

Housing and Society  
Vol. 11, No. 2, 1984

*COMMUNITY FEARS AND GROUP HOMES IN AMERICAN MUNICIPALITIES*

Marsha Ritzdorf

*ABSTRACT*

*A major barrier to the location of group homes for the physically, mentally, and emotionally handicapped in American communities is the use of municipal zoning powers to block or complicate their location. Local officials respond negatively to group homes primarily because of strong local community resistance to their inclusion in residential neighborhoods. This paper is a review of the available (but not readily accessible) studies that investigate such questions as, "Do group homes decrease neighborhood property values?" and, "Are group home residents more violence-prone than other citizens?" It also includes reviews of some of the literature on community attitudes. This paper concludes with a set of strategies for helping increase the integration of group homes into residential neighborhoods.*

*BACKGROUND*

Recent acquisition of increased medical and behavioral knowledge has led to new models of care and treatment for the physically, mentally, and emotionally handicapped. The adaptation in the 1960s of Bengt Nirje's Normalization Principle has been an important factor in changing the treatment of the mentally ill (Chandler and Ross, 1976). The Normalization Principle means:

making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the main stream of society (Chandler and Ross, 1976).

When this principle is applied to housing, it prescribes the development of small group homes that provide residents with as near a family lifestyle as possible.

As the community-based care movement gained momentum during the 1960s and 1970s, the concept spread to the treatment of all previously institutionalized individuals, including orphaned children in

---

Marsha Ritzdorf is Assistant Professor of Community and Regional Planning at Iowa State University.

Ritzdorf

need of foster care; the handicapped, mentally retarded, and developmentally disabled, ex-convicts, ex-mental patients, juvenile offenders and rehabilitating drug and alcohol users (Ritzdorf, 1983). Unfortunately, in many states in the 1980s, de-institutionalization has come to mean opening the doors of state institutions and putting people out in the street to fend for themselves.

Community resistance has been a major barrier. The problem of providing care in a family-like environment for adults and children who need supervision has been one of the most volatile issues to face planners and other housing professionals. Although it has been determined that 90 percent of mental health patients could be more successfully treated in a small residential environment the thought of "someone different next door" is responded to with fear by the majority of Americans. Sylvia Porter made the following remarks in an early 1983 column:

Many state lawmakers have concluded that the mentally handicapped should be treated outside of the asylums, where conditions are the "least restrictive". These lawmakers and psychologists maintain that the mentally handicapped have a right to individual therapy in a residential "home" in a normal community. Before you speak out from your "bleeding heart" that "of course the mentally and physically disadvantaged, too, have the right to live in a normal community" think this problem through. I've tried to. What would a "halfway house" for a small group of mental patients in your neighborhood do to property values? What about the safety of your children? Faced with these problems, would you or would you not join in a vigorous campaign against the projects? (Porter, 1983).

As housing educators and housing professionals, we know that even though community fear of group homes may be groundless, its existence becomes a powerful political force in the decision-making process at the municipal level. In a 1974 survey conducted by the American Society of Planning Officials, the most frequent reason for the denial of a permit to operate a group home was:

substantial opposition from nearby landowners and community prejudice toward the class or condition of persons who reside in the proposed facility (Lauber and Bangs, 1974).

Although Congress in the 1970s passed fairly substantial legislation defending the rights of the mentally handicapped to live in the least restrictive living environment possible, in a series of cases the U.S. Supreme Court effectively blocked the mandate. One of the most important cases to date is the 1974 decision in *Village of Belle Terre vs. Boraas* (94 S. Ct. 1536, 1974). That decision legitimizes the municipal right to legislate and enforce restrictive family definitions.

Most American zoning ordinances contain a definition of family. Today, a typical definition of family includes all persons related by blood, marriage or adoption, or a specified number, often limited to 4

or fewer unrelated persons, living together as a single housing unit.

Some of the state courts have developed an exception to the general principle, developed in *Belle Terre*, that family definitions can be used to limit or prohibit unrelated persons from living together as a single housing unit. They have done so using group homes as the specific exception. The courts that have singled out group homes for special treatment have consistently pointed out their "family-like characteristics" such as permanence and stability.

