FEBRUARY 2026

WINNEBAGO AND
BOONE COUNTIES

HOUSING & MENTAL HEALTH

COMMUNITY NEEDS ASSESSMENT

Prepared by Region 1 Planning Council

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COMMUNITY OVERVIEW

INTRODUCTION

In 2023, Region 1 Planning Council (R1) received a grant from the United States Environmental Protection Agency (EPA) Brownfields program to develop brownfields revitalization plans in Winnebago and Boone Counties in Northern Illinois. The EPA defines brownfields as: "... a property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant."[1] Revitalizing brownfield sites benefits communities by removing health and safety hazards, introducing new jobs, increasing property values, and maximizing the productivity of the site.[2] Winnebago and Boone Counties contain several vacant brownfield sites ready for revitalization.

This Community Needs Assessment (CNA) informs revitalization plans by evaluating housing supply and its relation to mental well-being, homelessness, and substance use for Winnebago and Boone County residents. Recent community health needs assessments by hospitals and both Boone and Winnebago Counties' Illinois Project for Local Assessment of Needs have identified mental and behavioral health as a major health priority for the region.[3,4,5]

CONTEXT OF UNHOUSED POPULATION AND MENTAL ILLNESS

In the 19th and early 20th centuries, individuals with mental illnesses were often treated in large, state-run psychiatric hospitals.[6] However, a combination of poor treatment and new antipsychotic medication led activists and politicians to believe that individuals could receive better care in their communities.[6] Seeking to deinstitutionalize mental health care, President Kennedy signed the Community Mental Health Act (CMHA) in 1963.[7] This landmark legislation provided federal funding for community mental health centers, aiming to reduce reliance on state psychiatric hospitals. In Illinois, state psychiatric hospitals had an effective deinstitutionalization rate of 94%, meaning there were 94% fewer mental health patients being admitted and treated in these institutions.

Despite the passage of the CMHA, sustainable funding beyond what was necessary for initial construction and staffing was not appropriated by the federal government, leaving communities ill-equipped to handle the influx of mentally ill individuals requiring assistance.[7] Individuals with mental illness often found themselves in other institutions such as jails, prisons, nursing homes, or mental wards in hospitals. This is called transinstitutionalization, or the movement of individuals from one type of institution to another.[8] Today, this shift is most visible in the movement of the mentally ill population into carceral facilities rather than community-based care.

The impact of this funding gap is reflected in Illinois' correctional data. In 2023, approximately 44% of the 30,000 people in custody of the Illinois Department of Corrections were receiving mental health care, with about one-third suffering from a Serious Mental Illness (SMI).[9] SMI is a mental illness that negatively affects an individual's ability to function, such as schizophrenia, bipolar disorder, and major depressive disorder.[10] Furthermore, nearly 45% of these individuals faced the added complexity of a co-occurring Substance Use Disorder (SUD).[11] As of 2025, the state's capacity to address these needs remains strained, with only 1,354 state psychiatric beds available.[12] Because 950 of these beds are occupied by forensic patients (individuals deemed not guilty by reason of insanity or unfit to

stand trial), only 404 remain for the general public, resulting in a persistent backlog where nearly 100 forensic patients have waited over 60 days for an inpatient bed.[12]

Beyond the justice system, the lack of community infrastructure has forced many individuals into housing instability or homelessness. Approximately 30% of the unhoused population is likely to have SMI, a group that includes those in emergency shelters, transitional housing, or living on the streets.[13] The unhoused population includes individuals without permanent housing or living on the streets, as well as individuals who utilize emergency shelters or transitional housing. A growing housing shortage, coupled with escalating rent prices, means unhoused individuals – especially those with untreated SMI – will likely continue to struggle finding and maintaining safe, permanent housing.[13] R1's upcoming Housing Coordination Plan explores this phenomenon and possible region-wide solutions.

Access to affordable and stable housing is a well-known social determinant of health, or non-clinical influences on one's physical and mental health outcomes.[14] Housing instability and homelessness negatively impact the health of those affected. A lack of affordable housing might influence families with low incomes to rent housing with health violations, such as mold or inadequate environmental conditions.[15] Furthermore, forced moves or evictions are directly associated with negative health outcomes for children and create significant barriers to maintaining health coverage.[15] Because housing is a fundamental human need, its unfulfillment makes it extremely difficult for people to prioritize their mental and physical well-being.[14] Consequently, chronic physical and mental illness is more prevalent in the unhoused population compared to the general population.[15]

An appropriate supply of affordable and stable housing helps the economy as well. Investment in affordable housing uplifts regional and local economies due to increased tax revenue and spending power. These changes will likely bring more jobs and better job retention to the area.[16]

WINNEBAGO AND BOONE COUNTY COMMUNITY PROFILE

Figure 1 describes the demographic profile of Winnebago and Boone County residents compared to the general demographic profile of Illinois residents. For the purposes of this CNA, the data chosen is most likely to represent the age, sex, disability, household income, and poverty level of those likely needing to utilize supportive housing resources. Boone County's key economic indicators, including a median household income of $81,638 and the percentage of residents below 150% of the federal poverty level at 17.9%, align closely with the state of Illinois' overall measures. In contrast, Winnebago County demonstrates more economic distress with a lower median household income of $64,363 and a significantly higher percentage of residents below 150% of the federal poverty level, reaching 25.4%.

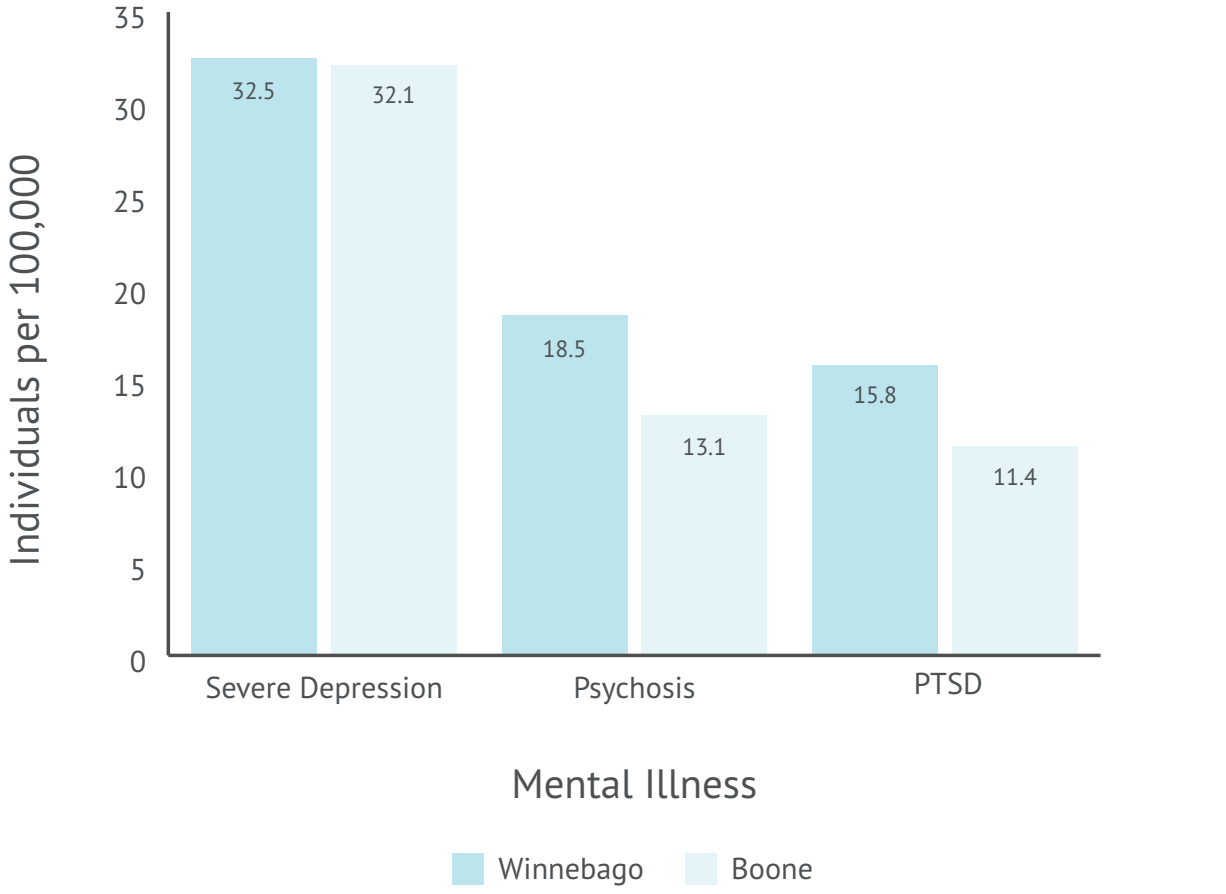
These results indicate Winnebago County may need a more robust supportive housing system to meet the level of need. Median age between the three comparison populations is approximately equal, though Winnebago County aligns more closely to Illinois' total sex ratio than Boone County. Both Winnebago and Boone Counties have a higher occurrence of disability in the population than the general population of Illinois.

Figure 1: Demographic Data Between 2019-2023 for Winnebago and Boone Counties, Collected by the American Community Survey[17]

Topic	Winnebago County, IL	Boone County, IL	Illinois
Economic			
Income			
Median Household Income	$64,363	$81,638	$81,702
Poverty			
Below 150% of Poverty Level *% of Residents*	25.41	17.92	18.64
Demographic			
Age			
Median Age	39.7	39.5	38.9
Gender			
Sex Ratio *Males per 100 Females*	96.09	100.13	97.64
Health Outcomes			
Disability			
Disability *% of Residents*	14.91	13.72	11.84

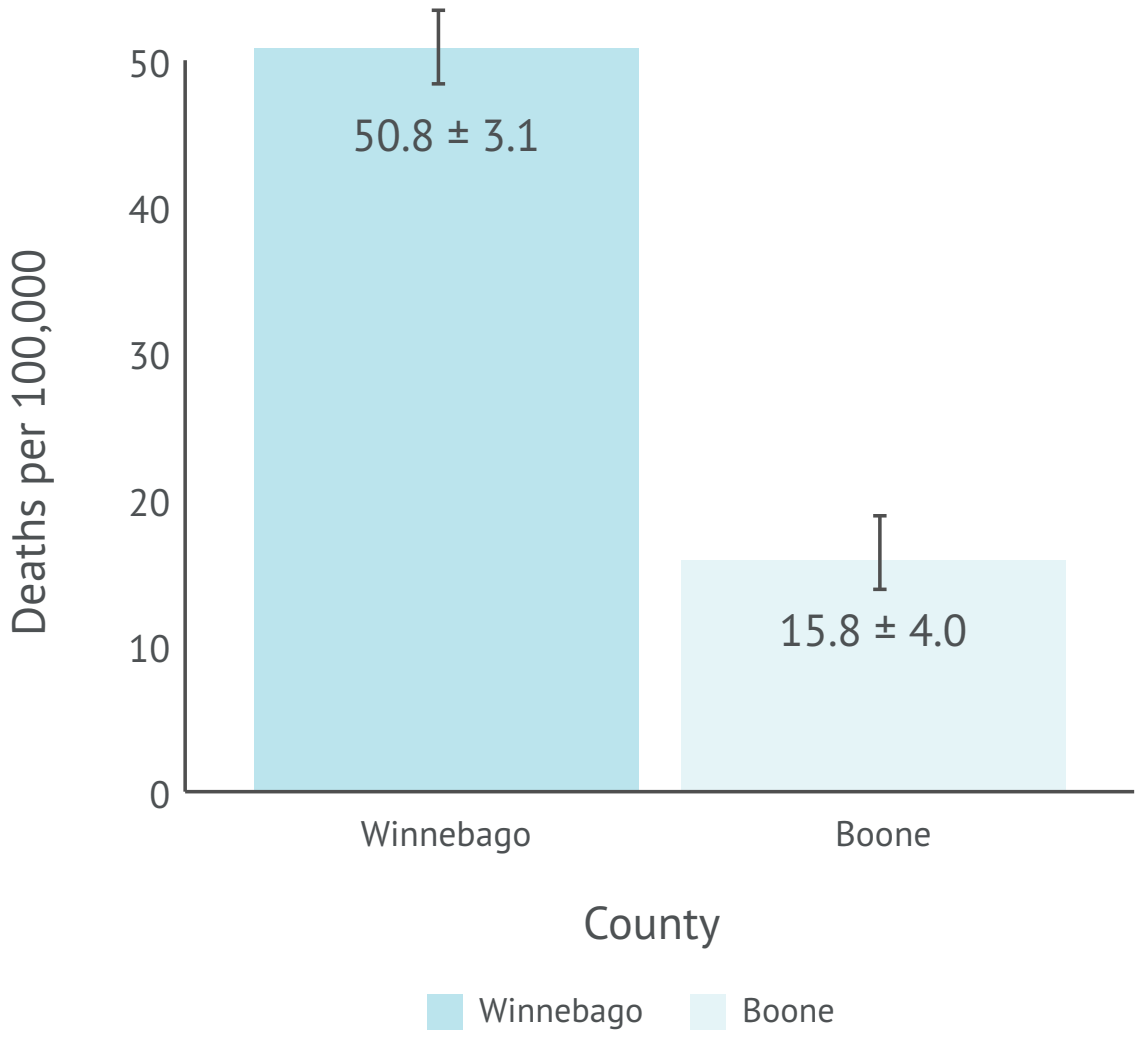
SMI is a prominent health concern in Winnebago and Boone Counties. **Figure 2 breaks down the 2020–2025 occurrence of symptoms of severe depression, psychosis, and post-traumatic stress disorder (PTSD) in Winnebago and Boone Counties.** This data was collected through Mental Health America's screening tool. Severe depression was measured by individuals scoring for severe depression on the PHQ-9 depression screen. PTSD was measured by individuals scoring positive for PTSD screens. Finally, psychosis was measured by individuals scoring at risk for psychotic-like experiences on the PQ-B psychosis screen. Winnebago and Boone Counties were approximately even in positive depression screens, while Winnebago County slightly led Boone County in positive PTSD and psychosis screens.

