

1-1-1982

Establishing community residences : a study of factors related to the successful establishment of group residences for the mentally ill.

Robert A. Fazzi

University of Massachusetts Amherst

Follow this and additional works at: https://scholarworks.umass.edu/dissertations_1

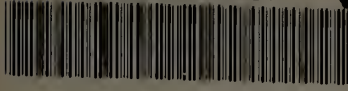
Recommended Citation

Fazzi, Robert A., "Establishing community residences : a study of factors related to the successful establishment of group residences for the mentally ill." (1982). *Doctoral Dissertations 1896 - February 2014*. 3775.

https://scholarworks.umass.edu/dissertations_1/3775

This Open Access Dissertation is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Doctoral Dissertations 1896 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact scholarworks@library.umass.edu.

UMASS/AMHERST



312066013539227

ESTABLISHING COMMUNITY RESIDENCES:
A STUDY OF FACTORS RELATED TO THE SUCCESSFUL
ESTABLISHMENT OF GROUP RESIDENCES FOR THE
MENTALLY ILL

A Dissertation Presented

By

Robert A. Fazzi

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

May 1982

School of Education


ESTABLISHING COMMUNITY RESIDENCES:
A STUDY OF FACTORS RELATED TO THE SUCCESSFUL
ESTABLISHMENT OF GROUP RESIDENCES FOR THE
MENTALLY ILL

A Dissertation Presented

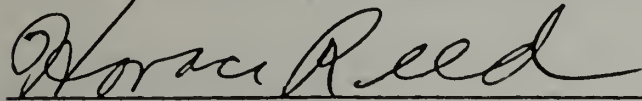
By

ROBERT A. FAZZI

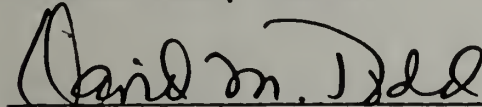
Approved as to style and content by:




Douglas Forsyth, Chairperson of Committee



Horace Reed, Member



David Todd, Member



Mario Fantini, Dean
School of Education

To my parents and family

ACKNOWLEDGEMENTS

I wish to express my sincere gratitude and appreciation to the members of my dissertation committee: Dr. Douglas Forsyth, Chairperson; Dr. Horace Reed and Dr. David Todd.

I would like to add an additional statement of appreciation to Douglas Forsyth. His encouragement, guidance, patience and understanding as my Advisor throughout my doctoral studies was immeasurably helpful and supportive.

I would like to express my appreciation to Donna Butler for her professional and timely typing and to Ruth Carlson for her willingness to expertly proofread this document and to Betsy Loughran for her continued support and guidance throughout this process.

To the staff of the Center for Human Development, and the mental health professionals who so graciously agreed to participate in this study, I would like to express my sincere thanks.

I would like to also thank the many neighbors of the group residence who agreed to be involved in the neighborhood typing survey. Their openness and willingness to participate certainly enhanced my overall effort.

I would like to express special thanks to two very close friends who were always there when I needed help: Nancy Mihevc and Julianne Pokela. Their encouragement,

sensitivity and support was integral to the development and completion of this dissertation.

Finally, to my wife Joanne and to my daughters Jennifer, Jill and Sarah, I wish to thank them for their patience and love throughout this effort.

ABSTRACT

Establishing Community Residences:

A Study of Factors Related to the Successful
Establishment of Group Residences for the Mentally Ill
(May 1982)

Robert A. Fazzi, B.A., American International College
M.Ed., Springfield College
Ed.D., University of Massachusetts

Over the past thirty years, there has been a rapidly increasing shift in the treatment of people labeled mentally ill from large institutional settings to smaller community based programs located in traditional structures in neighborhood settings.

This shift in the locus of treatment has not been readily accepted by neighbors in the neighborhoods where clients are placed. In many situations, the negative reaction by neighbors has resulted in programs being delayed, modified or in some cases prohibited from opening. One national study documented the fact that for every program that has been established and continues to operate another has been prohibited or closed because of community opposition.

(Piasecki 1975)

This study attempts to identify some of the factors that are most closely associated with the successful efforts to establish group residences. Four variables (level of assessment, strategies utilized, neighborhood reaction and neighborhood typology) were expected to be essential components of efforts to establish group residences. Interviews were conducted with the program developers of nineteen successfully established residences. Phone surveys of the five nearest neighbors to each residence were also conducted.

Fisher Exact Tests and Chi Square Analyses of the relationships between variables indicated that most relationships were not significant. The one exception was Chi Square Analysis of the relationship between level of strategy and neighborhood typology. While limited, the findings suggest that specific levels of strategy are more appropriate for specific types of neighborhoods.

Discussion of findings, guidelines for program developers and suggestions for future research are provided.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iv
ABSTRACT	vi
LIST OF TABLES	x
Chapter	
I. INTRODUCTION	1
Statement of the Problem	3
Research Question I	4
Research Question II	5
Research Quesiton III	5
Research Question IV	5
Research Question V	5
Research Question VI	5
Location of Study	6
Definition of Terms	9
Group Residence	9
Neighborhood Reaction	9
Program Developer	10
Level of Neighborhood Assessment	10
Strategies Utilized	11
Successfully Established Residence	11
Social-Structural Characteristics	11
Delimitations	11
Significance of Study	13
II. REVIEW OF LITERATURE	14
Introduction	14
Literature on Establishing Community	
Residences	19
Literature on Communities	24
Defining the Neighborhood Territory	26
Social Patterns of Neighborhoods	28
A Step Toward Typing Neighborhoods	32
Review and Implications	39
III. METHODOLOGY	41
Design of the Study	41
Sample	42
Instrumentation	43
Program Developer Questionnaire	44
Neighborhood Typology Survey	46

TABLE OF CONTENTS (CONTINUED)

Chapter		
III. (Continued)		
	Procedure	47
	Operationalization of Variables	49
	Program Developer Questionnaire Scoring	49
	Neighborhood Survey Scoring	53
IV.	ANALYSIS AND RESULTS	57
	Research Question I	58
	Research Question II	59
	Research Question III	60
	Research Question IV	61
	Research Question V	62
	Research Question VI	63
V.	DISCUSSION AND CONCLUSIONS	64
	Research Question I	65
	Research Question II	67
	Research Question III	69
	Research Question IV	70
	Research Question V	75
	Research Question VI	75
	Conclusions	76
	Recommendations for Further Research.	78
	BIBLIOGRAPHY	83
	APPENDICES	89

LIST OF TABLES

Table

1.	Different Types of Neighborhoods	36
2.	Neighborhood Assessment Frequency Distribution .	50
3.	Strategy Utilization Frequency Distribution .	52
4.	Reaction Frequency Distribution	53
5.	Neighborhood Typology and Social Structural Characteristics	55
6.	Neighborhood Frequency Distribution	56
7.	Relationship of Neighborhood Assessment to Strategy Utilization	58
8.	Relationship of Neighborhood Assessment to Reactions Experienced	59
9.	Relationship of Strategies Utilized to Reactions Experienced	60
10.	Relationship of Strategies Utilized to Neighborhood Typology	61
11.	Relationship of Reactions Experienced to Neighborhood Typology	62
12.	Relationship of Neighborhood Assessment to Neighborhood Typology	63
13.	Relationship of Strategies Utilized to Neighborhood Typology Controlling for High Assessment	74

C H A P T E R I

INTRODUCTION

During the past thirty years, this nation has experienced one of the most rapid and dramatic shifts in the locus of treatment for people labeled deviant or for people termed unable to care for themselves. In place of large traditional institutional settings has come an increasing reliance on providing services in smaller, more individualized community settings.

With this shift has come an array of clinical, social and programmatic challenges not the least of which is the formidable challenge of determining the most appropriate means of approaching and establishing a residential program in a neighborhood setting.

In response to this need, this study will systematically review successful efforts and will identify those factors found to be most consistently associated with successful efforts to establish group residences for people receiving treatment for what has been labeled mental illness.

For those involved in the deinstitutionalization and communitization movement, as well as for the general public, the problem of attempting to establish a group residence is readily apparent.

One needs only to watch television, listen to the radio, read a newspaper or glance through a national publication to realize that the attempt to establish a group residence for the treatment of those labeled mentally ill is often received with extensive opposition by people living in that community and neighborhood.

Mental health practitioners who are committed to the belief that the community is the most appropriate setting for providing humane and effective treatment are often totally unprepared to deal with the concerns and reactions of neighborhood and community people.

The announcement, or in some cases, the awareness by neighbors that a residence is being established is often met with a variety of responses. The responses may range from active support and encouragement to passive tolerance to active resistance. Neighbors and people concerned about a proposed program may simply react by meeting as individuals or small groups with program officials. In other cases, neighbors may rally against the facility using whatever social, political, media and legal means possible. In extreme cases, strong reaction may take the form of violence and destruction.

Given the potential for various reactions, practitioners are particularly sensitive to the need for approaching the neighborhood in a constructive and appropriate manner.

Unfortunately, practitioners quickly learn that there is little they can use to guide their efforts. Rather than answers, practitioners are left with an increasing spectrum of questions. Is there a right way to approach neighborhoods? Are there consistent factors which improve the chances for successful program integration? What are the primary considerations program developers use in identifying an appropriate neighborhood? When and how should neighbors be approached? Should neighbors be involved in the efforts? Are there similarities in neighborhoods that have been successfully integrated? In short, are there consistent factors found in successful integration efforts that can be used as a guide in future efforts?

The consequences of this knowledge void have had drastic effects on practitioners' efforts to establish group residences. Piasecki (1975) in a national study of group residences found "that for every program that is established and continues to operate another has been prohibited or closed because of community opposition" (p. 7).

Problem Statement

In response to this reality, this project proposes to identify some of the factors most consistently associated with successful program integration in a sample of neighborhoods. In addition, this study will systematically analyze

and statistically measure the identified factors as well as the significance of the interrelationships of those factors. Through a review of the literature, four variables were identified as being consistently associated with efforts to establish group residences. Those variables were: the level of neighborhood assessment conducted by the program developer; strategies utilized by the program developer; neighborhood reactions experienced by the program developer; and typology of neighborhood in which each home was being introduced.

Together these four factors were found to be the most essential variables related to efforts to establish group residences. Their effect on successful efforts and their interrelationships provided the foundation for the research questions being considered in this study.

Specifically, it is the intent of this study to answer six research questions:

Research Question I: Is there a relationship between the efforts made by program developers to learn about the people and neighborhood (level of neighborhood assessment undertaken) and the specific activities undertaken by program developers (strategies utilized) in neighborhoods where group residences have been successfully established?

Research Question II: Is there a relationship between the level of neighborhood assessment undertaken and neighbors' reactions as experienced by program developers (reactions experienced) in neighborhoods where group residences have been successfully established?

Research Question III: Is there a relationship between strategies utilized and level of reactions experienced by program developers who have successfully established group residences?

