it provides job training to the homeless through R.E.A.L. Jobs. The CoC repeatedly found that providing access to sustainable employment plays a key role in reducing homelessness. The R.E.A.L. Jobs program established strong ties to employers in the City and has a solid placement rate for homeless persons.

Another priority is Rosecrance, Inc., which is a comprehensive substance abuse treatment center providing treatment to adults with substance abuse problems. The CoC found that chronic homelessness, a problem for at least 530 homeless persons in the CoC region, is often related to substance abuse problems.

Homeless youths in Winnebago and Boone counties are served by Youth Services Network, which coordinates assistance to homeless youth and their families in the two counties. Youth Services Network member agencies provide a continuum of services to youth, including counseling, substance abuse prevention and treatment, education, job training, crisis intervention, mental health care, medical services, support groups, and services for subpopulations such as pregnant or parenting teens and the developmentally disabled.

The Veteran's Administration has been an intense focus of the CoC, including several meetings with staff of the local Veteran's Administration in which methods were developed to ensure that homeless veterans have access to homeless services and veterans' services. In addition, staff from the Veteran's Administration formed a subcommittee of the CoC to address the obstacles specifically identified for homeless Veterans. A representative from the Veteran's Administration attends the CoC's monthly Operating Committee.

## Obstacles

Obstacles remain for the CoC in dealing with other subpopulations, including veterans and the chronically homeless. Despite the efforts by the CoC and the Veteran's Administration to improve veterans' services through increased cooperation, there continues to be a gap in accessing veterans' services for homeless individuals. Much of this gap is due to the long waiting list for emergency financial assistance for veterans and the distance between the Rockford community and the nearest veterans' hospital.

As with veterans' services, the largest issue facing the CoC in addressing the needs of the chronically homeless remains the capacity of local agencies to meet this need. While the Rockford community substantially addressed the permanent supportive housing issue for the mentally ill, the City has limited capacity to provide long-term housing solutions for those with other disabling conditions. The capacity of support service providers to address the social support needs of this population continues to dwindle as funding decreases from all sources.

Within the CoC's capacity, the remaining obstacles in serving the homeless include the capacity to engage with the non-compliant chronically homeless; the need to increase capacity in mental health and substance abuse services for the chronically homeless; and the means to do so.

## Services

A number of agencies provide support and a variety of services to the homeless population. These providers are described below in greater detail:

- Rosecrance on Harrison and PHASE, Inc. provide chronically homeless persons with chronic substance abuse treatment. Male chronic substance abusers rely on emergency housing as the housing component for this service. However, an application was submitted that would identify specific beds in Rosecrance for this population. Rosecrance and PHASE, Inc. also provide transitional programs for substance abusers who are actively engaged in treatment.
- The Janet Wattles Center provides primary services for chronically homeless individuals with serious mental illness. PATH case management is provided to approximately 100 chronically homeless individuals annually. In addition, housing supports are provided to over 100 homeless individuals with serious mental illness and individuals dually diagnosed with serious mental illness and substance abuse disorders.
- Shelter Care Ministries provides drop-in support services through the Jubilee Day Center. Chronically homeless individuals with mental illness are linked with long-term case management and a variety of housing options through the Janet Wattles Center, Stepping Stones, and the Rockford Housing Authority.
- Homeless veterans fit across many other subpopulations. Through the work of the CoC and the Veterans Administration, these individuals are receiving improved direction and support.
- The Northern Illinois AIDS Resource Center and Shelter Care Ministries/Winnebago County Health Department continue to provide housing and support for persons with HIV/AIDS.
- Janet Wattles and other primary service agencies provide employment services for the chronic and non-chronic homeless. Individuals with mental illness receive pre-vocational and vocational services. Agreements exist between providers and the Illinois Office of

Rehabilitation Services to provide rehabilitation services. Any homeless person, with an emphasis on veterans, can receive assistance from Promised Land Employment Services R.E.A.L. Jobs Program, which has a positive outcome history of employment training, placement, and job retention for the homeless.

- Several faith-based providers offer non-licensed substance abuse treatment in conjunction with emergency and transitional housing. These include the Salvation Army, the Rockford Rescue Mission and several smaller providers.