Figure 2: Positive Screens for SMI (Severe Depression, Psychosis, PTSD) Between 2020-2025 in Winnebago and Boone Counties[18]



Substance use and overdose remain a significant health problem in Winnebago and Boone Counties. **Figure 3 displays the drug overdose mortality in Winnebago and Boone Counties between 2019 and 2023.** The +/- figure represents the margin of error for measuring overdose mortality. In those years, Winnebago County had a much higher drug overdose fatality rate than Boone County: 50.8 deaths per 100,000 people versus 15.8 deaths per 100,000 people, respectively.

Figure 3: Drug Overdose Mortality Rate between 2019 and 2023 for Winnebago and Boone Counties[19]



SUPPORTIVE HOUSING

In 2003, the federal government began to prioritize ending chronic homelessness by working with the National Alliance to End Homelessness to create a ten year eradication of homelessness plan.[20,21] The U.S. Department of Housing and Urban Development (HUD) defines chronic homelessness as: "an individual with a disability who lives in a place not designed for human habitation, an emergency shelter, or a "safe haven" and has been unhoused for at least twelve months or on four distinct occasions over the past three years."[22]

Housing with supportive services, such as psychological treatment and job skills training, has emerged as a way to help individuals find and maintain safe and stable living situations. Supportive housing is defined as the combination of affordable housing and support services to help vulnerable populations maintain stable housing while working on their personal health and recovery.[23] Unhoused individuals face additional barriers beyond unemployment and insufficient income to achieve stable housing. Supportive housing providers could choose to prioritize certain subpopulations, such as those with SMI, SUD, or co-occurring disorders, when deciding who they want to serve in their programs. One consideration in developing supportive housing should be the location of the development; avoiding high-crime areas and areas with high

drug activity is important in reducing the risk of relapse for residents.[24]

Housing First is an approach to preventing and intervening in homelessness that recognizes an individual must attend to their basic needs like stable, safe housing before they prioritize less immediate needs, like treating substance use issues or maintaining a job.[25] This approach to housing is different from other traditional models of housing assistance, like treatment-first models, because it does not mandate sobriety or treatment for SUD or SMI in order to maintain eligibility. A Housing First approach also maintains the role of client choice, allowing the client to choose their own housing or supportive services in which to participate. Client choice significantly improves an individual's well-being and, ultimately, their ability to remain housed; research shows individuals in Housing First programs experience significantly improved housing stability and quality of life compared to the traditional Treatment First approach.[26]

Permanent Supportive Housing (Housing First)

Permanent Supportive Housing (PSH), a core feature of Housing First and harm-reduction approaches, is an affordable, independent, long-term living arrangement that is supplemented by optional support services like mental health care, drug counseling, and job training.[27] There is no limit on how long an individual might stay in their unit. Experts believe that by providing individuals with SUD and/or SMI stable housing, they will have a better chance at recovery and symptom management when participating in case management.[27] PSH can be a scattered-site, such as individual units throughout the community, or a fixed-site in which participants live in the same complex. Studies show PSH increases long-term housing stability.[28]

Studies show stressful life events, such as being unhoused, increase the odds of substance use and developing SUD, however existing research is mixed on how PSH affects an individual's physical and mental well-being.[29] While there is

some evidence that PSH improves mental health symptoms compared to individuals who received services without stable housing, other studies have reported evidence as inconclusive as to whether participants in PSH experience improved symptoms compared to other interventions.[30,31] Due to housing stability provided by Housing First and PSH approaches, individuals have a greater opportunity to focus on their mental health, SUD, and less-urgent needs that would otherwise be extremely difficult to address due to the stress of being unhoused.

Studies suggest those who remain in PSH for a greater amount of time may experience better mental well-being compared to individuals housed less than a year.[32] In one study, residents who were placed in PSH for two and a half years made fewer visits to the emergency department and spent less time in inpatient care during that time.[31] PSH participants also experienced fewer arrests.[31] Greater emphasis on PSH services not only benefit the individuals at risk of homelessness, but also the communities in which they reside. The decrease in public service use, like medical treatment and legal services, results in cost savings for taxpayers in the community.[30] A 2019 literature review focused on programs in the United States and Canada found that every $1.00 invested into PSH resulted in approximately $1.44 in cost savings for the greater community.[30]

The type of PSH and the resident's role in choosing their unit may have an impact on their mental well-being. Previous research found that residents who were satisfied with their housing as well as residents in fixed-site communities (compared to scattered sites) experienced more positive mental well-being.[32] Other research showed the level of consumer participation may also have an impact, as PSH that did not require substance abstinence, instead providing optional client-driven treatment plans and harm-reduction principles, had fewer reports of substance use at time of follow-up.[33]

Permanent Housing Subsidy

There are a few key differences to highlight between permanent housing subsidies and PSH. Subsidies do not often include the same type of supportive services, such as substance use counseling and job training, that PSH does. Rather, the subsidies offer ongoing

financial assistance to help low-income families and individuals rent in both designated public housing or the private rental market. Some examples of permanent housing subsidies are Housing Choice Vouchers and public housing units and buildings.

While permanent housing subsidies are critical to the supportive housing landscape, they can be difficult to obtain and use. In Winnebago and Boone Counties, there are currently zero open wait lists for Housing Choice Vouchers, indicating too high a need for housing assistance compared to the available supply.[34] Families and individuals who are granted a voucher then need to adhere to a long list of regulations to stay in compliance, in addition to finding a landlord willing to rent to them. However, Illinois prohibits discrimination against an individual for their source of income.

Transitional Housing

Transitional Housing is a living arrangement that often lasts between one and 24 months.[34] Transitional housing exists with the intention of getting an individual or family the supportive services they need to successfully move into long-term, stable housing.[34]

While transitional housing is not traditionally included in Housing First models, this Community Needs Assessment includes its evaluation because transitional units exist in Winnebago and Boone Counties, and is a likely resource utilized by those with SMI and/or SUD.

Transitional housing serves as a "halfway" point between homelessness and stable, permanent housing. When HUD shifted its homelessness prevention approach in 2003 to reflect Housing First, researchers and activists became concerned about rising homelessness due to less emphasis being placed on transitional housing. Since prioritizing Housing First principles, HUD has shifted financial and programmatic support to other housing types, meaning fewer transitional units were being built and maintained. However, a 2020 study determined that the decrease in transitional housing did not in fact cause an increase in unsheltered, unhoused individuals.[35] This decline in transitional housing without an increase in total homelessness indicates Housing First policies were successfully filling the gap.

In qualitative reviews of transitional housing, residents mentioned a desire to be able to stay longer

in their accommodations because they were not comfortable or did not feel ready to leave after the initial program time.[36,37] In an in-person listening session for R1's Housing Plan, residents and workers in a Winnebago County emergency shelter expressed doubt towards the functionality of transitional housing, with some individuals offering anecdotal evidence of their cycle between emergency shelters and transitional housing.

Rapid Re-Housing (Housing First)

Rapid Re-Housing (RRH) is a short-term (three months or less) or medium-term (between four months and 24 months) supportive housing arrangement that is a first step into more permanent housing situations. RRH programs often offer assistance in finding a rental unit in the community, provide move-in and rent expenses, as well as optional supportive services. [25] The goal of RRH is to immediately stabilize an individual or family who is literally homeless while they work with a case manager to secure permanent housing, ultimately limiting the amount of time they spend unhoused. RRH could be considered the Housing First alternative to emergency shelter.

Research comparing RRH to transitional housing determined that both seemed to prevent returns to emergency shelter at an approximately equal rate.[38,39] Both were more successful in avoiding returns to the shelter compared to those who only utilized emergency shelters.[40] However, RRH is frequently treated as an intermediate step toward long-term housing stability, including independent rent payment or placement in PSH when space becomes available. Multiple studies show that families often leave the unit they are placed into after their time in RRH, whether it is to move into a unit with additional financial subsidies or a unit that is classified as PSH.[40] While RRH can be a productive alternative to emergency shelter, additional services and efforts should be provided and considered when determining the most effective way to reduce homelessness. For example, transitional housing might be a better option for families or individuals with higher needs, like those suffering from SMI or SUD, because of the therapeutic services provided.[39] Alternatively, RRH could be a good option for families and individuals who are not expected to suffer from chronic homelessness, SMI, or SUD, as RRH requires

people to sign their own lease in the community with temporary assistance.

While RRH is a step in the right direction for the prioritization of safe and stable shelter, PSH remains a better overall option. Evidence suggests that RRH is less effective than permanent housing subsidies in achieving long-term stability. At both 20- and 37-month follow-ups, individuals and families assigned to RRH experienced higher rates of homelessness, more frequent residential moves, and a greater number of days spent in emergency shelters.[38]

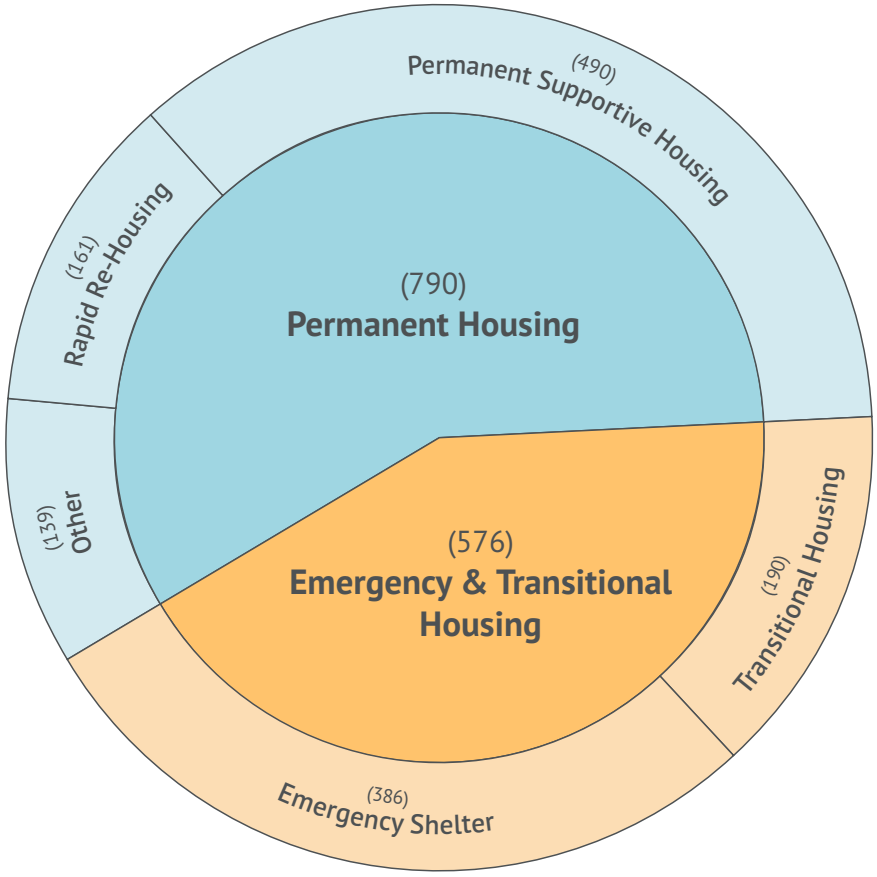
Joint Housing (Housing First)

Joint transitional housing/ permanent housing and rapid re-housing are living arrangements that feature components of both traditional transitional housing and RRH. Communities with a large population living in unsheltered conditions, such as encampments, might benefit from this type of supportive housing largely due to RRH's ability to provide quick, stable housing while an individual begins additional supportive services.[41] Transitional housing and RRH provide immediate housing without preconditions, alongside optional support.[41] Its goal is to move individuals from emergency RRH into permanent housing quickly.

Emergency Shelter

Emergency shelter is not typically included in Housing First models because it is not a permanent solution. It is a short-term intervention for unhoused individuals. However, emergency shelter can still be a critical first step in the pathway to Housing First placement for many individuals.[42]

Figure 4: 2024 HUD Continuum of Care Homeless Assistance Programs Housing Inventory Report, Rockford/DeKalb, Winnebago, Boone Counties CoC[43]



EXISTING HOUSING

Every year, HUD conducts a Point in Time count to determine how many unhoused individuals there are nationwide on a single night. In 2024, the Continuum of Care (CoC) that covers Winnebago, Boone, and DeKalb Counties determined that there were 1,366 total year-round housing beds. **This is further broken down in Figure 4.** While this data includes DeKalb County, this Community Needs Assessment solely focuses on Winnebago and Boone. However, Winnebago County, specifically Rockford, is the largest metropolitan area in the region and thus may attract more unhoused individuals due to the density of resources such as supportive housing and food assistance, walkability, public transit, health care, food kitchens, emergency shelters, and drop-in centers, among others.

Local housing providers offer a range of services, but only a subset strictly adheres to the Housing First framework. The following information was collected through Key Informant Interviews and independent research.

Permanent Supportive Housing (PSH)

Carpenter's Place – a Rockford, IL area nonprofit – offers one-bedroom units to participants who are chronically unhoused for at least a year or three times in the past three years. The organization prioritizes specific subpopulations of the chronically unhoused population, such as those with SMI, SUD, co-occurring SMI and SUD, HIV/AIDS, and veterans.

Shelter Care Ministries, another Rockford-area nonprofit, offers PSH for families that meet the following conditions: the head of household has a disability, they have one or more minor children in their care, and the family is literally homeless. While Shelter Care Ministries pays the rent, the family must pay all utilities and agree to a high upkeep of their property.

