



UNITED STATES GENERAL ACCOUNTING OFFICE

WASHINGTON, D.C. 20548

HUMAN RESOURCES
DIVISION

B-204732

The Honorable Don Edwards
Chairman, Subcommittee on Civil
and Constitutional Rights
Committee on the Judiciary
House of Representatives

Dear Mr. Chairman:

This responds to your request for information on the effects that zoning and other land-use policies and practices have on efforts to establish small group homes to help return the mentally disabled from institutions to the community. For this review, we defined a small group home as a community-based living facility offering a family or home-like environment and supervision or training for 4 to 16 live-in clients, some or all of whom are mentally retarded or mentally ill.

We developed case studies of the progress and problems in establishing group homes in seven States and conducted national surveys of sponsors of group homes operating in 1980 and 1981, local zoning officials, and State mental health and mental retardation program directors. We could not find a practical way to survey facilities that closed and never opened again or sponsors who attempted to open group homes, failed, and never tried again, but comparisons of the information from the three surveys provided consistent findings.

WHAT DID WE FIND?

Zoning and related land-use requirements caused problems but were generally not the major obstacles to group home placement of mentally disabled persons in metropolitan residential areas. Inadequate funding, unsuitable locations and facilities, and certain other factors caused problems more frequently and hindered the development of group homes more often than zoning problems.

The Federal Government, particularly the Departments of Health and Human Services (HHS) and Housing and Urban Development (HUD), can facilitate group home establishment by working with State and local governments and private organizations to promote long-range planning activities for locating and funding group homes and easing administrative problems involved in establishing and/or operating group homes.

Most group homes established in residential areas without great difficulty

Group home sponsors reported that about 65 percent of all group homes in metropolitan areas were located in urban-outlying or suburban areas, 5 percent in rural areas, and 30 percent in downtown urban center areas. Sponsors reported that about 86 percent of the group homes in metropolitan areas were located in residential zones—44 and 42 percent in single-family and multifamily zones, respectively. Although finding suitable locations and meeting land-use and other requirements took time, effort, and money, 82 percent of the group home sponsors were able to establish facilities in residential areas without great difficulty.

Most group homes were located in stable, residential, middle class or working class neighborhoods with easy access to a variety of community services. According to most sponsors, public transportation, neighborhood food stores, drugstores, and eating establishments were usually within walking distance of group homes. , . .

Overall, group homes had little effect on communities as measured by such factors as community complaints and opposition and facility features which may have differentiated group homes from surrounding properties. Communities accepted group homes more often than not. In most areas, the proportions of group homes for the mentally disabled to the total households and mentally disabled clients in group homes to the total population were low. Facility features were usually not reported to be substantially different from neighboring structures.

Some sponsors had problems meeting zoning and land-use requirements

Eighteen percent of the group home sponsors reported experiencing great difficulty in establishing their current facilities because of zoning, permit, licensing, or life-safety code requirements. Several sponsors encountered delays and incurred added costs during their efforts to meet these requirements.

Another 10 percent of the sponsors reported that they had to close or relocate facilities other than their current facilities or were unable to open facilities in selected locations because of restrictive zoning and related practices and policies. Sponsors establishing group homes in States without preemptive zoning laws, for nine or more clients, or for the mentally ill were usually more limited or restricted in their site locations than others.

Other factors caused sponsors
great difficulty

According to group home sponsors, obtaining adequate funding and finding a suitable facility or site for clients generally caused greater difficulty than zoning and related land-use requirements. More sponsors (38 percent) had great difficulty obtaining startup funds, meeting operational costs, and/or obtaining Federal funds than with satisfying zoning and related requirements. In regard to finding a suitable location and facility for mentally disabled persons, sponsors reported particularly having great problems with such factors as accommodations with adequate bed and bath facilities and favorable landlord attitudes toward leasing. To a lesser degree, other site problems dealt with neighborhood safety and proximity to public transportation and medical and social services. State program directors also reported that the number of administrative requirements and complicated procedures associated with certain Federal programs were burdensome and impeded group home placements.

State initiatives have helped group
homes, but better planning is needed

State preemptive zoning laws and the availability of funding from various sources have helped to facilitate group home establishment. Twenty-eight States have enacted preemptive zoning laws regarding the establishment of group homes; these laws generally preclude communities from excluding group homes serving eight or fewer clients from residential areas or imposing special requirements on group homes for special populations. Many States have increased funding for community facilities and services and have established or operated licensing programs for community residences, such as group homes, to assure that the supervision, programming, and health and safety of residents are adequate. These actions have helped group homes to locate in residential areas, but additional group homes are needed for individuals who remain in institutions.

Although preemptive zoning laws helped homes to locate in suburban-type residential zones, in some areas the rapid growth of group homes and the lack of planning among all levels of government contributed to group homes clustering near other facilities serving special populations. More than one-third of the group homes for the mentally disabled were located within two blocks of at least one other facility serving special populations. Of these, more than half were near two or more such facilities. Overall, many States and communities had not planned for the establishment of group homes.

Seventy-three percent of the homes were sponsored or started by the private sector, but governmental sources often provide funding to operate group homes. Ninety percent of group homes received some support from a variety of Federal sources, particularly the Supplemental Security Income program administered by HHS' Social Security Administration. Systematic planning for funding and locating group homes by the various levels of government should continue to encourage and facilitate private sector participation and group home establishment.

WHAT DID OTHERS SAY
ABOUT OUR REPORT?

HHS, HUD, and representatives from several advocacy groups concerned about the mentally disabled reviewed a draft of this report. Their comments focused on the complexities of the issues being studied and methodological difficulties associated with responding to the questions addressed in our review. For example, one concern they raised dealt with the omission of sponsors of facilities that closed and never opened again or sponsors who tried to open, failed, and never tried again.

While we recognize the concerns raised, there was no reasonable and practical way to survey these types of sponsors. We recognize that these situations occur and that not including this group in our review may have resulted in underreporting impediments to establishing group homes. However, we believe that an unbiased estimate from this group would not substantially affect our findings and that the information we obtained constitutes the best evidence reasonably available to assess the impact of zoning requirements as compared to other impediments in establishing group homes for the mentally disabled.

Our findings and methodology are discussed in more detail in the appendixes.

B-204732

We are sending copies of this report to the Senate Committee on the Judiciary; other interested congressional committees; the Director, Office of Management and Budget; the Secretaries of Health and Human Services and Housing and Urban Development; and several State, local, and private organizations concerned about the issues addressed in the review. Copies will also be made available to others on request.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Richard L. Fogel". The signature is written in a cursive style and is positioned above the typed name and title.

Richard L. Fogel
Director

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ABBREVIATIONS

GAO	General Accounting Office Department of
HHS	Health and Human Services Department of
HUD	Housing and Urban Development National
NIMH	Institute of Mental Health standard
SMSA	metropolitan statistical area Supplemental
SSI	Security Income

ZONING AND OTHER LAND-USE POLICIES AND
PRACTICES ARE AMONG SEVERAL FACTORS THAT
AFFECT THE ESTABLISHMENT OF GROUP HOMES
FOR THE MENTALLY DISABLED

WHAT ARE GROUP HOMES?

Group homes have become an important source of care for mentally disabled persons as an alternative to institutionalized care. Based on information from group home sponsors, the number of group homes has grown considerably since the 1960s. In our sample of group homes, 1 percent were established before 1960, 10 percent in *the 1960s*, and 68 percent during the 1970s.¹ During 1980, an estimated 46,000 mentally disabled persons lived in about 6,500 group homes in metropolitan areas.

Although a universally agreed-upon definition of a group home does not exist, for this review it is defined as a community-based living facility offering a family or home-like environment and supervision or training for 4 to 16 live-in clients, some or all of whom are mentally retarded or mentally ill. We excluded facilities serving exclusively alcoholics or drug abusers and facilities, such as boarding homes, which did not provide supervision or training.

The typical group home in our review accommodated about six clients with a staff of two. A somewhat greater proportion of these homes served the mentally retarded than the mentally ill. Although homes for the mentally ill and mentally retarded were comparable regarding daily occupancy size, the facilities for the mentally ill served more clients in 1980 because of their higher client turnover rate. Most facilities were sponsored and started by private nonprofit organizations or other private sponsors. Somewhat over half of the homes used State, local, or Federal government funds to meet startup costs. Almost all group homes derived portions of their operating funds from clients' Supplemental Security Income (SSI) and other Federal programs, but State assistance and clients' personal income aside from SSI were also common funding sources.

These data include only homes in operation in 1980; those which opened and closed before 1980 were not included.

Group homes were usually single-family, detached houses located in residential neighborhoods where the estimated household incomes approached the national median level. The conditions and maintenance of these facilities and their properties were reported to be as good as or slightly better than those of surrounding properties. The neighborhoods were stable and safe and provided easy access to public transportation and a variety of community services.

**HOW ZONING AND LAND-USE
REQUIREMENTS APPLY**

A zoning ordinance is a form of land-use control implemented by local governments to, among other things, prescribe the types of facilities that may be located and the activities that may be conducted in designated areas. Zoning ordinances are used to protect the environment, the character of neighborhoods, and the value of property. Communities usually divide their areas into zones, such as residential, commercial, industrial, agricultural, or mixed use. These zones can be further divided. For example, residential zones are frequently subdivided into single-family and multifamily areas. Communities often define the term "family" in applying zoning ordinances in residential zones. The number of unrelated persons permitted to reside in a home in a single-family area varies among communities, but often no more than six in a home are permitted. Some communities adopt special zoning provisions for group homes serving the mentally disabled and other special population groups.

Zoning ordinances often require specific approval for certain uses of property within a zone, including group homes for special populations, through special or conditional use permits. Also, persons or organizations may apply for zoning use variances, which, **if approved**, permit activities or uses ordinarily prohibited. Communities often require applicants for special or conditional use permits or a zoning use variance to participate in public hearings. To obtain permits or use variances, group home sponsors usually have to meet several requirements, such as life-safety codes or licensing by local or State agencies. Although these requirements are usually not part of zoning or land-use controls, they are discussed together in this report because they are often linked to State preemptive zoning laws. Also, some communities linked life-safety codes to land-use controls.

OBJECTIVES, SCOPE, AND METHODOLOGY

We were asked to answer the following questions:

- Have land-use plans and zoning ordinances prevented or impeded the establishment of group homes for the mentally disabled?
- Have such plans and ordinances had the effect of confining group homes to nonresidential areas?
- Have mentally disabled persons remained in institutions because there are not enough group homes?
- How have States responded to the problem of exclusionary zoning of group homes, and what effect have preemptive zoning laws had on returning the mentally disabled from institutions to communities?

We were also requested to compare the relative impact of exclusionary zoning practices with other factors and determine whether group homes significantly affected the character of communities in which they were located.

We obtained information by conducting:

- National surveys of 535 group homes, 246 local government zoning officials representing the jurisdictions in our sample of mental health service areas, and directors of mental health and mental retardation programs in 45 States and the District of Columbia.
- Case studies of efforts to return mentally disabled persons to communities from institutions and to establish group homes in selected communities in Alabama, California, New Jersey, New York, Ohio, Pennsylvania, and Texas. These States were chosen to obtain a cross-section of primary factors affecting group home establishment.
- Interviews with officials at: the Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), and Justice; the Veterans Administration; and private organizations, including the Mental Health Law Project, the National Association of State Mental Health Program Directors, and the National Association of Private Residential Facilities for the Mentally Retarded. We also reviewed relevant documents at these agencies and organizations.

The major focus of our review was a structured mail survey of group home sponsors representing 702 group homes for the mentally ill and mentally retarded in operation in randomly selected geographic areas during 1980 and 1981.² We received questionnaire responses from 535 group homes representing 99 federally designated metropolitan mental health service areas with community mental health centers and 28 States and the District of Columbia. We also surveyed the local zoning administrators for jurisdictions covering our sample of mental health service areas and the mental health and/or mental retardation program directors in all 50 States and the District of Columbia.

There was no reasonable and practical way to survey sponsors of facilities that closed and never opened again or sponsors who attempted to open homes, failed, and never tried again. We recognize that these situations occur and not including this group in our review may have resulted in underreporting impediments to establishing group homes. However, in analyzing the information obtained from the separate sources cited above, we obtained consistent information regarding the difficulties related to establishing group homes. We believe the information from these sources constitutes the best evidence reasonably available to assess the importance of zoning as compared to other impediments in establishing group homes and answer the questions raised.

The findings from our surveys of group home sponsors and zoning officials may be generalized to our universe of metropolitan mental health service areas, which represent about 30 percent of the population in the Nation's metropolitan areas. Furthermore, our findings dealing with the extent and severity of restrictive zoning practices may be generalized to the population of metropolitan areas nationwide. This includes more than two-thirds of the Nation's population. This assessment of the causal effects of zoning on establishing group homes required complex cluster sampling approaches and multiple validation techniques. Full details on our objectives, scope, and methodology are discussed in appendix II. A summary of the group home sponsor survey responses is provided in appendix III.

Our review was done in accordance with generally accepted Government audit standards.

²About 4 percent of the homes in our sample were established in 1981.

DESPITE ZONING AND LAND-USE
REQUIREMENTS MOST GROUP HOMES LOCATED
IN RESIDENTIAL NEIGHBORHOODS WITHOUT
ADVERSELY AFFECTING THEM

Zoning and other land-use policies and practices in metropolitan areas generally were not major hindrances for most sponsors in establishing group homes. Most home sponsors reported they were able to find suitable facilities and locations in residentially zoned areas and obtain various permits, licenses, and other land-use approvals without major difficulty. Also, group homes generally did not adversely affect the communities in which they were located, as measured by facility features and other factors.

Most sponsors found suitable
facilities and locations despite
zoning and other land-use requirements

Finding suitable locations and meeting land-use and other requirements took time, effort, and money, but most group home sponsors were able to establish facilities in residential areas without great difficulty. Eighty-two percent of the sponsors said they did not experience great difficulty in obtaining licenses or land-use permits, meeting life-safety codes, or conforming to other zoning requirements.

Most group home founders had to satisfy local land-use practices and operating requirements. For example, they obtained licenses and permits, secured zoning variances, met other zoning requirements, attended public hearings, and/or went through court proceedings. These requirements existed for group home sponsors regardless of whether preemptive zoning policies were in effect.

Eighty percent of the sponsors contacted local government offices concerning zoning, permit, licensing, and other startup and operating requirements. After notification, the typical facility could not start to provide residential services for a median of 4 months, and for many it took more than 11 months.

³For reporting purposes, we refer to survey respondents as group home sponsors. This may be either the group home sponsor or the facility manager since we attempted to identify the most knowledgeable source of information regarding facility establishment and operation.

Sixteen percent of the homes apparently were operating with clients before the sponsors notified local government officials.

Obtaining a license and meeting life-safety codes were the most common requirements reported by sponsors. Permits and other special zoning requirements were mentioned less often. Before opening, 66 percent of all group homes were required to have a license and/or meet life-safety codes, and 22 percent of all homes needed to procure permits and/or meet other requirements. On the average, it took facility founders about 3 months to obtain the necessary licenses and permits and satisfy various building and life-safety codes, although it took a year or more for a few. In some cases, homes had to meet some of these requirements after opening.

Just under 30 percent of the sponsors were involved in public hearings, less than one in seven obtained a use variance for zoning, and less than one in five sought legal assistance. Of those who had to obtain a conditional or special use permit or acquire a use variance, 64 percent had to proceed through public hearings. While less than 20 percent of the facilities sought legal assistance, less than 7 percent had to take legal action.

Despite some problems and hindrances most sponsors found suitable facilities and locations for their group homes. Most are located in stable, suburban, middle class neighborhoods with easy access to a variety of community services.