Research Question IV: Is there a relationship between strategies utilized and the social-structural characteristics (type of neighborhood) of those neighborhoods in which group residences were successfully established?

Research Question V: Is there a relationship between reaction experienced by program developers and the type of neighborhood in which group residences were successfully established?

Research Question VI: Is there a relationship between the type of neighborhood in which group residences were successfully established and the level of assessment utilized by program developers who have successfully established group residences?

Location of Study

This study focuses on those group residences for adults labeled mentally ill that have been successfully established in the western sector of the Commonwealth of Massachusetts, i.e., are residences which are legally established and are presently functioning.

Within the Commonwealth of Massachusetts, most services for those defined as mentally ill, including residential services, are provided by the Massachusetts Department of Mental Health (DMH).

At the time the homes being studied were established, the DMH functioned through a management system which divided the state up into seven regions, with the regions being subdivided into 41 separate areas.

The western sector was called Region I and consisted of five individual areas: Springfield, Holyoke/Chicopee, Westfield, Franklin/Hampshire, and the Berkshires.

Organizationally, each region was coordinated by a Regional Director who had a small fiscal, contracting, monitoring and planning staff.

Since the time the group residences were established, the Massachusetts State Legislature eliminated the seven Regional Offices, replacing them with four temporary District Offices. The Area structures remained. As of April

1, 1982, at least three additional structures are being considered for replacing the District structure.

Each of the five areas had and continues to have a large staff headed by an Area Director. Area offices are more directly responsible for the establishment, monitoring and delivery of all services within their area. Each area office receives a budget allocation that is used to purchase the services for the clients living in that geographical area.

Citizen involvement through Area Boards is also a vital component

Within the Massachusetts Department of Mental Health system, the delivery of community services are provided by independent, non-profit agencies. Agencies are awarded contracts through a bidding process and are responsible for delivering services within contractually defined parameters. All residential programs therefore are provided by non-profit agencies which are located throughout the various areas. These agencies are in most cases, but not all, responsible for identifying locations, determining the specific integration strategy, implementing the effort, and when successful, opening and operating the group residence. In a few situations, as will be identified within the study, specific area personnel have assumed the primary responsibility for defining location and strategy.

In developing this study, Massachusetts, and particularly Western Massachusetts, provided an ideal setting. The census in Massachusetts state hospitals, like those in other states, has declined since the introduction and mass use of psychotropic drugs in the early fifties. "In 1956, for the first time in 175 years, the number of patients in United States psychiatric hospitals began to decline" with the therapeutic effects of psychotropic drugs being seen as the primary catalyst for this steady decline (Ayd, 1973:7).

In Massachusetts, in 1965 for example, the average daily hospital bed census was approximately 17,000 people per day. On May 1, 1981, that figure was 1,893 (Rosenfeld 1981:38).

Psychotropic drugs were not the only catalyst for census reduction. Starting in the mid-sixties, and accelerating in the late seventies under the leadership of DMH Commissioner Robert Okin, the Massachusetts Department of Mental Health made a strong philosophical stance to develop a community-based treatment system as an alternative to an institutionally-based system.

In Western Massachusetts, where state officials were strongly committed to this ideal, a second, and more fundamental action took place. This action insured the rapid growth of community options, particularly residential options.

A class action law suit was filed in federal court suing the Commonwealth of Massachusetts for not providing adequate services in their state hospital (Northampton State Hospital). This suit was settled by the plaintiffs and defendants (the Commonwealth) and was signed as a Consent Decree (Brewster vs. Dukakis: 1978). The Consent Decree not only called for the establishment of community options for all hospitalized patients, but also guaranteed, through the power of the court, that the funds would be available.

Group residences were a major part of the Consent Decree and plans were made in all areas to establish an array of residences over a three-year time period. This study focuses in on, and benefits from, the experiences gained as new residences were being established in compliance with the Consent Decree.

Definition of Terms

For the purpose of this study, the following definitions will be used for the specific terms:

1. Group Residence: A residential setting where treatment services are provided for three (3) to eight (8) adults who have been formerly hospitalized in Northampton State Hospital.
2. Neighborhood Reaction: The expression of positive or negative responses by neighbors as per-

ceived by program developers. Although this study results from the reality that the attempt to establish group residences often generates negative reaction from neighbors of that residence, the researcher opted to use the more neutral term "reaction" rather than the negative term "resistance." The term "resistance" is seen to reflect a value bias that does not respect the legitimate concerns and questions of neighbors. It also does not allow for the supportive roles taken in some neighborhoods. The term "neighborhood reaction" is therefore being used as a means of establishing a neutral term and thereby allowing the actual response by the neighbors as perceived by the program developer to be the criteria for defining whether the reaction was positive or negative.

3. Program Developer: That person who has the direct authority and responsibility for defining the location and strategy for approaching a specific residence. In most cases, it will be a staff person of the non-profit agency, but in a few cases, it will be a DMH official. The term "practitioner" is used interchangeably with program developer.
4. Level of Neighborhood Assessment: The specific activities initiated by the program developer for

the express purpose of learning about the people and neighborhood of the proposed group residence. The purpose of these activities would be to learn what could be expected and how to best approach the neighborhood.

5. Strategies Utilized: Those activities and behaviors initiated by the program developer in an effort to successfully establish a group residence.
6. Successfully Established Residence: A group residence which has been approved for operation by the Massachusetts Department of Mental Health and which has reached 50% of its total client capacity. Further, for the home to be considered successfully established, no formal or organized efforts to resist the home or to expel it from the neighborhood could exist.
7. Social-Structural Characteristics of Neighborhoods: The identification, socialization and linkage patterns of the neighborhood as defined through Warren's Typology Analysis (Warren and Warren: 1978).

Delimitations

The current study investigates factors related to the successful integration of group residences for the adult men-

tal health population that have been established since June 12, 1980 in Western Massachusetts.

June 12, 1980, is the date on which the Supreme Judicial Court in Massachusetts firmly established the fact that group homes provide educational services to their client populations. Consequently, the court declared that the establishment of a group residence "may not be barred under . . . zoning ordinance(s) and that a permit to use the premise may not be denied" (Fitchburg Housing Authority vs. Board of Zoning Appeals of Fitchburg 1980).

The June 12, 1980 date, therefore, was used to insure consistency in alternatives for both program developer strategies and community response.

The study was limited to those group residences housing from three (3) to eight (8) clients and which had been identified by local officials from the Massachusetts Department of Mental Health. The actual number of residences included within the study was further refined following verification of appropriateness or inappropriateness by the program developers of each facility.

Finally, the methodology is limited to a semi-structured interview and questionnaire designed to determine level of assessment undertaken, strategies utilized, and reactions experienced by program developers who had successfully established group residences. Neighborhood typology was de-

terminated through a phone survey of the neighbors of each group residence. The survey was designed to determine each neighborhood's social-structural characteristics from a micro-neighborhood perspective.

Significance of the Study

Given the rapid increase in the number of group residences, the documented level of concern, reaction and resistance expressed by community and neighborhood people, and the serious implications these reactions have had on program development efforts, any new data and insights will provide invaluable assistance to practitioners. More specifically, this study attempts to do the following:

1. Fill a major practical void in the community residence movement by providing practitioners with clear data defining consistent factors found in successful integration efforts.
2. Provide practitioners with a foundation for specific guides that they could use in future program integration efforts.
3. Provide better understanding of types of neighborhoods that have been successfully integrated.
4. Indicate further study in a number of different directions, i.e., how specific strategies relate to specific neighborhoods.

CHAPTER I I
REVIEW OF LITERATURE

Introduction

Community residences and the problems associated with their establishment are a fairly recent phenomenon. Thirty years ago, there were only two (2) community mental health halfway houses listed in the country. That number increased to ten (10) by 1960, and as late as 1969, only 128 programs were reported (Glasscote, Gudeman and Elpers, 1971:1).

During the 1970s, the community-based movement experienced its most significant advances. Legal efforts resulting in laws guaranteeing patients the right to treatment (Wyatt vs. Stickney: 1971) and the right to receive treatment in the least restrictive setting possible (Dixon vs. Weinberger: 1974) focused the public attention on the plight of patients. Studies and exposes by the media, citizen groups, and legislators confronted the public with the conditions and failures of state hospitals. Feasibility studies made it clear that improving state facilities and establishing new institutional programs would be extremely costly.

The result of these realizations was that community care suddenly seemed, as Baron and Rutman pointed out, "not

only a viable therapeutic and legal alternative to hospital care but a cheaper one as well" (Baron and Rutman 1979:5).

Nationally, the community care movement rapidly became a major option to institutional care with every state in the nation incorporating community programs to a greater or lesser extent as part of their total mental health system. By 1976, it was conservatively estimated that 300 such facilities for the mentally ill existed (Piasecki, Leary and Rutman 1980: 4).

Despite the tremendous increase in group residences, the movement toward locating and establishing residential programs into neighborhood settings has proven to be neither easy nor smooth. Mental health practitioners often found themselves dealing with the reality that the general public very often reacted negatively to the idea of former mental health patients moving into their neighborhoods.

The basis for the communities' reaction to the mentally ill has been well documented. Study after study reconfirms the fact that the general public or sub-group of it has negative images and reactions to the mentally ill (Brockman and D'Aray, 1978; Dunning and Cumming, 1957; Dohrenwend and Chir-smog, 1967; Fracchia, 1975; Fracchia, Sheppard, Canale, Ruest and Merles, 1976; Lester and Pickets, 1978; Phillips, 1967; Rabkin, 1972).

While many of the studies differ in their focus and some in their interpretation of the findings, most would readily agree with Farina, Thaw, Lowen and Mangone (1974) that "the consequences of being labeled a mental patient are many and they appear to be rather uniformly negative." (p.108)

The community reaction that practitioners confront when trying to establish a community residence might be viewed from the perspective of the collective fear and reactions that the general public has toward the mentally ill. From a theoretical perspective, Rhodes in his major study of community reactions to threat (Behavior Threat and Community Response: 1972) points out that "any new social-action effort or movement that aims to influence the collective or individual psychosocial lives of the community or to influence their context must contend with the existing order." (Rhodes 1972:3) He further points out that "since power structures are quite sensitive to public pressure, governing groups are quite likely to move to reinforce the constraints that threaten response groups' (the existing community) demands." (Rhodes 1972:21)

A community's response to the perceived threat has been found to be somewhat predictable. At first a few individuals become aware and singularly respond. As the controversy escalates, "individuals of similar interest combine to

achieve their ends and such combinations of interlaced values and interest form sub-systems of power." (Presthus 1970:104).