Rosecrance – a behavioral health services provider in Illinois, Wisconsin, and Iowa – offers independent PSH. It maintains a waitlist through the City of Rockford's point of entry. Rosecrance is able to admit clients dependent on affordability and availability of units, as well as grant funding.

Transitional Housing

Carpenter's Place offers several different transitional housing options for specific subpopulations. It offers women's transitional housing in the form of four two-bedroom units, where women can stay up to two years. Carpenter's Place also offers rooms for three honorably discharged, homeless veterans in a house in Northwest Rockford. There is also mental health transitional housing for unhoused individuals with no other access to mental health care. These individuals can stay up to a year and participate in an unpaid internship program that teaches transferable employment skills and soft skills. All housing options include a case manager to assist with the participants' needs.

The ***Rockford-area Youth Services Network's MELD Housing*** provides unhoused pregnant or parenting girls between the ages of 17 and 21 with stable housing. The residents pay rent based on their income and are supported by a case manager.

Shelter Care Ministries also offers transitional housing for families meeting the following criteria: the family is literally homeless and there are one or more minor children in the family. Shelter Care Ministries pays rent and the family pays utilities, in addition to agreeing upon maintaining upkeep of the rental unit. A housing advocate works with each family to locate permanent housing as fast as possible.

The ***City of Rockford Health & Human Services Department, Integrated Mobile Partners Action Crisis Team*** operates transitional housing units for their clients. They provide a Housing Navigator to assist them in building the skills needed for independent living situations. The goal is to get their clients into permanent housing.

Rosecrance operates transitional housing for veterans. Residents are permitted to stay up to 24 months. The average amount of time one stays is approximately 300 days.

Rapid Re-Housing (RRH)

Shelter Care Ministries offers RRH for homeless families with minor children. The family identifies a rental unit in the community and the agency provides the first month's rent plus a security deposit, if applicable. The following month, the family begins to pay a portion of their income towards the rent. A housing advocate is assigned to each family.

Hybrid and Residential Treatment Housing

The Winnebago County nonprofit ***Stepping Stones*** offers supportive housing in both fixed- and scattered-site apartments. The organization offers several different "levels" of housing to accommodate differing levels of independence, from group homes with 24/7 onsite staffing to supportive apartments with no on-site staff. Stepping Stones operates supervised homes, supervised apartments, supported apartments, and supported community living, encouraging their residents to progress through the housing levels as they become more independent. There is no time limit on how long they can stay in each residence or 'level.' Notably, Stepping Stones is not a traditional PSH program. While there is no

time limit on an individual's stay, programming is centered around treatment for SMI/SUD. Stepping Stones' final level of housing – supported community living – resembles PSH most closely, as it is the most independent option but still does not require one to move out when they are stabilized.

Rosecrance offers two hybrid housing options to accommodate different levels of need. One option provides 24/7 supervised housing while the other has staff present on site throughout the week. Individuals needing more intensive care might be a better fit for 24/7 supervised housing.

Privately Run Supportive Housing

In addition to the models and organizations mentioned above, several companies operate privately run supportive housing models throughout Boone and Winnebago. These may be nationwide organizations with several homes or locations in the nearby areas. These include "halfway" houses for SUD treatment and recovery or for those recently released from incarceration. The requirements and expenses for these privately run homes vary.

Emergency Shelter

Rockford Rescue Mission allows individuals to stay at its emergency housing for up to three months. It currently operates 130 beds for men, women, and children in the Rockford area. In addition to temporary living arrangements, Rockford Rescue Mission offers services such as life skills courses, meals, and spiritual guidance and mentoring.

Shelter Care Ministries also runs an emergency housing program that provides families with a short-term, furnished, private apartment and housing counselor to assist them in moving into new housing immediately. There must be at least one minor child in the family to receive this service.

Youth Services Network runs a youth emergency shelter where individuals between the ages of 14 and 18 can stay for up to four months. Workers at Youth Services Network prioritize family reunification or permanent housing for youth 17 and older. Individuals are able to walk in or be referred by schools or social service organizations. Youth Services Network also operates an emergency shelter for mothers between the ages of 16 and 21 and their children.

Remedies Renewing Lives (aka Remedies) is the only emergency shelter in Winnebago and Boone Counties specifically designated for survivors of domestic violence. In addition to over 60 beds in an emergency shelter, Remedies provides legal and individual advocacy, group and individual counseling, and other supportive services for survivors.

DATA FINDINGS

KEY INFORMANT INTERVIEWS

Potential key informant interviewees were identified by Region 1 Planning Council. Several criteria were considered, such as:

- Existing supportive housing units
- SMI/SUD treatment
- Homeless services

Ten potential interviewees were contacted via email and asked to participate in a conversation about mental well-being, homelessness, substance use treatment, and supportive housing supply. Seven interview invitations were accepted. Interviews were conducted in-person at R1 Planning Council's office location at the interviewee's discretion. The interview guide with pre-determined questions is located in the **Appendix**. Interviewers were able to ask follow-up questions if they wanted additional information or clarification. Interviews were approximately 45 minutes long. All interviews were conducted by the same two interviewers. All analysis was done in the software Taguette.

THEMES IN QUALITATIVE ANALYSIS

Qualitative analysis resulted in a total of 16 codes that were developed into five distinct themes. Information gathered about housing supports is described in Section 3.2: Existing Housing.

HOUSING SUPPORTS FOR SPECIFIC POPULATIONS

Individuals with SUD and/or SMI are often prioritized in housing programs in the area. Other populations that might have specialized housing or get priority treatment are older adults, survivors of domestic violence, veterans and their surviving families, and individuals with disabilities. A common sentiment highlights an increasing number of older adults entering housing services, where they are then aging in place. Agencies are also seeing an influx of domestic violence survivors. Current services in Winnebago and Boone Counties are not robust enough to handle this influx, and key informants noted the need for an increased number of beds for this population.

Attitudes and acceptance of formerly incarcerated or convicted individuals are mixed. Some agencies allow people with any type of conviction into their program, whereas some prohibit sex offenders and those charged with arson. Sex offenders might encounter additional difficulties if they are participating in scattered-site housing due to limitations on where they can live. For housing programs that enable unhoused individuals to sign their own lease, landlords have a role in determining whether factors like criminal convictions disqualify them from a property, subject to fair housing laws.

> *"Landlords have a role in determining whether factors like criminal convictions disqualify them from a property."*

A lack of mental health treatment agencies and inpatient facilities remains a vulnerability in Winnebago and Boone Counties. In general, a gap in psychiatric care exists, particularly in inpatient care for youth and young adults. One interviewee specifically identified Singer Mental Hospital's closing as an important contributing factor to the increase in unhoused individuals with SUD/SMI. A majority of housing programs in the area are not SUD/SMI treatment facilities and are thus limited in how well they are able to treat an individual's condition. Partnerships with local mental health agencies, such as Rosecrance, are a common way to address this barrier, but workforce concerns and logistical limitations stretch capacity.

A controversial topic in supportive housing is the question of whether to mandate sobriety for its residents. Agencies following Housing First principles do not require any kind of sobriety for their programming. Oftentimes, PSH residency does not mandate sobriety while transitional housing and other housing types might mandate sobriety. These expectations vary widely by agency. One key informant from a program not requiring sobriety believes providing someone with their more immediate needs, such as safe housing and reliable food access, will naturally lead them to SUD treatment later on. On the contrary, programs requiring sobriety believe that an individual must be actively in treatment to maintain independent housing.

> *"Interviewees frequently cited SMI as one of the most significant barriers their clients faced in securing housing."*

SMI and/or SUD that is untreated or not stabilized makes it difficult for an individual to remain housed. Interviewees frequently cited SMI as one of the most significant barriers their clients faced in securing housing. Individuals are hesitant to receive a diagnosis or treatment, or simply do not believe that they need to be in treatment. The gap between the needed and the current mental healthcare becomes even more apparent because housing programs are not designed to necessarily act as treatment facilities.

COMMUNITY INFRASTRUCTURE FOR HOUSING SUPPORT

Despite the lack of mental health and substance use treatment within housing programs, community organizations work together to provide an array of services and support systems for residents. Monetary assistance for rent and utilities is often provided by government agencies or housing agencies themselves. Residents are also often given access to food assistance from food banks, volunteer or discount medical services, and transportation assistance. Since navigating these systems and supports can be overwhelming, case management is a widely offered service and is often appreciated by residents. Both formal and informal collaboration between agencies exist to stabilize individuals and families in their housing. Referrals for SMI/SUD diagnosis and treatment, legal assistance, and employment assistance are common.

Building trust between the resident and the provider can be crucial to keeping the resident stable and housed. Several key informants highlighted the importance of incorporating client choice wherever possible. While some organizations are able to move people if one housing situation does not work out, other organizations do not have the ability to do this. This could be a hindrance to an individual's ability to remain housed if the first placement is not adequate or not working.

SYSTEMS-LEVEL LANDSCAPE AROUND HOUSING

External factors beyond an individual or family's control oftentimes impact their ability to find and remain in safe, stable housing. Laws and regulations, funding decisions, and political activity largely impact the housing landscape, particularly for affordable and supportive housing. While housing and SMI/SUD are bipartisan policymaking interests, proposed solutions to housing shortages and SMI/SUD often vary.

Several key informants noted they had difficulty navigating the regulations and politics involved in housing. Administrative burden and red tape for housing providers (non-profit and governmental) impact the process of building new housing and moving people into housing. While zoning regulations and accessibility requirements are important, they limit where housing, specifically multi-unit housing, can be built and what elements need to be included. PSH developments are typically subsidized by federal, state, and local dollars. The remaining funding gap often must be filled with other local or private financing sources. The barriers that housing developers encounter during the zoning and entitlement process often cost the project time and money, which can ultimately make the project infeasible. Landlords frequently hesitate to rent to voucher recipients for several reasons, including reluctance to work with the government and because the process of securing a non-voucher resident is much quicker. Private landlords can also have difficult requirements regarding income, past rental history, and work status. Several key informants noted it is imperative to their operations that they develop and maintain positive working relationships with landlords for the sake of their clients. In addition to working with landlords, providers often work with local governments to permit the building of complexes or group homes. Stigma surrounding the unhoused and SMI/SUD populations can cause communities to hesitate to accept new building complexes or group homes. One interviewee specifically stated they see their unhoused and voucher-recipient clients as being stereotyped as "stupid and lazy." In contrast, neighborhoods adverse to new commercial builds might be more welcoming to new housing builds.

> *"Several key informants noted it is imperative to their operations that they develop and maintain positive working relationships with landlords for the sake of their clients."*

Other federal laws, such as the strict definition of homelessness and funding decisions, impact who has access to government assistance in housing. For example, one organization noted that they prioritized individuals with SMI because of funding requirements. Multiple funding sources, and therefore different funding conditions, limits the ability to move residents between programs if one is not working for them, creating a barrier to stability. Funding decisions also play a role in the long waitlists people are currently seeing for Housing Choice Vouchers or other housing authority programs. In general, nonprofit agencies are seeing shorter waitlists. This could be due to more people simply seeking out financial assistance rather than supportive services. Varying priorities by policymakers and government leaders also play a role in housing accessibility. The current emphasis on limited government regulation is a potential opportunity to decrease red tape and improve processes for housing authorities and housing nonprofits. Agencies should be innovative in their programming to ensure they are optimizing political changes. However, frequent changes in federal and state budgeting, as well as political priorities, might also make it difficult to create long-term, sustainable, successful housing programs.

Several systemic barriers to stable housing beyond laws, politics, and landlord interactions exist. While

Illinois is a housing non-discrimination state, meaning it is illegal to deny someone's rental application due to how they intend to pay (such as with a Housing Choice Voucher), it is difficult to enforce. Key informants believe a lack of mental health treatment agencies and inpatient facilities remains a vulnerability in Winnebago and Boone Counties. They also highlight the skyrocketing rents and cost of living as a reason their clients are being locked out of the housing market. Furthermore, it is difficult, expensive, and time consuming for eviction and criminal activity to be removed from an individual's official record. A majority of unhoused individuals are dealing with generational poverty and systemic racism. Key informants emphasize the need for more affordable and accessible housing in the community in order to address any of these systemic issues.

"Key informants believe a lack of mental health treatment agencies and inpatient facilities remains a vulnerability in Winnebago and Boone Counties.

They also highlight the skyrocketing rents and cost of living as a reason their clients are being locked out of the housing market."

INDIVIDUAL-LEVEL FACTORS TO HOUSING STABILITY

According to key informants, financial instability and SMI/SUD are the primary reasons why their clients were unable to secure and maintain housing. Undiagnosed SMI and SUD can have detrimental effects on an individual's ability to maintain housing, even if they receive assistance in paying for and finding a unit. SMI/SUD impacts an individual's ability to function, which includes their ability to adhere to lease requirements. One key informant emphasized that undiagnosed or untreated SMI can put the individual, fellow residents, and service providers in danger. Housing providers expressed concerns regarding the issue of frequent recidivism, or the readmission of clients into homelessness or shelter use. Behavioral problems in both shelter and independent living, such as arguing with other guests, disruptive conduct, or substance use, are often a concern. The client's autonomy is a point of emphasis in housing programs. PSH ensures the most autonomy for a client compared to other housing services. Transitional housing and emergency shelter in particular often involve requirements, such as case management or a treatment plan, to continue in the program.

Ultimately, the idea that someone is not "prepared" to maintain housing is at the center of the Housing First versus Treatment First debate. Predictably, key informants' opinions on the matter are mixed; some believe treatment and diagnosis is important, but if the individual cannot maintain their treatment and develop daily living skills, they will not succeed in independent housing. Others believe individuals with trauma and/or SMI/SUD will not be able to prioritize treatment and daily living skills until they have stable housing.