Sponsors reported that about 65 percent of all group homes in metropolitan areas were located in urban-outlying or suburban areas, 5 percent in rural areas, and 30 percent in downtown urban center areas. This was supported by information developed by identifying home locations according to the National Institute of Mental Health (NIMH) classification system for metropolitan mental health service areas.⁴ Seventy-two percent of the sponsors located in suburban-type areas and 65 percent of those **located in the urban downtown** areas reported their homes were **located where they preferred to be.**

⁴The NIMH urbanization measure for metropolitan mental health service areas includes the following three categories: central city counties (urban centers), ring counties (suburban areas), and central city/ring areas (outer city areas).

Sponsors reported that about 86 percent of the group homes in metropolitan areas were located in residential zones—about 44 percent in single-family zones and about 42 percent in multifamily zones. Only 4 percent were located in commercial zones, and 6 percent were in specially classified zones. This was consistent with the survey responses by local zoning officials.

We estimate that group homes can locate in most jurisdictions in most metropolitan areas of the Nation. About 82 percent of the local jurisdictions permitted group homes with at least 4 but not more than 16 clients to locate in single-family and/or multifamily residential zones. About 18 percent of local jurisdictions excluded group homes from single-family zones. Collectively, these zones covered less than 7 percent of the population areas in our sample. Furthermore, since metropolitan areas often are comprised of more than one zone, the presence of one restrictive zone does not necessarily mean that the entire metropolitan area restricts the establishment of group homes. In only about half of the cases in our sample where restrictive zoning was practiced did these restrictions blanket most of the surrounding metropolitan area. The remaining jurisdictions with restrictive practices were limited to a small part of the encompassing metropolitan area—about 15 percent on average. Furthermore, we estimate that about 8 percent of the zones in metropolitan areas nationally have stipulations which prohibit the location of group homes apparently in both single-family and multifamily zones.

About 13 percent of the sponsors reported that they preferred to be located in a different type of zone, and two-thirds of these (9 percent overall) reported that zoning or other land-use policies or practices prevented them from locating in their desired locations. Of those who preferred a zone other than the one in which they were located, about 60 percent preferred a single-family residential zone, about 23 percent preferred a multifamily residential zone, and the other 17 percent preferred another type of zone. Seventy-six percent of the sponsors in multifamily zone locations reported being in the zone they preferred. Some sponsors said that homes in single-family, residentially zoned areas were often too expensive, too small, or too far from public transportation or other community services to be appropriate for their programs.

Most group homes for the mentally disabled were single-family, detached houses. About 13 percent of group homes were duplex, triplex, or four-family dwellings, and 11 percent were apartments. Apartments were usually clustered in units of four.

Fewer zoning restrictions was most frequently cited as one of the important reasons for seeking an apartment. Other reasons considered important were less community opposition, lower costs, and lack of suitable housing.

Regardless of the facility's type of housing, the structures surrounding group homes were generally characteristic of a residential neighborhood; for the typical facility about 87 percent of the structures in the immediate vicinity (one-quarter mile) were single-family (60 percent) or multifamily (27 percent) residences. For almost 75 percent of the group homes, commercial establishments, such as shops and businesses, made up 10 percent or less of the buildings in the immediate vicinity. Fifty percent had no such facilities nearby.

Sponsors usually established group homes in stable, safe, middle class or working class communities. Sponsors generally reported that neighborhoods were safe, and vandalism, due to negative community attitudes, was low. The estimated median household income of \$15,200 reported by the sponsors was not much lower than the 1980 national median income of \$19,042 for metropolitan area households as reported by the Bureau of the Census. The neighborhoods generally had few single-person or single-parent households and were primarily of one race, but of mixed ethnicity. Most neighborhoods appeared to be stable with sponsors reporting a low turnover of residents, little change in racial or ethnic composition or blue collar/white collar ratio, few new commercial or private housing construction starts, and little change in the proportion of blighted housing.

Public transportation was usually not more than one block away, and neighborhood food stores, drugstores, and eating establishments were usually within walking distance (1 mile), according to most sponsors' reports. Slightly more than half of the sponsors reported their facilities to be within walking distance of recreation centers or parks. Less than half the facilities were within walking distance of department stores, variety stores, medical services, or a library. One-fourth or less were within easy access to social services or entertainment establishments, such as theaters or recreational facilities for special age groups.

The large majority of sponsors reported being satisfied with their facilities and locations regarding factors they considered to be important for their programs. Specifically, 80 percent or more of the sponsors reported being generally or very satisfied with each of the following factors in assessing

their locations¹ suitability: neighborhood safety, community stability, proportion of single-family houses, type of housing (e.g., single family, apartment), bed and bath accommodations, condition and maintenance of homes and properties, site privacy, lot size, landlord attitudes toward leasing, availability of public transportation, and accessibility to community resources and medical and social services. About 6 percent or less of the sponsors were dissatisfied with their locations regarding one or more of these factors, and about 14 percent or less were marginally satisfied.

Sponsors considered some factors to be more important than others; however, most neighborhood features, which may involve zoning issues, were not considered to be of greatest importance. Most sponsors rated accommodations with adequate bed and bath facilities as being essential. Favorable landlord attitudes toward leasing, neighborhood safety, a single-family house, site privacy, well-maintained homes and properties, adequate lot size, and access to public transportation and community resources, such as stores and restaurants, were considered very important or essential by most sponsors. Being located within walking distance of medical and social services and in a stable area with a high proportion of single-family homes were considered to be moderately important. Being in a location with a high ratio of white or blue collar workers was considered to be of only some or little importance.

Group homes had little adverse effect on communities

Survey information obtained from sponsors indicated that most group homes had little adverse effect on communities, as measured by (1) community complaints, (2) other expressions of community opposition, and (3) facility features and client demographics which may have differentiated the group home from surrounding properties. In addition, overall there was a low proportion of group homes to community households.

Community complaints and opposition

Overall, communities accepted group homes more often than not. About 30 percent of the sponsors participated in public hearings relating to establishment of their group homes. Of those required to obtain permits or zoning variances, 64 percent had to proceed through these hearings. Frequently these hearings appeared to result in confrontations among various groups composed of influential community members. Of those who participated, 37 percent of the sponsors reported facing considerable

opposition during the public hearings, while 36 percent reported receiving considerable support. The objections raised most often at these hearings concerned possible:

- Dangerous behavior of clients (68 percent).
- Unusual behavior of clients (66 percent).
- Declining real estate value (65 percent).
- Increase in automobile traffic (40 percent).
- Risks to clients because of busy streets (28 percent).
- Inadequate property maintenance (27 percent).
- Loitering and disorderly conduct by clients (26 percent).

About half of the sponsors made efforts to secure the communities¹ goodwill by contacting their new neighbors, community groups, and other influential persons and organizations during the founding or operation of their facilities. During these outreach efforts, about one-fourth of the sponsors reported encountering moderate to strong opposition to their programs, while about two-thirds reported moderate to strong support. When asked to weigh the support against the opposition, 66 percent rated the support to be stronger than the opposition, 17 percent said the support matched the opposition, and 17 percent said the opposition outweighed the support.

Once opened, about 37 percent of the group homes were the subject of some complaints from the community. More complaints were directed to facility founders, sponsors, or staff than to local government officials. The frequency pattern of these complaints differed somewhat from those reported during the public hearings. Declining real estate values, increased motor vehicle traffic, and inadequate property upkeep complaints were among the least mentioned complaints after opening. Nearly half of the complaints dealt with the perceived dangerous or unusual behavior of the clients. This may stem from the fact that a high percentage of clients were rated by sponsors as having behavioral and/or physical characteristics that attract attention and most of the group homes had some of these clients as residents.

Group homes generally did not stand out from the rest of their neighborhoods

Generally, group homes blended well with surrounding neighborhoods. They were usually single-family, detached homes, somewhat private, with few obtrusive features and adequate parking facilities. Sponsors reported that their facilities usually were in similar or better condition than adjacent structures. The typical group home for the mentally disabled served about six clients, which was comparable to the family size of other homes in the community, and its annual client turnover rate was usually low. Also, in 1980, the estimated proportion of group homes to community households was low.

For 80 percent of the group homes, there was little or no client turnover during a 1-year period; however, the turnover rate for the other 20 percent was about three times a year.

Group homes served nearly equal numbers of males and females. About half of the clients were between 19 and 35 years of age. Clients in their middle years, aged 36 through 65, comprised 25 percent of the group home population. Adolescents, persons who were between 15 and 18 years old, made up 12 percent of the population. Children, persons 14 years old and under, made up 10 percent of the population, and those over 65 years of age accounted for about 4 percent of the population.

Over 90 percent of the sponsors reported their facility structures to be in about the same or somewhat better condition than the other neighborhood properties. Less than 5 percent reported their facilities to be in worse condition than their neighbors' residences. Similar observations were reported by sponsors concerning the maintenance and neatness of outside areas.

The property exteriors of group homes usually did not have features to distinguish them from others in the community. Of the 26 percent which had distinguishing features, sponsors reported that less than half had items like signs, extra parking facilities, extra entrances, or fire escapes, which were noticeable to the public.

In most areas, the proportions of (1) group homes for the mentally disabled to the total households and (2) mentally disabled clients in group homes to the total population were low. We estimated the community service areas in our sample contained

over 6 million households and 16.5 million people and about 700 group homes serving 5,000 clients. This amounts to 1 group home for every 8,500 households and about 7 mentally disabled residents for every 23,500 people.

CERTAIN SPONSORS EXPERIENCED
GREAT DIFFICULTY IN MEETING
ZONING AND OTHER LAND-USE
REQUIREMENTS

Although group homes can and do locate in most zoning jurisdictions in most metropolitan areas, certain sponsors encountered great difficulties **in** meeting zoning and other land-use requirements when establishing group homes. Our case studies showed that some sponsors **faced** questionable or burdensome requirements. Moreover, sponsors who encountered zoning and other land-use difficulties sometimes waited longer and/or incurred added costs before opening. More sponsors in central city locations felt hindered by zoning than those in other areas. Sponsors establishing homes in States without preemptive laws (see p. 24), for nine or more clients, or for the mentally ill tended to be more restricted in their site locations.

Overall, 18 percent of the sponsors reported having great difficulty related to zoning, licensing, permit, or life-safety code requirements in establishing their current group homes.⁵ About 15 percent of the sponsors reported that they had closed, changed the location, or were unable to open a previous facility because of these requirements. Collectively, 28 percent of the sponsors reported having experienced considerable difficulty with restrictive zoning or related land-use requirements at a current and/or previous group home at some time.

Sponsors did not frequently mention zoning requirements as causing great difficulty. Life-safety codes were mentioned as causing great difficulty by 11 percent of the sponsors. Obtaining a license caused great difficulty for 9 percent of the sponsors. Obtaining a permit caused great difficulty for 7 percent of the sponsors. Five percent reported having a difficult time conforming to zoning and other land-use requirements. More sponsors in the urban center areas experienced difficulty obtaining a license or permit than those in other areas.

Overall, 5 percent of the respondents checked "Not Applicable" or "No Basis to Judge" for question 86 items referring to land-use requirements. See appendix III for a detailed list of sponsor ratings for specific land-use requirements.

The group home sponsors located in the zones they preferred were about evenly divided on whether local zoning and land-use requirements helped or hindered the establishment of a group home. The majority believed that the various requirements were not overly cumbersome. Nevertheless, 33 percent reported that local zoning practices and policies hindered the establishment of group homes. However, 27 percent of the sponsors reported that the local policies and practices were helpful. The other 40 percent did not express strong opinions either way. In this regard, State preemptive zoning laws had little impact on sponsors' opinions and experiences.

Of the sponsors who appeared to be in the zone of their preference, those located in the suburban areas were generally less negative in their assessment of local zoning ordinances than those whose homes were located in urban centers. Forty percent of the latter believed that these requirements greatly hindered establishing group homes. Only 22 percent of the sponsors in the suburbs believed that the requirements were a great hindrance.

Our sponsor survey and case studies showed that some of the sponsors who experienced problems with zoning and other land-use requirements encountered delays and incurred added costs when establishing group homes. For example, sponsors required to obtain a use variance (14 percent of all sponsors) usually had to wait at least 7 weeks for local government officials to act, and some sponsors waited a year or more. One-third of these sponsors reported experiencing a high degree of difficulty. Other sponsors experienced delays because of changes in zoning, licensing, or permit standards. Sponsors reported it took them 1 to 2 months to satisfy these conditions and on the average it cost about \$1,600 to hold a facility while working to comply with the conditions.

About 20 percent of the sponsors used some type of legal service in establishing their facilities. Although these services were often donated, among those who paid, the average cost exceeded \$2,000. Legal action to establish a home was undertaken by only 7 percent of all sponsors, and this delayed facilities' opening by between 1 and 2 months; however, some sponsors experienced delays of more than 6 months.

Illustrations of how zoning and other
land-use requirements influenced
group home establishment

Some communities influenced the establishment of group homes by (1) specifically excluding them from residential areas, (2) not including them among the types of facilities that may **locate in residential areas, or** (3) defining the term "family" to include **only related persons or a limited number of unrelated persons.** Some communities classified group homes as commercial, medical, or other nonresidential facilities and restricted them to areas zoned for these types of facilities or required them to meet life-safety codes or other requirements applicable to non-residential facilities.

Also, we noted group homes sometimes located in areas from which they were prohibited according to zoning ordinances. Explanations for this included: the group homes were established before zoning ordinances were enacted, local governments did not enforce the ordinances, sponsors failed to notify local officials of their homes, or State preemptive zoning laws were enacted without corresponding changes being made in local zoning ordinances. ...

Following are illustrations from our case studies that demonstrate how local zoning or other land-use policies and practices influenced group home establishment in residential areas.

-In Houston, Texas, a sponsor opened a group home for 15 mentally retarded persons in a residential zone. The home had to meet the same building code requirements established for hotels. The sponsor said that, although the home was a single-family, detached home in a residential area, he was required to (1) build a separate dressing room for persons who cooked, (2) install a chemical-injecting dishwasher, and (3) install a 500-gallon grease pit in the backyard. The sponsor said these requirements were unnecessary and added several thousand dollars to the startup costs.

-A sponsor near Odessa, Texas, told us that he located his group home outside the city limits because (1) the zoning officials and the city council classified the group home as a business, which could locate only in commercial areas, and (2) the residents of the home did not satisfy a local definition of "family." This sponsor also operated **three group** homes in the Abilene area that he said

had to be located in commercial or rural areas because of restrictive zoning practices in Abilene.

- Some parts of Los Angeles, California, restricted group homes serving seven or more mentally ill clients to multifamily zones, or in some cases, nonresidential zones. One zoning official said group homes serving more than six mentally ill persons were not allowed anywhere in the city. Advocates and local officials confirmed that establishing group homes with seven or more residents in California is difficult because the State's preemptive zoning statute only covers homes with six or fewer clients.
- A nonprofit organization purchased a house in Canton, Ohio, and planned to use it as a group home for up to eight mentally retarded persons. The property was located in a residential area zoned exclusively for one-and two-family dwellings. Neighbors objected to the group home and went to court. In July 1980, the Ohio Supreme Court ruled that the group home did not meet Canton's definition of a "family." The court also ruled that portions of the Ohio preemptive zoning law for mentally retarded persons violated the State's Constitution.

Group home sponsors, State and local officials, and advocacy group representatives expressed various views on the consequences of exclusionary zoning. Two typical examples follow:

- The director of the Texas Association for Retarded Citizens stated that zoning and land-use restrictions in Texas forced group homes to locate outside city limits, away from the community, transportation, jobs, or services, or cluster in areas that could be called "mentally disabled districts." He believed these restrictions contradicted a principal concept of community placement-integration of the mentally disabled into the community.
- According to State and local officials we interviewed, most Ohio communities excluded group homes from single-family-zoned areas, but not usually from multifamily-zoned areas. As a result, sponsors generally experienced little difficulty in establishing small homes in multifamily-zoned areas. One local mental health official said his organization did not try to establish homes for the mentally ill in single-family areas to avoid community resistance. Also, homes in single-family-zoned

areas often were not large enough, and sufficient multi-family options were available.