In his study of the dynamics of community controversy, Coleman states that "the most striking fact about the development and growth of community controversies is the similarity they exhibit despite diverse underlying sources and different kinds of precipitating incidents." (Coleman 1970:44)

As the conflict escalates, both sides attempt to use whatever influence they have in support of the efforts of their side. The one fact that becomes clear from these efforts is that "there are fundamentally three and only three core modes of influence . . . force, inducement and agreement." (Cox 1970:162).

When opponents of the group residence are unable to reach an agreement with representatives of the sponsoring agency or are unable to induce them through neighborhood and community pressure to stop the development of the home, they most often turn to the political system and, if necessary, the legal system to protect their interest and help maintain the status quo.

Within the political system, zoning regulations were found to be the major weapons used by opponents of group residences. (Goldmeier, Shore and Milton 1977:7) The focus

of these battles differs from area to area but essentially centers on practitioners having to prove their programs fit under existing zoning standards or arguing that the program should be granted a variance or special permit allowing their occupancy.

Planning Boards, Aldermen, City Councils, Boards of Appeal, the Mayor's office, Health Departments, Building Departments and/or Zoning Departments are just some of the potential groups that might get involved. Decisions made by political representatives are very often against the establishment of a group residence. Budson (1978) argues that these decisions simply reflect the reality that "politicians on the planning and town councils . . . will be swayed by the opinions of their electorate." (Budson 1978:14)

Beyond the political system is the legal system which often becomes the final forum for addressing whether or not a program can be legally established in a neighborhood setting. In his review of court decisions related to the rights of community programs to be established in neighborhood settings, Budson found that most decisions supported the proponents of community programs and provided further legal catalyst to the community-based movement. (Budson 1978)

While there is certainly a strong indication that in the long run programs have the right and legal ability to be

successfully established in a neighborhood setting, the realities of neighborhood hostility and resistance, public disfavor, and long political and legal battles have clearly had a detrimental effect on the group home movement. In one national study of 428 facilities, for example, Piasecki found that for every program that started another had been prohibited or closed because of community opposition. (Piasecki 1975:7) It becomes clear then that the level of reaction experienced by program developers is a critical factor in their ultimate success or failure in establishing a group residence. Further, given the potential for resistance and its subsequent consequences, it becomes clear that practitioners are faced with the challenge of determining the most appropriate strategies for approaching and establishing a group residence in a neighborhood setting. It is from this perspective that a review of relevant literature becomes essential.

Literature on Strategies for Establishing Group Residences

A review of the literature quickly shows a striking lack of objective material related to the establishment of group residences. While there are numerous subjective articles to be found in the journals, there are no comparative studies or studies incorporating research design as a means of analyzing the impact of specific strategies.

Nearly all studies are descriptive reports of the authors' experiences in establishing residences or a series of strategy recommendations based on the authors' subjective experiences.

From a review of these studies, three distinct strategies can be culled out. The first is the low profile approach which emphasizes moving into a setting with the least amount of notice and community contact possible. (Budson, 1978; Chien and Cole, 1973; Glasscote, Gudeman and Elpers, 1971; Goldmeier, et al., 1977; and Hogeman and Stein, 1966).

Berdransky and Parker have called the low profile approach the Machievellian Approach. "The developer makes a secret arrangement for the project and then presents the group home to the community fait accompli. When neighbors see the home in existence they may realize that the residents are harmless and that any resistance would be futile." (Berdransky and Parker, 1977:10).

A number of studies reported using this approach when establishing apartments for clients (Chien and Cole 1973:159; Hodgman and Stein 1966:348; Stickney 1976:536). Another clear example of this approach is the Fountain House Program in New York where clients are integrated into residential settings with little or no contact with the community. (American Psychiatric Association and National Institute of Mental Health 1971, 57-59)

The low profile approach, when contacts are necessary, normally focuses on key community leaders. Studies have shown that "leaders, by virtue of their position exert a tremendous influence on social norms and should be considered as playing an important part in the process of attitudinal formation and change." (Bentz and Edgerton 1970:468)

In contrast to the low profile approach is the high profile approach. Advocates of this approach emphasize that if clients are going to be truly accepted into the community, every effort possible must be made to gain the community's confidence and support. (Armstrong, 1976; Kinney, 1979; Stickney, 1976; Trute and Loewen, 1978)

Gutman House in Oregon and Horizon House in Philadelphia are two examples of the high profile approach. For Gutman House, in addition to a community-wide educational effort, a separate effort was made to invite all neighbors in a two block radius to a meeting. (Glasscote et al., 1973:34).

Practitioners at Horizon House set up a staff committee to inform neighbors, answer questions, and insure that a strong communication line was continually open. (American Psychiatric Association and National Institute of Mental Health 1973:113).

The basic premise of the high profile approach is that before establishing a residence, practitioners must initiate

a multi-educational approach geared not only to key community leaders but also to facility abutters, the immediate neighborhood, and the community as a whole in order to gain, ideally, community acceptance and, minimally, the passive tolerance of the community.

Baron and Rutman (1979) see the basis for the two schools of thought coming from two different theories of change. Those advocating a low profile approach were seen as viewing change as a process where experience leads to rethinking which leads to change. Adherents to this view were seen as believing that neighbors will accept clients only when they have experienced the reality of those clients in their neighborhood.

High profile advocates, in contrast, are seen as viewing change as a process where information leads to rethinking which leads to change. Giving people information, facts, and answering questions and concerns is seen as the appropriate means for gaining the acceptance and support of the community. (Baron and Rutman 1979:12)

The third strategy that can be ascertained from the literature might be most appropriately labeled the Individualized Neighborhood Assessment Approach. In this approach, there is a systematic attempt made to analyze the social- structural characteristics of each neighborhood and

develop specific strategies geared to the realities of that neighborhood.

Advocates of this approach feel that strategies needed to successfully integrate programs into specific neighborhoods must be geared to and are dependent upon the fiber and make up of the community. (Coates and Miller, 1972; Goldmeier, 1977; Stickney, 1972)

Stickney provides an excellent summation of the considerations that are often used when determining the type of strategy to use for a specific neighborhood:

In the community that is characterized as heterogeneous in race and age, as being highly mobile, a low profile approach might be effective. If the area is highly urbanized, transitional neighborhoods with little experience in organizing to present a collective response to an issue and with a mix of stores, boarding houses, apartments and private homes, the mind-your-own business attitude of the neighborhood would help the residence in maintaining its anonymity. A residence in such a neighborhood with a great diversity would not be viewed as a threat to existing social arrangements as there already exists an acceptance of divergent lifestyles. (Further), if residents are going to have little or no contact with the community, if there is going to be little or no dollar cost and if the residence can maintain its anonymity for a period of time, there may be little need for an early active campaign. However, if the residents seek social, recreational, educational, work and other opportunities in the community and if there are direct or indirect cost to the taxpayers, the goal (strategy) should be toward a more active early involvement in the community. (Stickney 1976:538)

What is clear from the aforementioned research is that both the level of neighborhood assessment undertaken by program developers and the profile level of strategies

utilized are additional factors which impact the ultimate success or failure of efforts to establish group residences. Further, it is also this writer's bias that there is much that can be gained from the various approaches but that appropriateness of specific strategies is dependent upon the social-structural characteristics of specific neighborhoods. From this perspective, a clearer understanding of neighborhood dynamics and more particularly a means for differentiating neighborhoods becomes essential.

Literature on Communities

The process of differentiating types of neighborhoods is dependent upon having a clearer understanding of the nature of communities. Unlike the area of group home integration where research has been found to be limited, the field of communities and neighborhoods abounds with substantial research study.

From some of the earliest research efforts, two principle variables were used to define the nature of communities: territory and social interactional patterns. Beginning with the studies and theories developed by the highly respected Chicago School of Urban Affairs, researchers have reinforced the primacy of these two variables. In studies that are viewed as standards by contemporary students of communities, Park, Burgess and McKenzie (1925) viewed communities from a

human ecological perspective defining communities as "the spatial and temporal relationships of human beings."

(p. 63)

The territorial and social relationship aspects of communities have been continually identified by those studying the nature of communities. (Barry and Barry, 1979; Hillery, 1955; Kasarada and Janowitz, 1974; Ross, 1967; Stacey, 1969; Sussman, 1978; Suttles, 1972). In his 1955 analysis of definitions found in the literature, Hillery found 94 different definitions with the common theme throughout the definitions being "persons in social interaction in a geographical area and having one or more additional common ties." (p. 111)

What is clear from the definitions of community is that community is not defined simple by geographical size. By acknowledging the social interactional quality of a community, the geographical size can vary as long as there are some common ties among the members of that community and there is a degree of social interaction.

It should be noted that the definition of community also encompasses neighborhoods. A neighborhood is one form of community and can be definitively defined in the same manner. A review of the literature on neighborhoods reinforces this perspective by identifying the identical factors found in the definition of community--geographical area and social

interaction--as being the primary factors for conceptually defining neighborhoods.

Researchers on neighborhoods, for example, are collectively consistent in their findings that a neighborhood is best defined as a geographical area in which identifiable levels of social interaction takes place (Atlanta Bureau of Planning, 1974; Burgess, 1925; Herbert and Raine, 1976; Keller, 1968; Lee, 1968; Park et al., 1925; Schoenberg, 1979; Warren, 1971; Warren and Warren, 1977) One study on neighborhoods, for example, stated that "social interaction, common ties and territory" were the primary elements essential to the definition of neighborhoods." (Herbert and Raine 1976:326)

In another study, Hunter and Suttles (1972) in viewing neighborhoods from a geographical perspective felt that a neighborhood "was the smallest area that possesses a corporate identity known to both members and outsiders." (p. 57)

Defining the Neighborhood Territory

To better understand the nature of neighborhoods one must move from a conceptual perspective to a practical perspective. If a neighborhood is characterized as social interactions within a geographical area, the first question that must be answered is, how does one define the geographical area?

It is clear that size is not the primary determinant. Many rural communities, for example, are so "familiar to their inhabitants that the whole community might be considered one neighborhood." (Keller 1968:89-90) This is often the case in rural areas where the geographical area involved is far more expansive than what many city dwellers would term their neighborhood.

The National Commission on Neighborhoods points out that even within cities the size of the neighborhoods may also differ drastically. The size of the neighborhood is often determined "by the size of the city, the priority concerns for which it is organized and its particular history." (National Commission on Neighborhoods 1977:6)

The territorial identification of a neighborhood is basically a subjective interpretation based on one of three perspectives: the social similarity of the area, social interaction, or physical boundaries. How one defines an area is primarily determined by the predominate perspective from which the area is viewed.