## SPECIAL POPULATIONS NON-HOMELESS NEEDS ASSESSMENT

### Introduction

This section discusses the priority housing and supportive service needs of persons who are not homeless but who require supportive housing. These persons include the elderly, those with severe mental illness, the physically challenged, persons with alcohol or other drug addiction, victims of domestic violence, and persons with HIV/AIDS and their families. Each of these populations will be discussed in regards to their population, the services currently provided to them, and their current unmet housing and other needs.

### The Elderly

The Northwestern Illinois Area Agency on Aging (NIAAA) is a nonprofit organization serving nine counties, including Winnebago County. The NIAAA is one of 13 such agencies in Illinois that share the mission of the federal Older Americans Act. That mission is to foster maximum independence and improve the lives of all older Americans by providing a wide array of social and community services while targeting those older persons in the greatest economic and social need, including low-income minorities. The information provided below comes from the NIAAA's May 18, 2004, summary of "The Proposed Area Plan on Aging" for fiscal years 2005 through 2007. The NIAAA used Census and other demographic data to compile its report.

**Population.** In Rockford, 21,109 persons were aged 65 or older in 2000, 14.1 percent of the City's total population. The majority of the elderly, 61.3 percent, were female. The greatest number of elderly, 7,839, lived in the Southeast quadrant, while the greatest percentage of elderly persons were found in the Northeast quadrant, where 17.4 percent of the population was aged 65 or older.<sup>35</sup>

According to 2000 HUD Special Tabulations, the City of Rockford had 14,475 elderly households, 24.4 percent of the total households in the City. The large majority of elderly households, 72.5 percent, were owned as opposed to rented. A total of 2,510, or 17.3 percent, of elderly households in the City were extremely low-income. Another 2,799, or 19.3 percent, of elderly households were low-income.

According to the Rockford Health Council's 2003 Healthy Community Study, there are 30 geriatric nursing homes in the Rockford metropolitan area, including 21 in Winnebago County. In 2000, 1,875 persons lived in nursing homes in the City of Rockford, and 2,355 persons lived in nursing homes in the entirety of Winnebago County. The City's Northeast and Northwest

<sup>35</sup> These data are broken down by quadrant in Appendix A.

quadrants each had over 700 persons living in nursing homes, while the Southeast had 419 and the Southwest quadrant had no people living in nursing homes.

Data concerning the entirety of Winnebago County is also available. These data, collected by the NIAAA, often use age 60 and over, rather than age 65 and over, to define the elderly or senior population. According to the 2000 Census, Winnebago County had 46,164 adults over the age of 60, comprising 17 percent of the county's population. Surrounding counties had elderly population percentages as low as 13 percent (DeKalb County) and as high as 24 percent (Carroll and Jo Daviess County).

According to the NIAAA, Winnebago's elderly population grew by 7 percent from 1990 to 2000 and is projected to grow another 6 percent by 2010. In 2000, females comprised 57 percent of the 60-and-over population in Winnebago County. The county's elderly population included 17,113 persons aged 75 and older, and 4,322 persons aged 85 or older. Some 12,061, or 26 percent, of Winnebago County's elderly population lived alone in 2000.

According to the Census, Winnebago County's elderly population included 3,901 minorities, or 8.4 percent of the total elderly population. Most of the minority elderly, 2,568, were black, and another 714 were Hispanic. Of those aged 65 and older, 12,497, or 27 percent, had disabilities.

The percentage of adults aged 60 or older who live in poverty in Winnebago County was 6.7 percent, a percentage placing the county in the middle of the nine-county region covered by the NIAAA. Of Winnebago County's 3,115 seniors in poverty, 2,266 were 65 years of age or older.

In Illinois, the number of children raised by grandparents increased by 30 percent from 1990 to 2000. Winnebago County has the highest percentage of grandparents caring for children in the nine-county region, at 5.4 percent. Across the nine-county area, it was more common for black (12.1 percent) and Hispanic children (5.8) to be raised by grandparents.

**Unmet need.** The elderly face many housing issues, including substandard housing, a lack of affordable housing, and a need for housing modifications due to disabilities. HUD's 2000 Special Tabulations provide the number of 65-and-over households in the City of Rockford with housing problems. A housing problem is defined as a householder experiencing a cost burden or severe cost burden; a householder who lives in a unit that lacks complete plumbing or kitchen facilities; or, a householder who lives in an overcrowded or severely overcrowded unit.