Large group homes experienced more problems than small group homes in finding suitable locations

Sponsors of large group homes generally experienced more problems finding suitable locations than those of small homes in some parts of metropolitan areas. Usually large homes had a greater chance of being excluded by zoning and other land-use policies from single-family, residentially zoned areas than small homes. While the majority of both small and large group home sponsors in our sample reported being at suitable locations, about one-fifth of the small homes experienced great difficulty in finding a favorable site, compared to about one-third of the large homes. Sponsors of large homes also encountered special zoning and other land-use requirements more often than sponsors of small homes, and experienced difficulty in meeting them.

About 14 percent of group home sponsors in our population of metropolitan areas were required to obtain use variances for zoning, but the large facilities in our sample encountered this requirement more often than the small facilities. A greater proportion of large homes also appears to have found these variances more difficult to obtain than small facilities. Overall, an estimated 3 out of 10 group homes participated in public hearings, but large facilities were involved more frequently than small ones.

Land-use patterns showed that generally small group homes located in single-family zones, while large group homes most often located in multifamily zones. Almost 60 percent of the small homes and about 20 percent of the large homes located in single-family zones. Over 60 percent of the large group homes and about 30 percent of the small homes located in multifamily zones. The remaining group homes located in other types of zones. While preference, cost, and availability of housing were

⁶Small group homes generally were those with 4 to 7 clients; large group homes were those with 8 to 16 clients.

⁷The difference was significant at the 90-percent level of confidence.

important considerations, it is also likely that zoning requirements influenced the settlement patterns of large and small group homes.

Patterns emerged from an analysis of the zoning and other land-use requirements furnished by zoning officials which illustrated the influence that these requirements may have on the establishment of group homes.⁸ We categorized about 20 percent of the zones in the metropolitan health service areas in our review as having restrictive zoning policies. Based on sponsor reports few group homes, regardless of size, had located in these zones. Some of the jurisdictions had zoning policies which specifically excluded group homes from single-family residential zones. Others had size policies which apparently discouraged group homes from locating there.

We categorized about 35 percent of the zones as being moderately restrictive in that these jurisdictions appeared amenable to permitting small group homes to locate in single-family residential zones, but apparently discouraged large homes from locating there. The moderately restrictive zones had policies which (1) favored developing small group homes in residential zones, (2) applied only to large group homes, (3) classified group homes as institutions in addition to applying other size restrictions, or (4) did not stipulate zone-type or size restrictions.

We estimate that about 45 percent of the zoning jurisdictions permitted group homes of any size to locate within single-family areas. The established policies of these jurisdictions (1) pertained to both large and small group homes; (2) classified large group homes as institutions which were allowed in residential areas; e.g., schools or churches; or (3) specifically eliminated size restrictions for group homes.

Our analysis indicated that small group homes generally could locate in single-family areas within about 80 percent of the zoning jurisdictions in our review. Large group homes, however, generally could locate in single-family areas in about 45 percent of the jurisdictions.

For this analysis, small group homes were those with 4 to 8 clients, and large group homes were those with 9 to 16 clients, and local zoning regulations were categorized accordingly. Borderline cases regarding these categories were assigned in accordance with the major thrust of the size stipulations.

Differences between group
homes for the mentally ill and
mentally retarded

We noted several differences between the group homes for the mentally ill and for the mentally retarded, including the number of facilities located in the outer city and the suburbs, the effect of preemptive zoning laws, the degree of group home clustering, client turnover, types of sponsors, and sources of funding.

Locations

The proportion of group homes in outer city and suburban residential locations and the effect of preemptive zoning laws are important considerations because they help measure the success of deinstitutionalization programs and supporting legislation. Most group homes are located in suburban or other residential sections, and only 30 percent are located in the downtown urban centers. Facilities for the mentally ill, however, were about twice as likely to locate in downtown sections than homes serving the mentally retarded.

Effect of preemptive
zoning laws

In States without preemptive zoning laws, a greater proportion of facilities for the mentally ill had urban center locations (61 percent), while in States with preemptive zoning laws, the proportion was 37 percent. Conversely, in States without preemptive laws a much lower percentage of homes for the mentally ill located in the suburbs (7 percent) than in States with such laws (36 percent).

The passage of preemptive zoning laws also appeared to affect the location of facilities for the mentally retarded but not as much as those for the mentally ill. Only 12 percent of

In order to contrast group homes for the mentally ill with those for the mentally retarded, the analyses in this section encompass those facilities which served only one of these disability groups. Within metropolitan areas, we estimated that in 1980, 35 percent of group homes served only mentally ill clients, 49 percent served only mentally retarded clients, and 16 percent served both populations.

group homes for the mentally retarded in States without preemptive laws located in suburban areas, compared with 31 percent of these homes in the States with preemptive laws.

In preemptive law States, we also compared the locations of group homes for the mentally retarded in our sample before and after these laws were passed and found that the proportion of homes which located in urban center areas decreased from 26 to 6 percent. The findings regarding the mentally ill showed a similar trend.

Turnover rates

Overall, the client turnover rate in group homes was less than 60 percent annually. Homes for the mentally ill had a much higher annual turnover rate, almost 100 percent, as compared to little or no annual turnover in homes serving the mentally retarded. Such factors as efficiency of utilization and type of patient treatment may contribute to the extent to which turnover occurs, but the type of disability may also be a factor.

Clustering

The homes for the mentally retarded were not clustered with other group homes for the mentally disabled or facilities for other special populations as often as the group homes for the mentally ill. When considering all the group homes in our review, about one-third were located near at least one other special population facility. About 26 percent of the group homes for the mentally retarded were located near some other special population facility; typically one such facility was nearby. However, 43 percent of the residences for the mentally ill were located near some other special population facility; typically at least two others were nearby.

Behavioral characteristics of clients

A greater percentage of the mentally retarded clients reportedly had behavioral characteristics which attracted attention. Sponsors reported that about 4 out of 10 mentally ill clients had behavioral characteristics which attracted attention, while 7 out of 10 mentally retarded had such behavioral characteristics.

Sponsors and funding

Both kinds of group homes are substantially dependent on the private sector as sponsors and often use the public sector for funding. Sixty-one percent of the group homes for the mentally ill were founded by private individuals or organizations, as compared to 44 percent of the homes for the mentally retarded. Slightly more than 50 percent of the homes for the mentally ill had private, nonprofit sponsors, and almost 65 percent of those for the mentally retarded had such sponsors. Twenty-two percent of the homes for the mentally ill were proprietorships, while only 8 percent of the group homes for the mentally retarded were operated by proprietorships. Most of the other group homes for the mentally ill and the mentally retarded were sponsored by the public **sector**.

A higher proportion of homes for the mentally ill reported receiving startup funds from the private sector, while a higher proportion of homes for the mentally retarded received startup funding from the public sector. Fifty-three percent of the sponsors for group homes for the mentally ill reported receiving funds from private sources when being established, while 39 percent of the sponsors of homes for the mentally retarded received private funds. About 13 percent of the sponsors of both types of homes reported receiving Federal startup funds other than loans from the HUD section 202 program. About 32 and 18 percent of the sponsors of homes for the mentally ill received State funds and local funds, respectively, to start up, compared to 55 and 25 percent of the sponsors of group homes for the mentally retarded.

In regard to operating funds, both types of group homes frequently cited clients' SSI funds—69 percent of group homes for the mentally ill and 78 percent of those for the mentally retarded reported receiving SSI funds. Both types of group homes also commonly received funds from the State government; however, only 46 percent of the homes for the mentally ill reported receiving State funds, while 65 percent of the homes for the mentally retarded received State funds. Also, 13 percent of the sponsors of the homes for the mentally retarded reported receiving operating funds from the Medicaid-Intermediate Care Facility/Mentally Retarded Program.

FACTORS OTHER THAN ZONING AND
OTHER LAND-USE REQUIREMENTS
CAUSED GREAT DIFFICULTY

State mental health and mental retardation program directors and group home sponsors cited funding as causing great difficulties more often than zoning and other land-use requirements in establishing and operating group homes. Finding a suitable facility or site was also cited by sponsors more frequently as a considerable impediment than land-use requirements. The State program directors also reported that meeting administrative requirements for certain Federal programs caused difficulties.

Funding

Overall, 38 percent of the group home sponsors reported experiencing a high degree of difficulty in obtaining funds to establish and/or operate their current group homes. This was more than twice the proportion of sponsors who cited zoning and other land-use requirements as causing great difficulty (18 percent). Twenty-six percent had great difficulty obtaining start up funds, 30 percent had serious problems meeting operational costs, and 21 percent reported obtaining Federal funds was a great difficulty.

Information from State mental health and mental retardation directors also showed that obtaining funding presented more difficulties than zoning and other land-use requirements. Of the 17 States that established goals for placing mentally ill persons in the community, 13 reported that insufficient funds greatly hindered reaching these goals. On the other hand, only 3 of the 17 States reported that restrictive zoning regulations or practices were great hindrances for placing the mentally ill persons in the community.

Of the 33 States with established goals for placing the mentally retarded in the community, 17 reported that insufficient funds greatly hindered achieving these goals. Only 2 of the 33 States reported that restrictive zoning requirements were great hindrances to establishing group homes for the mentally retarded.

Suitable locations/facilities
and community relations

In total, 26 percent of the sponsors reported experiencing great difficulty in locating suitable sites and/or facilities

to establish their programs. About 24 percent of the sponsors reported a high degree of difficulty in finding a suitable location, and about 24 percent reported a high degree of difficulty in finding a suitable facility. In regard to finding a suitable location and facility, sponsors considered the following features as presenting great problems: accommodations with adequate bed and bath facilities, favorable landlord attitudes toward leasing, a safe neighborhood, and proximity to public transportation and medical and social services.

Overall 15 percent of the home sponsors reported considerable difficulty in developing positive community relations. Thirteen percent had great difficulty obtaining community support, and 12 percent had great difficulty educating the community. Meeting zoning and land-use requirements were comparably difficult tasks.

Federal programs' administrative requirements

The number of administrative requirements and complicated procedures associated with obtaining funds under Medicaid, the SSI program (for the mentally ill) with payments made to or on behalf of eligible individuals, and the housing loan and subsidy programs for the elderly and handicapped were cited as obstacles to deinstitutionalization and community placement by 69 percent or more of the State mental health program directors and 75 percent or more of the State mental retardation program directors.

The Demonstration Program for the Chronically Mentally Ill,¹⁰ cosponsored by HHS and HUD, was cited as being particularly burdensome. The problems surfaced because of the time and effort required by HUD's multistep approval processes, including fund reservation, conditional commitment, and firm commitment, because each approval required a separate review. Although we did not evaluate the reasonableness of HUD's approval process for this program, we verified that the application procedures were lengthy and that obstacles existed at various stages of the process. HUD program officials recognized that the application and approval processes were not specifically designed for group homes.

The Demonstration Program has been incorporated into HUD's regular section 202 program for the elderly and handicapped. Group home sponsors can apply for HUD funds under this program.

STATE INITIATIVES HAVE HELPED GROUP
HOMES, BUT BETTER PLANNING IS NEEDED

State preemptive laws and the availability of funding from various sources have facilitated the return of mentally disabled persons from institutions to communities. These actions seem to have helped group homes to locate in residential areas, but additional group homes are needed for those who remain in institutions. Systematic planning could minimize the tendency of these facilities to cluster near each other and affect funding from various sources.

Many States have increased funding for community facilities and services and have established or operated licensing programs for community residences, such as group homes, to assure that the supervision, programming, and health and safety of residents are adequate. In addition, 28 States have enacted preemptive zoning laws regarding the establishment of group homes. The specific provisions of these laws vary considerably; however, they generally preclude communities from (1) excluding group homes serving eight or less clients from residential areas or (2) imposing special requirements on group homes for special populations.

More group homes are needed

Mental health and mental retardation professionals advocate that mentally disabled persons should be treated in family-type environments. Based on data provided by State mental health and mental retardation program directors, we estimated that in 1980 about 34,000 mentally disabled persons—about 14,500 mentally ill and about 19,500 mentally retarded—remained in institutions waiting to be placed in group homes. This estimate was based on information provided by mental health program officials from 22 States (representing about 46 percent of the Nation's population) and mental retardation program officials in 27 States and the District of Columbia (representing about 35 percent of the Nation's population). Among these, there was a fairly even distribution of States with preemptive zoning laws and those without them.

¹¹In addition, the District of Columbia has established policies which permit group homes to locate in residential areas.

For the 18 States which provided data on how long mentally ill patients had to wait to be placed in group homes, the average waiting time was 16 months; 13 of these States reported an average waiting time of 6 months or less. For the 24 areas which provided these data on the mentally retarded, the average waiting time was 17 months; 6 of the areas reported an average waiting time of 6 months or less.

Firm data on the numbers of mentally disabled persons in institutions who could be better served in group homes were not available. Representatives from HHS and various advocacy groups, including the National Association for Retarded Citizens, the National Mental Health Association, and the National Alliance for the Mentally Ill, however, believed the number is substantially higher than 34,000. Some groups believed that most of the mentally disabled in institutions could be better served in a community setting. According to data developed during the 1980 census, the total number of mentally ill and mentally retarded in public institutions was 159,405 and 138,592, respectively.

Additional homes are also needed to accommodate the mentally disabled already living in the community in other types of facilities or in private residences who could be better served in group homes. This view is based on (1) information provided by sponsors which showed that about one-fourth of the group home clients in 1980 had not previously been in institutions, (2) previous studies showing that many mentally disabled persons had been placed in community facilities inappropriate to their needs, and (3) views of mental health and mental retardation advocacy groups suggesting that many mentally disabled persons in various community facilities could be better served in group homes.

Preemptive laws helped group homes to locate
in residential zones, but community opposition
increased in some areas

State preemptive zoning laws appeared to facilitate the establishment of group homes for the mentally disabled in residential zones.

group homes for the mentally disabled in re;
Where these laws were passed a significant

¹²This analysis included nine States with preemptive laws or policies for group homes for both the mentally ill and mentally retarded and three States and the District of Columbia with laws or policies pertaining to group homes for the mentally retarded only as of 1980.

shift took place in the location of homes from the urban centers to more residential suburban-type areas. At the same time, however, after the laws were passed, community opposition increased, especially in the suburban areas.

As shown below, in comparing States with preemptive zoning laws and other States, the proportion of group homes in suburban locations was significantly higher in the preemptive law States.

Comparison of Group Home Locations Between

<u>States With Preemptive Zoning Laws and Other States</u>		
Group home location (note a)	<u>Preemptive law States</u>	<u>Other States</u>
	(percent)	
Central City (urban centers)	25	30
Central City/Ring areas (outer cities)	37	57
Ring areas (suburban areas)	38	13

a/These categories were based on HHS¹ classification system for metropolitan mental health service areas.

We also compared the locations of group homes before and after the preemptive zoning laws were passed and found that a pronounced decrease took place in the proportion of homes established in urban center areas—from 29 to 7 percent.

Comparison of Group Home Locations Before and
After Preemptive Zoning Laws Were Passed (note a)

<u>Group home location</u>	<u>Before law</u>	<u>After law</u>
	(percent)	
Central City (urban centers)	29	7
Central City/Ring areas (outer cities)	30	40
Ring areas (suburban areas)	41	53

a/This comparison was limited to the 13 States with preemptive zoning laws that were selected in our sample and only included new home starts which met the size criteria outlined in each State's preemptive law.

Although preemptive laws helped group homes to locate in single-family-zoned areas, many facilities continued to locate in multifamily-zoned areas. As discussed earlier, these locations were suitable program sites and most home sponsors in multifamily zones reported that they preferred their current location.