However, the state courts' willingness to acknowledge that the residents of group homes are families has little effect on community practice. Ritzdorf (1983) concludes that, although the courts have been more lenient in their interpretations of family definitions when applied to group homes as opposed to alternative lifestyle, the communities are much more willing to accept untraditional living arrangements and much less willing to consider group homes.

Recognizing the problem of local resistance, seventeen states have enacted legislation that curtails the power of municipalities to exclude group homes. The states are: Arizona, California, Colorado, Iowa, Maryland, Michigan, Minnesota, Montana, New Jersey, New Mexico, Oregon, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, and Wisconsin. The legislation usually prevents zoning challenges by designating the residents of group homes as families for the purposes of zoning. All the state statutes exhibit several common characteristics. Each statute identifies, and most define, the type of community home to which the statute applies. All but one specify the number of residents permitted in a group home. Most designate the type of population to be served. Each statute identifies in which zone or zones group homes will be permitted. Most require state licensing of the homes. Most indicate whether local zoning authorities can impose additional conditions not specified in the state law (such as architectural design and site layout criteria). Additionally, approximately half list requirements for the dispersal of facilities (Ritzdorf, 1983).

Unfortunately, nearly all the statutes contain loopholes allowing a community to continue to discriminate against group residences. By allowing the communities to implement a "conditional use permit" procedure, many of the statutes grant the local government broad discretionary powers. The discretionary powers are often used to frustrate efforts to establish community homes.

#### *COMMUNITY FEARS AND THE IMPACT OF GROUP HOMES*

The specific set of arguments communities consistently raise in their attempts to exclude group care facilities are:

1. a concern that group homes will lower property values of adjacent and nearby property;
2. a fear for the safety of children, homes, and property;
3. a concern that one residential care facility will lead

to more facilities locating in their neighborhood and "taking over."

In 1981, Planning/Communications, a private Illinois planning consulting firm, undertook a study on the impacts of group homes for the Illinois Department of Mental Health and Developmental Disabilities (Lauber, 1981). It summarized the nine major studies that have been done in the United States concerning group home impact. The overall conclusions of those studies are:

1. Establishing a group home for developmentally disabled persons has no effect on property values;
2. Establishing a group home for developmentally disabled persons does not affect the rate of turnover of properties; it does not create a wave of selling; nor does it make it more difficult to sell homes in the surrounding neighborhood;
3. Proximity to a group home has no effect on property values, turnover rates, or the ease of selling a house or condominium;
4. Generally, group homes look just like the other homes on the block and are often better maintained than neighboring properties;
5. Establishing a group home does not increase traffic volume or parking demand on the block of the home or in the surrounding neighborhood;
6. The crime rate for persons with developmental disabilities living in residential houses (0.8%) is much lower than the crime rate for the general population (4 to 6%).

#### *THE IMPACT OF GROUP HOMES ON PROPERTY VALUES*

While each of the nine studies was conducted independently, the methodologies involved are quite similar. The researchers all used a "matched neighborhoods" approach. After identifying all the group homes in the community that they were studying, a radius (usually one to three blocks) was established and the area within the circle, with the group home as its center, was identified as a neighborhood. The researchers then identified a control neighborhood, as similar as possible in characteristics to the group home neighborhoods with the exception that they did not contain a group home of any sort. The major characteristics used for matching the neighborhood were types of homes in the neighborhood, property values, income levels, ethnic composition and age of the homes and neighborhood residents (Lauber, 1981). Property values were compared in the matched neighborhoods for a period of time prior to the establishment of a group home and a period of time after the establishment of the home.

One of the most thorough of the studies, and the only one with a longitudinal follow-up, was conducted for N.Y. State Office of Mental

Retardation and Developmental Disabilities (Wolpert, 1978). The study evaluated over 1500 property transactions within 42 neighborhoods in ten New York cities. Using the 1970 census, demographic data about the neighborhoods surrounding group homes was compiled. Data included median family income, percentage of minorities, median school years completed, households with female heads, percentage Spanish speaking, percentage in same house in 1970 as in 1965, percent owner-occupied dwelling units, percent renter-occupied dwelling units, median dwelling unit value, median dwelling unit rent and the percentage of dwelling units built before 1939 (Wolpert, 1978).