When viewed from the perspective of the social similarities of an area, the neighborhood is defined as the geographical area in which the type of homes, income of the residents, life style, etc. are seen as similar. From a social interactional perspective, it is the area in which people socialize with a certain level of consistency. And from a

physical boundaries perspective, it is based on "mental maps and spatial images." (Herbert and Raine 1976:328)

Being a subjective interpretation, the perspective by which a neighborhood is identified is based on that factor that is most important to those doing the defining. It is basically "an image in the minds of those living there or the way outsiders view the area and, secondly, the resources and physical dimensions that characterize it." (Warren and Warren 1977:12) Hunter and Suttles see it simply as whatever criteria neighbors feel provides the "most important difference" of one neighborhood from another. (Hunter and Suttles 1972:51)

Social Patterns of Neighborhoods

Within the defined geographical territory that makes up a specific neighborhood, those living within the area are involved, to a greater or lesser degree, with some form of social relationships. These relationships may range from almost complete anonymity to intense interpersonal interaction.

In one of the most extensive sociological studies of the dynamics of neighborhoods (The Urban Neighborhood: A Sociological Perspective:1968), Suzanne Keller differentiated between the passive role of being a neighbor and the active fulfillment of the neighboring function.

The role of a neighbor was primarily the cognitive receptivity to fulfilling the neighboring role. Neighboring was defined as "the activities engaged in by neighbors as neighbors and the relationship these engender among them." (Keller 1968:25) These activities were found to be predictable and orderly to some degree and rooted in shared ideas and beliefs.

The activity of neighboring quite obviously differs from neighborhood to neighborhood. Keller identified such factors as content, occasion, locale, priority, formality, frequency, extent, and intensity as some of the primary variables that differentiated the neighboring patterns from one neighborhood to another.

Mann (1954) viewed these factors as being the manifested aspect of neighboring. These factors basically represented "what" the neighbors did; their visible activities. It was Mann's position that the true measure of how a person values a neighborhood could be best determined by knowing each neighbor's latent attitude . . . how favorably his/her attitudes were toward the neighborhood and neighbors. The latent factors, he believed, represented the underlying feelings of the neighborhood (Mann 1954:164).

Compliance with neighborhood norms were found to be done in order to gain some level of acceptance and to meet the expectations of the neighborhood. Keller found that

"people generally try to conform to the patterns of conduct around them and many people engage in neighboring activities and relations simply because they are expected to do so" (Keller 1968:47).

Neighborhood acceptance was found to be not just dependent upon the adherence to neighborhood norms. Personal factors also influence the degree of acceptance. Philliber (1976), for example found that the "social integration of an individual into his neighborhood seems to be determined by his own personal character and by the characteristics of the area in which he lives." (p. 231)

In his study of the North End of Boston, Gans (1967) echoed this view stating that "some people encounter unexpected social isolation particularly those who differ from the majority of neighbors." (p. 409)

When certain neighbors either did not conform to neighboring norms or for more interpersonally associated reasons were not equally accepted as a neighbor by other neighbors, the harmony of the neighborhood was affected. Harmonious neighboring was found to be dependent upon neighboring being "categorical (including everyone) . . . being symmetrical (treating everyone alike) . . . and being reciprocal." (Useem, Useem and Gibson, 1960:70) When these factors were present, stress within the neighborhood was reduced.

Corresponding with the desire to be accepted within the neighborhood is the desire to live in a neighborhood where the public behavior is consistent with a person's expectations. For the affluent, this need is easily met. Through their ability to afford residences in more stable neighborhoods where the homes and neighbors most closely correspond to their expectations, the more affluent can basically purchase their way into an area whose behavioral patterns are considered acceptable.

The same opportunities, however, were found to be not so readily available to the less affluent. "In working class and low income neighborhoods agreements about public behavior must be negotiated often with changing populations." (Schoenberg 1979:68)

Interestingly, the constantly changing population, higher population density and more diversified types of neighbors and residences often lead to more interaction and neighboring among neighbors as a means to re-establish acceptable behavior norms.

Ottensmann, for example, found "high degrees of neighboring were convincingly related to both a high density urban environment and lower working class population" (Ottensmann 1978:19). These findings were consistent with those of Kasarda and Janowitz (1974) and Warren (1977). In an earlier study Warren also found that "the role of the local

neighborhood was more significant in a black ghetto than in white communities" (Warren 1969:469).

Despite these studies, it is clear that neither age nor race nor socio-economic status is consistently related to specific patterns of social interaction. As Onebokum (1976) pointed out, "even among the people we commonly lump together as "low income families" there are variations in their behavioral patterns, their sociocultural characteristics and their life style. (p. 342)

What becomes clear from the previous research is that while the territorial definitions set forth the boundaries of a neighborhood, it is the social interactional norms which define the degree of neighboring that can be found in a given neighborhood. When the goals of mental health practitioners are the successful integration of clients into neighborhood settings, knowledge of the distinction between various neighboring patterns becomes crucial to determining the most appropriate neighborhood to establish a program.

A Step Toward Typing Neighborhoods

The challenge to defining specific neighborhood typologies is based on developing specific criteria that will consistently distinguish one neighborhood from another while identifying specific categorizations of neighborhoods. It is clear from the aforementioned research that while the ter-

ritory defines the boundaries of the neighborhood, successful categorization must be primarily related to the social interactional norms of neighborhoods.

While there has been considerable studies on the territorial and social interactional dynamics of neighborhoods, there has been, with one exception, only limited success in attempting to categorize neighborhood typologies.

Bogart and Hutcheson (1977) attempted to separate neighborhoods according to racial makeup and the present racial changes evolving within the neighborhood. Lee (1968) and Hojnacki (1979) focused on the size of the community going from the smallest social limit to the largest. Both of these studies while helpful in providing different perspectives of the populations of the area did not expand the scope of their study to include functional characteristics for defining the specific communities.

Sussman made a more objective analysis of rural communities developing five separate typologies of communities. While focusing more on the spatial relationships within the communities, Sussman's categorization did not delve to any great depth on the social interactional norms of the communities nor was it applicable to the more urban environments.

Keller (1968), on the other hand, focused on the urban environment. She defined six different patterns of neighboring that distinguished one neighborhood standard of neighbor-

ing from another. While clearly providing distinct categorizations, the typologies failed to provide measureable criteria that could be consistently applied to other neighborhoods.

One research team, however, following an extensive study, developed six identifiable neighborhood categories which provided a consistent means to separate and identify distinct neighborhood typologies.

Over a five year period, Rachelle and Donald Warren conducted two major research studies designed to analyze the dynamics of neighborhoods. Approximately 4,500 neighbors in 59 different local neighborhoods were interviewed in order to provide the raw data. In addition, another 400 local officials of community organizations and activists in neighborhoods were interviewed. (Warren and Warren 1977:4)

From their extensive effort the Warrens were able to identify three separate variables whose interrelationship resulted in six clear, distinguishable styles of neighborhoods.

The Warrens felt that "neighborhoods must be understood as multi-faceted social organizations" (Warren and Warren 1977:94). Three variables were identified as the primary factors that distinguish one neighborhood from another.

The first variable identified by the Warrens was the identity of the neighborhood. Identity was defined by re-

sponding to the question, "How much do people feel they belong to a neighborhood and share a common destiny with others--a sense of consciousness of what their neighborhood is and where it is spatially and symbolically" (Warren and Warren 1977:94-95). This variable corresponds to the territorial aspect of neighborhood as found in our earlier definition.

Corresponding with the normative social interaction aspect of our earlier definition is the Warrens second variable--interaction. Interaction is basically the traditional patterns of social interaction found in any given neighborhood.

The third variable and the one that is not part of the original definition of neighborhoods is the linkage patterns of a neighborhood. Linkages are defined as the relationships that a particular neighborhood has with people or institutions outside that neighborhood.

"Taken together these elements constitute the social-structural characteristics--differences in organization--which cut across social class, income or ethnic lines in our society to define what a neighborhood is." (Warren and Warren 1977:95)

By analyzing the degree to which each of these three variables were present in specific neighborhoods and comparing the interrelationship between the different

variables the Warrens were able to identify six specific types of neighborhoods.

The following chart (Table 1) is a reproduction of the Warrens chart (p. 96-97). Each neighborhood is identified by a different relationship between their identity, linkage and interactional variables with the strength (+) or weakness (-) of each variable being identified for each neighborhood. Each neighborhood is given a name reflective of its neighboring patterns.

TABLE 1

WARREN NEIGHBORHOOD TYPOLOGIES

<u>TYPE</u>	<u>Identity</u>	<u>Interaction</u>	<u>Linkage</u>
<u>Integral</u>	+	+	+
A cosmopolitan as well as a local center. Individuals are in close contact. They share many concerns. They participate in activities of the larger community.			
<u>Parochial</u>	+	+	-
A neighborhood having a strong ethnic or homogeneous character. Self-contained. Has ways to screen out what does not conform to its own norms.			

WARREN NEIGHBORHOOD TYPOLOGIES

<u>TYPE</u>	<u>Identity</u>	<u>Interaction</u>	<u>Linkage</u>
-------------	-----------------	--------------------	----------------

<u>Diffuse</u>	+	-	-
----------------	---	---	---

Often homogeneous settings ranging from a new sub-division to an inner-city housing project. Has many things in common. However, there is no active internal life. Not tied into the larger community. Little local involvement with neighbors.

<u>Stepping-Stone</u>	-	+	+
-----------------------	---	---	---

An active neighborhood. A game of "musical chairs." People participate in neighborhood activities not because they identify with the neighborhood but often to "get ahead" in a career or some other non-local point distinction.

<u>Transitory</u>	-	-	+
-------------------	---	---	---

A neighborhood where population change has been or is occurring. Often breaks up into little clusters of people frequently "old timers" and newcomers are separated. Little collective action or organization takes place.

<u>Anomic</u>	-	-	-
---------------	---	---	---

It's really a non-neighborhood. Highly atomized; no cohesion. Great social distance between people. No protective barriers to outside influences making it responsive to some outside change. It lacks the capacity to mobilize for common actions from within.

The strength (+) or weakness (-) of each variable was determined by using a three dimensional questionnaire.

Three questions were applied to each variable with a plus (+) rating given to any variable with two or three positive answers to the questions. The following questions were used in determining the neighborhoods' patterns (Warren and Warren 1977:123).

1. Identification

- a. People feel they have a great deal in common.
- b. People give a name to the area.
- c. People plan to stay in the area.

2. Interaction

- a. People visit with nearby neighbors at least once a week.
- b. People meet in organizations or social groups--not necessarily in the neighborhood but with neighbors.
- c. People see others in the neighborhood as getting together often even if that's not their own pattern.

3. Linkages

- a. People belong to a lot of organizations outside of the neighborhood.
- b. People know about someone who is a community leader or has "connections."

- c. People see others as having connections if not they themselves.

It should also be noted that the Warrens view their typologies as not being rigid. Subsections of neighborhoods may have different characteristics or be especially strong in one area. What is important from the Warrens' perspective of these categories is that in most neighborhoods one specific category predominates.

The Warrens' typologies provide an objective means of analyzing the patterns of response to efforts to establish group residences in different neighborhoods. It also provides future researchers with the foundation for the development of differential strategies for each type of neighborhood.