Most housing programs prioritize daily living skill development in their clients. Some common examples of skills participants develop include money management, job training, and computer literacy. Most interviewees saw these skills as critical to reducing recidivism back into homelessness, regardless of the individual's mental health status. However, sustaining these skills independently can be very difficult and is a point of pain for housing providers in the community.

CURRENT HOUSING LANDSCAPES AND VISIONS FOR THE FUTURE

Several key informants highlighted the positive results of their supportive housing programs. Experts discussed how their residents were able to pursue education, find jobs, and eventually leave the program. However, it was noted that results like this took several years of assistance and stable housing to produce. Key informants regularly observed some residents staying in the program indefinitely, whereas others stayed closer to 10 years. It was noted that families saw a much higher success rate in reintegrating into external housing, whereas single-person housing was less successful.

Negative public perception of supportive housing affects the supply of units. One interviewee referred back to a permanent supportive housing project they were developing as an example – the public believed this housing project would result in "criminals and immigrants" being brought into their communities, even though the intention had solely been to provide PSH for Winnebago County residents.

In addition, interviewees mentioned crime and drug use continued to be an issue in their housing. Cannabis and illicit drug usage were mentioned as specific examples; one organization trained their employees in Narcan treatment as a result of a resident who was using fentanyl. While Housing First principles have become more popular in recent years, some community organizations have been moving towards a recovery-based model. Several key informants noted an interest in requiring sobriety in their programs, though they do not currently require this criteria.

Supportive housing programs need a specialized mental health workforce to address the complex issues this population faces. Interviewees described an interest in building out mental health and substance abuse treatment programs, as well as recruiting Licensed Clinical Social Workers and peer-support specialists to work in supportive housing. Ultimately, the housing space needs additional funding, whether it is to expand services and hire a more robust workforce for SMI/SUD treatment, improve existing housing, or build new units.

IMPLEMENTATION

PROPOSED SOLUTION

With hundreds of individuals and families waiting for Housing Choice Vouchers or other governmental assistance, affordable housing development is rapidly becoming a priority for Winnebago and Boone Counties. However, the solution for affordable housing in the region is more complex than one new building or one-time funding opportunity. While some individuals and family units solely need the financial assistance in order to maintain housing, there is a remaining unserved population that would benefit from long-term housing with optional supportive services. PSH emerged as a viable option for the community after conducting background research and key informant interviews. PSH, by design, incorporates a plethora of supportive services individuals can use to maintain safe and stable housing, including case management, psychiatric treatment, daily living skill development, and financial literacy.

"PSH emerged as a viable option for the community after conducting background research and key informant interviews."

However, developing PSH comes with some barriers and considerations. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, released an evidence-based report for helping public mental health agencies design their PSH programming.[44] The report describes several critical components of publicly funded or run PSH, including, but not limited to: residents should have their own leases; leases should not include any provisions that would be found in a non-PSH lease; and housing should be integrated based on the ruling *Olmstead v. L.C.*, which says those with psychiatric disabilities are protected from segregation based on their disability and they are entitled to service provision in an appropriate, integrated community setting.[44]

One way to achieve integration is to build fixed-site housing within a mixed-income development, with the majority of units designated as basic affordable housing or market rate. These requirements, while important to protect the rights of SMI/SUD individuals, restrict how many PSH-designated units should exist in a single building. Mixed-income or mixed-use housing is also critical to ensure PSH is not simply a new type of institutionalization for those with SMI/SUD. Importantly, key informant interviews highlighted that some individuals were not in need of supportive services, only affordable housing or financial assistance, and this could be an ideal way to also build housing for those with low to very low incomes. The tradeoff between SMI/SUD PSH unit availability and affordable housing availability reflect two of the greatest housing needs in the region. One example of a similar setting developed locally in Glen Ellyn, Illinois, is the Taft & Exmoor Community. This is a 42-unit, integrated development for working families and people with disabilities, offering a range of supportive services aiming to keep tenants housed. Studio, one-bedroom, and two-bedroom units will be available to individuals and families who meet requirements.

Hesitation from the community and overall operating costs are additional barriers to a fixed-site PSH development. Community resistance is likely due to stereotypes and stigma surrounding individuals with SMI/SUD. However, key informant interviews implied that some communities might be open to housing development in order to avoid commercial

development. Though negative stereotypes prevail, evidence suggests PSH keeps people stably housed long-term and keeps them off the street, thereby decreasing arrests and police interactions.[28,30] New or rehabilitated housing developments also stabilize property values and enhance aesthetics of the neighborhood.[45] While initial and operating costs for PSH are significant, it results in greater cost savings for the individual and economic revival for the community.[30] Fixed-site PSH allows for more robust security systems, which aim to keep tenants safe and increase community buy-in, and also ensures no conflicts with private landlords.

Despite the upsides of fixed-site PSH, housing developments take years to develop, particularly on a brownfield site that requires environmental revitalization. An alternate, efficient solution is to acquire existing housing or develop a bridge subsidy financial assistance program. These options model scattered-site PSH while a fixed-site building is in development. Once the fixed-site building is complete, scattered-site residents would have the option to move into the building or stay in their current arrangement. New residents would be offered spaces in available housing.

Bridge subsidies are intended to be short-term financial support as someone is waiting to join the Housing Choice Voucher waitlist or receive Housing Choice Voucher assistance. Typically, these subsidies are offered to individuals with a diagnosed SMI who are leaving an institution or exiting homelessness. Bridge subsidies are intended for units that are Housing Choice Voucher eligible in order to provide stabilization as a family or individual moves from bridge subsidy to Housing Choice Voucher assistance. Subsidies are typically paid for by state or local mental health funds and administered by a private nonprofit on behalf of the public body. However, this option comes with its own barriers, as supportive services might not be as easily accessible as they would in a fixed-site, and scattered-site can feel isolating and make it more difficult to build community.[32] Identifying flexible and accommodating landlords with available units in well-resourced areas could also present issues, as this is one barrier that was repeatedly cited by key informants.

Given the robust supportive services available in the community, and the networks of care organizations have already developed with each other, it is likely this disconnection from services could be mitigated while additional fixed-site PSH is in development. Additionally, several key informants shared that they are interested in improving relations and collaboration with landlords, and already have knowledge of landlords who will be flexible with their clients. Maintaining a collection of fixed-site and scattered-site PSH units also supports individuals having a choice in where they live and an opportunity to change units if one does not work out for them.[44] Fixed-site units might be optimal for individuals who want more support, whereas scattered-site units offer more freedom in unit type and location. These are important components to tenant autonomy that reduce recidivism back into homelessness.

Winnebago and Boone Counties need sustainable, long-term solutions for both the housing and SMI/SUD crises. While obtaining additional scattered-site PSH and working towards the development of a PSH fixed-site building is a positive step forward, this will not fully serve the unhoused and rent-burdened population. Greater systemic and legal changes need to be made, such as amending zoning regulations to allow for more affordable housing. Individuals with SMI/SUD should have easy access to affordable, competent support so that they can maintain their preferred level of independence.

The following analysis identifies a specific brownfield site and evaluates its suitability for PSH.

SITE SELECTION AND ANALYSIS

The following description of **1800 Broadway, Rockford, Illinois** is provided by the Environmental Protection Agency:

> *"The property was constructed in the late 1880s/early 1890s and originally contained Rockford Manufacturing Co., a manufacturer of agricultural implements. The original structures remain today and have been added onto several times. By the 1920s, ELCO Tool and Screw Corp had taken control of the property and operated it for hardware manufacturing, including electro-plating. By the 1960s, the building had changed hands and became an industrial incubator space. By 2015, the structure had become vacant and in need of many critical repairs, which never occurred once the property had been acquired by the Winnebago County Tax Trustee on delinquent property taxes. The City completed demolition of the building.*
>
> *Through the Superfund Technical Assessment and Response Team (START) contract 68HE0519D0005 Task Order - Task Order Line-Item Number F0107-0001EA105, a Phase II Environmental Site Assessment will be performed in Spring 2023. The City intends to work with R1 to market the property for redevelopment and perform additional assessment and cleanup activities to help evaluate risk potential and environmental liabilities that remain.*
>
> *R1 has completed comprehensive site investigation activities to characterize the site and contaminated media. Cleanup planning documents for Illinois Site Remediation Program have been prepared. Contamination includes localized elevated levels of chromium in soil and groundwater, mercury over soil attenuation capacity, lead-impacted soils requiring stabilization, and chlorinated solvents in groundwater."* [46]

PSH DEVELOPMENT PLANNING

The following components of the site suitability analysis is based on the Illinois Housing Development Authority (IHDA) 2026 Round XII Request for Applications for Permanent Supportive Housing Development. This program is a funding opportunity for the development of Permanent Supportive Housing, where at least 50 percent of units are restricted to households earning at or below 30 percent of the Area Median Income (AMI). Projects may request up to the lesser of $7.5 million or 90 percent of the total Project cost through this program.[47] An applicant's chosen site must meet several requirements to be considered for the PSH Development Program, and they may also earn additional points to increase the chance of receiving funds for their project.

Zoning

One of the greatest challenges for developers of affordable housing in particular is zoning. Appropriate zoning must be determined for PSH within the jurisdiction that the prospective site is located in. An action plan for securing proper zoning and site use must also be confirmed. PSH may most easily be approved in mixed-use commercial districts, certain residential districts where denser developments are permitted, or where a special use permit may be applied. Creating a Planned Unit Development (PUD) is also a suitable solution, and generally more favorable than proposing a rezoning of an area.

Food Access

Proximity to affordable, healthy, and nutrient-rich food is essential for planning accessible communities for people of all ages, abilities, and socioeconomic backgrounds. Food retailers that qualify as acceptable businesses for attaining healthy food can be identified by the North American Industry Classification System, the federal standard for classifying business establishments. These include full-service grocery stores (NAICS 445110), as well as fruit and vegetable markets or produce markets (NAICS 445230).[48] These businesses should be within a one-mile radius of a site to have appropriate food access.

Neighborhood Assets

Since extremely low-income households (earning 30 percent AMI or less) are less likely to own a car, it is critical that the site selected be in close proximity to multiple neighborhood assets.[49]

Neighborhood assets are classified under the following categories:

- Health services (health clinic, urgent care clinic, pharmacy, federally qualified health center, or hospital system)
- Civic/recreation (e.g., public library, public park, or community center)
- Education (public K-12 school, community college, or continuing education facility) or Job training (e.g., Illinois workNet center)

Residents should have access to at least two of these from the selected site based on the correlating geographic set-aside shown below. This geographic set-aside is the maximum distance allowed for a neighborhood asset to be considered an accessible, walkable distance from the proposed site. Since site selection is generally being considered within the Rockford Metropolitan Area of Boone and Winnebago Counties, this analysis assumes a set-aside of 0.75 miles.

Figure 4: IHDA Walking Distance Set-Aside for Neighborhood Assets

Walking Distance Proximity by Geographic Set-Aside	
Chicago Metro	0.5 Miles
City of Chicago	0.5 Miles
Non-Metro	1 Mile
Other Metro	0.75 Miles

Source: Illinois Housing Development Authority

Transportation

Access to transportation is also prioritized as an asset to development. To meet transportation access criteria, programs must be located within 0.5 miles of a fixed-route transit stop (e.g., bus or train serving locally), with scheduled operations beginning no later than 8:00 a.m. and ending no earlier than 6:00 p.m. Monday through Friday. Alternatively, the site is also acceptable if it is located within the service area of a demand-response service, running at least Monday through Friday from 8:00 a.m. to 5:00 p.m. A demand response service is a non-fixed route system of transit, which may be provided by a public, non-profit, or private entity, and requires advanced scheduling by the customer.[50]

Community Characteristics

A PSH project may earn more points in an IHDA application through its Quality of Life Index and/or additional Neighborhood Assets beyond the two required above.

Quality of Life categories include Education, Prosperity, Health, Housing Quality, and Connectivity. A project may earn up to two points for each, and up to 10 points total. The categories were made based on the following related indicators:

- **Education:** Disenfranchised young adults, educational attainment, and access to preschool
- **Prosperity:** Labor force participation rate, employment, quality of jobs attained, income inequality, and single-mother families
- **Health:** People with health insurance, life expectancy, medically underserved areas, and food deserts
- **Housing Quality:** Cost-burdened owners, cost-burdened renters, mobile home concentration, crowded housing, and vacant housing
- **Connectivity:** Linguistically isolated households, broadband access, resident turnover, commute times, and cars per household

Earning additional points for site selection is significant in applying for the IHDA PSH Development Program because it increases the chance the project will be chosen to receive funding, which reduces the funding gap in the developer's capital stack.

SITE CONTEXT: 1800 BROADWAY, ROCKFORD, ILLINOIS

Figure 5: 1800 Broadway, Rockford, IL 61104

The parcel of the selected site is 177,137 square feet, approximately 4.1 acres. Only 3.6 acres of the site is buildable for fixed-site PSH. There is a segment of the Illinois Central Railroad owned by Canadian National Railway that runs through the site, thus, the lot is split into one portion on the west side of the tracks, approximately 2.7 acres, and another portion that is approximately 0.9 acres on the east side.

See **Figure 6** for a visualization of the former building footprint at 1800 Broadway. The previous building footprint was 96,760 square feet, just over 2.2 acres.

Figure 6: 1800 Broadway: Building Footprint

1800 Broadway: Zoning

This site is zoned as I-1 (Light Industrial/Business District Park) by the City of Rockford to "accommodate low-impact manufacturing, wholesaling, warehousing, and distribution activities that occurs within buildings."[51] The adjacent zoning districts to this site include Two-Family Residential (R-2) and the Urban Mixed Use District (C-4).

There are a few zoning districts where PSH would be permitted without rezoning or creating a Planned Use Development. The zoning districts that permit PSH by right are the Multifamily Districts (R-3 and R-4). These zoning districts allow for uses classified as Assisted Living/Elderly Living or Independent Living. These uses account for a development including both housing units and supportive service operations.