Most communities generally offered more support than opposition to group homes for the mentally disabled; however, those opposed to them tended to reside in the suburbs and in States with preemptive laws. Passage of preemptive statutes was followed by a noticeable, although not substantial, deterioration in community-group home relationships. The sponsors of homes in States with preemptive zoning laws, however, appeared more likely to report considerable opposition than those in other States. When we limited our comparison to our sample of 13 States with preemptive zoning laws, 32 percent of the sponsors who established their homes after the passage of laws reported considerable community opposition, while 16 percent of the sponsors who started homes before the laws were passed reported considerable opposition.

The increased proportion of facilities facing negative community reactions in preemptive law States may be associated with the increase of group homes in the suburbs. Not only was opposition more prevalent in the suburbs, but the proportion of homes in suburban areas experiencing community resistance increased after the passage of preemptive laws.

In our sample, about 32 percent of the sponsors with suburban sites in States with preemptive laws reported considerable community opposition, as compared to only 11 percent of the suburban sponsors in other States. In considering only the preemptive law States in our sample, we found that, before the preemptive laws were passed, 24 percent of suburban home sponsors reported considerable community opposition. In contrast, after the laws were passed, 50 percent of sponsors located in suburban areas reported experiencing considerable community opposition.

Better planning may minimize clustering and affect funding

Although preemptive zoning laws helped homes locate in suburban residential zones and away from the urban downtown areas, in some areas the rapid growth of group homes and lack of planning have resulted in group homes clustering near each other and facilities serving other special populations. Also, planning strategies have not been developed to coordinate funding among various levels of government and the private sector.

Planning may minimize clustering

Many mental health and mental retardation professionals believe that excessive clustering of special population facilities adversely affects community placement objectives, particularly by decreasing the opportunities for clients to associate with persons who are not members of special population groups and by changing the character of neighborhoods. More than one-third of the group homes for the mentally disabled were located within a two block at radius of at least one other facility serving special populations. Of these, more than half were near two or more such facilities. As discussed earlier, group homes serving the mentally ill were more likely to be clustered than homes serving the mentally retarded.

Many States and communities had not planned for the establishment of group homes. In about 34 percent of the metropolitan areas, zoning ordinances did not specifically consider or provide for group homes. Only 17 percent of the zoning jurisdictions imposed distance or density requirements on group homes to minimize clustering.

Adequate planning is especially important because of the (1) projected need for additional group homes, (2) possible adverse effects on communities and group home clients if the homes are extensively clustered or sponsors are forced to locate in

undesirable areas because of restrictive land-use policies and practices, and (3) the potential use of group homes for other special populations.

Planning should consider
funding sources

Planning strategies should also consider funding sources for additional group homes and continue to encourage private sector participation. Most group homes for the mentally disabled are sponsored and started by the private sector; however, the public sector is the most frequently used source of funds to operate group homes.

Seventy-three percent of the homes were sponsored by private individuals and organizations—57 percent by nonprofit organizations and 16 percent by for-profit sponsors. About 10 percent were sponsored by States, 7 percent by local government, and 2 percent by the Federal Government.

Somewhat over half of the group homes were started or founded by private individuals. Church, fraternal, business, civic, and citizen advocacy organizations founded 18 percent of the homes. Private mental health agencies and medical facilities founded 10 percent. Federal, State, and local governments and federally funded community mental health and/or mental retardation centers started about one-third of the group homes.

Almost 50 percent of the group homes obtained State funds to start up, 21 percent obtained local government funds, and 15 percent received Federal funds in being established. About half of the group homes received private sector startup funds. Only 14 percent received financial assistance from charities to begin operating.

The public sector—in particular, the Federal Government—played a greater role in either directly or indirectly funding group homes after they opened. Ninety percent of group homes received some support from a variety of Federal sources. More than 75 percent of the homes drew upon client income from the SSI program. Other Federal programs also cited by sponsors as important sources of funds included:

—Medicare or Medicaid programs (27 percent).

—Social Services' Program funds under title XX of the Social Security Act (20 percent).

-Community Mental Health Centers (12 percent).

-Federal Housing Loan Assistance programs (5 percent).

In addition, 59 percent of the group homes received financial assistance from State governments and 27 percent from local governments to continue operating.

About 20 percent of the group homes received funds for facility operation from private sources, about 20 percent received funds from charities, and about 33 percent from clients' personal income to finance daily operations.

As more group homes are established, the need for funds from the public and private sectors will increase. In this regard, it should be noted that many of those currently institutionalized and awaiting community placement could become eligible for SSI assistance when they become group home clients.

LEGISLATION RECENTLY PROPOSED WOULD PROHIBIT
HOUSING DISCRIMINATION AGAINST THE HANDICAPPED

Legislation has recently been introduced that would extend Fair Housing Act protection against discrimination in the sale or rental of property to the handicapped. In addition, two bills—S. 1220 and H.R. 3482—include provisions that would generally limit the discretion of States and localities regarding the establishment of certain community residences for handicapped persons. They would prohibit State or local governments from taking any action or denying any privilege, license, or permit, and thereby preventing the establishment of any community residence operated to provide residential services or supervision to eight or fewer persons who have a handicap, unless such community residence or its proposed use

- (1) would not meet an established, applicable Federal, State, or local health, safety, or program standard, or
- (2) violates, or would violate, a comprehensive land-use plan or zoning ordinance for the geographical area for which the agency has jurisdiction and such land-use plan or zoning ordinance as enforced would permit the establishment of such community residence in other equally suitable locations.

CONCLUSIONS

While there are problems, in general group homes for the mentally disabled can and do locate in most of the zoning jurisdictions in most metropolitan areas in the Nation. However, some group home sponsors have been unable to establish homes in preferred areas in some metropolitan zoning jurisdictions or have experienced great difficulty in doing so because of restrictive zoning policies and practices or related land-use requirements. Certain sponsors, including those proposing to establish homes in States without preemptive zoning laws, for nine or more clients, or exclusively for the mentally ill tended to be more restricted in their site locations than other sponsors.

Although many mentally disabled persons remained in institutions longer than otherwise necessary because not enough group home placements were available, zoning and related land-use policies and practices were not generally cited as the major obstacle. Lack of funding and locating suitable sites and facilities were reported more often by group home sponsors as causing great difficulty. State directors also reported that various Federal programs' administrative requirements discouraged the development of group home placements as part of the deinstitutionalization process. Clustering of group homes serving special populations, including the mentally disabled, is another problem that may intensify in some metropolitan areas.

Long range planning strategies for locating and funding group homes for the mentally disabled would enhance their systematic growth. All levels of government have been involved in the increase in the number of group homes, primarily through funding. The private sector has also been instrumental in this increase, mainly through sponsoring and operating group homes. The Federal Government, particularly HHS and HUD, can play an especially important role in coordinating its efforts with those of State and local governments and the private sector, by promoting long range planning activities and, when possible, easing the administrative burdens faced by those applying for Federal funds to establish and/or operate group homes for the mentally disabled.

AGENCY COMMENTS AND
OUR EVALUATION

We received written comments on a draft of this report from HHS and HUD. In addition, representatives from several advocacy

groups, including the National Alliance for the Mentally Ill, the National Association for Retarded Citizens, the National Mental Health Association, and the National Association of State Mental Health Program Directors, provided oral comments on the draft report.

HHS¹, HUD's, and the advocacy groups' comments expressed concern about our generalizations in the draft report regarding the impact of zoning and related land-use policies and practices in establishing homes. Their concerns focused on the complexities of the issues involved and the methodological difficulties associated with responding to the questions addressed in our review.

We agree with HHS, HUD, and the advocacy groups on the complexity of the issues reviewed and the methodological difficulties associated with addressing them. We also acknowledge that caution must be exercised in generalizing from the data we developed. In this regard, we discussed a number of qualifications and limitations in our draft report. We also clarified several issues in the final report to facilitate interpretation of our review results.

Examples of the concerns raised by HHS, HUD, and advocacy group representatives and our responses follow.

1. HHS believed that perhaps only a small proportion of group home sponsors reported experiencing great difficulty with zoning and related land-use policies and practices because many sponsors intentionally avoided encountering these problems by selecting only locations which allowed group homes.

We recognize that a number of group home sponsors may have intentionally chosen locations which allowed group homes for the mentally disabled. We do not believe, however, that this substantially affected the results of our review. We randomly sampled geographic locations nationwide and found that group homes housing at least 4 but not more than 16 mentally disabled persons could and did locate in most zoning jurisdictions in most metropolitan areas of the Nation. (See pp. 5 to 7 and 39 and 40.)

2. HUD questioned why we did not survey consumers and their families and community groups that attempted to prevent group home development and suggested their views may have changed the results of our review. HUD also stated our review results were inconsistent with its experience regarding zoning in the housing loan program for the elderly and handicapped.

The primary objective of our review was to determine the impact of zoning and related land-use policies and practices in establishing group homes. We believe that group home sponsors, local zoning officials, and State mental health and mental retardation program directors were the most knowledgeable individuals to contact to accomplish this objective. Also, we do not believe our review results were necessarily inconsistent with HUD's experiences in the housing loan program for the elderly and handicapped because we found that certain sponsors experienced great difficulty with zoning and related land-use policies and practices and included this information in our report. (See p. 12.) Only 2 percent of the group home sponsors responding to our survey reported receiving startup funds from HUD. (See app. III, question 20.)

3. Advocacy group representatives suggested that many group home sponsors did not identify zoning or related land-use policies because they fully anticipated these issues would cause major problems.

Perhaps some group home sponsors inaccurately reported the degree of difficulty experienced in meeting zoning or related land-use requirements because they fully expected to encounter major problems. We attempted to deal with this possibility by specifically questioning group home sponsors about costs and delays associated with meeting zoning and land-use requirements. (See app. III, questions 64-69.) Most group home sponsors answered these questions.

OBJECTIVES, SCOPE, AND METHODOLOGYOBJECTIVES

We were asked to answer the following questions:

- Have land-use plans and zoning ordinances prevented or impeded the establishment of group homes for the mentally disabled?
- Have such plans and ordinances had the effect of confining group homes to nonresidential areas?
- Have mentally disabled persons remained in institutions because there are not enough group homes?
- How have States responded to the problem of exclusionary zoning of group homes, and what effect have preemptive zoning laws had on returning the mentally disabled from institutions to communities?

We were also requested to compare the relative impact of exclusionary zoning practices with other factors and determine whether group homes significantly affected the character of communities in which they were located.

Although a universal definition of a group home does not exist, for this review it is defined as a community-based living facility offering a family or home-like environment and supervision or training for 4 to 16 live-in clients, some or all of whom are mentally retarded or mentally ill. We excluded facilities, such as boarding homes, which did not provide supervision or training.

SCOPE AND METHODOLOGY

The findings of this study were based primarily on perceptions and information provided by respondents in randomly selected geographic locations which were representative of metropolitan areas nationally, and which we believed were likely to be affected by zoning issues. We collected the information from the following sources.

- Surveys of local zoning officials and the group home sponsors located within these zones.

- A survey of directors of mental health and mental retardation programs in all the States and the District of Columbia.
- Case studies of efforts to return mentally disabled persons to communities from institutions and to establish group homes in selected communities in Alabama, California, New Jersey, New York, Ohio, Pennsylvania, and Texas.
- Interviews with officials at HHS, HUD, and Justice; the Veterans Administration; and several private organizations, including the Mental Health Law Project, the National Association of State Mental Health Program Directors, and the National Association of Private Residential Facilities for the Mentally Retarded. We also reviewed pertinent records at these agencies and organizations.

The reports of the zoning officials and home sponsors may be generalized to the universe of metropolitan mental health service areas with community mental health centers which cover about 30 percent of all the people and homes within standard metropolitan statistical areas (SMSAs). The jurisdictions often extend beyond the boundaries of the metropolitan mental health service areas. The zoning policy findings may apply to a universe of zoning jurisdictions which contain more than three-fourths of the population in SMSAs.

We believe it is reasonable to assume that the home sponsor findings apply to metropolitan areas in general. Comparisons indicated the population of metropolitan mental health service areas were similar to and most likely representative of the population of SMSAs regarding the characteristics relevant to this study. The reported findings usually have a sampling error rate of less than 3 percent at the 95-percent level of confidence.¹ All statistical analyses used to support these report findings were based on generally accepted statistical analysis techniques and standards.

We directed considerable effort to minimizing certain problems which may occur in this type of survey research, including:

1-This does not include the sampling errors of a few continuous variables which were often greater than 3 percent.

- Reporting bias, which is the tendency of certain groups to underreport or overreport in a survey.
- Sampling disproportionalities, which occur when one or more groups dominate the sample or are represented out of proportion in relation to other groups in the universe.
- Sampling gaps that occur when data elements are requested, but not collected through a sample because the respondents failed to answer questions or the data submitted were incomplete.

We used several research designs to test the validity of our conclusions and findings and support our assumptions regarding sample limitations. We used cluster sample procedures and sample bias tests to minimize, identify, or account for the effects that might result from sampling disproportionalities. Also, we conducted other tests to ensure that the sample would not be biased because of overreporting, underreporting, or missing cases.

What we measured and why

The measures, populations on which these measures were taken, and methods by which these measures were compared or analyzed were selected to determine the impact of zoning nationally and to account for other possible influences that might affect group homes. To ensure the validity and certainty of these determinations, the findings were confirmed by a variety of independent measures and methods.

The measures focused on six major areas:

- Prevalence and severity of restrictive zoning and land-use policies and practices.
- Development of group homes for the mentally disabled, including location, startup and operating conditions, growth rates, and land-use patterns.
- Adverse impacts on group home development, such as clustering and failure to locate in desired sites.
- Conditions other than zoning which may adversely affect group home development, such as funding, community attitudes toward group homes, and availability of sites.

- Impact of group home development on communities as measured by community attitudes, facility conditions and maintenance, and client characteristics.
- Impact of group home development on State deinstitutionalization programs to return the mentally disabled to the community.

Our assessment of the relative impact of zoning included the following data from the group home sponsor survey: (1) sponsor attitudes toward local zoning policies; (2) sponsor beliefs as to whether these policies prevented locating in areas of their choice; (3) time delays and expenditures in regard to meeting zoning requirements; (4) ratings of difficulty in various home establishment steps (i.e., obtaining funds, developing community relations, finding appropriate housing and sites, and meeting zoning and other land-use requirements); and (5) sponsor experiences in establishing, or attempting to establish, previous facilities. Furthermore, these measures were cross-validated on selected items.

Measures from the above were compared for differences, such as type of client population (e.g., facilities exclusively serving the mentally ill versus the mentally retarded), group home size (small versus large client occupancy size), zone of location (single-family, multifamily, etc.), area of location (urban downtown centers, outer cities, suburbs), location in States with and without preemptive zoning laws, and certain regional and State differences.

Sponsor survey data were compared in several ways with the survey data obtained from zoning officials and State program directors for the mentally ill and mentally retarded to cross-validate our findings. For example, zoning jurisdictions were grouped according to the restrictiveness of their policies for group homes. Using the sponsor reports of zone location and group home size, we matched home location patterns with areas that had established exclusionary and nonexclusionary zoning policies. The relative impact of zoning and other group home development steps, including funding, was arrived at by comparing the reports of home sponsors to those of State program directors for the mentally disabled.

While most of the findings were based on data obtained from surveys of group home sponsors and local zoning officials, our primary concern was not these populations, but rather the populations of communities in which these group homes and zones were located. We surveyed local zoning officials and group home

sponsors because these respondents were the best sources of information on the communities¹ zoning and land-use policies and practices and the impact which they had on the development of group homes.

To generalize the findings nationwide we used a sampling frame of metropolitan mental health service areas. This sampling frame (1) provided national coverage of the different conditions in metropolitan communities and (2) contained the essential target populations needed to develop information on community group homes and corresponding zones.