Finally, the discussion on neighborhoods also makes it clear that the differentiation in neighborhood typology resulting from the differential social-structural characteristics of neighborhoods is an additional variable which directly impacts the success or failure in the establishment of group residences.

Review and Implications

Through the previous discussion it was shown that despite the rapid increase in the number of community resi-

dences for the mentally ill, program developers continue to face serious community reactions when they attempt to establish a community residence in a neighborhood setting. Further, it was shown that while a number of specific neighborhood integration strategies have been defined, they are based on subjective experience and lack the measure of research objectivity. Finally, it was shown that although neighborhoods share definitive characteristics they differ from a social-structural perspective.

From the review, four factors were identified as being directly related to the success or failure of efforts to successfully establish group residences in neighborhood settings. Those factors were the level of neighborhood assessment undertaken by program developers, the profile level of the strategies utilized by program developers, the level of neighborhood reaction experienced by the program developer and the neighborhood typology of the areas in which homes were being considered.

By systematically analyzing and statistically measuring the four identified variables as well as the significance of the interrelationships of the variables, the present study offers the potential to advance objectively community movements' understanding of effective strategies for establishing group residences.

C H A P T E R I I I

METHODOLOGY

Design of the Study

This study has been designed to determine the factors and strategies that are consistently associated with successful efforts to establish group residences for adults who have been labeled mentally ill and who were being treated for mental illness while being hospitalized at Northampton State Hospital in Northampton, Massachusetts. Essential to this determination is the need to know the level of neighborhood assessment undertaken, strategies utilized and reactions experienced by those program developers who have successfully established group residences.

Equally important is the need to determine any differentiation in the typologies of neighborhoods in which the successful group residences have been established.

Accordingly, this study incorporated the use of a semi-structured interview of the program developers of each successful effort in order to determine the level of neighborhood assessment undertaken, strategies utilized and neighborhood reactions experienced by program developers who had successfully established group residences. In addition, a structured phone survey of the micro-neighborhood of each

group residence was utilized in order to determine the social-structural characteristics of each neighborhood.

Sample

This study addressed all successful efforts since June 12, 1980, to establish group residences for adults labeled mentally ill in the Western Massachusetts area (DMH Region I) of the Commonwealth of Massachusetts.

The actual number of residences studied was determined by first obtaining a list of sites from the DMH Area Offices and then attempting to verify the appropriateness of each residence with the program developer responsible for the development of that residence. Agreement to participate in the study was also requested of the program developer.

From an original list of twenty-three (23) potential sites, two sites were dropped when it was determined that they were actually individual apartments and not group residences. A third site was not included when the program developer opted not to participate and a fourth site was dropped when it was discovered that street and phone listings of that neighborhood had not been published.

The remaining nineteen (19) residences were found to be appropriate and were used as the basis of this study. (See Appendix A.)

For each residence the program developer was administered the Program Developer Questionnaire.

The survey of the neighborhood of each residence was accomplished by using an expanded version of Judith T. Shuval's study within a micro-neighborhood. Shuval defined the micro-neighborhood as the residence she was focusing on in her study of Israeli ethnic groups and that residence's two closest neighbors (Shuval 1956). While a more exhaustive face-to-face interaction and social-network analysis within and outside of the entire neighborhood would have been preferred, time and cost limitations necessitated the use of the larger version of the micro-neighborhood as the focus of the study. For the purpose of this study the micro-neighborhood was defined as the five closest responding neighbors to each residence.

Listing of the closest neighbors with their addresses and telephone numbers was obtained through the 1980 street directories for each city or town in which the residences were located.

Instrumentation

Two instruments were used in this study: a Program Developer Questionnaire and a Neighborhood Typology Survey. An elaboration on the development of these instruments follows:

1. Program Developer Questionnaire: This questionnaire was developed through a systematic process conducted by this researcher.

An initial questionnaire designed to address the specific areas under study was developed by the researcher. The questionnaire was then presented for review to the Regional Director of the Massachusetts Department of Mental Health, two professional researchers retained by DMH and a local program developer not involved in the study. (See Appendix B)

Based on this input, specific questions were added while others were eliminated. Questions were also rewritten to increase their clarity.

The questionnaire was then rewritten a second time and prepared to be field tested. In early December, program developers from Boston and Worcester were interviewed. (See Appendix C.) The field test focused on both the content and clarity of the questions. Based on the feedback generated the questionnaire was revised and rewritten a third time and the specific questions were now finalized.

Once the questionnaire was constructed each possible response for each question to be asked was given a numerical value based on the significance of the possible responses.

The weighing of the responses for each question was accomplished through the use of the Q-Sort Technique

(Kerlinger 1964: 582-586) as administered to five program developers from the eastern part of the state whose residences were not involved in the study (See Appendix D).

Questions for each of the three variables being studied (neighborhood assessment, strategies utilized and reaction) were separately evaluated by the program developers.

The Q-Sort Technique involved separately interviewing each of the five respondents. Questions for each of the three variables being tested were placed on index cards and separated by variable. Each developer was given one set of cards and a range of values in which to place the cards. They were then instructed to place each card on the value that they felt accurately represented the value level most appropriate for the specific question. The process was repeated on the series of questions for the two remaining variables.

Values for the "neighborhood assessment" questions were determined by having the program developers weigh each response based on four possible options ranging from a value of 1 (limited effort to learn about neighborhood) to 4 (extensive effort to learn about neighborhood). High and low scores were dropped with the average of the three remaining scores being used as the value for that response.

Values for the "strategies utilized" questions were determined by having the program developers weigh each re-

sponse based on four possible options. The options ranged from a value of 1 (strategy is not very open or public) to 4 (strategy is very public or open). High and low scores were dropped with the average of the three remaining scores being used as the value for that response.

Values for the "reaction experienced" questions were determined by having the program developers weigh each response based on six possible options ranging from +3 (strongly supportive) to -3 (strongly resistant). High and low scores were again dropped with the average of the three remaining scores being used as the value of that question.

Once the values had been determined the questionnaire was readied for use. (See Appendix E).

2. Neighborhood Typology Survey: The survey was based on the work of Rachelle and Donald Warren who developed a distinct way to distinguish neighborhoods based on each neighborhood's social-structural characteristics.

In the Neighborhood Organizers Handbook (Warren and Warren 1977), the Warrens discussed the three social-structural characteristics (identity, interaction and linkages) which was the basis for their theory of typologies and also provided a simplified survey for typing neighborhoods.

Based on phone verification from coauthor Dr. Donald Warren (October 28, 1981) of the appropriateness and applica-

bility of their survey for the purpose intended in this study, the nine survey questions were field-tested.

Residents of three neighborhoods (city, suburb and rural) were called and surveyed. Based on their responses to the questions and feedback on their understanding the questions were restructured for use in the study. (See Appendix F).

As defined in the Warrens' presentation the nine questions broke down into three sets of three questions with each set of questions focusing on one of the three social-structural characteristics.

For each set of questions, two or three positive responses resulted in a positive value (+) for that characteristic while one or no positive responses resulted in a negative value (-).

Procedure

Using the Program Developer Questionnaire, the researcher personally interviewed each program developer. Special emphasis was placed on not only identifying the specific actions and experiences of each program developer but also in determining the actual timing of those actions and experiences. All interviews were conducted between December 1, 1981 and December 30, 1981.

The phone survey of the neighbors in the micro-neighborhood was conducted by a team of four surveyors, all of whom have had extensive experience doing phone surveys. Prior to the start of the effort, this researcher conducted a training session for the surveyors designed to insure clarity and consistency of the effort.

Training consisted of reviewing each question to insure that interviewers had a clear understanding of the questions. Interviewers then role-played the interview with emphasis placed on how to respond to specific questions from those being interviewed.

Surveyors called the five most immediate neighbors on the list. Each respondent was screened to insure that they were the appropriate person and that they still lived at the specific address. A total of ninety (90) calls were completed during the survey.

To further insure that those responding to the survey represented a random perception of the residents of the micro-neighborhood, the Bryant, Troidah, Carter method of respondent selection was utilized (Bryant 1975). This method entails the use of four matrices. Each matrix identifies the specific male or female that should be interviewed in the residence being surveyed based on the number of people and sexual make-up of the occupants of that residence. (See Appendix G).

In making the calls, surveyors were provided with a backup list to the original list. The backup names were used whenever it became clear that the original calls could not be completed. Reasons ranged from people having moved or respondents not wanting to participate to disconnected phones or appropriate respondents not available.

Operationalization of Variables

1. Program Developer Questionnaire Scoring: Scoring of the responses of each of the three variables was accomplished by analyzing the frequency of response and setting the cutoff point at the appropriate level.

The neighborhood assessment variable was divided into two categories: low neighborhood assessment and high neighborhood assessment.

Low neighborhood assessment was defined as either a limited or total lack of effort by the program developer to learn about the people and neighborhood of the proposed group residence. High neighborhood assessment referred to the more extensive efforts made by program developers to learn about the people and neighborhood.

In analyzing the frequency distribution found in Table 2, the mean was found to be 10.420 while the median was

Table 2

Neighborhood Assessment Frequency Distribution

Raw Score	Frequency	Relative Frequency (Percentage)	Cumulative Frequency (Percentage)
2.33	2	10.5	10.5
4.00	1	5.3	15.8
5.88	1	5.3	21.1
5.67	1	5.3	26.3
6.33	1	5.3	31.6
7.33	1	5.3	36.8
8.00	2	10.5	47.4
9.66	1	5.3	52.6
10.67	1	5.3	57.9
11.33	2	10.5	68.4
15.00	2	10.5	78.9
15.33	1	5.3	84.2
16.67	1	5.3	89.5
20.00	1	5.3	94.7
24.00	1	5.3	100.0
TOTAL:	19	100.0	--.-
	MEAN: 10.420		MEDIAN: 9.660

9.660. The cutoff point was set at 10.000 with scores below that point representing low neighborhood assessment efforts and above that representing high neighborhood assessment efforts.

The strategy utilization variable was divided into two categories: low profile approach and high profile approach.

The low profile approach was defined as either limited or no effort being made by program developers to inform, educate, and/or solicit the support of specific people or groups that might affect efforts to establish group residences. The high profile approach refers to the more extensive efforts being made by program developers to inform, educate and/or solicit the support of specific people or groups.

In analyzing the frequency distribution found in Table 3, the mean was found to be 15.386, while the median was 14.673. The cutoff point was set at 15.000 with scores below that point representing the low profile approach while scores above it represented the high profile approach.