In the City, 3,775 elderly households had housing problems, 26.1 percent of the total number of elderly households. Most of the households with housing problems were extremely low (41.0 percent) or low-income (31.3 percent).<sup>36</sup>

The NIAAA collected, reviewed, and analyzed a variety of information to identify the needs of older adults and caregivers in the nine-county area that includes Winnebago County. Needs assessment information was collected from published reports obtained from local, State, and national sources. The analysis included surveys, roundtable discussions, state and national data and reports, information from Senior Summits, as well as NIAAA and provider service data.

---

<sup>36</sup> This data is provided in Appendix C.

Based on this needs assessment, the NIAAA proposed two initiatives. The first was a statewide initiative to increase public awareness, information, and education, as well as access to the aging network and available service options for all older persons and their caregivers. The NIAAA's proposed strategies to meet this need during the 2005 through 2007 fiscal years are as follows:

- Assess current service options; identify gaps and increase available service options, including affordable housing, mental health, and coordinated transportation;
- Implement single or coordinated points of entry, including Case Coordination Units, caregiver resource centers, Senior Health Insurance Programs, and Senior Health Assistance Programs; take an active role in the exploration, development, and implementation of the 2-1-1, a community information and referral service dialing code;
- Increase public education and advocacy, including development of a seasonal marketing plan to raise awareness of aging services and growing need; also, launch updated NIAAA website, linking to local aging services providers as well as state and national resources;
- Improve mechanisms for reaching targeted groups, including minorities, caregivers, and grandparents;
- Customize, increase, and improve training of staff and funded providers; and,
- Evaluate NIAAA and provider performance.

The NIAAA also proposed a second, local initiative, which aims to build on the successes of caregiver support services and expand and improve network response to the unique needs of family caregivers. The proposed strategies for fiscal years 2005 through 2007 for meeting this initiative are as follows:

- Assist providers in developing a pro-active rather than a reactive stance to caregiver needs by developing methods to target caregivers in need of support services;
- Repackage I and A to develop "products" caregivers need and want, such as consumer checklists, local lists of services, and tips for dealing with problems and concerns;
- Re-examine service requirements from the unique perspective of caregivers, such as developing caregiver self-completing gap/respite application for service;
- Train network staff to empower family caregivers;
- Expand use of assistive devices and emerging technology, and assist caregivers to find and pay for devices to keep family members independent;
- Expand consumer, including caregiver, input in services; analyze and reshape services to meet consumer needs;
- Provide more consumer choices based on caregiver input;
- Develop new programs in response to consumer demand;
- Reward agencies for coordination by using carryover money for joint applications;
- Help caregivers cope and maintain their own health status;
- Provide services for caregivers in non-traditional family settings;

- Customize services for caregivers whose primary language is other than English;
- Work with programs such as Legacy Corp and Love Inc. volunteers to provide volunteer services to family caregivers;
- Train network staff to help caregivers address end-of-life decisions; and,
- Coordinate with DHS-ORS registry of workers.

### **Persons with Severe Mental Illness**

**Population.** Winnebago County had 395 mentally ill persons in State facilities in fiscal year 1998. The average age of the resident was 36 years, and the average length of stay was 77 days. In fiscal year 1989, the average age was 39 years, and the average length of stay was 1,402 days.

**Services.** A wide range of services are available for mentally ill persons of low income, yet some important gaps in services still exist, and insufficient capacity to serve all persons in need is probably the most critical problem facing the delivery system.

The agencies that provide the bulk of the mental health services to the low-income disabled are Singer Mental Health Center, a State mental health inpatient facility; Janet Wattles Center; and Stepping-Stones.

**Unmet need.** Needs for persons with severe mental illness revolve around funding to maintain the current level of programming and for the addition and expansion of services. For example, if HUD funding were dismantled, alternative housing for persons with serious mental illness would be in jeopardy. Low-interest money sources have reportedly dried up, while safe, clean, affordable housing continues to be a need.

Long waiting lists for housing programs are common, and local housing authorities are not always seen as cooperative with mental health providers or with families in developing housing options. Vocational programming is lacking and difficult to provide given the nature and severity of problems faced by the severely mentally ill population.