Control areas were selected which corresponded as closely as possible to the group home neighborhoods. Once the control area was chosen, one house was designated as a "pseudo-facility" for the purposes of mapping surrounding properties located within a one-block radius. For each property within the one-block radius of the group home (or designated home in the control areas) all sales from January preceding the opening of the home to 12 months following the opening were traced and recorded. The results were analyzed using a regression model to assess the impact of group homes on property values (Wolpert, 1978).

The findings of the study show that proximity to group homes has no effect on property values. Properties next door, across the street, or a few doors away from the group home had basically the same changes per month in value (measured by sale price) as those further away.

For the 12 month period following the establishment of a group home, no greater proportion of adjoining properties were sold than those farther away. The transaction rates around the group homes were the same as around the 'dummy' control sites. Even in areas of high turnover of nearby properties, sale prices were consistent with the prevailing neighborhood trends of market value" (Wolpert, 1978).

Dolan and Wolpert (1982) published an updated and revised study which provided longitudinal data on the impacts of group homes. The updated study analyzes market prices and turnover rates for 32 (of the original 42) group homes in the 1978 sample. The updated study made it possible to examine property value changes and turnover rates for the five years following the siting of each of the sampled group homes. The findings of the second study support the original conclusions on property values as well as making additional comments on how the group homes "fit" into the neighborhood. In summary, the conclusions are:

1. The proximity of neighboring properties to a group home does not significantly affect its market value in either the short or long term;
2. Group homes are not very conspicuous neighbors. The homes with eight or fewer residents are generally less conspicuous than larger homes,

although some of the largest homes in the sample blended very well into their background. (Conspicuousness was measured by the condition and design of the structure, design accommodations, condition of the yard, visibility of staff and residents, and parking arrangements);

3. Group homes are generally well-maintained and consistent with other homes on the same block and;
4. Neighborhoods with established group homes have not been targeted for additional group homes--a fair share system had been maintained (Dolan and Wolpert, 1982).

Only one study of the impact of group homes on property values has found any negative impact (Gabriel and Wolch, 1980). It analyzes the effects of homes for individuals with mental health, alcohol, or drug problems (they are considered higher impact facilities than those for developmentally disabled or physically handicapped) and analyzes their effects in a racially-segmented housing market. Although they did find an adverse effect, the result of their study is more place-specific and perhaps not as general as many of the others.

There is no evidence that the mentally ill are more violent or more criminally disposed than "normal" citizens (Chandler and Ross, 1976). Gould, (1979) in a study of Richmond, Va., rates incidences of criminal behavior among persons with developmental disabilities or mental illness as compared with the rates for the general population. The rate for all persons with developmental disabilities or mental disorders who participated in community-based services or lived in group residences was 1.3 percent in both 1977 and 1979. For those living in group residences the rate was only 0.8 percent.

#### *COMMUNITY ATTITUDES*

Although researchers strongly deny that group homes have any negative impact on neighborhoods, it is the attitudes of the community which are reflected in restrictive ordinances banning the integration of group homes into single-family neighborhoods. Mental health facilities are typically regarded as noxious. Although communities realize that the facilities are needed, the "not-on-my-street, not-in-my-neighborhood" attitude is prevalent. In 1981, a major study on community attitudes toward mental health care was published (Dear and Taylor, 1981).

Conducted in Toronto, the survey of 1,090 households was designed to measure community attitudes towards the mentally ill in general and community-based facilities in specific. The major objective of the Toronto study was to investigate the factors affecting public reaction to neighborhood mental health facilities. An unexpectedly small number of respondents in the neighborhoods that had a mental health facility were aware of its existence. Of 388 respondents selected because they had a facility within 400 meters of their home, only 83 indicated an awareness of a facility in their neighborhood (Dear and Taylor, 1981). On closer inspection the data

Housing and Society, Vol. 11, No. 2, 1984

showed that only 33 of the 83 were actually aware of the facility closest to their home which was the basis for their inclusion in the sample (Dear and Taylor, 1981).