Instrument development, data
collection, and validation

We developed five data collection instruments to obtain the information for this review. The three instruments used to collect information from group home sponsors, zoning officials, and State program directors for the mentally disabled were principally mail-out questionnaires. Another instrument served as an outline to conduct the case studies, while another was used as a field instrument to validate selected items on the group home sponsors' questionnaire.

Relevant variables for each respondent group were identified, broken into independent and mutually exclusive units of measurement, and consolidated into the fewest possible number of measures to reflect the concept in question. Before we administered the group home sponsor and zoning administrator questionnaires, we pretested them under field conditions and subjected them to technical reviews by advocacy representatives or mental health and legal practitioners familiar with zoning issues. The selected pretest sites for the group home sponsors' questionnaire represented various geographic locations, States with and without preemptive zoning laws, and different levels of State commitment for mental health issues. We pretested the questionnaire for the zoning officials in three cities. Information from interviews with local and State officials was used in developing the questionnaire for the mental health and mental retardation directors. We did not pretest this document.

Based on the results of the pretests and the technical reviews, we revised the questionnaires to ensure that survey recipients would provide the information requested and that the questions were fair, relevant, easy to understand, and to the extent possible, free of design flaws.

The mail-out surveys were conducted over a 4-month period. We sent followup requests to group home sponsors, zoning officials, and State mental health and mental retardation program directors who did not respond initially to the questionnaires. We sent followup requests within 3 to 5 weeks. We conducted the first two followups by mail and the third by telegram.

The only variation to the mail-out procedure involved zoning officials in 58 jurisdictions that did not have group homes or had group homes which did not meet our criteria. We surveyed these officials by telephone and followup mail to provide for flexibility and certainty in identifying the presence of restrictive zoning policies. We conducted this survey separately because (1) many of these officials may not have been confronted with the issue of group homes for the mentally disabled and (2) it was possible that the absence of group homes may have indicated that they were excluded from certain geographic areas.

We structured the case study instrument to parallel the lines of inquiry of the group home sponsors' survey instrument. The case evaluation approach served two purposes: (1) it provided an independent source of information to assess the credibility of the other survey data and (2) the case studies provided indepth information of the various processes and dynamics driving these outcomes. We selected case study sites which covered the range of geographic locations and State zoning law conditions that group home sponsors were likely to encounter.

The field validation survey was a personal observation instrument to assess certain measurements in the group home sponsors' survey which were particularly susceptible to respondent bias. We limited the field observations to 14 group home survey items concerning facility and neighborhood characteristics, which could not be confirmed independently by the other survey methods. We administered the validation instrument at 32 sites likely to meet our group home criteria. The sites we selected were in four metropolitan mental health service areas in California, Massachusetts, North Carolina, and Ohio. Fourteen of the 32 facilities were given a mail-out questionnaire; the other 18 were used as a control group. To minimize sponsor and observer bias, the observations were taken unobtrusively and neither the questionnaire respondents nor control subjects were known to the observers. In general, we found sponsors to be accurate reporters except for showing some tendency to over-report the availability of some community resources (i.e., drug-stores and department stores).

Sampling approach

We randomly sampled the 267 federally designated metropolitan mental health service areas with community mental health centers as of January 1981. NIMH has classified the service areas into three groups based on degree of urbanization:

- Principally urban centers (central city areas).
- Outer city areas that surround the urban centers and represent a mixture of urban and suburban populations (central city/ring areas).
- Principally suburban areas (ring areas).

We treated service areas as clusters because once we chose a particular service area we identified and surveyed every group home and every zoning jurisdiction located within that service area. We used this particular type of cluster sampling technique because it was the most practical and efficient sampling approach for the study design, requirements, and conditions.

We contacted various sources to obtain and develop comprehensive lists of the group homes and their sponsors and zoning officials. We identified zoning officials by contacting local government officials in each sampled cluster or service area. We identified group homes for the mentally ill and the mentally retarded through national and regional membership lists maintained by advocacy groups, local community mental health center, directors who maintain liaison with these group homes, and appropriate State officials. We sent questionnaires to all group homes appearing to meet our criteria. The questionnaires included additional items to confirm that the homes met our criteria.

We stratified our sample so that we could test for differences among urban centers, outer city areas, and suburban areas. Within the universe of 267 metropolitan mental health service areas with community mental health centers, about one-third of the clusters were urban centers, 45 percent outer city areas, and about 21 percent suburban areas. A stratified random proportionate sample would reflect these universe proportions, but would provide relatively few suburban service areas. Because we believed the suburban areas were most likely to be affected by restrictive zoning policies and practices and were of great interest in our review, we intentionally oversampled

the suburban areas at the expense of urban centers and outer city areas. We later compensated for these purposeful distortions by weighting or using a correction factor.

Our initial sample included 99 metropolitan mental health service areas, but 7 of these did not have a group home for the mentally disabled and 4 did not have any homes that satisfied our criteria. The table below summarizes the mix of the 88 mental health service areas included in our review and illustrates the adjustments we made to account for deviations in the sample sizes from the universe proportions.

Universe of Metropolitan Mental Health Service
Areas and Cluster Samples Selected According to
Urbanization Strata for Group Home Sponsor Survey (note a)

<u>Urbanization strata</u>	<u>Uni- verse</u>	<u>Percent of total</u>	<u>Initial cluster sample</u>	<u>Percent of total</u>	<u>Adjusted cluster sample</u>	<u>Percent of total</u>
Central city (urban centers)	89	33	28	28	24	27
Central city/ ring areas (outer cities)	121	45	37	37	35	40
Ring areas (suburban areas)	<u>57</u>	<u>21</u>	<u>34</u>	<u>34</u>	<u>29</u>	<u>33</u>
Total	<u>267</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>88</u>	<u>100</u>

a/Percentages do not add to 100 due to rounding.

Survey of group home sponsors ;

We initially identified 1,062 group homes in the sample of 99 metropolitan mental health service areas. Based on information provided by survey recipients, we estimated that 314 of these facilities were too large, did not provide supervised care, or served other special population groups, such as alcoholics or drug addicts. In addition, we could not locate 46 of the homes and presumed they had closed. This left us with a sample of an estimated 702 group homes.

Of these 702 group homes, 535 (or 76 percent) returned the survey questionnaires. Nonrespondents were sponsors who received a questionnaire and should have completed it but did not. Statistical comparisons showed no significant differences between survey respondents and nonrespondents regarding site urbanization and State preemptive law coverage. We, therefore, assumed there was no response bias regarding these factors and appropriately weighted the responding population to account for these missing cases.

Not all respondents, however, answered all the questions. Eighty-three percent of the questions were of major importance to this review. For these questions, there was an average non-response rate per item of 6 percent, and thus the average effective item response rate was 70 percent. The average nonresponse rate per item for all survey questions was slightly more than 8 percent.

For the sponsors who operated more than one group home, we attempted to contact each respondent personally and requested that a separate questionnaire be completed for each different type of facility; e.g., apartment, single-family home. We weighted these responses accordingly.

Survey of local zoning officials

There were a total of 246 zoning jurisdictions in our sample of 99 metropolitan mental health service areas. Of these, 188 zoning jurisdictions in 92 service areas had group homes for the mentally disabled, and we surveyed all of them by mail. An additional 39 zoning jurisdictions in these 92 service areas did not contain group homes and they were surveyed by telephone and followup mail. In the 7 service areas which had no group homes, we identified 19 zoning districts which were similarly surveyed. A separate analysis of the mail and telephone surveys of these 58 jurisdictions showed that their populations make up a small portion of the total population of the

jurisdictions covered in our service areas (5 percent). In addition, they were similar to the overall sample regarding restrictive zoning. For these reasons we did not include them in the analyses of zoning survey responses.

We received questionnaires from 142 of the 188 local zoning officials, a response rate of 76 percent. Statistical tests for site urbanization and State preemptive law coverage showed no significant differences between survey respondents and non-respondents. We assumed that nonresponse bias was not present in the zoning officials' survey, and we partially accounted for the missing cases by weighting. Service areas with multiple zones in which all zones failed to submit a survey response were not included in weighting procedures. For multiple zone service areas with at least one returned survey, respondents were treated as representative of all.

Some zoning jurisdictions extended beyond the boundaries of mental health service areas and overlapped one or more areas. In these cases the cluster sample of zoning jurisdictions captured a larger proportion of metropolitan mental health service areas than that spanned by the cluster sample of group homes. As a result, survey weights were adjusted to account for the overlap and avoid multiple counting; however, where it occurred the extent of zone overlap was assumed to be equal across service areas.

The average nonresponse rate per item for questions used in the report, excluding those on distance, density, and size stipulations, was 6 percent. The average effective response rate was therefore 70 percent. We reached 95 percent of the 58 zoning officials scheduled to be part of our telephone survey. The item nonresponse rates for the two questions on distance and density requirements were large (29 and 45 percent, respectively). A large proportion of those who responded indicated that their localities did not have these requirements. The per item nonresponse rate for jurisdictions with policies based solely on home size was also large, 23 and 19 percent, respectively, for homes for the mentally ill and mentally retarded. However, many jurisdictions apply additional criteria in zoning homes. We assumed that nonresponses occurred because these questions did not apply.

Survey of State Directors
of Mental Health and Mental
Retardation Programs

We sent survey questionnaires to the Directors of the Mental Health and Mental Retardation Programs in all 50 States and the District of Columbia. Eighty-four percent of the State Directors, covering 45 States and the District of Columbia, returned their questionnaires. The overall average nonresponse rate per item was 7 percent, and therefore, the effective response rate was 77 percent.

OUR SURVEY RESULTS COULD BE
GENERALIZED NATIONWIDE

The service area cluster sample we used encompassed over 700 group homes, about 6 million households, and over 16 million people. The cluster sample was generalized to a universe of metropolitan mental health service areas containing about 2,000 group homes, over 15 million households, and over 41 million people. The cluster sample also included 246 zones with a population of over 45 million people. Our service area universe included an estimated 490 zoning jurisdictions which often extended beyond the universe boundaries. The total population of the zoning jurisdictions in the service area universe is equivalent to about three-fourths of the people living in metropolitan areas.

OMISSION OF UNSUCCESSFUL
SPONSORS

Although we surveyed operating sponsors who had closed or changed locations or failed in attempts to locate a facility at a previous site, we could not find a reasonable way to survey facilities that closed and never opened again or sponsors who tried to open, failed, and never tried again. Accordingly, we could not measure this population or obtain estimates as to the extent and impact of restrictive zoning practices relating to this population. Representatives from HHS and various mental health and mental retardation interest groups raised concerns with this omission. However, while we are aware of this limitation, we believe that an unbiased estimate from this group would not substantially affect our findings because the confirmatory information obtained from a variety of several different independent sources and methods was convincing and comprehensive.

U.S. GENERAL ACCOUNTING OFFICE

SURVEY OF COMMUNITY RESIDENTIAL FACILITIES FOR THE MENTALLY DISABLED: IMPACT OF LAND USE PRACTICES



SUMMARY OF RESPONSES TO
GROUP HOME SPONSOR SURVEY

INSTRUCTIONS

WHO SHOULD ANSWER AND WHY

The Congress of the United States has asked the U.S. General Accounting Office (GAO) to study the impact of zoning, licensing, and other land use practices on the establishment of small residential facilities for the mentally ill and the mentally retarded. GAO is the official reviewing agency for the Congress.

As a part of this study we have designed this questionnaire to find out, at first hand, your views and experiences about starting up and operating a small residential facility which serves 4 through 16 live-in clients some or all of whom are mentally disabled.

The types of community residences we are interested in are often called group homes, supervised foster homes, long-term living arrangements, sheltered apartment programs, community training homes, transition living homes, etc. For this study, we are also including small (15 beds or fewer) intermediate care facilities for the mentally retarded (ICF/MRs).

Whatever name your locality uses in talking about community residences, we would like you to complete all of this questionnaire if your facility:

- Offers a family or home-like environment to 4 through 16 live-in clients;
- Offers live-in clients some type of supervision, training or other help;
- Serves only the mentally ill or mentally retarded, or serves these groups along with others who need supervised care.

For this study, we are excluding facilities which serve only alcoholics or drug abusers.

Clients of all ages are covered in this study including children and the elderly. The terms mentally ill and mentally retarded are used broadly and include the developmentally disabled and the emotionally and psychologically disturbed.

PLEASE NOTE: Even if your facility does not fit the above description, we would like you to answer a few initial items. The questionnaire will tell you when to stop and return the questionnaire in the enclosed envelope.

HOW TO COMPLETE THIS FORM

In most cases this questionnaire can be completed in less than an hour. Most of the questions can be answered quickly and easily either by checking a box or filling in blanks. The form asks for information about your facility and its clientele and neighborhood. We are also interested in zoning and licensing procedures and community relations. The questionnaire should be answered by the operator or someone familiar with the facility, the community and the history of starting up the residence. So we encourage you to quickly read the form first to see if you need to talk to the sponsor or others who are more familiar with certain issues or past events. Also, do not spend a lot of time trying to get precise information. In most cases, we have found that the estimates of operators, sponsors, staff and others concerned are good enough. While we need good information, we do not wish to impose an unfair burden on people like yourself who are trying to help us out.

Throughout this survey, following each question, there are numbers printed within parentheses to aid in computer analysis. Please ignore these numbers. We ask you to return the completed questionnaire in the enclosed envelope within 10 days. If you have any questions, feel free to call collect to Stephen Skinner on (202) 633-0145 or Brad Vass on (202) 633-0159. We ask for your help. Congress can not get the whole story unless you and others like you come forward with frank and honest answers.

Thank you for your cooperation.

PLEASE NOTE: In some cases the same person or group operates more than one (1) community residence. If this applies to you, please answer this questionnaire only for the facility identified in the label above. If you operate more than one facility, and we have not yet contacted you about this, please call us collect at the number listed above.

<input type="checkbox"/>	(1-7)									
<input type="checkbox"/>										(8)

REMEMBER: CLIENTS REFERS TO LIVE-IN RESIDENTS. DO NOT INCLUDE OUTPATIENTS.

IDENTIFICATION

1. Please provide the name, title and telephone number of the person completing this form.

Name _____

Title _____

Area Code _____ Phone Number _____

2. Has this facility ever served mentally ill or mentally retarded live-in clients? (Check Yes or No for each item.) (REMEMBER: Answer only for the one facility identified by the label on page 1.)

	Yes	No	
	1	2	
1. Facility has served mentally ill clients	55.3	44.7	(9)
2. Facility has served mentally retarded clients	70.5	29.5	(10)

STOP

IF YOUR FACILITY HAS NOT SERVED MENTALLY ILL OR MENTALLY RETARDED CLIENTS, DO NOT CONTINUE. THANK YOU FOR YOUR HELP. PLEASE RETURN THIS QUESTIONNAIRE IN THE ENCLOSED ENVELOPE.

3. Which description best fits this facility, boarding house only or supervised residence? (Check one) (11)

- 100.0 1. Supervised residence since it offers some type of supervision, training, or other help to clients regarding their daily activities. (CONTINUE)
2. Boarding house only offering primarily room and board (STOP)

STOP

IF YOUR FACILITY OFFERS ROOM AND BOARD ONLY, DO NOT CONTINUE. THANK YOU FOR YOUR HELP. PLEASE RETURN THIS QUESTIONNAIRE IN THE ENCLOSED ENVELOPE.

4. Do you provide foster family care for the mentally ill or mentally retarded? (12)

40.2 1. Yes (CONTINUE)

59.8 2. No (GO TO QUESTION 6)

REMINDER: The percentages reported for all circled question numbers represent only the people eligible to answer the item.