More rehabilitation needs to be developed to assist individuals with serious mental illness in developing necessary work skills that would allow them to function with Office of Rehabilitation programs. Some individuals may need greater assistance to gain skills or return to work, including interpersonal skills, work ethics and expectations, and placement assistance. More job coaches and mentors are needed, as well as additional positions and activities.

The lack of affordable housing is an issue. Some persons from outlying counties may migrate to the Rockford area because of services available in the area, and these people often rely on affordable housing.

Case management caseloads are typically too high, with negative clinical effects. Without effective case management, the community system cannot function properly, rendering communities dysfunctional in their care of people suffering from severe mental illness.

## The Physically Challenged

**Population.** In the 1990s, an assessment of the developmentally disabled conducted by the Rockford Park District found that nearly 2,500 persons in Winnebago County were developmentally disabled. This included those who are physically disabled, or sight and/or hearing impaired. More than 80 percent were living in the family home or in independent living arrangements. It is assumed that about 500 persons, the remaining 20 percent, were in need of independent living arrangements with support services.

**Services.** Regional Accessibility Mobility Project continues to be a leader in providing services to persons with disabilities. The Illinois Department of Rehabilitation Services also provides cost-effective in-home care for persons with disabilities through its Home Services Program.

**Unmet needs.** A centrally located drop-in center is needed. The center could provide needed support services, including budgeting, paying bills, transportation, employment, accessible affordable housing, education, and recreation. The priority needs level for persons with physical disabilities is high, particularly as more persons in the population seek to live more independently. The major obstacle to creating additional independent living opportunities is the lack of support services for the population. The dollars needed to address this need will increase as more of the population begins to believe they can live independently. This is particularly true in smaller communities, as centers for independent living branch into these communities.

## Persons with Alcohol and Other Drug Addictions

**Population.** The Rockford Healthy Community Study 2003 contains several statistics about alcohol and drug addictions in Winnebago County. During 1997, the report states that 229 Winnebago County residents aged 18 to 64 were hospitalized for alcohol or drug dependence, with an average charge of \$8,747 each. Among Winnebago County adults, the Epidemiologic Catchment Area Study estimated that 25,752 persons have a lifetime dependence on alcohol. About 1 percent of Winnebago County mothers who gave birth during 1997 admitted to drinking during their pregnancy. According to the 1997 IDPH Behavioral Risk Factor Survey, alcohol use patterns among Winnebago County adults are far higher than in other urban counties and the State.

**Services.** The primary service providers receiving public funding are PHASE, Rosecrance on Harrison (adult services), and Rosecrance on Alpine (adolescent services). During fiscal year 1997, these three agencies served 4,617 persons, 88 percent of whom came from Winnebago County.

Self-help groups also exist in Winnebago County. These include Alcoholics Anonymous, Narcotics Anonymous, Families Anonymous, and Al-Anon. Inpatient hospital treatment is provided by Rockford Memorial Hospital.

**Unmet needs.** The 1990s brought decreases in the availability of hospital-based programs in Winnebago County, partly due to the involvement of managed care, along with decreases in coverage for mental health care by traditional insurance plans.

Insufficient capacity to serve persons in need is demonstrated by the waiting lists at publicly funded agencies. Inability to reach or serve certain populations also can be seen by their absence in

client profile statistics, as is the case with the low number of Hispanics receiving services. Another problem is that few mechanisms for local, non-governmental funding exist except for private fundraising and the United Way. This lack of funding prevents timely delivery of services, proper intensity or frequency of services, and the development of specialized services for target subgroups. Resultant waiting times to get into treatment programs creates a deterrent to receiving treatment for some persons. Limited funding also results in limited access for low-income clients.

Beds are needed for certain groups, such as halfway house beds with employment or school components. Some transitional housing needs to be longer term for persons who cannot return to their normal environments without a longer period of sobriety. Some other settings should be established for those who are already fully employed to help those persons maintain employment. Not enough adolescent treatment beds for low-income youth are presently available in the community. Some adolescents need long-term treatment strategies, as well as more intensive aftercare to prevent relapse. Youth also need to be identified earlier, perhaps through substance abuse identification mechanisms that could be put into place at schools, churches, and other organizations.

Some family members and children of alcoholics and drug users require services not currently available enough, including counseling and family services. Another issue is that employees in the substance abuse treatment field typically burn out quickly and become frustrated by low wages for emotionally draining work.