Alternatively, a developer may apply for an Elective Planned Use Development for sites that are at least one acre. The City of Rockford Community and Economic Development Department recommends pursuing a Planned Use Development if it meets the site size requirement, because it is preferable to the Zoning Board of Appeals that there be a plan created for the proposed site.

Figure 7: 1800 Broadway: Zoning Map

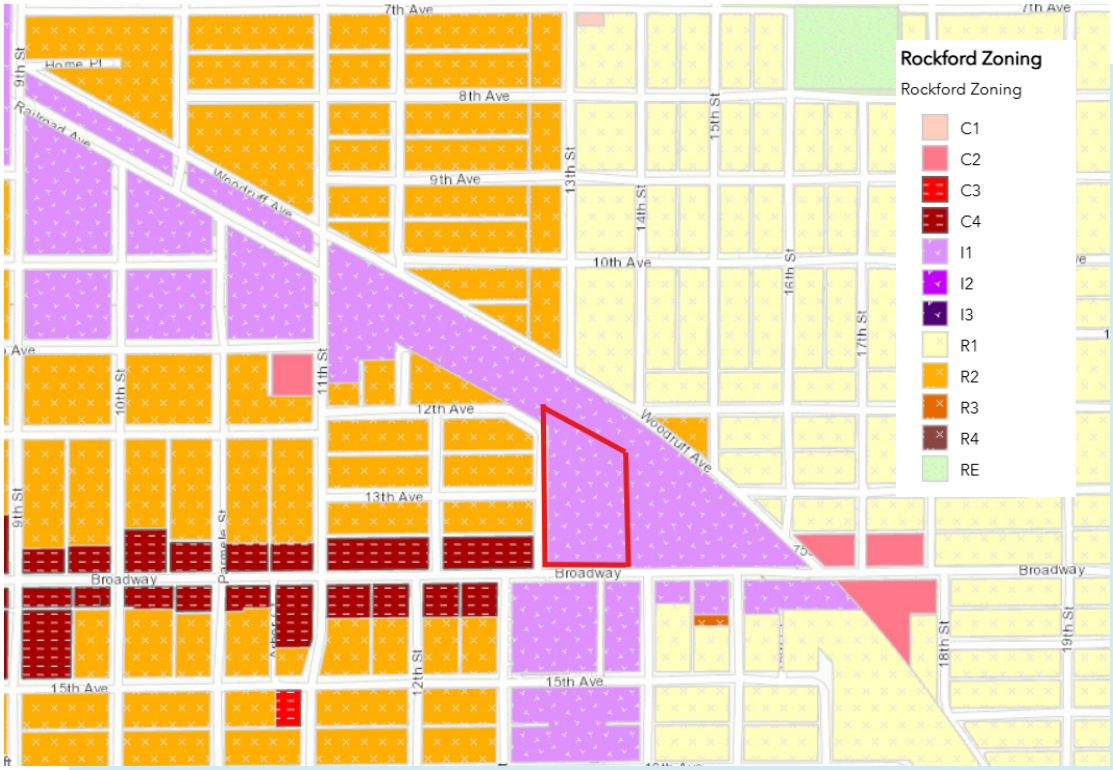
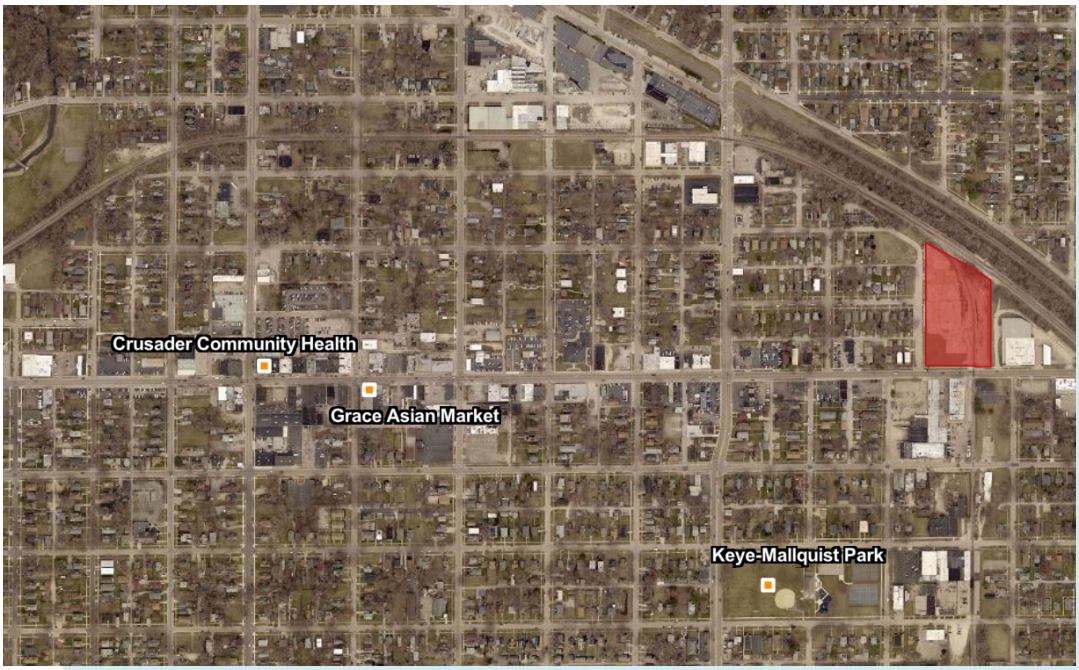


Figure 8: 1800 Broadway: Community Assets Map



1800 Broadway: Food Access and Neighborhood Assets

This site is in close proximity to two different types of neighborhood assets as defined by IHDA, and is also in close proximity to a small specialty grocery store. 1800 Broadway is:

- 0.3 miles from Keye-Mallquist Park
- 0.5 miles from Grace Asian Market
- 0.6 miles from Crusader Community Health

The above locations include neighborhood assets that meet the 0.75 mile set-aside for "Other-Metro" areas that are not the Chicago Metro Area. Grace Asian Market also meets the one mile set-aside for the food access requirement in "Other Metro" areas. Another relatively close resource that does not fall within this same proximity includes the closest supermarket – Schnucks (2642 Charles St, Rockford, IL 61108) – which is 1.3 miles away from the site.

1800 Broadway: Transportation

The public transit system serving 1800 Broadway is the Rockford Mass Transit District (RMTD). There are two **fixed-route** bus stops in close proximity to the site and they each belong to multiple routes. One stop is located directly next to the site on the Northeast Corner of 13th St and Broadway, and this belongs to Route 16 (City North Loop) and Route 71 (Amazon East). The other stop is located at the Southwest Corner of 13th and Broadway which includes Route 17 (City Loop South), Route 34/44 (Harrison & Alpine), and Route 71 (Amazon East). There are two other stops to the east of the railroad, serving these same bus routes on both the north and south side of the Broadway and 14th St intersection.

There are bus stops for each of the aforementioned fixed-routes located adjacent to both Grace Asian Market and Crusader Community Health, two resources relative to 1800 Broadway. The supermarket grocery store (NAICS 445110) that is most accessible to the site via the

Figure 9: 1800 Broadway: Fixed-Route Bus Stops

fixed-route bus system is Schnucks at 3134 11th St, Rockford, IL 61109. This one-way trip can be completed in 28 minutes, with one transfer from Route 16 to Route 14 at the 7th and Broadway intersection.

The **RMTD Paratransit service** is available for community members who have a disability and cannot use the fixed-route service. The Paratransit service area is equivalent to the RMTD Fixed-Route service area. Eligible riders must complete an application to be certified to ride Paratransit. Eligibility includes those who are unable to:

- Board, ride, or disembark from an accessible bus;
- Use the system due to visual or mental impairments; or
- Reach boarding locations or situations due to a specific impairment-related condition.

Rockford Paratransit also now provides Same Day Ride Service for healthcare-related trips, including doctors or therapy appointments and prescription pickup. Rides can be scheduled three hours before pickup. These trips may only be scheduled from 11 a.m. to 7 p.m. and are to be booked between the hours of 8 a.m. and 4 p.m.

RMTD is also a **Medicaid Transportation** provider, where free Medicaid rides are available for people who possess a medical card and need transportation to medical facilities, but aren't eligible for Rockford Paratransit.

RMTD

The schedule for Paratransit in Rockford is:

Monday through Friday
4:15am to 12:45am

Saturday
6:00am to 7:10pm

Sunday
8:15am to 5:15pm

Figure 10: 1800 Broadway: Accessible Fixed-Routes

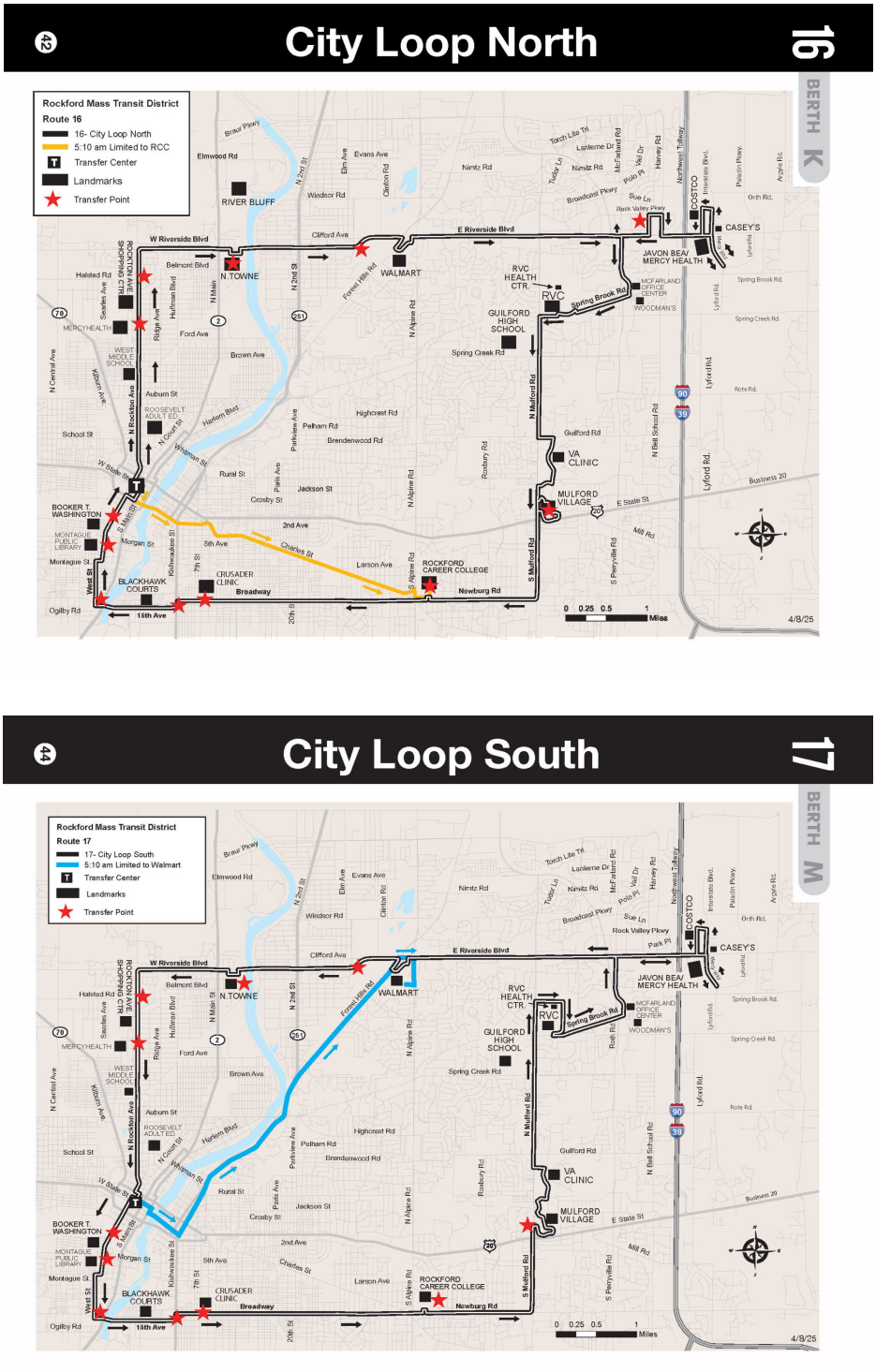
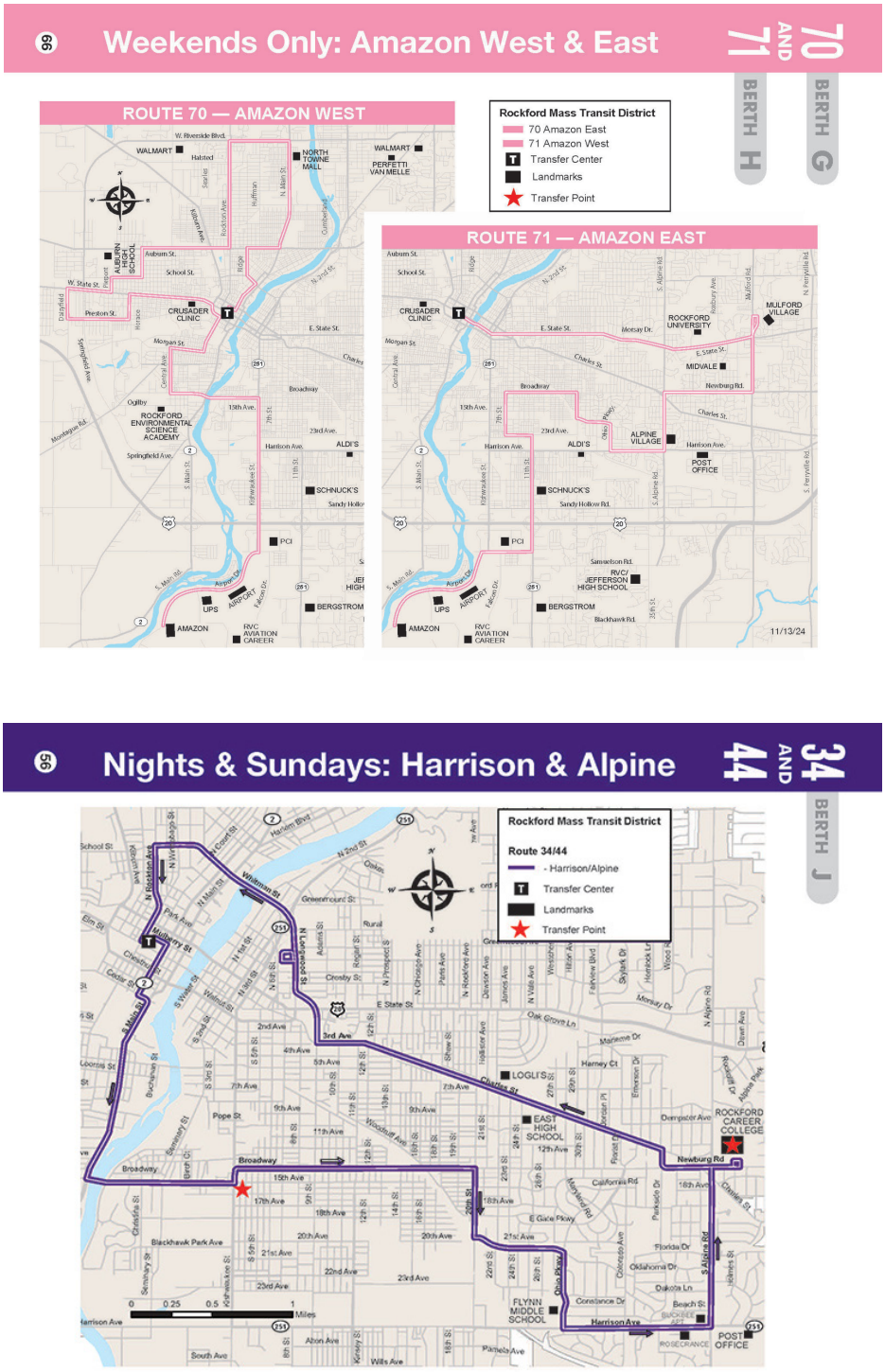
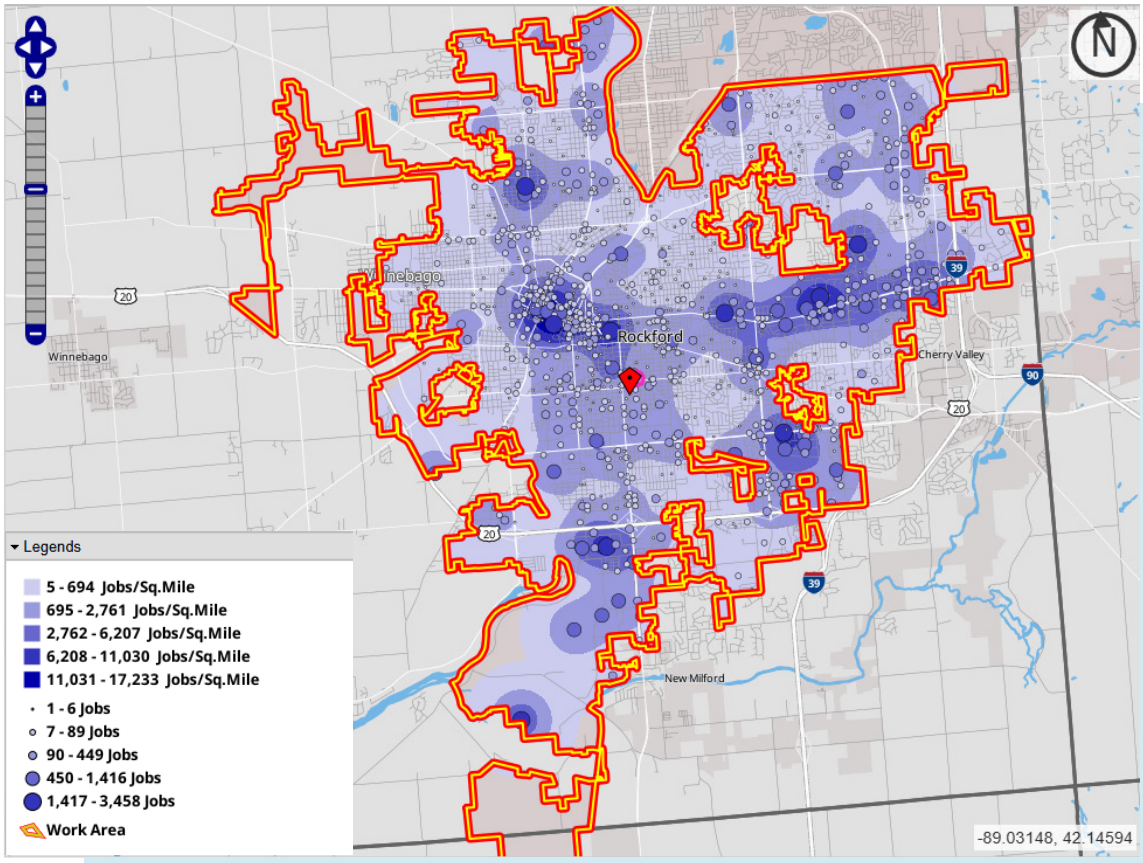


Figure 10: 1800 Broadway: Accessible Fixed-Routes



The fixed-route buses that stop adjacent to the site directly provide service from 1800 Broadway to a major hub for job opportunities in the Downtown Rockford area (Routes 16 and 17). These routes also provide indirect service to the several job centers along State Street on the east side of Rockford via a route transfer to Route 11. These are the only routes accessible to the site that run on weekdays during the daytime. On the weekends, Routes 70 and 71 provide service to Downtown Rockford, while Route 71 services State Street up to Mulford Road. Routes 34 and 44 service Downtown Rockford at night and on Sundays, respectively.

Figure 11: Rockford Job Centers



1800 Broadway: Community Characteristics

1800 Broadway is in Census Tract 18, which earned a Quality of Life Index score of 1 point out of 10 possible points. The subcategories are scored as follows:

- Education: 1
- Housing: 0
- Prosperity: 0
- Connectivity: 0
- Health: 0

There are no other neighborhood assets that fall into the categories of Health Services, Education/Job Training, or Civic/Recreation, so this site would receive one point overall for Community Characteristics.

Strengths	Weaknesses
– There is a bike lane along Broadway for those who rely on modes of active transportation. – The bus stop is directly next to the site, allowing residents to take public transit without crossing the street. – There are ADA warning pads at each crosswalk, including the break in the sidewalk where the railroad intersects. – The sidewalks along Broadway are in very good condition in proximity to the site.	– There are no sidewalks on 13th Street between 13th Avenue and 12th Avenue. There are sporadic fragments of sidewalk in very poor condition. – The site is split by the railroad, leaving no buildable room within the parcel east of the railroad. – Broadway has fairly high traffic. This must be taken into consideration among other disturbances.
Opportunities	**Threats**
– The portion of the site east of the railroad is nearly one acre. There is potential for this to be used for a PSH community-focused amenity or asset, such as a community garden or greenspace. – There are limited, yet essential, services and activities along the commercial corridor of Broadway, which serve as an asset to nearby residents. However, due to numerous vacant lots, there is potential for future economic development.	– The railway alongside the north and east borders presents safety issues. It would be advisable to install a fence or landscaping barricade to separate the development from the tracks. – Carpenter's Place is also located along the railroad, which has potential to raise concerns about the concentration of unhoused populations and SUD/SMI populations near industry-heavy or "undesirable" locations.

Figure 12: North Edge of Site, Facing South

Figure 13: West Edge of Site, Facing East

Figure 14: North Edge of Site, Facing North

Figure 15: 13th St, Facing North

Figure 16: 13th St Sidewalk

Figure 17: 13th St, Facing South

Figure 18: Broadway, South Sidewalk

Figure 19: Broadway, Bike Lane

Figure 20: 13th St and Broadway Crosswalk

Figure 21: South End of Site, Railroad Crossing

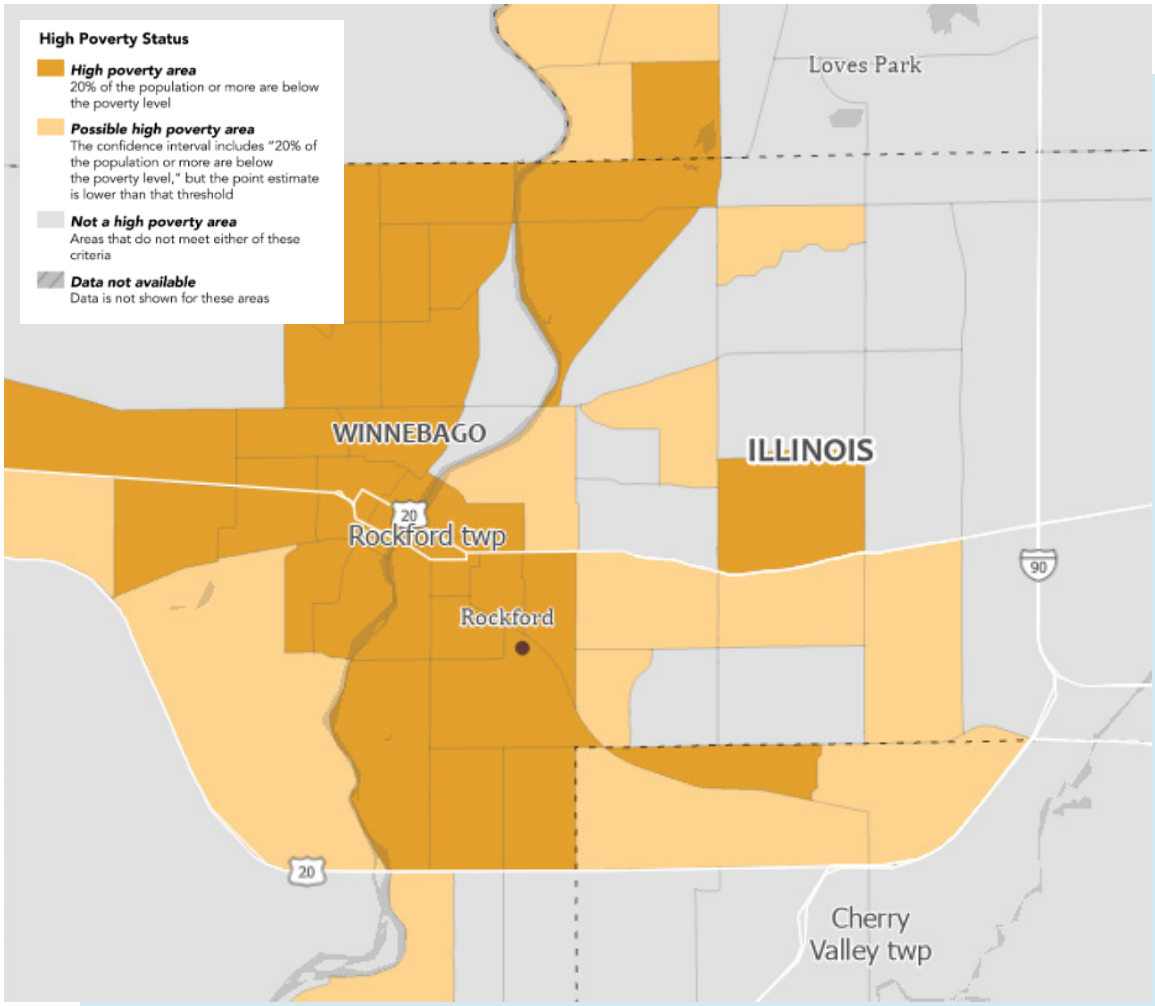
Figure 22: Broadway and Railroad Intersection, Facing Northwest

Figure 23: Broadway Corridor

Suitability Maps

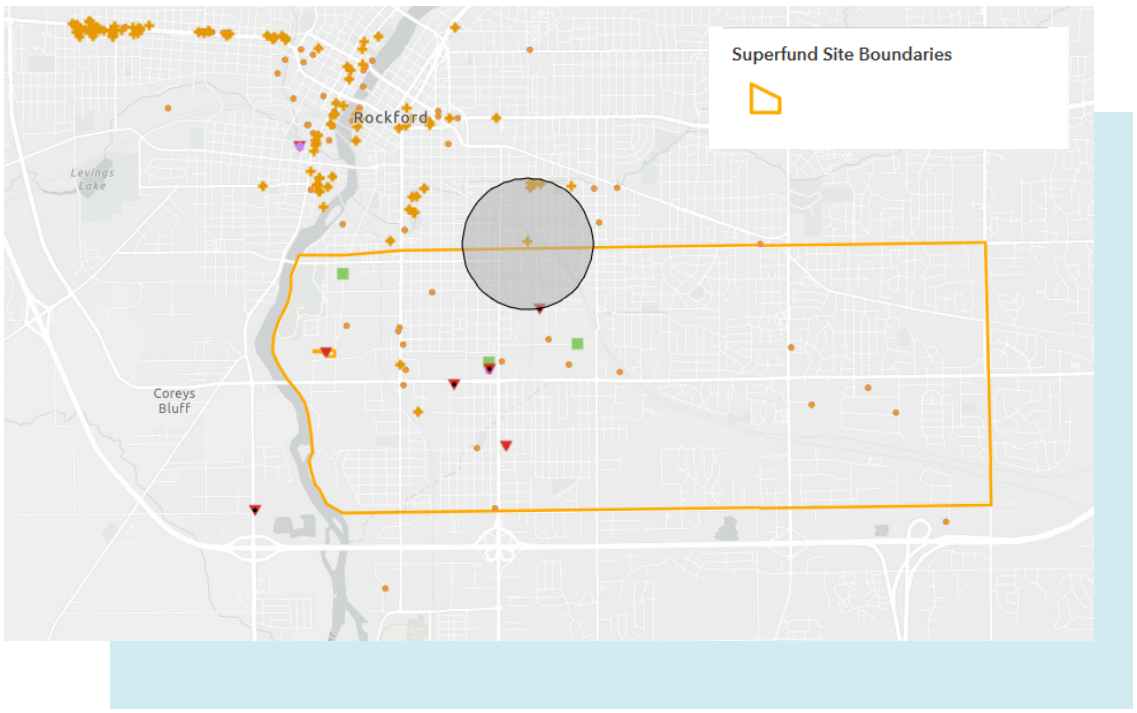
Figure 24: Map of Poverty Level

Site Tract: 35.0 percent of people whose income in the past 12 months is below the poverty level.