5. If yes, are your foster people wards of the state or do you have custody or guardianship of them? (13)

73.0 1. Yes

27.0 2. No

ICF/MR

In some places certain types of facilities are officially designated by the state as an ICF/MR (or Intermediate Care Facility for the Mentally Retarded).

6. Has the state officially designated this facility as an ICF/MR? (14)

16.7 1. Yes (GO TO QUESTION 7)

73.2 2. No

10.1 3. Not sure

(GO TO QUESTION 9)

7. If yes, did this facility change to ICF/MR status? (That is, this facility was operating as a residential facility even before getting ICF/MR status.) (15)

62.3 1. Yes (GO TO QUESTION 8)

37.7 2. No (GO TO QUESTION 9)

8. When did this facility change to ICF/MR status? (Write month (if known) and year.) (16-19)

(month) 19 (year)

NOTE: Some of the questions in this survey ask about the opening of this facility and zoning, licensing and other requirements necessary for its operation. For these types of questions, please provide information about this facility before it changed to ICF/MR status.

SPONSOR

9. What is the name, address and telephone number of the sponsor of the facility? (That is, the organization (or individual if no organization) which has legal responsibility for the operation of this facility.) (20)

Name 93.9 _____

Street _____

City _____ State _____

Zip Code _____

Area Code _____ Phone Number _____

10. What type of organization sponsors this facility (e.g., private non-profit, proprietary, government, etc.)? (Check one.) (21)
- 56.9 1. Private non-profit
- 15.8 2. Proprietary (for profit)
- 1.5 3. Federal government
- 10.5 4. State government
- 6.7 5. Local government
- 0.0 6. Veterans Administration
- 4.7 7. Other (specify) _____
3.9 More than one (1) sponsor

11. What kind of people or organization started or founded this facility (e.g., private individuals, citizen groups, etc.)? (Check all that apply.)
- 52.0 1. One or more private individuals (22)
- 10.6 2. Citizen advocate organization (23)
- 7.0 3. Business, civic, church, or fraternal organization (other than advocacy groups) (24)
- 2.2 4. Health and welfare council (25)
- 8.8 5. Private mental health agency (26)
- 19.8 6. Community mental health and/or mental retardation center (federally funded) (27)
- 1.6 7. Other health related institution (e.g., hospital) (28)
- 1.8 8. Department of federal government (29)
- 12.5 9. Department of state government (30)
- 5.8 10. Department of local government (31)
- 2.2 11. Other (specify) _____ (32)
- 0.7 12. Can't recall (33)

CLIENT OCCUPANCY

12. When did this facility begin taking live-in clients? (Write month (if known) and year.) (34-37)
- _____ 19_____
(month) (year)

- * 13. During 1980, what was the maximum number of live-in clients this facility could handle at any one time without unnecessary crowding? (38-39)
- $\bar{x}=7.87$ Md=7.37 _____ (maximum client capacity)

IF THE MAXIMUM CLIENT CAPACITY IS FEWER THAN 4 OR MORE THAN 16, DO NOT CONTINUE. THANK YOU FOR YOUR HELP. PLEASE RETURN THIS QUESTIONNAIRE IN THE ENCLOSED ENVELOPE.

14. During 1980, on the average, about how many clients lived at this facility at any one time? (40-41)
- $\bar{x}=7.22$ Md=6.37 (average number of clients at any one time)

CLIENT CHARACTERISTICS FOR THE YEAR 1980

- * 15. In 1980, about how many of your live-in clients were mentally ill and about how many were mentally retarded?

	(Number in each category)	
1. Mentally ill	$\bar{x}=6.07$ Md= .64	(42-43)
2. Mentally retarded	$\bar{x}=4.36$ Md=3.41	(44-45)
3. Others who were neither mentally ill or retarded (specify)	$\bar{x}= .76$ Md= .04	(46-47)
	$\bar{x}= .14$ Md= .02	(48-49)
	$\bar{x}= .14$ Md= .01	(50-51)

- * 16. In 1980, how many of your live-in clients fell into each of the following age and sex categories?

	(Number in each age and sex category)	
MALE:		
0 - 14 years	$\bar{x}= .72$ Md= .06	(52-53)
15 - 18 years	$\bar{x}= .68$ Md= .09	(54-55)
19 - 35 years	$\bar{x}=2.92$ Md= .48	(56-57)
36 - 65 years	$\bar{x}=1.34$ Md= .28	(58-59)
Over 65 years	$\bar{x}= .23$ Md= .06	(60-61)
FEMALE:		
0 - 14 years	$\bar{x}= .54$ Md= .06	(62-63)
15 - 18 years	$\bar{x}= .77$ Md= .08	(64-65)
19 - 35 years	$\bar{x}=2.76$ Md= .42	(66-67)
36 - 65 years	$\bar{x}=1.63$ Md= .32	(68-69)
Over 65 years	$\bar{x}= .26$ Md= .06	(70-71)

* 17. In your opinion, about how many of these clients had ever been institutionalized in public or private facilities?
 $\bar{x}=8.49$ Md=5.05
 1 _____ (Approximate number of prior institutionalized clients) (72-73)

2.4 2. No basis to judge (74)

In the next question we are trying to get a handle on any behaviors or characteristics of your clients which could attract the attention of people living near the facility.

* 18. During 1980, in your judgment, how many of your clients, if any, had the following behaviors or characteristics which could attract the attention of people living near the facility? (Do not consider behaviors or characteristics that are either not very obvious or are seldom likely to happen.) (Enter zero (0) if none.)

(Number of live-in clients who had these behaviors or characteristics)

1. Clients could not do most of the usual daily life tasks by themselves without attracting attention. (For example, use public transportation, grooming, food shopping, etc.)	$\bar{x}=3.33$ Md=1.64	(75-76)
2. Clients showed unusual behavior that might attract attention. (For example, talking to oneself, illogical conversation, shouting in public places, etc.)	$\bar{x}=3.64$ Md=1.80	(77-78)
3. Clients had physical features or appearances that attracted attention. (For example, Down's syndrome, unusual posture or facial features, etc.)	$\bar{x}=2.83$ Md=1.36	(79-80)
4. TOTAL number of clients who showed one or more of the above behaviors or characteristics	$\bar{x}=5.36$ Md=3.86	(81-82)

STAFFING

* 19. On the average, during 1980, how many full-time equivalent staff members did you usually have on this facility's payroll to serve your live-in clients in a 24-hour period? (83-84)

_____ (Number of full-time equivalent staff members)

$\bar{x}=3.47$ Md=2.50

FUNDING

20. Which of the following sources of funding were used to start up this facility? (Check all that apply.)

- 46.0 1. State funds (85)
- 21.3 2. Local government funds (city or county) (86)
- 2.2 3. HUD, Section 202 (low interest construction and rehabilitation loans) (87)
- 12.5 4. Federal funds (other than HUD) (88)
- 46.3 5. Private funds (other than organized charities and community fund drives) (89)
- 8.7 6. Charity organizations (e.g., churches) (90)
- 7.2 7. Community fund drives (e.g., United Way) (91)
- 5.4 8. Other (specify) _____ (92)

21. For 1980, which of the following funding sources contributed towards the total facility income? (Check all that apply.)
- 75.7 1. SSI (Supplemental Security Income) (93)
 - 34.0 2. Personal income (94)
 - 4.6 3. HUD Section 8 (rental subsidy) (95)
 - 18.5 4. Title XX funding (social services programs) (96)
 - 59.1 5. State funds (97)
 - 19.8 6. Private funds (other than organized charities or community fund drives) (98)
 - 7.6 7. Charity organizations (e.g., churches) (99)
 - 12.0 8. Community fund drives (e.g., United Way) (100)
 - 26.6 9. Local government funds (city or county) (101)
 - 12.5 10. CMHC (Community Mental Health Center) funds (102)
 - 9.5 11. Medicare (103)
 - 14.6 12. Medicaid (exclude ICF/MR) (104)
 - 6.7 13. Medicaid (only ICF/MR) (105)
 - 10.3 14. Other sources (specify) (106)

LOCATION

URBAN/SUBURBAN

22. Which of the following levels of urbanization best describes this facility's location? (Check one.) (107)
- 29.7 1. Urban-downtown (inner/central city)
 - 38.9 2. Urban-outlying (outside central city)
 - 26.9 3. Suburban
 - 4.6 4. Rural

ZONING ORDINANCES

23. If you can, please tell us how the zoning ordinances classify the zone in which your facility is located. We are only interested in the primary or major classification. That is, single-family residential, multi-family residential, commercial, industrial or other. (Check one.) (108)
- 44.4 1. Single-family residential
 - 41.5 2. Multi-family residential
 - 4.1 3. Commercial
 - 0.0 4. Industrial
 - 6.2 5. Other (specify) _____
 - 3.9 6. Not knowledgeable enough about zoning to make a judgment

NEIGHBORHOOD HOUSING

NOTE: Throughout this questionnaire immediate vicinity refers to the block on which the facility is located and the surrounding 2 blocks in any direction or a 1/4 mile radius in any direction.

- *24. About what percent of the total number of buildings in your immediate vicinity are single-family residences, and about what percent of the total are multi-family residences? Also, what percent of the total, if any, are commercial, what percent are industrial, and what percent are other types of establishments?
- (Write the percentages in the appropriate space below. Write none or "0" if there are no buildings of the type described by the category. DO NOT spend a lot of time counting buildings. In most cases your best guess will be good enough.)

	Percent (%) of Total Buildings in Immediate Vicinity Specified by Category Type	
1. Single-family residences (detached or adjoining such as townhouses)	$\bar{x}=60.3\%$	(109-111)
2. Multi-family residences (such as duplexes, apartments, etc.)	$\bar{x}=27.4\%$	(112-114)
3. Commercial establishments (such as shops, businesses, hotels, etc.)	$\bar{x}=9.0\%$	(115-117)
4. Industrial establishments	$\bar{x}=0.9\%$	(118-120)
5. Other (specify)	$\bar{x}=2.4\%$	(121-123)

YOUR TOTAL MUST EQUAL 100%

YOUR HOUSING UNIT

25. What type of a housing unit is your facility? (Check one.) (114)
- 56.5 1. Single-family detached house(s) } (GO TO QUESTION 28)
 - 17.5 2. Single-family attached house(s) }
 - 13.0 3. Duplex, tri-plex or 4-family dwelling(s) }
 - 8.8 4. Adjacent apartments } (GO TO QUESTION 26)
 - 2.0 5. Scattered apartments }
 - 2.1 6. Other (specify) (GO TO QUESTION 28)

26. How many apartments does this facility currently occupy?
 $\bar{x}=4.28$ Md=4.0 (number of apartments) (125-126)

						2
--	--	--	--	--	--	---

(1-7)

27. To what extent, if at all, did the following reasons cause you to locate this facility in an apartment (or apartments)? (Check one rating for each item.)

	To little or no extent					
	1	2	3	4	5	
1. Lower start-up costs for apartment(s)	27.2		23.7		10.6	(8)
		23.9		14.5		
2. Lower operating costs for apartment(s)	29.0		48.2		1.2	(9)
		4.9		16.7		
3. Lack of suitable single-family housing	60.8		4.1		15.5	(10)
		15.2		4.4		
4. Fewer or no zoning restrictions for apartments	42.4	3.7	15.2		23.8	(11)
			15.0			
5. Less community opposition to apartment location	42.4		12.8		19.5	(12)
		15.7		9.6		
6. Other (specify)	0.0		27.2		64.8	(13)
		0.0		8.0		
7. Other (specify)						

OTHER NEARBY FACILITIES

28. Are there any other residential facilities such as halfway houses, nursing homes or institutions, or clinics or outreach services in the immediate vicinity (2 blocks in any direction or a 1/4 mile radius) which also serve special populations (e.g., drug abusers, alcoholics, the elderly, offenders, etc.)? (14)

- 36.2 1. Yes (GO TO QUESTION 29)
- 63.8 2. No (GO TO QUESTION 30)

*29. If yes, about how many of these types of facilities serving special populations are in the immediate vicinity?
 $\bar{x}=2.20$ Md=1.64 (15-16)

_____ (number of special population facilities in the immediate vicinity)

COMMUNITY ACCESS

30. Is public transportation available to the facility's clients? (17)

- 91.7 1. Yes (GO TO QUESTION 31)
- 8.3 2. No (GO TO QUESTION 32)

* (31) If yes, how many blocks or miles is the facility from the nearest public transportation? (For this study, 8 blocks equal 1 (one) mile. (If less than one block, enter 1.) (Complete one blank only.)

$\bar{x}=1.78$ Md=1.28 (number of blocks) (18-19)

$\bar{x}=1.42$ Md=1.17 (number of miles) (20-21)

32. Which, if any, of the following community resources and services generally used by most of the clients are within walking distance (about a mile) of the facility? (Check all that apply.) (Check box 1 if none are within walking distance.)

- 8.2 1. No community resources or services within walking distance (22)
- 42.9 2. Medical services (23)
- 25.5 3. Social services (24)
- 72.8 4. Drug store(s) (25)
- 83.3 5. Food store(s) (26)
- 70.4 6. Fast food service(s)/restaurant(s) (27)
- 46.6 7. Variety or department store(s) (28)
- 27.1 8. Movies (29)
- 38.1 9. Library (30)
- 59.2 10. Recreation center, parks (31)
- 12.1 11. Other recreational facilities for children (32)
- 13.9 12. Other recreational facilities for teenagers (33)
- 25.4 13. Other recreational facilities for adults (34)
- 16.1 14. Other (specify) _____ (35)

REMINDER: The percentages reported for all circled question numbers represent only the people eligible to answer the item.

FACILITY CHARACTERISTICS

33. Consider the overall exterior condition of the buildings in the immediate vicinity. In general, is the building in which this facility is located in worse, better, or about the same condition as the others? (Check one.) (36)
- 0.6 1. Facility in much worse condition
- 4.2 2. Facility in somewhat worse condition
- 56.6 3. Facility in about the same condition
- 23.7 4. Facility in somewhat better condition
- 14.9 5. Facility in much better condition
34. Consider the outside areas (yards and walks) of the buildings in the immediate vicinity. In general, is the area belonging to the facility less neatly or more neatly maintained than the others? (Check one.) (37)
- 0.7 1. Facility much less neatly maintained
- 6.3 2. Facility less neatly maintained
- 60.9 3. Facility as neatly maintained as areas belonging to others
- 23.7 4. Facility more neatly maintained
- 8.4 5. Facility much more neatly maintained
35. Consider the houses in the immediate vicinity. Does this facility have any residential features (for example, signs, exterior fire escape, extra entrances, extra parking facilities, etc.) which distinguish it from the other houses? (38)
- 26.0 1. Yes (GO TO QUESTION 36)
- 70.7 2. No
- 3.4 3. Not applicable; located in apartment house
36. If yes, in your opinion, to what degree, if at all, are these features noticeable to passers-by on the street? (Check one.) (39)
- 10.3 1. To a very great degree
- 5.4 2. To a great degree
- 21.5 3. To a moderate degree
- 18.6 4. To some degree
- 44.2 5. To little or no degree

(GO TO QUESTION 37)

37. Is there enough parking space available to residents and visitors of this facility? (40)
- 91.0 1. Yes
- 9.0 2. No

ZONING

38. Some states have laws which stop local zoning ordinances from excluding facilities such as yours from residential zones. When this facility was started up, did your State have this kind of law? (Check one.) (41)
- 26.6 1. Yes
- 42.5 2. No
- 30.9 3. Not sure
39. Consider the type of zone (e.g., multi-family, commercial) in which this facility is located. Is this the type of zone which the founders of this facility preferred? (42)
- 69.9 1. Yes (GO TO QUESTION 42)
- 13.0 2. No (GO TO QUESTION 40)
- 17.1 3. Not sure (GO TO QUESTION 42)
- (40) If no, in which type of zone would the facility founders have preferred to locate this facility? (Check one.) (43)
- 59.9 1. Single-family residential zone
- 22.7 2. Multi-family residential zone
- 17.4 3. Other (specify) _____
- (41) Did local zoning ordinances or zoning practices prevent or make it difficult for the founders to locate in the zone which they preferred? (44)
- 65.6 1. Yes
- 34.4 2. No
- (42) In general, in your opinion, do the prevailing local zoning ordinances or zoning practices help or hinder the establishment of group homes? (Check one.) (45)
- 10.4 1. Very helpful
- 16.6 2. Help more than hinder
- 40.1 3. Help as much as hinder or neither help nor hinder
- 23.7 4. Hinder more than help
- 9.2 5. A great hinderance

(GO TO QUESTION 43)

REMEMBER: The percentages reported for all circled question numbers represent only the people eligible to answer the item.