Rockford-area programs need to do a better job of addressing the cultural needs of ethnic and minority groups and of reaching out to these groups to encourage involvement in treatment. Culture-specific treatment services are a weakness. Another weakness is that only one detoxification service is available in a non-hospital setting, and no provision exists for detoxification of indigent persons with medical problems. Treatment capacity for all settings in the publicly funded programs seems insufficient to fulfill the needs of county residents.

Results from the 1995 community survey for the United Way, as reported in the Health Communities study, revealed 59 percent of respondents rated drug abuse as a very serious community problem. According to key informants, including human service professionals, community leaders, and government representatives, treatment alternatives are extremely limited, especially those appropriate for women with children and ex-offenders. A shortage of inpatient substance abuse treatment services is also said to exist, according to the report, and Winnebago County has an inadequate number of publicly funded treatment programs, based on waiting lists of six months.

## **Victims of Domestic Violence**

**Population.** According to the Healthy Community Study 2003, Working Against a Violent Environment (WAVE), a domestic violence agency serving the Rockford area, served 5,786 clients between 2000 and 2002. Ninety percent of clients were female, and all but 31 of the male clients were children. Most clients, 62.7 percent, were white, 26.8 percent were black, and 6.2 percent were Hispanic. Most clients used the walk-in service, but 1,621 used the shelter service.

According to Heather Beaufiles, Program Director for WAVE, the agency served 2,052 adults in 2003.<sup>37</sup> This total includes only “non-duplicated” adults, meaning repeat clients were not counted twice. The emergency shelter provided 16,000 bed nights, and WAVE assisted with 1,574 orders of protection in 2003.

The Rockford Police Department responded to over 8,500 domestic disturbance-related calls during 2002, including 2,136 domestic battery reports, as reported in the Healthy Community Study 2003. The number of domestic battery reports increased by 269 between 2001 and 2002. Winnebago County had the State’s highest overall crime rate in 2001. Sexual assault was one of five offenses in the county that were more common than in the State.

**Services.** Working Against a Violent Environment (WAVE) is a domestic and family violence program for women, men, and their dependent children in the Rockford area. The agency, which is incorporated under Personal Health/Abuse Services and Education (PHASE), Inc., offers assistance to those in violent or abusive relationships, with counseling that covers such areas such as stress management, anger management, communication skills, parenting, and decision making. WAVE provides multiple services including emergency shelter, a 24-hour crisis counseling line, legal advocacy (including in-court advocacy), children’s programs, and transitional housing. WAVE has 50 beds available to victims of domestic violence and their families.

HOPE of Rochelle provides a 24-hour crisis line, shelter, legal assistance, individual counseling, support group counseling, public education, medical advocacy, Hispanic advocacy, and referral services for victims of domestic violence in Ogle County. The Domestic Violence Offender Program, part of the FAIR Treatment Center, provides intensive outpatient services for family violence offenders, including individual and group sessions and workshops.

**Unmet Need.** The Housing Needs Survey described earlier found that most of the 82 respondents believed domestic violence victims had unmet housing needs. Seventeen respondents said victims’ unmet housing need was moderate, 28 said the need was strong, and 22 described the unmet housing needs as extreme.

Heather Beaufiles, Program Director for WAVE, said housing is one of several strong and immediate needs for domestic violence victims in the Rockford area.<sup>38</sup> Funding cuts in 2003 resulted in the loss of two full-time staff members at WAVE, meaning other employees must now combine responsibilities.

Additional safe and affordable emergency and particularly transitional housing is greatly needed, according to Beaufiles. Although the Rockford Housing Authority, Salvation Army, Shelter Care Ministries, and Winnebago County Housing Authority, along with WAVE, provide housing to victims, the wait for transitional housing is sometimes long. Finding transitional housing that is safe for women with children also is a challenge, according to Beaufiles. Although WAVE does not turn any victim away, victims who are in the midst of fleeing their abuser are given priority

---

<sup>37</sup> Information provided in telephone conversation on July 23, 2004.

<sup>38</sup> *Ibid.*

for emergency shelter. Those whose needs are less extreme may receive no more than 24 hours in the shelter, depending on the shelter's occupancy rate at the time.