Similar results were found in Green Bay, Wisconsin (Knowles and Baba, 1973). The study asked people living within a one-block, two-block and three-block distance of a group home a series of questions concerning the facility. On the average, only half of the residents living on the same block as the home knew of its existence (Knowles and Baba, 1973).

Those figures confirm the inconspicuous nature of most residential care facilities. They are typically indistinguishable from neighboring housing and, therefore, their existence is unknown to many who live close by.

All interview respondents were asked to state their general approval or disapproval of the group home idea, of group homes aimed at specific populations and the inclusion of group homes in single family neighborhoods. Over two-thirds indicated general approval of the concept with 36.9 percent approving a great deal and 29.9 percent approving slightly (Knowles and Baba, 1973).

The answers from those who knew of a group home and those who did not were compared. Although the approval rate was approximately the same for both groups, those who knew of group homes tended to believe in their opinion "a great deal" (Knowles and Baba, 1973).

The Toronto study found some evidence that knowledge of facilities leads to more neutral feelings about facilities, but no evidence that knowledge leads to more positive feelings (Dear and Taylor, 1981). However, the Green Bay Study found that knowledge of specific group homes and their programs increased positive responses to facilities (Knowles and Baba, 1973).

If group homes are basically indistinguishable from their neighbors, how do they obtain their visibility? The Green Bay Study asked how people received their information. Almost half of the residents who knew of group homes had obtained their information from informal communication among neighbors and friends. The news media provided information to another quarter of the residents (Knowles and Baba, 1973).

One of the most important concerns expressed was about the supervision of group home residents. In the Green Bay Study almost half of the respondents to the questions regarding approval or disapproval clarified or qualified their answers. The most frequent response, from 40 percent of those qualifying their answer was that they approved of group homes if they were well supervised (Knowles and Baba, 1973). In the Toronto study as well, many respondents qualified their opinion about a facility in their neighborhood on the basis of the level and quality of patient supervision (Dear and Taylor, 1981).

The nature of the group homes affected people's opinions in Green Bay, with homes serving young children being the most

approved of and those serving ex-convicts being the least approved. (Table 1 shows the results of the Green Bay Attitude Survey.)

Table 1. Results of the Green Bay, Wisconsin Survey of Community Attitudes Toward Group Homes\*

Question	Total Sample	Respondents who know of:	
		One or More Group Homes	No Group Homes
1. Do you generally approve of homes in prime residential areas being used for social service programs?			
Approve a great deal	36.9%	44.2%	27.7%
Approve slightly	29.9	23.1	38.6
Disapprove slightly	11.2	9.6	13.2
Disapprove a great deal	18.2	22.1	13.2
Undecided	3.7	1.0	7.2
n	187	104	83
2. Would you approve or disapprove if these homes served young children?			
Approve	73.1	69.2	78.0
Disapprove	20.4	26.0	13.4
Undecided	6.5	4.8	8.5
n	186	104	82
3. Would you approve or disapprove if these homes served adolescent and teenage children?			
Approve	66.7	67.3	65.9
Disapprove	28.5	29.8	26.8
Undecided	4.8	2.9	7.3
n	186	104	82
4. Would you approve or disapprove if these homes served adults?			
Approve	62.9	60.6	65.8
Disapprove	30.1	34.6	24.4
Undecided	7.0	4.8	9.8
n	186	104	82
5. Would you approve or disapprove if these homes served ex-convicts or parolees?			
Approve	37.1	38.5	25.4
Disapprove	55.4	53.8	57.3
Undecided	7.5	7.7	7.3
n	186	104	82

\*Source: Knowles and Baba, 1973

*IMPROVING GROUP HOME ACCESS TO COMMUNITIES*

As mentioned earlier, community resistance has been a major barrier to increasing the number of group homes in American municipalities. The fact that a significant body of evidence shows that group homes do not have an adverse effect on community life, do not lower property values and do not increase the crime rate has not changed community attitudes towards these facilities. What then can be done to decrease community hostility and improve the neighborhood climate for group homes? There are four major strategies that should be tried.