SUITABILITY OF FACILITY AND LOCATION

43. In addition to cost, there are other facility and location features which may be considered. How important, if at all, were each of the following features in your search for a suitable building and location for your facility? (*Location refers to the facility property and the immediate vicinity.*) (Check one column for each item.)

	Of little or no importance	Somewhat important	Moderately important	Very important	Essential	Did not consider	
	1	2	3	4	5	6	
NEIGHBORHOOD FEATURES							
1. Safe neighborhood (<i>not much crime</i>)	2.2	4.8	15.2	51.8	24.2	1.9	(46)
2. Stable neighborhood (<i>low turnover in residents - 15% or less</i>)	14.4	20.3	22.1	24.3	6.7	12.2	(47)
3. High proportion of single-family houses (<i>85% or more</i>)	19.1	19.4	20.9	20.2	7.8	12.7	(48)
4. High proportion (<i>75% or more</i>) of residents in white collar occupations (<i>e.g., office workers, engineers, lawyers, supervisors, shop owners, etc.</i>)	41.3	16.5	8.3	3.1	2.6	28.3	(49)
5. High proportion (<i>75% or more</i>) of residents in blue collar occupations (<i>e.g., craftsmen, laborers, agricultural and factory workers, etc.</i>)	40.3	14.6	11.2	2.5	2.2	29.3	(50)
HOUSING AND PROPERTY FACTORS							
6. Single-family house	13.1	7.6	13.8	29.9	22.4	13.1	(51)
7. Accommodations with adequate bed and bath facilities	1.5	1.0	2.0	27.6	66.6	1.3	(52)
8. Well-maintained homes and properties	2.6	5.0	25.4	42.7	22.5	1.7	(53)
9. Property which gives adequate privacy	3.1	4.3	20.3	43.0	27.3	2.0	(54)
10. Property with adequate size lot	4.5	8.0	19.2	34.8	26.6	6.7	(55)
11. Favorable landlord attitudes toward leasing	6.0	2.3	6.8	22.8	35.4	26.7	(56)
COMMUNITY SERVICES							
12. Public transportation within walking distance (<i>i.e., one mile or closer</i>)	5.4	7.2	11.6	37.2	35.4	3.2	(57)
13. Medical and social services within walking distance	24.8	14.2	19.3	25.5	9.2	6.9	(58)
14. Community resources (<i>other than medical and social services, e.g., stores, restaurants</i>) within walking distance	8.1	10.3	20.4	40.7	15.5	4.9	(59)
15. Other (<i>specify</i>) _____	0.0	2.0	11.3	21.5	48.0	17.2	(60)
16. Other (<i>specify</i>) _____							

NOTE: IF YOU CHECKED ALL OF THE ABOVE FEATURES AS OF LITTLE OR NO IMPORTANCE, OR YOU DID NOT CONSIDER THEM, GO TO QUESTION 47. OTHERWISE, CONTINUE.

44. With the amount of money you had to work with, to what extent, if at all, were each of the following considerations a problem, barrier, or obstacle in finding a suitable building and location? (Check one column for each consideration you believe to be at least somewhat of importance. You checked 2, 3, 4, or 5 for the item in question 43.)

(Indicate extent to which a consideration was a problem, barrier or obstacle in finding a suitable building and location.)

	To little or no extent	To some extent	To a moderate extent	To a great extent	To a very great extent	
	1	2	3	4	5	
NEIGHBORHOOD FEATURES						
1. Finding a safe neighborhood	31.8	15.4	25.2	15.6	12.0	(61)
2. Finding a stable neighborhood (low resident turnover)	32.6	21.0	23.4	12.2	10.8	(62)
3. Finding location with high proportion of single-family houses	36.0	19.4	26.4	10.2	8.0	(63)
4. Finding location with high proportion of residents in white collar occupations	30.1	28.7	25.1	5.5	10.5	(64)
5. Finding location with high proportion of residents in blue collar occupations	34.7	29.1	22.8	7.4	6.0	(65)
HOUSING AND PROPERTY FACTORS						
6. Finding a single-family house	27.9	16.5	21.9	20.4	13.2	(66)
7. Finding accommodations with adequate bed and bath facilities	22.0	10.4	19.8	23.3	24.5	(67)
8. Finding a location with well-maintained homes and properties	23.0	18.0	28.2	20.7	10.1	(68)
9. Finding property which gives adequate privacy	21.3	17.4	33.2	17.0	11.0	(69)
10. Finding property with adequate size lot	22.4	15.2	31.5	19.0	11.9	(70)
11. Finding a landlord with favorable leasing attitudes	18.2	11.3	26.8	22.8	20.9	(71)
COMMUNITY SERVICES						
12. Finding facility within walking distance of public transportation (i.e., one mile or closer)	29.5	20.3	19.8	15.0	15.4	(72)
13. Finding facility within walking distance of medical and social services	28.7	20.0	20.3	19.6	11.4	(73)
14. Finding facility within walking distance of community resources (other than medical and social services)	25.1	23.5	23.3	16.5	11.4	(74)
15. Other (specify) _____	7.8	27.1	12.7	5.5	46.9	(75)
16. Other (specify) _____						

REMINDER: The percentage reported for all circled question number represent only the people elibilbe to answer the item.

45. How satisfied or not are you with each of the following features of your present building and location? (Check one column for each feature you checked as at least somewhat of importance in question 43.)

	Very satisfied	Generally satisfied	Marginally satisfied	Generally dissatisfied	Very dissatisfied	
	1	2	3	4	5	
NEIGHBORHOOD FEATURES						
1. Neighborhood safety	40.8	39.2	13.2	6.1	0.6	(76)
2. Neighborhood stability	40.1	42.9	11.5	4.2	1.3	(77)
3. Proportion of single-family houses	54.8	35.9	5.6	3.7	0.0	(78)
4. Proportion of residents in white collar occupations	31.1	50.6	13.8	3.8	0.7	(79)
5. Proportion of residents in blue collar occupations	34.1	49.0	14.6	1.6	0.7	(80)
HOUSING AND PROPERTY FACTORS						
6. Type of structure in which facility is housed (single-family dwelling, apartment, etc.)	60.9	25.4	9.9	3.2	0.6	(81)
7. Bed and bath facilities	53.8	30.7	12.9	0.6	2.0	(82)
8. Maintenance of homes and properties	42.8	37.1	14.2	4.2	1.7	(83)
9. Privacy of property	46.3	37.8	12.6	3.2	0.1	(84)
10. Size of property lot	50.0	31.9	14.3	3.3	0.6	(85)
11. Landlord's attitudes towards leasing	47.0	36.2	12.9	3.0	1.0	(86)
COMMUNITY SERVICES						
12. Availability of public transportation	60.3	26.1	9.2	1.6	2.7	(87)
13. Accessibility of medical and social services	48.9	34.9	11.3	4.9	0.0	(88)
14. Accessibility of community resources (other than medical and social services)	47.3	36.2	12.9	2.7	1.0	(89)
15. Other (specify) _____	44.7	39.0	0.0	12.3	4.1	(90)
16. Other (specify) _____						

NOTE: IF YOU ARE VERY SATISFIED OR GENERALLY SATISFIED WITH THE ABOVE FEATURES OF YOUR LOCATION, GO TO QUESTION 47. IF YOU ARE EITHER MARGINALLY SATISFIED, GENERALLY DISSATISFIED OR VERY DISSATISFIED WITH ANY OF THE ABOVE, GO TO 46.

REMINDER: The percentages reported for all circled question numbers represent only the people eligible to answer the item.

46. For the features you were marginally satisfied with, or generally, or very dissatisfied with, please indicate the reason or reasons for accepting the building and location you presently have. (Check all reasons which apply to each feature - you may check more than one, if applicable) 1/

	REASONS					
	Community opposition	Desired building and location features were not available	Prevented by zoning or licensing practices	Tradeoff with other competing requirement(s)	Financial reasons (e.g., start up or operating costs)	
	1	2	3	4	5	
NEIGHBORHOOD FEATURES						
1. Neighborhood safety	10.9	26.2	11.9	16.4	22.4	(91)
2. Neighborhood stability	20.1	36.4	19.2	21.4	33.0	(92)
3. Proportion of single-family houses	32.7	21.5	29.0	30.6	19.4	(93)
4. Proportion of residents in white collar occupations	21.3	11.8	22.6	26.9	30.1	(94)
5. Proportion of residents in blue collar occupations	12.6	3.4	8.0	43.7	3.5	(95)
HOUSING AND PROPERTY FACTORS						
6. Type of structure in which facility is housed (single family dwelling, apartment, etc.)	37.9	44.1	36.9	15.0	48.1	(96)
7. Bed and bath facilities	16.8	33.7	19.5	25.2	54.8	(97)
8. Maintenance of homes and properties	7.4	27.2	6.2	21.6	40.4	(98)
9. Privacy of property	21.8	37.6	19.8	25.7	38.1	(99)
10. Size of property lot	17.8	32.7	21.9	29.4	37.9	(100)
11. Landlord's attitudes towards leasing	10.2	15.4	5.8	33.3	32.7	(101)
COMMUNITY SERVICES						
12. Availability of public transportation	19.2	19.5	14.5	42.0	20.0	(102)
13. Accessibility of medical and social services	4.2	34.2	4.7	37.6	24.7	(103)
14. Accessibility of community resources (other than medical and social services)	5.0	32.6	4.6	35.6	13.8	(104)
15. Other (specify)						(105)
_____	0.0	0.0	0.0	37.5	37.5	
16. Other (specify)						

1/ Reminder: The above percentages are based on the ratio of the number of sponsors checking a particular reason and the total number of sponsors instructed to answer this question. This group of respondents only included those sponsors marginally satisfied or dissatisfied (question 45) with a building or location feature which they considered at least "somewhat important" (question 43).

NOTIFICATION

47. Did the founders or sponsor of this facility notify any local government office about zoning, permits, licensing or other matters in regard to the start up and/or operation of this facility? (106)

- 80.6 1. Yes (CONTINUE)
 - 13.3 2. No
 - 6.1 3. Do not have information
- } (GO TO QUESTION 76)

48. Were any licenses, permits or other zoning conditions required after this notification was made? (107)

- 82.8 1. Yes
 - 14.3 2. No
 - 2.9 3. Do not have information
- } (CONTINUE) (GO TO QUESTION 51)

49. Were clients residing at this facility when this notification was made? (108)

- 20.5 1. Yes (GO TO QUESTION 51)
- 76.7 2. No (CONTINUE)
- 2.8 3. Do not have information (GO TO QUESTION 51)

50. If no, consider the month and year when the founders or sponsor first notified a local government office about starting up or operating this residence. From that date, about how many months went by before clients began living at this facility? (Remember; your best guess is good enough.) (109-112)

$\bar{x}=5.75$ Md=3.77
 _____ (Approximate number of months between notification and opening--If less than one month, enter one (1).)

Do not have information

ZONING VARIANCE

51. In order to open this facility, was a use variance for zoning required? (Do not include special use permits or conditional use permits.) NOTE: use variances are often called zoning variances. (113)

- 17.7 1. Yes (GO TO QUESTION 52)
 - 61.8 2. No
 - 20.5 3. Not sure
- } (GO TO QUESTION 54)

REMINDER: The percentages reported for all circled question numbers represent only the people eligible to answer the item.

52. What degree of difficulty, if any, did the founders have in getting the use variance? (Consider effort, time and costs put out.) (Check one.) (114)

- 28.3 1. Little or no degree of difficulty
- 18.4 2. Some degree of difficulty
- 18.5 3. Moderate degree of difficulty
- 27.1 4. High degree of difficulty
- 7.8 5. Very high degree of difficulty

53. After submitting a request for a use variance, about how many weeks went by before the local government reached a decision? (115-117)

$\bar{x}=15.23$ Md=7.90
 _____ (Number of weeks)

PUBLIC HEARINGS

54. Were any public hearings held about this facility before or after it opened? (118)

- 36.9 1. Yes (GO TO QUESTION 55)
- 63.1 2. No (GO TO QUESTION 64)

55. At the public hearing(s), about how many, if any, of the community residents expressed opposition to the location of this facility? (Check one.) (119)

- 39.0 1. No one (GO TO QUESTION 59)
 - 24.3 2. One or a few residents (1-5)
 - 17.3 3. Several residents (6-9)
 - 19.4 4. Many residents (more than 9)
- } (GO TO QUESTION 56)

56. Regardless of the number of people expressing opposition, did any belong to influential community groups? (120)

- 47.7 1. Yes (GO TO QUESTION 57)
- 52.3 2. No (GO TO QUESTION 58)

57. If yes, did any of these members of influential groups express strong or very strong opposition to the location of this facility? (121)

- 83.3 1. Yes
- 16.7 2. No

66 About how many months did it take for this facility to finally meet all the conditions you checked above? (If less than one month, report one (1).) (19-21)
 $\bar{x}=4.70$ $Md=2.78$

_____ (Number of months needed to finally meet all requirements)

1/ 65 While waiting for the approval of any licenses, permits, or special condition compliance, what were the financial costs, if any, to hold the building in which this facility is located? (Write zero (0) if you did not have such costs.) (22-27)
 $\bar{x}=1612.29$

\$ _____ (Financial costs to hold building)

68 Before opening the residence, were any of the conditions in question 65 changed by the local government after they were informed about this facility? (28)

7.8 1. Yes (GO TO QUESTION 69)

92.2 2. No (GO TO QUESTION 70)

*69 If yes, how long, if at all, was the opening of this facility delayed by these changes? (Report answer in months. If no extra delay, report zero (0). If less than one month, report one (1).) (29-31)
 $\bar{x}=3.96$ $Md=1.79$

_____ (Number of months of extra delay)

70 After this facility opened, did the local government suggest or require that you get a license, or any kind of permit, or meet life safety codes (fire, health, etc.) or other conditions? (32)

51.9 1. Yes (GO TO QUESTION 71)

43.3 2. No

4.7 3. Not sure

(GO TO QUESTION 74)

71 If yes, after opening, which of the following conditions did this facility meet? (Check all that apply.)

73.5 1. License(s) (33)

21.1 2. Special use permit (34)

9.2 3. Conditional use permit (35)

79.8 4. Life safety codes (36)

13.9 5. Other requirements (specify) (37)

72 Overall, how easy or difficult was it to meet these conditions? (Consider effort, time and costs put out.) (Check one.) (38)

10.1 1. Very easy

20.2 2. Easy

29.9 3. Neither easy nor difficult

23.6 4. Difficult

16.2 5. Very difficult

(GO TO QUESTION 74)

(GO TO QUESTION 73)

73 Briefly describe why these conditions were difficult or very difficult to meet. (39)

94.1 _____

74 Do the life safety codes (e.g., fire, health) in your locality vary according to the size of the facility (i.e., the number of clients who live in the facility)? (Check one.) (40)

65.6 1. Yes (GO TO QUESTION 75)

19.1 2. No

15.0 3. Don't know

0.3 4. Did not have to meet life safety requirements

(GO TO QUESTION 76)

75 If yes, did the costs of meeting these codes cause the founders to establish a smaller or larger facility than originally planned? (Check one.) (41)

5.9 1. Established a much smaller facility than planned

8.1 2. Established a smaller facility than planned

83.8 3. Little or no difference in size between the planned and established facility

1.7 4. Established a larger facility than planned

0.5 5. Established a much larger facility than planned

LEGAL COSTS

76. Did you have to take any legal action in order to open and operate this facility? (42)

6.6 1. Yes (GO TO QUESTION 77)

93.4 2. No (GO TO QUESTION 79)

1/ The median is not reported because of the substantial proportion of respondents who did not have these financial costs.