Beaufils listed several other unmet needs for domestic violence victims in the Rockford area. Reduced cost medical care is available at Crusader Clinic, but the wait sometimes is long, some services are not provided by the clinic, and other reduced-fee health clinics are not available. Transportation is a concern, particularly in Boone County where public transportation is not available but also in the Rockford area, where the available public transportation does not reach all areas of the City where victims find work.

Affordable and available legal assistance is another strong need, according to Beaufils. Prairie State Legal Services and Zeke Giorgi Legal Clinic are the only reduced-fee or free legal services available to victims of domestic violence. Beaufils said the two providers are sometimes unavailable to victims because they are too busy or not taking a particular kind of case, and long delays sometimes occur for the services that are available. Beaufils said it is not unusual for victims to represent themselves in court, in part because of the lack of adequate low-cost or free legal services.

Additional unmet needs listed by Beaufils include safe and affordable day care, particularly day care with evening availability; increased economic assistance; additional long-term employment opportunities; and additional help for the immigrant population, including language education.

### **Persons with HIV/AIDS and Their Families**

**Population.** In 1997, the Winnebago County Department of Public Health (WCDPH) reported the total number of AIDS cases in the county to be 327. A continual increase in the number of county residents diagnosed with HIV/AIDS was expected, and indeed from July 1999 through December 2002, the Healthy Community Study stated that 93 new cases of persons HIV positive were diagnosed in Winnebago County.

AIDS cases and HIV infection reports in Illinois by county in 1997 revealed that Winnebago County had the third-highest count, behind Cook and Lake Counties. The 1997 statistics show that the age group with the most HIV/AIDS cases is 30 to 39 years. Most, 67 percent, are male, and 48 percent of the persons are black, with another 48 percent white. Most of the cases, 58 percent, were attributed to injection drug use. In general, about two-thirds of persons with AIDS can be considered low-income.

**Services.** The Crusader Clinic is the primary resource for persons with HIV/AIDS. The Northern Illinois AIDS Resource Center is another resource in the area.

**Unmet Needs.** The WCDPH and the Northern Illinois AIDS Resource Center identified needs including a program for prescription drugs and health insurance benefits for those unable to pay. They also suggest childcare, as well as decent, safe, and affordable housing, primarily for family renters. There is also a need for substance abuse services, as well as legal, transportation, and mental health services.

One problem is a large percentage of persons with HIV have some criminal record and many were provided housing through the RHA. Due to the “One Strike and You’re Out” policy, these persons cannot access public housing.

The priority needs level for persons with HIV/AIDS or related diseases is medium. While the reported cases are increasing, the need for support services as well as housing seems to be declining. This may be attributed to increased awareness concerning AIDS and HIV. As awareness is increasing, friends and families are more likely to provide housing and support HIV and AIDS victims require.

### **Homeless and Special Needs Facilities and Services**

A wide variety of organizations provide housing and supportive services to homeless and non-homeless individuals and families in the Rockford area. A number of these organizations were listed above under specific populations. A more complete list of organizations follows:

- American Red Cross, which provides emergency shelter through the Nancy J. Smith Red Cross Homeless Shelter.
- Carpenter’s Place, a day room help center for the homeless, addicted, mentally ill or otherwise severely distressed street population.
- Crusader Clinic provides primary health care services for families, as well as serving substance abusers and those with HIV/AIDS.
- Family Counseling Services of Northern Illinois provides support and counseling to families facing a variety of life situations.
- Grand Hotel was converted into 45 affordable permanent apartments that include supportive services for residents. The hotel was converted by Zion Development.
- Janet Wattles Mental Health Center provides comprehensive mental health services and pre-vocational and vocational services for those with mental illness. The center provides services for the seriously mentally ill, including emergency beds, as well as long-term case management for chronically homeless individuals with mental illness.
- Lydia Home of Rockford is an emergency youth shelter that provides a safe, secure environment for runaway or homeless boys. Services include emergency overnight care, temporary care for up to 21 days, and psychological services. Follow-up support, counseling, and referrals are also offered.
- Northern Illinois AIDS Resource Center provides housing and support for persons with HIV/AIDS.
- Promised Land Employment Services is a coordinated program designed to empower the economically disadvantaged, particularly veterans of military service, by assisting them in the procurement of meaningful careers.
- PHASE/WAVE, a domestic violence shelter, provides shelter and other services for victims of domestic violence and their dependent children. PHASE provides chronically homeless persons treatment for chronic substance abuse. A 24-hour crisis line is offered, along with counseling and legal assistance.