I. A continuing effort should be made to improve public awareness and education regarding the mentally ill. It is necessary to increase the public awareness about mental illness and the purposes of deinstitutionalization. The results of the studies which have shown the falseness of fears regarding property values, crime, etc., should be used by mental health and housing educators in the community. The findings from both the Toronto and Green Bay studies suggest that awareness of a program, the nature of the facility and its users and the availability of information addressing the fears they have (such as property value studies) regarding the impact of the facility decreases negative attitudes. The Toronto study found that there was a large body of neutral opinion towards facilities and potential users (Dear and Taylor, 1981). In Green Bay, those who were aware of the work of specific group homes were supportive and positive in their attitudes towards group homes (Knowles and Baba, 1973). An important aim of a community education program would be to turn non-opposition into positive support.

II. It is important to acknowledge community fears concerning the possible drop in property values and increase in crime if a group home is sited in their neighborhood. If people are frightened because "different" people are to live in their neighborhood, community educators should use the available studies to assure residents that their fears are not grounded. When Planning/Communications undertook a study of the available research on group homes for the State of Illinois Department of Mental Retardation, they also prepared two documents for general distribution to the public. One is a three-page summary of the studies which includes an annotated bibliography (Lauber, 1981). The other is a one-page fact sheet (Lauber, 1981). A review of some additional studies can be found in a recent Planning Advisory Service memo (Linowes, 1983).

III. It is important to recognize and address community fears that one group home in a neighborhood will lead to many facilities locating in and "taking over" a neighborhood. A concern about the clustering of group homes is a legitimate concern. However, there are methods which a community can adopt to insure that it will not happen. Adoption of density guidelines can insure neighborhoods that facilities will not all be clustered together. A commonly used guideline is one which allows facilities to be no closer than one to a block (approx. 400 ft.). Many cities use 1,000 ft or 500 ft. as the minimum allowable distance between facilities.

Ritzdorf

Portland, Oregon, has an innovative set of city regulations governing the siting and licensing of group homes. Group home operators must first obtain a license from the City Office of Residential Care Facilities. The purpose of the office is to assure quality control for both consumers and neighbors of group home services. In 1975, they engaged the services of a consultant to prepare a nationwide study of the zoning and land use issues related to group home siting (Ritzdorf, 1975).

As a result of that study, a set of Density Guidelines for the siting of residential care facilities (group homes) in single-family zones was adopted. These guidelines are worth reviewing in detail. A community interested in increasing group homes accessibility to single-family neighborhoods while protecting the neighborhood from any undue, perceived or real, "impact" may find them an acceptable model.

The density guidelines are based on two concepts: the concept of a "fair share" distribution of group homes throughout Portland neighborhoods and a process which recognizes and takes into account the difference between high-impact and low-impact facilities.

To distinguish between a Residential Care Facility (RCF), boarding houses and nursing homes, the following definition is used: Residential Care Facility means "an establishment operating with twenty-four-hour supervision for the purpose of serving not more than fifteen (15) persons who by reason of their circumstances or condition require care while living as a single housing unit in a dwelling unit. Care is defined as room and board and the provision of a planned treatment program; and planned treatment means a previously determined program of counseling, therapy, or other rehabilitative social service provided for a group of persons of similar or compatible circumstances or conditions; and a planned treatment program which requires regular on-premise physician's or nurse's care as part of the planned treatment shall not be allowed" (Density Guidelines for the Siting of Residential Care Facilities, City of Portland, Oregon, 1977).

Lower-impact and higher-impact facilities are distinguished on the basis of size and type of client served. Lower Impact RCF "means an RCF serving 10 or fewer residents who are (1) mentally and/or physically handicapped persons, or (2) children under the age of 18 who do not fall within the categories specified under "Higher Impact RCF." (Portland Density Guidelines, 1977.) Higher Impact RCF "means a RCF serving (1) more than 10 residents; or (2) 10 or fewer residents who are, (a) alcoholic or drug addicted persons, or (b) persons who are in residential care as an alternative to incarceration or as a condition of probation or parole." (Portland Density Guidelines, 1977.)

The ordinance goes on to define all the terms necessary to the Guidelines such as neighborhood area, impacted area, eligible siting area and others. It then establishes a specific set of siting criteria based on the number of housing units in each census area. Because Portland has active and clear geographically-defined neighborhoods, the concept of neighborhood area was useful. In a community with less specific boundaries, census tracts might provide a better

Housing and Society, Vol. 11, No. 2, 1984

defining concept. The density guidelines specify a maximum number of RCF's but specify at least one high impact RCF per neighborhood.