The frequency of response for the level of reaction resulted in a mean of -2.543 and a median of .002. In order to distinguish negative responses and positive responses from those that were relatively neutral, cutoff points were set at -2.00 and +2.00. Negative scores below -2.00 were termed negative reaction. Scores of -2.00 to +2.00 were

Table 3

Strategy Utilization Frequency Distribution

Raw Score	Absolute Frequency	Relative Frequency (Percentage)	Cumulative Frequency (Percentage)
3.33	1	5.3	5.3
7.00	1	5.3	10.5
9.33	2	10.5	21.1
10.33	1	5.3	26.3
12.00	1	5.3	31.6
13.99	1	5.3	36.8
14.66	1	5.3	42.1
14.67	2	10.5	52.6
16.00	1	5.3	57.9
16.33	1	5.3	63.2
17.00	2	10.5	73.7
17.33	1	5.3	78.9
21.67	1	5.3	84.2
24.68	1	5.3	89.5
25.01	1	5.3	94.7
28.00	1	5.3	100.0
TOTAL:	19	100.0	--.-

MEAN: 15.386

MEDIAN: 14.673

termed neutral reaction while scores above +2.00 were termed positive reaction. The frequency distribution with the cutoff points are presented in Table 4.

Table 4
Reaction Frequency Distribution

Raw Score	Absolute Frequency	Relative Frequency (Percentage)	Cumulative Frequency (Percentage)
-33.98	1	5.3	5.3
-28.64	1	5.3	10.5
-6.00	1	5.3	15.8
-0.67	1	5.3	21.1
0.00	8	42.1	63.2
1.33	2	10.5	73.7
3.66	4	21.1	94.7
3.67	1	5.3	100.0
TOTAL:	19	100.0	--.-
	MEAN: 2.543		MEDIAN: .002

2. Neighborhood Survey Scoring: The classification of each neighborhood was achieved by separately analyzing the five scores presented for each of the three variables (identity, interaction and linkage) being measured. The final score used to classify each neighborhood was determined by setting the score for each characteristic at the score (+ or -) presented by the majority of respondents.

Once scored, each neighborhood was classified according to the relationship of the plus (+) or minus (-) scores for each of the three variables. That interrelationship statistically allowed for the possibility of eight scoring combinations.

Warren, in his presentation, included only six options stating in his Appendix that neighborhoods scoring negative (-) identification, positive (+) interaction and negative (-) linkage and neighborhoods scoring positive (+) identification, negative (-) interaction and positive (+) linkage would eventually evolve into one of the other six typologies and therefore were not included in separate classifications. (Warren 1977: 226-227)

This researcher opted to include those classifications within this study in order to accurately reflect the present social-structural status of a particular neighborhood. For labeling purposes the former neighborhood was given the name "Associative" since people in these neighborhoods tended to relate and associate with each other but were not committed to the neighborhood nor had strong linkages to community power sources.

The latter neighborhood was termed a "Sustaining Neighborhood." In these neighborhoods people identified with the neighborhood and had linkages capable of sustaining the neighborhood but were not involved in significant social in-

teraction. With the inclusion of these two neighborhoods the eight possible typologies are presented in Table 5.

Table 5
Neighborhood Typologies
and Social-Structural Characteristics

Neighborhood Name	Identification Pattern	Interaction Pattern	Linkage Pattern
1. Integral	+	+	+
2. Parochial	+	+	-
3. Diffuse	+	-	-
4. Stepping Stone	-	+	+
5. Transitory	-	-	+
6. Anomic	-	-	-
7. Associative	-	+	-
8. Sustaining	+	-	+

When analyzing the frequency of scores, neighborhoods 1 (Integral), 3 (Diffuse), 5 (Transitory), 6 (Anomic) and 8 (Sustaining), were identified in the study. The transitory neighborhood was only identified in two locations and this researcher therefore opted to include those scores within the anomic (6) neighborhoods. This was done based on the assumption that the linkage patterns which were generally associated with older members of the neighborhood would generally diminish as these people moved out or died. The neighborhood would therefore evolve to an anomic stage.

The adjusted frequency is presented in Table 6.

Table 6
 Neighborhood Frequency Distribution

	Frequency	Relative Frequency (Percentage)	Cumulative Frequency (Percentage)
Integral	3	.160	.160
Diffuse	6	.315	.475
Anomic	7	.365	.840
Sustaining	3	.160	1.000
TOTAL:	19	1.000	-- .--

CHAPTER IV
ANALYSIS AND RESULTS

Data on the four variables being measured (level of neighborhood assessment, strategy level utilized, reaction level experienced, and neighborhood typology) was coded and keypunched into a computer for analysis.

Fisher's Exact Test was performed on the first research question while Chi Square Analysis was performed on the five remaining questions. The confidence level was set at .05 for all tests. Additional statistical analysis was conducted when deemed necessary.

RESEARCH QUESTION I: Is there a relationship between the efforts made by program developers to learn about the people and neighborhood (level of neighborhood assessment undertaken) and the specific activities undertaken by program developers (strategies utilized) in neighborhoods where group residences have been successfully established?

The Fisher Exact Test of the relationship between the level of neighborhood assessment undertaken and level of strategies utilized in neighborhoods where homes had been successfully established was not significant ($p=.58593$).

TABLE 7

Relationship of Neighborhood Assessment
To Strategies Utilized

	Low Assessment	High Assessment	Total
Low Profile Strategies	5	5	10
High Profile Strategies	5	4	9
Total	10	9	19

Fisher Exact Test $p=.58593$

RESEARCH QUESTION II: Is there a relationship between the level of neighborhood assessment undertaken and neighbors' reactions as experienced by program developers (reactions experienced) in neighborhoods where group residences have been successfully established?

Chi Square Analysis of the relationship between the level of neighborhood assessment undertaken and reaction experienced by program developers was not significant ($p=.7508$).

TABLE 8

Relationship of Neighborhood Assessment
To Reaction Experienced

	Low Assessment	High Assessment	Total
Negative Reaction	2	1	3
Neutral Reaction	5	6	11
Positive Reaction	3	2	5
Total	10	9	19
	$\chi^2 = .57320$	df=2	$p = .7508$

RESEARCH QUESITON III: Is there a relationship between strategies utilized and level of reactions experienced by program developers who have successfully established group residences?

In analyzing the relationship between strategy levels utilized and reactions experienced by program developers, Chi Square Analysis was not significant ($p = .5214$).

TABLE 9

Relationship of Strategies Utilized
To Reactions Experienced

	Low Profile Strategies	High Profile Strategies	Total
Negative Reaction	1	2	3
Neutral Reaction	7	4	11
Positive Reaction	2	3	5
Total:	10	9	19
	$\chi^2 = 1.30249$	df=2	$p = .5214$

RESEARCH QUESTION IV: Is there a relationship between strategies utilized and type of neighborhood in which group residences were successfully established?

In analyzing the relationship of strategy levels utilized to typologies of neighborhoods, Chi Square Analysis indicated the strongest relationship with the score approaching significance ($p = .0761$).

TABLE 10

Relationship of Strategies Utilized
To Neighborhood Typologies

	Low Profile Strategies	High Profile Strategies	Total
Integral Neighborhood	2	1	3
Diffuse Neighborhood	1	5	6
Anomic Neighborhood	6	1	7
Sustaining Neighborhood	1	2	3
Total:	10	9	19
	$\chi^2 = 6.87116$	df=3	$p = .0761$

RESEARCH QUESTION V: Is there a relationship between reaction experienced by program developers and social-structural characteristics (type of neighborhood) of those neighborhoods in which group residences were successfully established?

Chi Square Analysis of the relationship between reactions experienced by program developers and typologies of neighborhoods was not significant ($p = .5173$).

TABLE 11

Relationship of Reactions Experienced
To Neighborhood Typologies

	Negative Reaction	Neutral Reaction	Positive Reaction	Total
Integral Neighborhood	0	3	0	3
Diffuse Neighborhood	2	3	1	6
Anomic Neighborhood	1	3	3	7
Sustaining Neighborhood	0	2	1	3
Total:	3	11	5	19
$\chi = 5.20924$		df=6	$p = .5173$	

RESEARCH QUESTION VI: Is there a relationship between the type of neighborhood in which group residences were successfully established and level of assessment utilized by program developers who have successfully established group residences?

In analyzing the relationship between level of assessment and typologies of neighborhoods, Chi Square Analysis was not significant ($p=.8592$).

TABLE 12

Relationship of Neighborhood Assessment
To Neighborhood Typologies

	Low Assessment	High Assessment	Total
Integral Neighborhood	2	1	3
Diffuse Neighborhood	3	3	6
Anomic Neighborhood	4	3	7
Sustaining Neighborhood	1	2	3
Total	10	9	19
$X = .75899$	$df=3$	$p= .8592$	

CHAPTER V

Discussion and Conclusions

This study was designed to identify those factors most closely associated with the successful establishment of group residences in community settings. Nineteen residences were included within the study.

Program developers responsible for the development of the residences were interviewed. A phone survey of the five nearest neighbors of each residence was conducted.

The study focused on four variables: level of neighborhood assessment, level of strategies utilized, reactions experienced by program developers, and neighborhood typologies. The interrelationship of these four variables was the basis for the six research questions tested in this study. Fisher Exact Analyses and Chi Square Analyses were performed on the six questions.

This section will analyze and discuss the findings of the six research questions and will be followed by a concluding discussion on the study.

Research Question I: Is there a relationship between the level of neighborhood assessment undertaken and strategies utilized in neighborhoods where homes have been successfully established?

It was this researcher's expectation that the level of neighborhood assessment would directly effect the types of strategies used by program developers. It seemed reasonable to assume that the more program developers know about specific neighborhoods, the more likely they would be to develop a higher array of specific strategies. Conversely, the less they know about neighborhoods, the less likely they would be to initiate an extensive high profile strategy.

The relationship between the level of neighborhood assessment undertaken and level of strategies utilized in neighborhoods, however, was shown not to be significant ($p = .5859$). The lack of significance in this relationship may be due to a couple of factors.

One possibility is that whether low or high assessment levels were used, the information generated could not be translated by program developers into consistent strategies. Even though program developers may have had valid information, their lack of training in determining how these findings might indicate specific strategies would limit the potential for consistent efforts to be undertaken.

It would seem that even with a solid knowledge of the people and the neighborhood of a proposed residence, the program developers lacked the experience and understanding necessary to know what types of strategies would be most appropriate for that specific neighborhood. Without a clear consistent understanding as to what strategies would be appropriate for specific neighborhood realities, a consistent relationship between the level of assessment and strategies utilized would seem far less probable.

Another possibility might be found when analyzing the neighborhood assessment scores. Data generated from the neighborhood assessment questions resulted in scores ranging from a low of 2.33 to a high of 24.00.

The tremendous range of raw scores coupled with a lack of concentration of scores would indicate that program developers do not have a singular attitude as to what kind of assessment and how much assessment is necessary in determining how to best approach a neighborhood.