- Portage House offers transitional housing for women and children coming out of the WAVE shelter.
- Rosecrance Health Network is a regional substance abuse treatment facility for adolescents. Programs provided include education and training, outpatient and inpatient treatment, partial hospitalization, continuing care, student assistance programs, prevention and family recovery programs, and a speakers' bureau.
- Salvation Army offers a variety of social welfare programs, youth programs, and a men's rehabilitation center.
- Serenity House provides emergency shelter for women and their children.
- Shelter Care Ministries provides emergency housing and drop-in support services through the Jubilee Day Center. Shelter Care Ministries also provides housing and support for persons with HIV/AIDS.
- Stepping Stones of Rockford provides support and information about recovery for those with mental illness.
- United Way makes community referrals and service links for individuals and families.
- Youth Services Network develops, encourages, and coordinates services and activities that improve the physical, psychological, and social well-being of youth. The network runs MELD at Trinity House, providing services to pregnant and parenting teens, ages 14-21.

### **Summary of Housing and Homeless Needs Assessment**

Several key points were uncovered regarding the needs for rental and homeowner housing and assisting the homeless populations in the City of Rockford. These are summarized as follows:

- The Rockford Housing Needs Assessment, conducted via a telephone survey, found the City's rental housing was plentiful. However, survey respondents felt housing conditions needed to be improved, with the west side having housing stock in greater need for improvement. Survey respondents indicated an extreme need for homeowner repair and maintenance on the west side.
- The survey findings noted the degree to which some of the special populations had an outstanding need for adequate and suitable housing. The homeless population was said to have the greatest need, along with the disabled and victims of domestic violence.
- Respondents to the survey indicated that an inability to assemble the down payment costs posed the greatest barrier to homeownership in Rockford. Respondents also acknowledged the problems posed by recent layoffs and the decline of the City's manufacturing base.
- Over the last decade, overcrowding in the City's dwellings increased in absolute terms, with nearly 1,200 units overcrowded in 2000, and the greatest overcrowding occurring in renter households. On the other hand, the percentage of renter households experiencing a cost burden actually declined over the last 10 years. The Southwest quadrant had the greatest decline in cost burdened renters, falling from nearly half of all renter households to just less than 40 percent. The share of homeowner households experiencing a cost burden rose over the decade, increasing from 14.5 percent in 1990 to 19 percent in 2000.

- The 52.8 percent of households with housing problems—defined as those with incomplete plumbing or kitchen facilities, overcrowding, or a cost burden—are disproportionately renters. Furthermore, racial and ethnic minorities constitute a disproportionate share of the households with housing problems.
- Respondents to the survey stated that the homeless face a worsening problem with housing. In the last available count of homelessness, some 1,441 persons were counted. Many of these persons had disabling conditions, such as mental illness, chronic substance abuse, or physical health issues. The greatest need for the homeless in Rockford appears to be permanent housing, and the primary barrier to serving the homeless continues to be chronic and non-compliant homeless.
- The elderly face many housing issues, including substandard housing, a lack of affordable housing, and a need for housing modifications due to disabilities. In Rockford, 26.1 percent of elderly households had housing problems, and most of these households were low-income or extremely low-income. Greater public awareness, increased access and availability to the aging network, and expansion and improvement of network response to the needs of family caregivers is needed.
- To serve those with severe mental illness, greater funding is needed to continue current programming and expand services. Safe, clean, and affordable housing continues to be a need, in addition to vocational programming and help for those providing case management.
- The physically challenged need a drop-in center that is centrally located and can provide support services. The lack of adequate support services is the greatest challenge currently facing this community.
- Persons with alcohol or other drug dependencies need additional funding to support services. Long waiting lists for services and the lack of targeted services to minority groups and others are a problem. Additional transitional housing, including additional housing for adolescents, is needed, and support of family members needs to be extended.
- Victims of domestic violence need additional safe and affordable emergency and especially transitional housing and greater access to affordable legal services. Victims also need affordable child care, long-term employment opportunities, and specific aid for the immigrant population.
- Those with HIV/AIDS do not seem to be lacking housing services, but a program for prescription drugs and health insurance benefits for those unable to pay is needed, along with additional childcare and substance abuse services.