Source: The U.S. Economic Development Administration, U.S. Census Bureau (2023)

Figure 25: Map of Superfund Sites



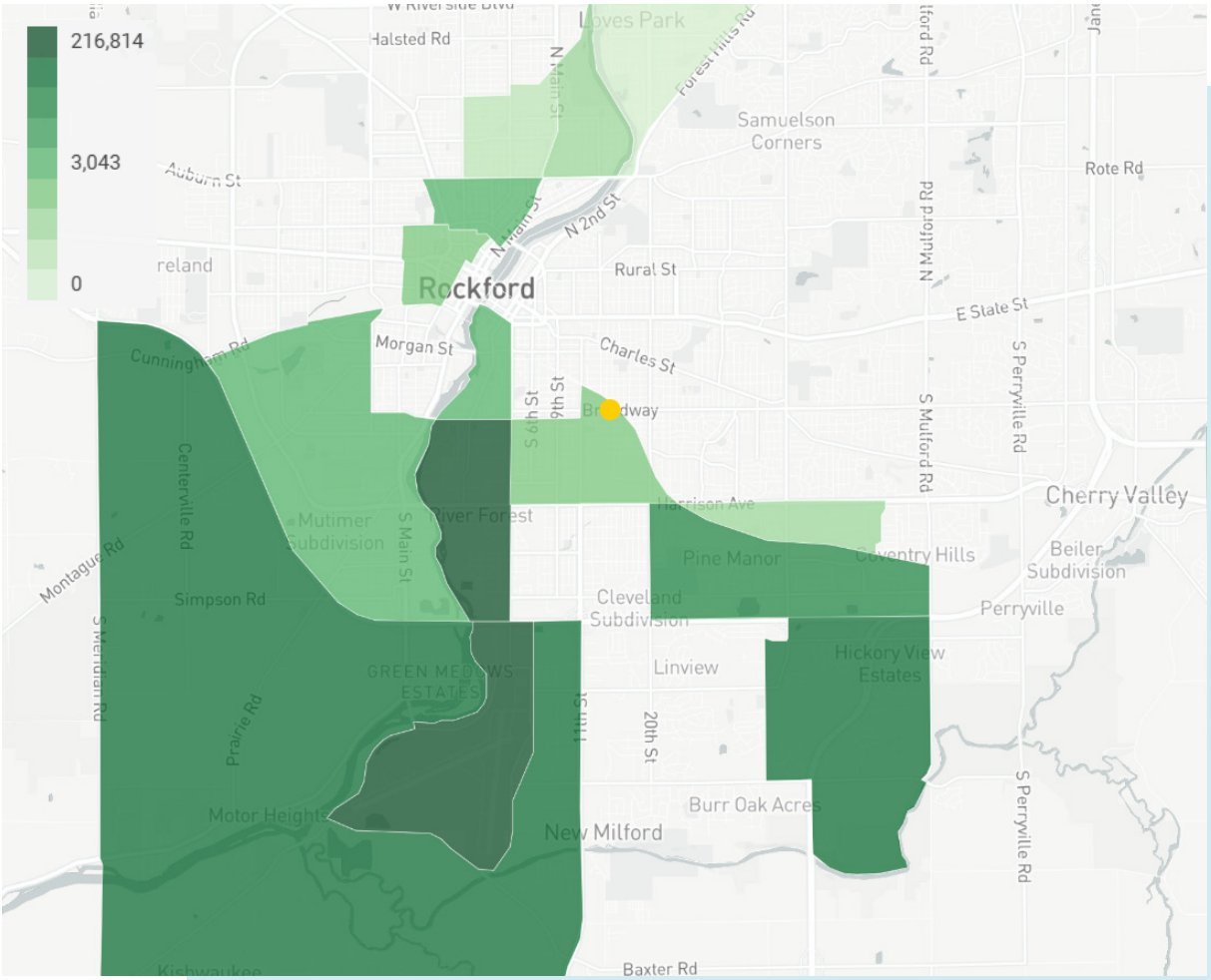
Source: The U.S. Environmental Protection Agency

1800 Broadway (indicated by the center point of the grey circle above) is directly adjacent to the Southeast Rockford Ground Water Contamination Superfund Site, which is on the National Priorities List of sites in the United States where known or potential releases of hazardous pollutants or contaminants enter the environment. There are four performance measures that track results at Superfund Sites, including *Human Exposure Under Control, Groundwater Migration Under Control, Construction Complete,* and *Sitewide Ready for Anticipated Use*. The current status of *Human Exposure Under Control* and *Groundwater Migration Under Control* is "Yes." The current status of both *Construction Complete* and *Sitewide Ready for Anticipated Use* is "No."

While 1800 Broadway is not a part of the Superfund Site itself, its status as a Brownfields Revitalization Site indicates there were still several contaminants found including arsenic, asbestos, cadmium (Cd), chromium (Cr), lead, mercury, PAHs, selenium (Se), and volatile organic compounds (VOCs), as well as other contaminants and metals. Ground water and soil are two types of media that were affected, both of which have not been cleaned up.

Figure 26: Map of Toxics Release Inventory (TRI)

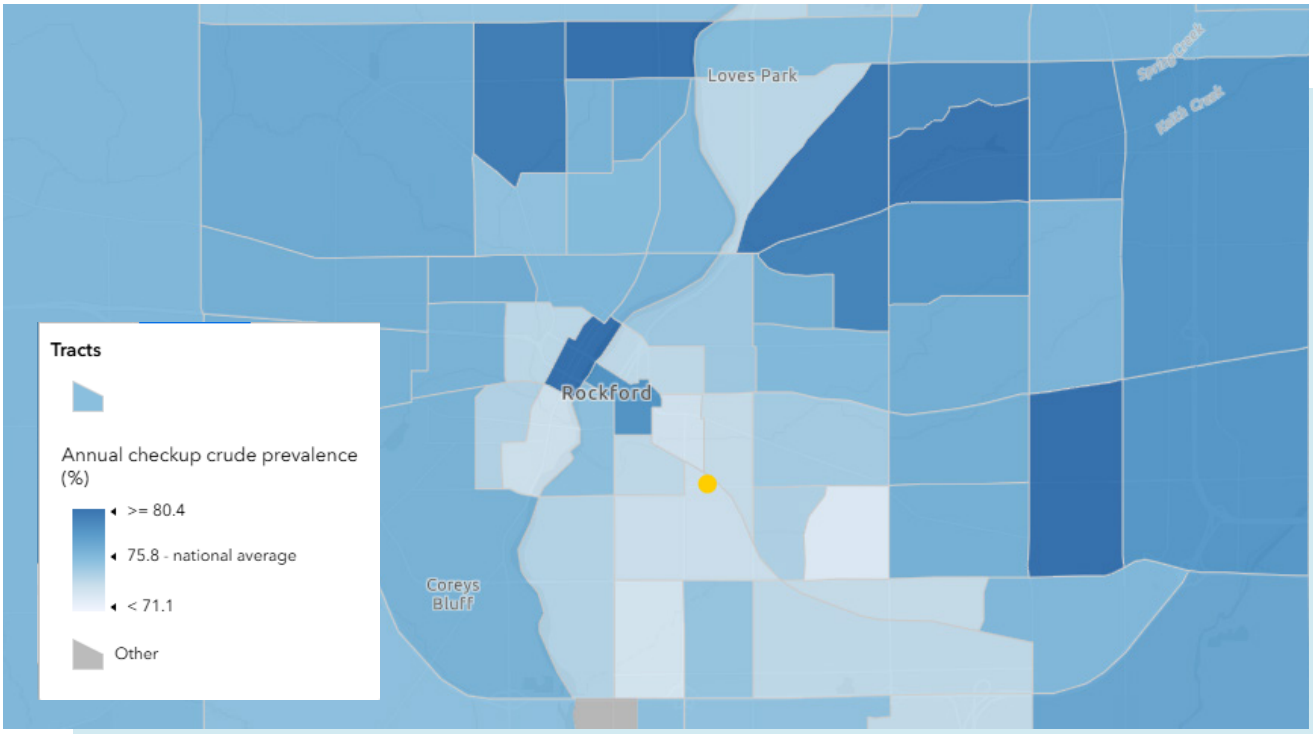
Site Tract: 1,532 pounds of toxic chemicals released.



Source: The U.S. Environmental Protection Agency

Figure 27: Annual Checkup Prevalence

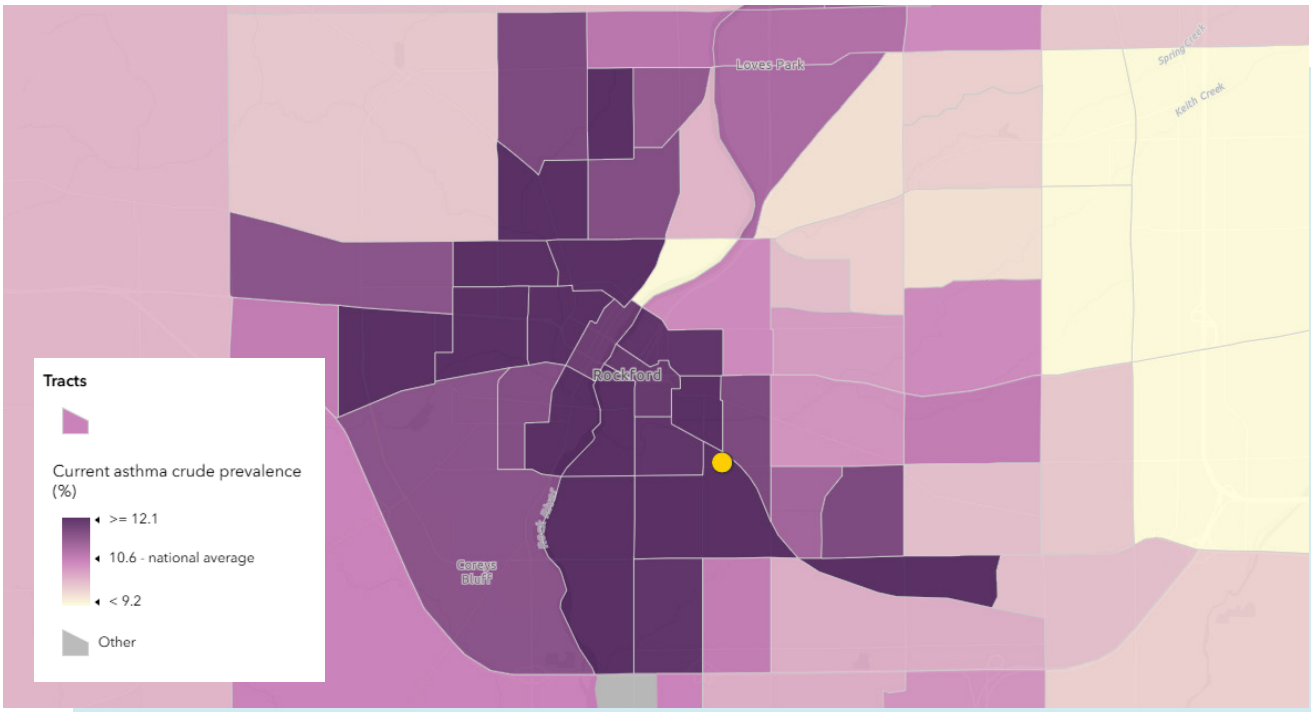
Site Tract: 73.2 percent prevalence of annual checkups among adults aged 18 years and older.