In first approaching a specific neighborhood, program developers normally have limited information about the people and neighborhood. The amount of information they gather on that neighborhood would have to come from the level of neighborhood assessment they undertake in that specific neighborhood. Without a uniform standard as to what kind and how much information would be needed, the level of neigh-

neighborhood assessment undertaken would reflect the subjective determination made by the program developer. The wide range of scores would therefore seem to reflect the diversity of opinions by the program developers included in this study.

Without additional consistency in the level of assessment efforts undertaken, the potential for assessment efforts to meaningfully relate to strategies utilized would appear to be limited.

Whatever the reason, the lack of consistency between level of assessment and strategies utilized would indicate that the resultant strategies were not necessarily related to information program developers had gained on the neighborhood being approached.

Research Question II: Is there a relationship between the level of neighborhood assessment undertaken and reactions experienced by program developers who have successfully established group residences?

The researcher expected to find a significant relationship between the level of neighborhood assessment undertaken and reactions experienced by the program developer.

The researcher reasoned that the more information that program developers had on specific neighborhoods, the more likely they would be to develop specific strategies geared to enhance positive neighborhood reaction and minimize or eliminate negative neighborhood reaction. Low assessment

level efforts were seen as providing less direction for program developers in the development of their strategies, thereby resulting in less positive and more negative reactions of neighbors.

This relationship proved, however, not to be significant ($p = .7508$). Given the lack of significance between level of neighborhood assessment and strategies utilized by program developers as found in Research Question One, this finding is not surprising.

The level of reaction experienced is in actuality a result of the effort undertaken to establish a group residence. The potential for a relationship between level of assessment and reaction experience is dependent upon a third variable: strategies utilized. Strategies are the catalysts for reactions.

If there were a significant relationship found between the level of neighborhood assessment and strategies utilized by program developers, then it would have been possible for there to have been a relationship between neighborhood assessment and neighborhood reaction.

Without a significant relationship between level of neighborhood assessment and strategies utilized, it could not be expected that a significant relationship could occur between neighborhood assessment and neighborhood reactions. The lack of significance in this relationship seems to

support this premise.

Research Question III: Is there a relationship between strategies utilized and level of reactions experienced by program developers who have successfully established group residences?

When program developers initiate efforts to open a group residence in a specific neighborhood, the actual activities undertaken (strategies utilized) are the precipitating factors leading to neighborhood response (level of reaction).

It was this researcher's perspective, however, that strategies alone would not result in consistent degrees of neighborhood reaction. It seemed to this researcher that differences in neighborhoods would effect types of reactions exhibited and thereby limit the potential for a positive relationship between the strategies utilized and the reactions experienced by program developers.

Chi Square Analyses of the relationship between the two variables proved, in fact, not to be significant ($p=.5214$).

The findings indicated that the level of strategy utilized (high profile or low profile) did not significantly relate to the level of reaction experienced by the program developer.

In order to further explore this researcher's bias that specific strategies would more directly relate to the level

of reaction expressed by neighbors in similar types of neighborhoods, Chi Square Tests were performed controlling for neighborhood typology. Tests for this relationship in all four types of neighborhoods, however, proved not to be significant.

The findings would seem to support the position that predicting the response of groupings of people is not easily accomplished. Consistent actions (strategies utilized) do not necessarily result in consistent responses even when an attempt is made to control for similar neighborhood characteristics. It would seem from this study that the uniquely individual and complex nature of people and neighborhoods clearly limits the potential to define consistent relationships between strategies utilized and reactions experienced.

Research Question IV: Is there a relationship between strategies utilized and type of neighborhood in which group residences were successfully established?

It was this researcher's bias that the actual strategies utilized by a program developer would need to be individualized for the type of neighborhood being approached. Further, this researcher expected to find similar strategies being utilized in similar types of neighborhoods.

In fact, in this study the most significant relationship was found between level of strategy utilized and neighborhood typology ($p=.0761$).

In analyzing Table 10, it is interesting to note that 74% (14 out of 19) of the group homes were located in anomic or diffuse neighborhoods. Both neighborhoods demonstrate similar linkage and interaction patterns and differ only in their identification patterns.

Within these two types of neighborhoods, neighbors' lack of strong relationships with influential people outside of their neighborhood would seem to limit their ability to rapidly enlist outside support for resisting the establishment of a group residence. Their lack of interaction within the neighborhood would seem to limit their ability to communicate information about the establishment of a group residence. Both factors might hinder neighbors' ability to react while increasing program developers' ability to successfully establish a group residence.

The aforementioned characteristic may be the primary reason why most of the successful group residences were established in only two types of neighborhoods, and in fact, might provide insight as to one of the reasons why group residences tend to cluster in certain areas of the city.

In further analyzing the data presented in Table 10, what is particularly significant to note is the distinction between strategies used in diffuse neighborhoods and strategies used in anomic neighborhoods. Successful program developers of residences in diffuse neighborhoods primarily used

a high profile approach (level of strategy used by 5 out of 6 developers). In contrast, developers of residences located in anomic neighborhoods tended to use a low profile approach (level of strategy used by 6 out of 7 program developers).

The primary distinction between the two neighborhood typologies is in the extent of identification that neighbors have with the neighborhood. In the diffuse neighborhood, neighbors tend to strongly identify with the neighborhood, while in anomic neighborhoods, neighbors tend not to identify with the neighborhood.

It would appear from the data that the identification characteristics found in the diffuse neighborhood resulted in program developers opting to use a high profile approach. In contrast, when this characteristic was absent, program developers tended to use a low profile approach.

The data would suggest that in diffuse neighborhoods, the strong identification exhibited led program developers to conclude that neighbors would be aware and concerned about activity and changes in their neighborhood and would therefore be more likely to respond to the opening of a group residence. Consequently, the high profile approach enabled developers to present accurate information and avoid rumor and speculation.

By keeping these concerned people aware through the pre-

sentation of accurate, positive information, higher potential for positive reaction was expected.

It is apparent that a different perspective was used by program developers approaching anomic neighborhoods. In response to the lack of vested interest that neighbors had in their neighborhood, program developers avoided the more public high profile approach and utilized the less public low profile approach. The premise seems to be that since members of the anomic neighborhood are not aware and concerned of developments in their neighborhood, the low profile approach would minimize the potential of their becoming aware and concerned.

Further testing of this relationship, while controlling for level of assessment, also generated interesting findings. When controlling for low assessment, the Chi Square Analysis was not significant. However, the same test controlling for high assessment approached the level of significance ($p=.0727$).

TABLE 13

Relationship of Strategies Utilized
To Neighborhood Typology
Controlling for High Assessment

	Low Profile Strategies	High Profile Strategies	Total
Integral	1	0	1
Diffuse	0	3	3
Anomic	3	0	3
Sustaining	1	1	2
Total:	5	4	9

$$X = 6.97500 \quad df=3 \quad p= .0727$$

What is of particular interest to note is that when developers used a high level of assessment, they always used a high profile approach in diffuse neighborhoods (N=3), and always used a low profile approach in anomic neighborhoods (N=3).

While the total number of efforts included is small (only 6 or 32% of the study), the results do suggest that there may be a conscious effort by developers to be more public in their approach in diffuse neighborhoods and less public in anomic neighborhoods. These findings would also seem to indicate that for these two types of neighborhoods, high assessment effort does affect the types of strategies utilized.

Research Question V: Is there a relationship between reactions experienced by program developers and type of neighborhood in which group residences were successfully established?

It was this researcher's perspective that if neighborhoods exhibited similar identification, interaction and linkage patterns, then those neighborhoods should also be expected to exhibit the same type of reaction patterns to efforts to establish a group residence.

The findings, however, were not significant ($p=.5173$) and indicate that similar types of neighborhoods do not predictably respond in similar ways to strategies utilized.

Despite the fact that neighborhoods exhibited similar social-structural characteristics, it would appear that the complex nature of people and neighborhoods results in diverse responses to activities initiated in the neighborhood.

It would also appear that even slight variations in the intensity and scope of strategies might lead to different responses.

Research Question VI: Is there a relationship between the type of neighborhood in which group residences were successfully established and level of assessment utilized by program developers who have successfully established group residences?

This researcher did not expect to find a significant relationship between type of neighborhood and level of assessment. This position was based on the belief that the quantity of assessment which took place in a neighborhood was independent of the type of neighborhood. It would seem that since program developers would not know what type of neighborhood they were approaching until after they conducted an assessment effort, then the type of neighborhood would have no significant bearing on the assessment.

This position seemed to be supported by the findings. Chi Square Analysis proved not to be significant ($p=.8592$).

The act of assessing a neighborhood would appear to be independent of the social-structural characteristics of the neighborhood. The findings would seem to support the premise that undertaking assessment efforts is a subjective determination made by the program developer and is dependent upon his/her needs and experience rather than on the characteristics of the neighborhood.

Conclusions

This study focused on successful efforts to establish group residences. The four variables (assessment level, strategies utilized, reaction experienced and neighborhood typology), which had been predicted as primary factors related to the successful establishment of residences, were tested in

terms of their relationship to each other.

With one exception that approached significance, the findings seem to indicate that success efforts were primarily a product of the unique characteristics and dynamics of each effort rather than a result of predictable interrelative dynamics of the four variables.

There was some support in the findings, however, for the premise that specific strategies may be more appropriate in specific types of neighborhoods. Further when there was a high level of assessment done, there was an absolute use of high profile strategies in diffuse neighborhoods and low profile strategies in anomic neighborhoods.

This study further demonstrated that the effort to establish group residences in community settings has been dependent more on the unique experiences and perceptions of the program developer rather than on the following of any specific format or strategy.

As we increase our focus on utilizing the community as the focal point for treatment, the need for a greater understanding and sophistication in the ways to approach the establishment of community residences becomes even more apparent.

We must realize that neighborhoods are different. We must spend more time on assessing the unique dynamics of each neighborhood. And we must begin to individualize the

strategies in response to the unique realities of each neighborhood.

Only by committing ourselves to a greater understanding of the dynamics of program integration into community settings will we be able to respond to the legitimate concerns of neighbors while advancing the cause of clients.

Recommendations for Further Research

The study of factors related to the successful establishment of group residences for the mentally ill is an extremely intricate and complex endeavor. The unique characteristics of each effort, coupled with the dynamic nature of the various factors, provides a formidable challenge to researchers.

This study addressed the issue in a somewhat structured fashion. Four variables were identified with a series of closed-ended questions for each variable administered to either program developers or neighbors. Responses were coded, statistically analyzed, and interpreted.

While providing some insight into the relationships between the variables from questions administered, the present study did not allow for extensive expression by either program developers or neighbors.

In order to develop a more refined understanding of the assumptions and criteria used by those involved on all sides

of efforts to establish group residences, it would appear that more extensive, in-depth research is warranted.

For example, this study did not address the question of what criteria were used by program developers to determine which neighborhoods they would consider or not consider for a site. The study also did not ascertain why there was such a divergence of approaches to neighborhood assessment.