REMINDER: The percentages reported for all circled question numbers represent only the people eligible to answer the item.

77. Very briefly, describe the issues which this legal action concerned? (43)
 86.2 _____

* 78. Approximately how many months, if any, did this legal action delay the opening of this facility? (If no delay, report zero (0).) (If less than one month, report one (1).) (44-46)
 $\bar{x}=3.76$ $Md=1.31$
 _____ (Number of months of delay)

79. Other than for legal action, was it necessary to get a lawyer or legal help in order to open and operate this facility? (47)
 17.5 1. Yes (GO TO QUESTION 80)
 82.5 2. No (IF YOU TOOK LEGAL ACTION, GO TO 81. IF NO LEGAL ASSISTANCE OF ANY KIND WAS NEEDED, GO TO 82.)

80. Which of the following services (other than legal action assistance) did the lawyer(s) or legal help give? (Check all that apply.)
 26.1 1. Assisted at public hearing(s) (48)
 46.3 2. Assisted in handling licenses or permits (49)
 1/ 56.0 3. Other (specify) _____ (50)

 4. Other (specify) _____ (51)

2/ * 81. Please estimate your total costs for lawyers or other legal help. (Include any costs for legal action, assistance in handling permits, etc.) (Write zero (0) if you did not have any costs.) (52-57)
 $\bar{x}=1013.08$
 \$ _____ (Total financial costs for lawyer(s) or legal help)

COMMUNITY RELATIONS

82. Before or after this facility opened, did the facility founders, staff or others contact neighbors, community groups, or influential individuals or organizations? (58)

52.8 1. Yes (GO TO QUESTION 83)
 47.2 2. No (GO TO QUESTION 86)

83. In your opinion, overall, how much opposition, if any, did the people/groups you contacted express about the facility or its clients? (Check one.) (59)

58.3 1. Little or no opposition
 16.1 2. Some opposition
 14.3 3. Moderate opposition
 9.0 4. A great deal of opposition
 2.3 5. A very great amount of opposition

84. In your opinion, overall, how much support if any, did the people/groups you contacted express about the establishment of this facility? (Check one.) (60)

18.5 1. A very great amount of support
 18.8 2. A great deal of support
 30.0 3. Moderate support
 20.6 4. Some support
 12.1 5. Little or no support

85. Consider the individuals and groups which were contacted. Overall, how did their support and opposition compare? (Check one.) (61)

25.1 1. Expressed much more support than opposition
 40.5 2. Expressed more support than opposition
 17.4 3. Expressed as much support as opposition
 12.4 4. Expressed less support than opposition
 4.6 5. Expressed much less support than opposition

1/ A variety of other services were obtained, for example: assistance with purchase and lease agreements.

2/ The median is not reported because of the substantial proportion of respondents who obtained legal assistance without cost.

REMINDER: The percentages reported for all circled question numbers represent only the people eligible to answer the item.

STEPS IN ESTABLISHMENT

86. Listed below are several steps involved in establishing community residential facilities. When this facility was established, what degree of difficulty, if any, did these steps present? (Consider effort, time, and costs put out.) (Check one column for each item.)

	Little or no degree of difficulty	Some degree of difficulty	Moderate degree of difficulty	High degree of difficulty	Very high degree of difficulty	Not applicable	No basis to judge	
	1	2	3	4	5	6	7	
LAND USE REQUIREMENTS								
1. Obtaining license(s)	40.6	18.6	15.9	5.5	3.7	11.7	3.9	(62)
2. Obtaining permit(s)	41.8	12.9	15.7	4.1	2.8	17.6	5.1	(63)
3. Meeting life safety requirements	49.1	13.9	19.1	6.9	4.2	3.8	3.1	(64)
4. Conforming to zoning requirements (other than permits and licenses)	55.6	6.4	8.7	2.4	2.2	18.5	6.1	(65)
COMMUNITY RELATIONS								
1. Educating community	46.1	16.6	13.9	6.4	5.5	6.9	4.6	(66)
2. Getting community support	46.6	13.8	13.6	6.5	6.5	7.8	5.2	(67)
FACILITY FACTORS								
1. Finding suitable facility	27.9	17.9	16.9	15.3	9.1	9.0	3.9	(68)
2. Finding suitable location	27.3	19.6	17.2	13.8	10.4	7.8	3.9	(69)
FUNDING								
1. Getting start-up funds	25.6	18.9	16.6	17.1	9.2	7.5	5.0	(70)
2. Arranging to meet operational costs	22.8	18.7	18.3	19.8	10.1	5.8	4.5	(71)
3. Getting Federal government funds which met facility needs	13.1	7.8	7.8	8.4	12.6	41.7	8.6	(72)
OTHER (specify)								
1. _____	25.5	0.0	0.0	10.2	37.0	5.9	21.5	(73)
2. _____								
3. _____								

COMPLAINTS

1/ * 87. Based on what you know since this facility has been open, about how many, if any, of the following types of complaints were made to local government officials about your facility? (Write the number in the appropriate complaint space.) (If no complaints, go to question 88.)

Type of Complaint	Number of Complaints	
1. Increase in motor vehicle traffic or parked vehicles	$\bar{x} = .14$ Md = .02	(74-75)
2. Inadequate property upkeep	$\bar{x} = .17$ Md = .03	(76-77)
3. Decline in real estate values	$\bar{x} = .10$ Md = .02	(78-79)
4. Loss of business	$\bar{x} = .00$ Md = .00	(80-81)
5. Unusual behavior of clients	$\bar{x} = .44$ Md = .08	(82-83)
6. Increase in loitering or disorderly conduct	$\bar{x} = .20$ Md = .02	(84-85)
7. Dangerous behavior of clients	$\bar{x} = .18$ Md = .03	(86-87)
8. Other (specify) _____ _____	$\bar{x} = .04$ Md = .01	(88-89)
9. Other (specify) _____ _____		

1/ * 88. Again, based on what you know since this facility has been open, about how many, if any, of the following types of complaints were made to the staff, sponsor or founders about your facility? (Write the number in the appropriate complaint space.) (If no complaints, go to question 89.)

Type of Complaint	Number of Complaints	
1. Increase in motor vehicle traffic or parked vehicles	$\bar{x} = .27$ Md = .04	(90-91)
2. Inadequate property upkeep	$\bar{x} = .27$ Md = .06	(92-93)
3. Decline in real estate values	$\bar{x} = .12$ Md = .02	(94-95)
4. Loss of business	$\bar{x} = .00$ Md = .00	(96-97)
5. Unusual behavior of clients	$\bar{x} = 1.16$ Md = .18	(98-99)
6. Increase in loitering or disorderly conduct	$\bar{x} = .46$ Md = .05	(100-101)
7. Dangerous behavior of clients	$\bar{x} = .44$ Md = .06	(102-103)
8. Other (specify) _____ _____	$\bar{x} = .04$ Md = .01	(104-105)
9. Other (specify) _____ _____		

1/ In calculating the above statistics, all respondents were treated as eligible to answer.

96. Please estimate the percentage of residents in the immediate vicinity who are 65 years of age and older. (Check one.) (10)
- 40.1 1. 10% or less
 31.3 2. From 11% through 20%
 17.4 3. From 21% through 30%
 6.5 4. From 31% through 40%
 4.7 5. Over 40%
97. For the immediate vicinity only, please estimate the average yearly income per household. (Include the income of all household members.) (Check one.) (11)

- 10.6 1. Up to \$7,500
 38.7 2. From \$7,500 to less than \$15,000
 35.8 3. From \$15,000 to less than \$25,000
 14.9 4. \$25,000 or more

- *98. Please estimate the percentage of residents in the immediate vicinity who are in white collar occupations (office workers, engineers, lawyers, supervisors, etc.), and the percentage who are in blue collar occupations (skilled craftspersons, unskilled laborers, agricultural and factory workers, etc.)
- $\bar{x}=37.89$ $Md=30.16$ % of nearby population in white collar occupations (12-14)
 $\bar{x}=55.12$ $Md=59.76$ nearby population in blue collar occupations (15-17)

99. In the immediate vicinity do most (more than 50%) of the residents belong to a single racial group (e.g., White, not Hispanic; Black, not Hispanic; Hispanic; Asian, etc.)? (18)

- 71.3 1. Yes (GO TO QUESTION 100)
 28.7 2. No (GO TO QUESTION 101)

* (100) If yes, about what percentage of the total number of residents in the immediate vicinity belong to this racial group? (19-21)

$\bar{x}=83.37$ $Md=89.51$
 _____ (% belonging to single racial group)

101. In the immediate vicinity do most (more than 50%) of the residents belong to a single ethnic group (e.g., Polish, Irish, Chicano, Puerto Rican, etc.)? (22)

- 16.8 1. Yes (GO TO QUESTION 102)
 83.2 2. No (GO TO QUESTION 103)

* (102) If yes, about what percentage of the total number of residents in the immediate vicinity belong to this ethnic group? (23-25)

$\bar{x}=79.70$ $Md=67.82$
 _____ (% belonging to single ethnic group)

103. Since the facility opened, to what extent, if at all, has the immediate vicinity changed with respect to the following neighborhood factors? (Check one column for each item.)

Indicate extent to which the immediate vicinity has changed for each factor.	To little or no extent / To some extent / To a moderate extent / To a great extent / To a very great extent					
	1	2	3	4	5	
1. Number of new people coming in	70.3	16.4	6.7	5.1	1.5	(26)
2. Number of residents leaving	73.9	16.8	4.6	3.6	1.1	(27)
3. Amount of commercial construction	84.7	10.6	2.5	1.8	0.4	(28)
4. Amount of housing construction	83.7	9.4	4.9	1.5	0.5	(29)
5. Amount of housing renovation	68.6	22.2	6.8	2.2	0.2	(30)
6. Number of minority residents	75.8	15.6	4.8	2.0	1.9	(31)
7. Ethnic complexion	83.4	10.5	3.5	1.1	1.5	(32)
8. Number of blue collar residents	88.3	6.9	1.8	2.0	1.1	(33)
9. Number of white collar residents	87.4	7.7	2.3	1.8	0.7	(34)
10. Proportion of blighted housing	86.4	9.5	2.2	1.9	0.0	(35)

REMINDER: The percentages reported for all circled question numbers represent (over) only the people eligible to answer the item.

104. If you **have** additional comments on any of the items within this questionnaire or on topics not covered, please tell us below.

24.5%

QUESTIONNAIRE SHOULD BE RETURNED TO:

U.S. General Accounting Office
441 G Street, NW Room 5077
Washington, DC 20548

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector
General

JUN 14 1983

Mr. Richard L. Fogel
Director, Human Resources
Division United
States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Fogel:

The Secretary asked that I respond to your request for our comments on your draft of a proposed report "Impact on Exclusionary Zoning and Other Land Use Policies and Practices on Establishing Group Homes for the Mentally Ill and Mentally Retarded." The enclosed comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

We appreciate the opportunity to comment on this draft report before its publication.

Sincerely yours,


Richard P. Kusserow
Inspector General

Enclosure

**COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
ON THE GENERAL ACCOUNTING OFFICE'S DRAFT REPORT,
"IMPACT OF EXCLUSIONARY ZONING AND OTHER LAND USE
POLICIES AND PRACTICES ON ESTABLISHING GROUP HOMES
FOR THE MENTALLY ILL AND MENTALLY RETARDED"**

General Comments

We have thoroughly reviewed this report and, given the scope of the study and its limitations (noted below), find the report a good source of information on zoning and other land use practices and policies which may be exclusionary or act as an impediment to the establishment of group homes for the mentally disabled. Moreover, while the basic focus of the report is to highlight issues with regard to zoning and land use practices, we find it goes much further in providing information relevant to group homes. Helpful information is provided on issues such as group home demographics, start-up and operational funding and funding sources, community acceptance, and other factors which are pertinent to the establishment of group homes.

The report's findings indicate that according to those surveyed, funding, both start-up and operational, and location of a suitable facility were more generally a problem than zoning and land use practices. These findings, however, must be viewed within the context of the limited scope of the GAO study. Because of inherent design difficulties (pointed out in the report), only operating facilities were surveyed. It could well be that the majority of sponsors surveyed ascertained which areas were zoned to accommodate group homes and then located facilities or sites within those zones, thus avoiding zoning problems. Moreover, the survey did not include sponsors who tried to open a facility, failed and never tried again. Zoning and land use practices may have been significant causes for these failures. For these reasons, any generalizations regarding the impact of zoning practices should be made with caution.

While we question the relatively low number of people cited in the report as being in institutions while waiting to be placed in group homes, we do note the report clearly identifies the need for more group homes. The report also identifies a need for better long-range planning for facilities for both the mentally ill and mentally retarded. We note though that had the report differentiated between the needs of these two groups, it would have been potentially more helpful.

Nevertheless, as stated earlier, we find that the report in general is a useful reference document.



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410

July 1, 1983

OFFICE OF THE ASSISTANT SECRETARY FOR
HOUSING-FEDERAL HOUSING COMMISSIONER

Mr. Dexter Peach
Director
Resources, Community and Economic
Development Division
United States General Accounting
Office
Washington, DC 20548

Dear Mr. Peach:

This is in reply to your letter of May 12, 1983 to Secretary Pierce forwarding two copies of a draft Report concerning the impact of exclusionary zoning and other land-use policies and practices on the establishment of group homes for the mentally ill and mentally retarded.

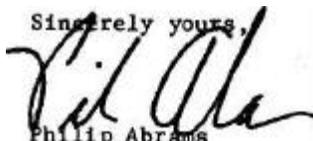
It is our opinion that the draft Report fails to demonstrate an adequate base of respondent types to arrive at reliable conclusions. Consumers and their families who may well have highly relevant material regarding such matters as site locations, advantages and disadvantages of clustering, size of facilities and relationships with neighborhoods and neighborhood organizations, were not included as respondents. Also excluded from the study were facilities that closed and never opened again as were sponsors who attempted to open homes, failed and never tried again. Community groups such as organized associations that attempted to stop the development of group homes should also have been included. The Report demonstrated sufficient methodological and data collection sophistication to suggest that an approach could have been developed that would have provided ways to gather these important missing data. Without surveys of these groups, it is difficult to believe that the conclusions presented are accurate.

With regard to the difficulties encountered by sponsors developing Section 202 group homes funded under the HUD/HHS Demonstration Program for the Chronically Mentally Ill, we recognize that development of a Section 202 project is challenging for sponsor groups who are inexperienced in housing development. HUD imposes processing requirements that assure prudent underwriting for 40-year loans.

The general conclusions drawn by the Report are not consistent with HUD experience in funding group homes under Section 202. While we have not surveyed field offices or sponsor organizations with regard to zoning problems, we see many requests for extensions of fund reservations for projects that have encountered zoning and land use problems. Enclosed are exhibits that indicate the zoning problems and neighborhood opposition encountered by Section 202 funded group homes.

The Report should discuss in more detail the Title XIX funding and waiver process. This process can be developed by states to not only operate community based facilities, but state regulations for Title XIX waiver can also be written to include "start-up" costs.

Thank you for the opportunity to comment on the Report.

Sincerely yours,

Philip Abrams
Assistant Secretary

Enclosure

(102058)