Table II. Neighborhood Density Guidelines: Portland, Oregon

No. of Housing Units	No. of Group Homes
0-1699	1
1700-2699	2
2700-3699	3
3700-4699	4
4700-5699	5
5700-6699	6
6700-7699	7
7700-8699	8
8700-9699	9

Any RCF that wishes to locate within a neighborhood that has its quota, or more than its quota, of RCF's must:

1. demonstrate to the Planning Commission's satisfaction that the proposed RCF will contribute to or will not adversely affect the livability and residential character of the impacted area;
2. obtain the approval of any affected neighborhood associations, in order to be eligible for consideration of a conditional use permit (Portland Density Guidelines, 1977).

An example of a group home being granted permission to locate in an area that already contained its "fair share" of group homes, concerned a facility for recovering stroke victims which needed to be located physically adjacent to a Portland hospital which is nationally known for its stroke rehabilitation program. Both the neighborhood associations and the planning commission were sympathetic to the specific needs of this group and approved the home, even though the new facility would be located in the neighborhood which was most severely impacted by group home ghettoization prior to the adoption of the new regulations.

The ordinance further specifies block density requirements allowing no RCF to be located within 400 feet of the boundaries of another RCF without the permission of 55 percent of the occupants and property owners within 200 feet of the proposed site (Portland Density Guidelines, 1977).

The Portland guidelines provide a good example of a strategy that takes into account both the needs of the community and the potential group home resident. It assures that no particular neighborhood contains numerous group facilities, while opening up a wide variety

of neighborhood locations to group homes. While some neighborhoods probably never will have a group home because of the prohibitive cost of property, it makes the majority of Portland neighborhoods accessible to the potential group home operator. The specific goals and guidelines implement a "fair share" philosophy and give the planning commission a policy with which to counter neighborhood opposition that is based solely on preconceived fears or prejudices.

IV. The adoption of clear definitions of what group homes are and what they are not is another strategy which communities should be encouraged to adopt. At the current time, there is no standardization of zoning terminology and this often leads to confusion. It is clear, from the research, that most communities respond quite differently to different types of group homes. The type and size of a facility are the main distinguishing factors.

Bellevue, Washington, a large suburb of Seattle, has adopted a very clear set of definitions within their zoning ordinance. They divide group homes into two classes, and then further divide them on the basis of size. Group homes in Class I are those that are state licensed foster homes for children, homes for the handicapped and physically disabled and homes for those who have developmental disabilities. Class I homes with 8 or fewer residents are permitted uses outright in any single-family zone and homes with up to 10 residents are permitted outright uses in multi-family zones. Class II homes are defined as state-licensed homes for juvenile delinquents, halfway houses providing residence to those needing correctional or mental institutions and residential rehabilitation centers for alcohol and drug abusers. No group homes of this type are allowed in suburban residential districts, but are permitted outright if they serve six or fewer clients in multi-family areas. All other group homes in Classes I and II are regulated through the conditional use process. (Group Home Regulations, City of Bellevue, 1980).

V. Two other approaches that can help improve the atmosphere for group facilities in the community relate to changes in the family definition and adoption of state legislation superseding municipal rights to govern the location of group homes. Although the Supreme Court still supports the community right to regulate family composition, some state courts are starting to take an affirmative stand vis-a-vis the right to live with whom one chooses. In both California and New Jersey, the state Supreme Courts have rejected the *Belle Terre* precedent and declared municipal family definitions to be unconstitutional (*Santa Barbara v Adamson*, 27 C3d.123, 610 P2d.436, 164 Cal.R. 539 (1980), and *State of N.J. v Baker*, 158 N.J.S. 536, 386 A2D.890, affd (1979) 81 N.J. 99 405 A2d.368).