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention

Figure 28: Asthma Crude Prevalence

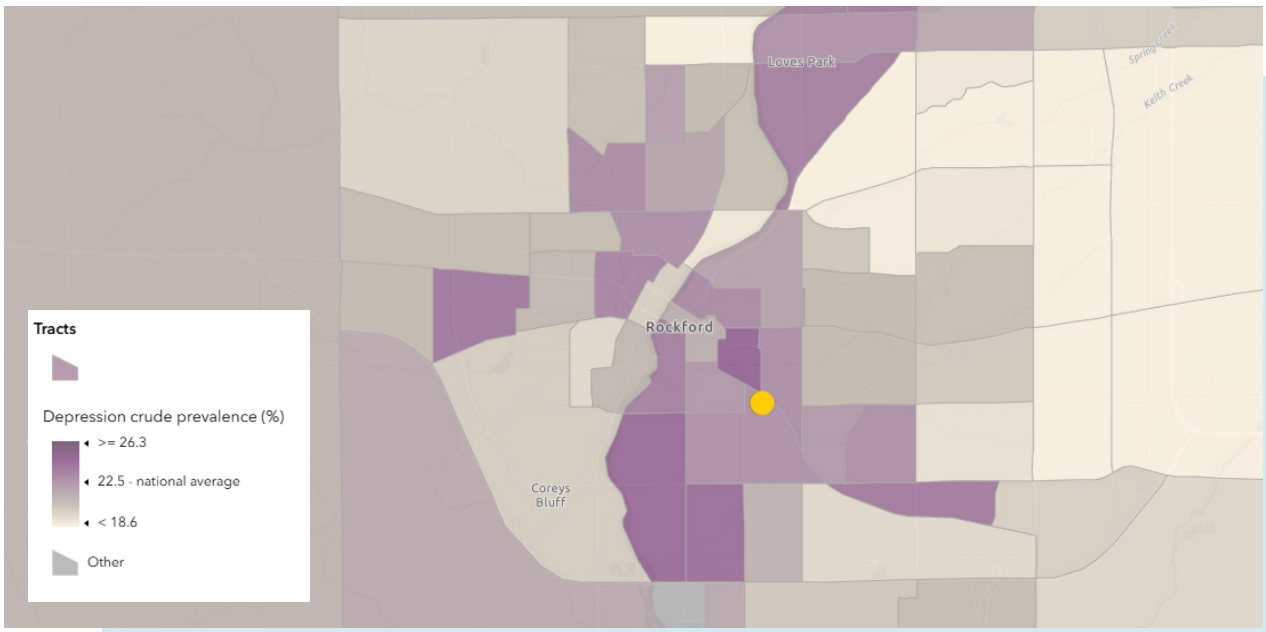
Site Tract: 12.1 percent prevalence of asthma among adults aged 18 years and older.



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention

Figure 29: Depression Crude Prevalence

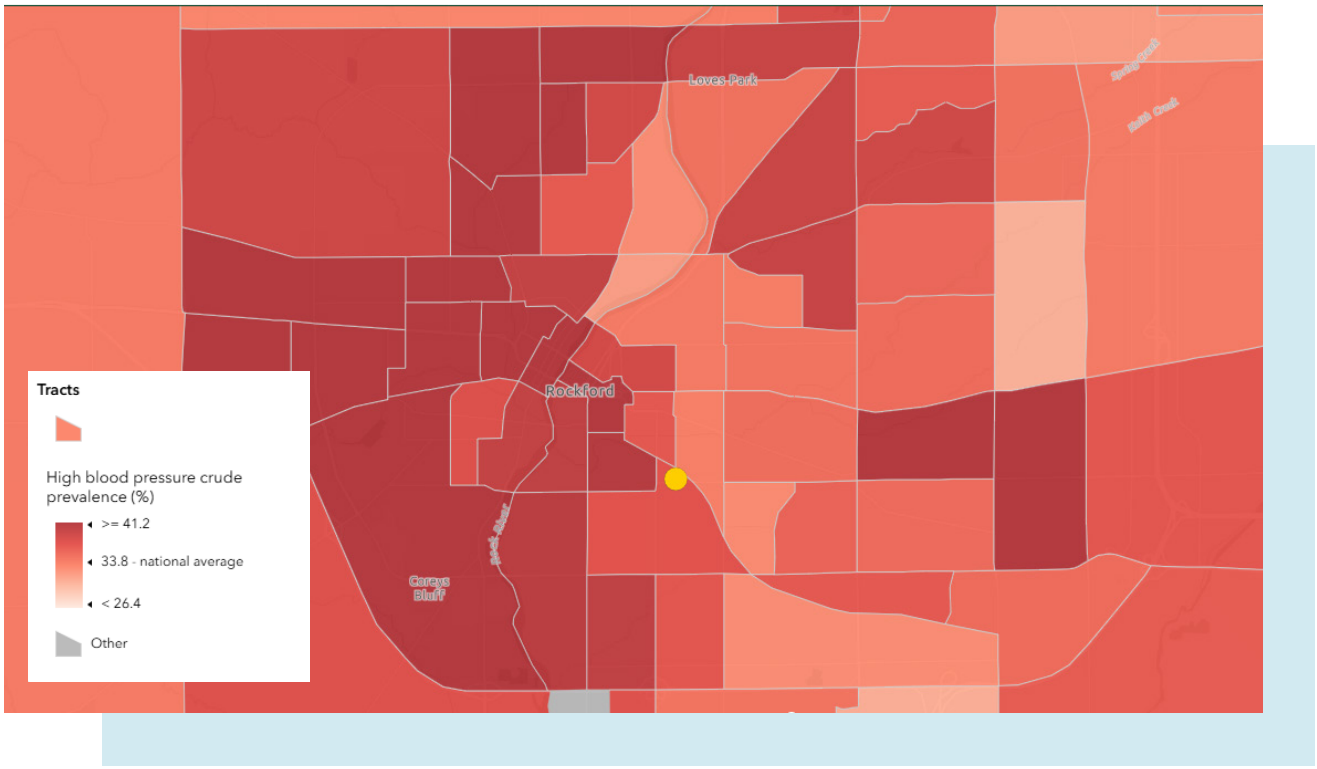
Site Tract: 22.6 percent prevalence of depression among adults aged 18 years and older.



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention

Figure 30: High Blood Pressure Crude Prevalence

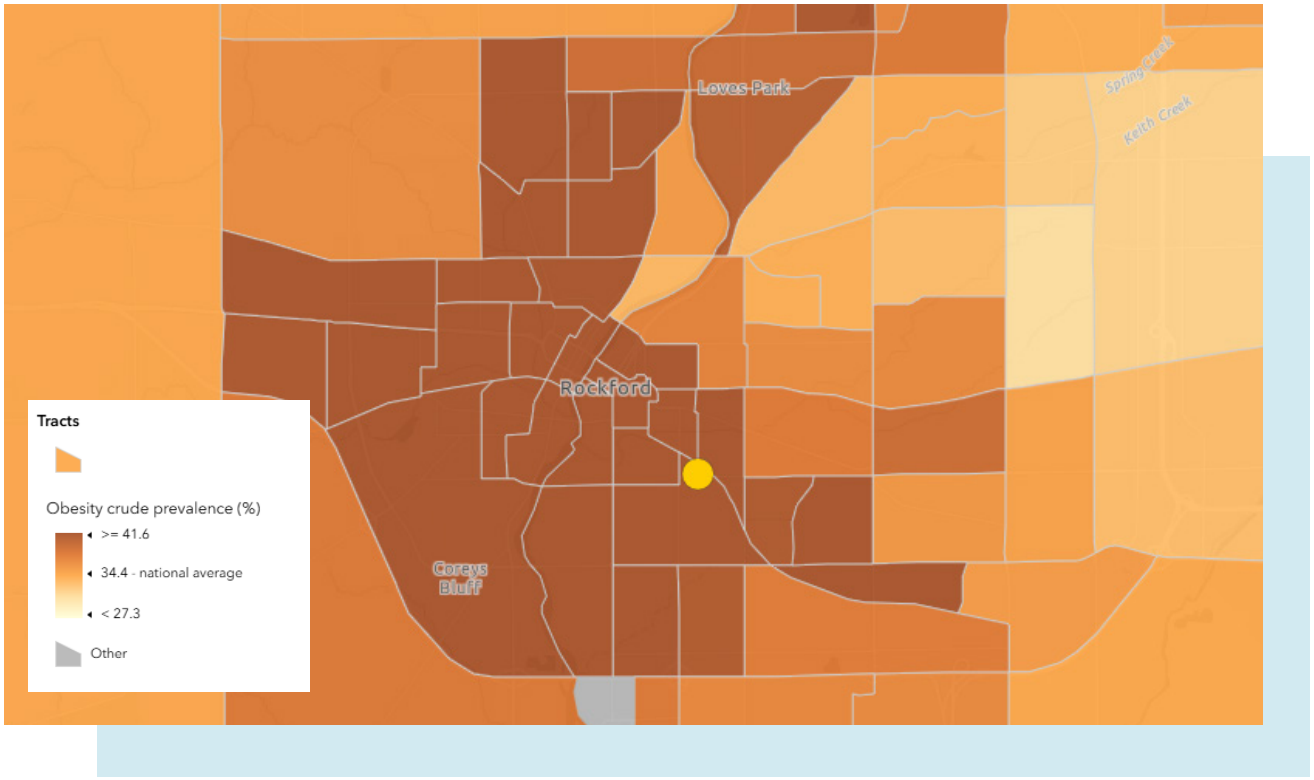
Site Tract: 37.5 percent prevalence of high blood pressure among adults age 18 or older.



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention

Figure 31: Obesity Crude Prevalence

Site Tract: 45.6 percent prevalence of obesity among adults age 18 or older.



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention

Other Considerations

The Chicago and Northwestern Railway (northmost railroad alongside Woodruff Ave) is planned to be used for the Illinois Passenger Rail, which will host the Metra commuter train from Chicago to Rockford and vice versa. Railway noise is a potential concern for the surrounding area. Studies show noise sensitivity in individuals has a positive correlation to anxiety, depression, and sleep problems.

One study in particular identified insufficient sleep as a mental health stressor, causing slow thinking and poor perception, poor emotional regulation, and a higher risk of anxiety, depression, or other mood disorders.[52] Research also demonstrates that increased metabolic risk and lower sleep efficiency have been associated with railway noise.[53] While some individuals may get used to the sound through habituation, this is dependent on the individual.

RECOMMENDATIONS

Based on the IHDA Permanent Supportive Housing Analysis, this site would meet the proximity set-aside for Neighborhood Assets, Food Access, and Transportation Access. One of the strongest features of this site is its access to public transit and multimodal transportation infrastructure. It is ideal to have a bus stop located directly adjacent to a Permanent Supportive Housing site, as it is more likely that low-income earners will not have access to their own vehicle. While there are four fixed-route bus stops located next to this site, being located near a stop with more frequent routes during the week could be beneficial. The presence of bike paths is an asset as well, for the same reason that it is more likely to be a primary mode of transportation for income earners making 30 percent AMI or less.[49]

While Crusader Community Health and Keye-Mallquist Park present opportunities for both preventative healthcare and an active lifestyle, the site lacks access to other education and job resources could be crucial for this population as learned from stakeholder interviews. Proximity to opportunities for free education, workforce development, and daily skills living development would be beneficial for those experiencing SUD/SMI, as these individuals require this structural support to rebuild their lives.

Importantly, it should be noted that individuals on the child sex offender registry cannot be housed less than 500 feet away from any place where individuals under the age of 18 congregate, including public schools, day cares, playgrounds, and public park property.[54]

An opportunity for a land donation for a PSH is significant for development cost savings. For this reason, other publicly owned land should be prioritized in consideration for affordable housing development models. Generally, a site zoned for industrial uses would not be ideal for housing development. However, 1800 Broadway is in a light industrial area directly adjacent to residential and commercial development. The surrounding uses are preferable for PSH, but pursuing the entitlements necessary for this site requires public input. Plus, neighboring residents may pose strong opposition to the proposed housing development. Engagement with the community to both inform them of PSH and gauge public opinion is necessary if this site is to be pursued.

The placement of the potential PSH development site is crucial and should not further perpetuate concentrations of poverty or mental illness, considering the site will serve SUD/SMI populations categorized as extremely/very low-income (30 percent/50 percent AMI). Based on the suitability maps above, the location of 1800 Broadway resides in a high-poverty area that is also in close proximity to environmental hazards and areas of increased health risk. This is likely to be more common among brownfields sites. However, the proximity of this specific site to a historic Superfund Site and the amount of toxic chemicals released in its corresponding census tract warrants careful consideration. IHDA's Quality of Life Index demonstrates that the categories of Connectivity, Prosperity, Housing Quality, and Health score poorly in the census tract where 1800 Broadway is located, which is an important indication of the opportunities available and the quality of infrastructure in the surrounding area. Notably, many brownfields sites are situated in environments that were historically located among industrial land uses, so these sites in general are more likely to be presented with health risks. Although site context and neighborhood assets may make brownfields sites suitable for other residential housing projects, 1800 Broadway is not ideal for SUD/SMI Permanent Supportive Housing.

Based on stakeholder interviews and further research, the following considerations should be prioritized for a potential PSH site:

- Immediate access to public transit or other low-cost transportation services and high quality active transportation infrastructure. Eliminate obstacles for people with disabilities and prioritize walkability.
- Access to healthy, nutritious food sources including supermarkets and other grocers
- Access to healthcare and pharmacies for prescription medication
- Access to job centers with low-barrier-to-entry workforce opportunities
- Proximity to public services and free educational opportunities including libraries, community centers, educational institutions, and social assistance
- Environments that reduce exposure to physical and mental health risks while also providing opportunities for an active lifestyle
- Zoning and neighborhood conditions that reduce developer time and monetary costs

Other PSH development ideas to consider:

- Retrofitting and site redevelopment of a strip mall
- Converting a vacant hotel or motel
- Supporting the development or acquisition of new scattered-site PSH or group homes for current service providers

APPENDIX

KEY INFORMANT INTERVIEW QUESTIONS

1. Can you briefly describe your program and what is offered to clients?

2. Can you describe what services are offered with the housing?
    a. Are they optional?
    b. Which ones seem to be the most useful/favored by clients?

3. How long (on average) do participants stay in your program?
    a. If offering multiple supportive housing options, include averages for each one.

4. How long is your waitlist?

5. Do you allow those with a criminal record to participate in your programs?

6. Do you require sobriety (substances, alcohol, *tobacco?) to participate in your program?
    a. If so, how long must one be sober beforehand and what is the drug testing progress?

7. Do you prioritize certain subpopulations in providing services (SMI, SUD, etc).
    a. Why or why not?

8. What are the common challenges and successes experienced by clients in your supportive housing program?

9. What are the barriers for your client population's "next step"? Ex: lack of PSH, no consistent income, etc.

10. What is something you would like to be doing in your program but are currently not?

11. What is the primary challenge your program faces in providing supportive housing?

12. What is the process if a housing placement does not work out for the resident for the first, second time?

13. Do you have any data on your participant's outcomes after exiting the program?

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