Communities in states that allow family definitions should be encouraged to adopt definitions that define "housekeeping units" and to stop regulating the type or number of unrelated people who live in a dwelling unit. For example, Moskowitz and Lindbloom (1981) suggest family be defined as, "one or more individuals occupying a dwelling unit and living as a single household unit." Additionally, state legislatures should be encouraged to adopt state legislation that supersedes municipal rights to prohibit group homes. The Mental Disability Law Project has created an excellent model statute.

Fortunately, the fact that state courts have generally been supportive of the rights of group home families and that 17 state legislatures have superseded, to varying degrees, municipal zoning forbidding group home location in American communities has provided housing and mental health workers with some leverage for increasing the number of group homes in American communities. Unfortunately, in most states, it is still an issue that is controlled at the municipal level. Local officials rarely have the expertise or information to evaluate a proposed facility in the emotional atmosphere and limited exposure of a public hearing.

Therefore, improving the opportunities for group homes to locate in the community and especially in single-family zones is in the hands of concerned housing and mental health professionals. As educators, our responsibility to see that our students are well informed on this issue is more important than ever, and as community resource people, coordination with local planning professionals and local officials is imperative if a decent and safe shelter for all people is one of the goals we would like to see implemented nationwide.

#### REFERENCES

- Bellevue, Washington, *Land Use Code*, 1980.
- Chandler, J. and Ross, Jr., S. Zoning restrictions and the right to live in the community. In *Mentally Retarded Citizen and the Law*. New York: The Free Press, 1976, 300-360.
- Dear, M. and Taylor, S.M. *Not on Our Street*  
Community Attitudes to Mental Health Care. New York: Methuen, Inc., 1981.
- Dolan, L.W. and Wolpert, J. *Long-term Neighborhood Property Impacts of Group Homes for Retarded People*. Albany, New York: State Division of Mental Retardation and Developmental Disabilities, 1982.
- Gabriel, S. and Wolch, J. *Spillover Effects of Human Service Facilities in a Racially Segregated Housing Market*. Los Angeles: School of Urban and Regional Planning of the University of Southern California, 1980
- Gould, P. *A Report on the Incidence of Crime Within Community-Based Programming*. Richmond, VA: Mental Retardation Services, 1979.
- Knowles, E. and Baba, R. *The Social Impact of Group Homes*  
*A Study of Small Residential Programs in First Residential Areas*. Green Bay, Wisconsin: Green Bay Planning Commission, 1973.
- Lauber, D. *Actual Effects of Group Homes on the Surrounding Neighborhood: What the Research Tells Us*. Evanston, Illinois: Planning/Communication, Inc., 1981.

Ritzdorf

- Lauber, D. and Bangs, F. *Zoning Treatment of Group Homes*. Chicago, Illinois: Planning Advisory Service of the American Planning Association, 1974.
- Linowes, L. *The Effect of Group Care Facilities on Property Values*. Chicago, Illinois: Planning Advisory Service of the American Planning Association, 1983.
- Moskowitz, H.S. and Lindbloom, C.G. *The Illustrated Book of Development Definitions*. Piscataway, New Jersey: Center for Urban Policy Research, 1981.
- Porter, S. Battle over the mentally handicapped. *Corvallis Gazette Times*. March 7, 1983.
- Portland, Oregon Department of Planning. *Density Guidelines for the Siting of Residential Care Facilities*. Portland, Oregon: Portland, Oregon Department of Planning, 1977.
- Ritzdorf, M. *Residential Care Facilities: Preliminary Research*. Portland, Oregon: City of Portland, 1975.
- Ritzdorf, M. *The Impact of Family Definition in American Municipal Zoning Ordinances*. Ph.D. Dissertation, Seattle, Washington, University of Washington, 1983.
- Wolpert, J. *Group Homes for the Mentally Retarded: An Investigation of Neighborhood Property Impacts*. New York: State Division of Mental Retardation and Developmental Disabilities, 1978.

TABLE OF CASES

- Belle Terre (Village of) v Boraas*, 94 S.Ct. 1536, 1974.
- New Jersey (State of) v Baker*, 158 N.J.S. 536, 386A2D. 890  
affd(1979) 81N.J.99 405 A2d.368
- Santa Barbara v Adamson*, 27 C3d.123, 610P2d.436, 164  
Cal.R.539(1980). 1 151/1