Both of these examples represent assumptions or criteria used by program developers that would be extremely helpful for researchers to know in order to further understand why some efforts to establish group residences succeed while others fail.

It would therefore seem apparent that there is a need for further research designed to delve more deeply into the full array of thoughts, assumptions, and actions taken by program developers. A case study approach using intensive face-to-face interviews would seem appropriate and desirable.

Of equal importance is the need to have a greater understanding of the perceptions, assumptions, and actions of those people in the neighborhood in which a group residence is attempting to become established.

The present study was limited to the analysis of neighborhood reaction as perceived by program developers. It would further seem that research designed to study neighbor-

hood reaction from its earliest response would greatly enhance our

In reflecting on the present research effort, it is this researcher's belief that there is a need for a more refined methodology for classifying typologies of neighborhoods.

The survey used in this study provided a viable means for viewing neighborhoods. It is this researcher's perspective, however, that the accurate differentiation of neighborhoods requires a more extensive analysis.

The survey used in this study asked three questions for each of the three social-structural characteristics used in defining neighborhoods. Two out of three positive responses resulted in a positive score for that characteristic. If a respondent simply gave one less "no" response (one "yes" instead of two), the score for that characteristic would have been negative resulting in a different neighborhood typology.

It would therefore seem to this researcher that a more refined measure of neighborhoods is warranted. From this perspective, the typing of neighborhoods would certainly be enhanced by the use of a more exhaustive face-to-face interview approach and/or social network analysis conducted within and outside of the neighborhood. Through these more extensive research approaches, the normative characteristics

of neighborhoods being studied could be more accurately categorized.

Further research efforts should also consider the inclusion of unsuccessful efforts as well as successful efforts. Comparative data would greatly enhance our ability to identify significant differences between successful and unsuccessful efforts.

As is apparent from the aforementioned discussion, it is this researcher's perspective that we must strive to learn much more from program developers, neighbors and neighborhoods. It must be noted, however, that such efforts entail extensive time and manpower.

Researchers considering such efforts may wish to consider limiting their field of study to a manageable number of homes or neighborhoods. They may also wish to consider joint efforts in order to expand the sample being studied.

As a final point, it should be noted that as the locus of treatment for the mentally ill, as well as other disadvantaged populations, continues to shift from institutions to community settings, the need for research geared to increasing our understanding of factors related to the successful establishment of programs becomes even more essential.

Only by committing ourselves to a greater understanding of the dynamics of program integration into community settings will we be in the position to respond to the legiti-

mate concerns of neighbors while advancing the cause of clients.

BIBLIOGRAPHY

- American Psychiatric Association and National Institute of Mental Health. Rehabilitating the mentally ill in the community, Washington, D.C., 1978.
- Armstrong, Barbara. Preparing the community for the patient's return. Hospital and community psychiatry, 27 (5), May, 1976, pp. 349-356.
- Atlanta Bureau of Planning and ABC Management Consultants Inc. How to do neighborhood planning. Atlanta, Georgia, 1974.
- Ayd, Frank J. The future of pharmacotherapy: New drug delivery system. Baltimore: International Drug Therapy Newsletter, 1973.
- Baron, Richard C. and Rutman, Irvin D. These people: A citizen education project examining public response to community care for the mentally ill. Horizon House Institute for Research and Development. Philadelphia, Pa., 1979.
- Bentz, W. Kenneth and Edgerton, J. Wilbert. Consensus on attitudes toward mental illness. Archives of General Psychiatry, 1970, 22, 468-473.
- Berdransky, Harold A. and Parker, Richard. Establishing a group home for the adult mentally retarded in North Carolina. Mental Retardation, 1977, 15 (4), 8-11.
- Bogart, Robert W. and Hutchinson, E.R. Public attitudes toward social problems: The impact of shared life experiences in the community residence. Social Problems, 1978, 26 (1), 97-111.
- Brewster vs. Dukakis, C.A. 76-4423-F. (D. Mass., Consent Decree, December 7, 1978).
- Brockman, Joan and D'Aroy, Carl. Correlates of attitudinal social distance toward the mentally ill: A review and re-survey. Social Psychiatry, 1978, 13 (2), 69-77.
- Bryant, Barbara E. Respondent selection in a time of changing household composition. Journal of Marketing Research, 1975, 12, 129-135.

- Budson, Richard D. Legal dimensions of the psychiatric halfway house. Community Mental Health Journal, 1975, 11 (3), 316-324.
- Budson, Richard D. Community residential care for the mentally ill in Massachusetts: Halfway houses and cooperative apartments. In John Goldmeier, Fortune V. Manneno, and Milton F. Shore (Eds.) New directions in mental health care: Cooperative apartments. National Institute of Mental Health, 1978.
- Budson, Richard D. The psychiatric halfway house. Pittsburgh, Pa.: University of Pittsburgh, 1978.
- Burgess, Ernest W. Can neighborhood work have a scientific basis. In Robert E. Park, Ernest W. Burgess, and Roderick B. McKenzie (Eds.), The city. Chicago: University of Chicago Press, 1925.
- Coates, Robert B. and Miller, Alden D. Neutralizing of community resistance to group homes. In Yitzhak Bakal, (Ed.) Closing correctional Institutions. Lexington, Mass.: Lexington Book, 1973.
- Chien, Chinz-P iao and Cole, Jonathan O. Landlord supervised creative apartments: A new modality for community based treatment.
- Coleman, James S. The dynamics of community controversy. In Roland I. Warren, (Ed.) New perspective on the American community (3rd edition). Chicago: Rand McNally College Publishing Co., 1977.
- Cox, John M., Erlich, John, Rothman, Jack, Tropman, John E. Strategies of community organization. Itasca, Illinois: F.E. Peacock Publishers, Inc., 1970.
- Cumming, E., Cumming, J. Closed ranks: An experiment in mental health education. Cambridge, Mass.: Harvard University Press, 1957.
- Dixon vs. Weinberger, No. 74285(C.D.D.C. February 14, 1974).
- Drohrenwend, B.P. and Chin Smong, E. Social status and attitudes toward psychological disorder: The problem of tolerance of deviance. American Sociological Review, 1967, 32, 417-433.
- Farina, Amerigo, Thaw, Jack; Lovern, John D., Magone, Domenic. People's reaction to a former mental patient moving to their neighborhood. Journal of Community Psychology, 1974, 2, 108-112.

- Fitchburg Housing Authority vs. Board of Zoning Appeals
Mass., 406 N.E. 2d. 1006, June 12, 1980.
- Fracchia, J., Sheppard, C., Canale, D., Rivest, E., and
Merles, S. Community perceptions of severity of illness
levels of former mental patients: A failure to discrim-
inate. Comprehensive Psychiatry, 1976, 17 (6), 775-
778.
- Gans, Herbert J. The urban villages: Group and class in
the life of Italian-Americans. New York: Free Press,
1962.
- Glasscote, Raymond M., Gudeman, John E. and Elpers, J.
Richard. Halfway houses for the mentally ill. Ameri-
can Psychiatric Association, Joint Information Ser-
vice, 1971.
- Goldmeier, John. Community residential facilities for for-
mer mental patients: A review. Psychosocial Rehabili-
tation Journal, 1 (4), 1977.
- Goldmeier, John, Shore, Milton F. and Manneno, Fortune V.
Cooperative apartments: New programs in community men-
tal health. Health and Social Work, 1977, 2 (1),
120-140.
- Herbert, D. T. and Raine, J. W. Defining communities within
urban areas. Town Planning Review, 1976, 47, 325-
338.
- Hillery, George A. Definition of community: Areas of agree-
ment. Rural Sociology, 1955, 20 (2), 111-123.
- Hodgman, Elizabeth and Stein, Edna. The cooperative apart-
ment. Community Mental Health Journal, 1966, 2(4),
347-352.
- Hojnacki, William P. What is a neighborhood. Social Pol-
icy, 1979, 10 (2), 47-52.
- Hunter, Alfred and Suttles, Gerald. The expanding commu-
nity of limited liability. In Gerald D. Suttles,
(Ed.), The social construction of communities.
Chicago and London: University of Chicago Press, 1972.
- Kasarda, John D. and Janowitz, Morris. Community attachment
in mass society. American Sociological Review, 1974,
39, 328-339.

- Keller, Suzanne. The urban neighborhood: A sociological perspective. New York: Random House, 1968.
- Kerlinger, Frederick N. Foundations of behavioral research. New York: Holt, Rinehart and Winston, Inc., 1964.
- Kinney, Barbara Ankele. Creating community acceptance of group homes. Arlington Community Residence Inc., Arlington, Va.;, 1979.
- Lee, Terence. Urban neighborhood as a socio-spatial schema. Human Relations, 1968, 21 (3), 241-267.
- Lester, David and Pickett, Carol. Attitudes toward mental illness by police officers. Psychological Reports, 1978, 42 (3), 888.
- Mann, Peter H. The concept of neighborliness. American Journal of Sociology, 1954, 15 (1), 163-168.
- McKenzie, R. D. The ecological approach to the study of the human community. In Robert E. Park, Ernest W. Burgess, and Roderick D. McKenzie (Eds.). The city. Chicago: University of Chicago Press, 1925.
- National Commission on Neighborhoods. Rationale and work plan. Neighborhood Task Force, Urban and Regional Policy Group, June 1977.
- Onibokun, Adepoju G. Social system correlates of residential satisfaction. Environment and Behavior, 1976, 8 (3), 323-344.
- Ottensmann, John R. Social behavior in urban space. Urban Life, 1978 7 (1), 3-22.
- Parsons, Talcott. The principal structure of community. In Robert I. Warren (3rd edition) (Ed.) New Perspectives on the American Community. Chicago: Rank McNally Publishing Co., 1977.
- Park, Robert E., Burgess, Ernest W., and McKenzie, Roderick D. The City. Chicago: University of Chicago Press, 1925.
- Philliber, Williams V. Prior training opportunity and vested interest as factors influencing neighborhood integration. Pacific Sociological Review, 1976, 19 (2), 231-244.

- Phillips, Derek L. Identification of mental illness, its consequences for rejection. Community Mental Health Journal, 1967, 3 (3), 262-266.
- Piasecki, Joseph R. Community response to residential services for psycho-socially disabled: Preliminary results of a national study. Presented at: First Annual Conference of the International Association of Psycho-Social Rehabilitation Services, November 15, 1975.
- Piasedki, Joseph R., Leary, Jane E., and Rutman, Irvin D. Halfway Houses and Long Term Community Residents for the Mentally Ill in the United States, 1976 (DHHS Publication No. ADM 80-1004). U.S. Department of Health and Human Services, Mental Health National Statistics, Washington, D.C., 1980.
- Presthers, Robert. Community power structure: Theoretical framework. In John M. Cox, John L. Erlich, Jack Rothman, and John E. Tropman. Strategies of Community Organization. Itasca, Illinois: F. E. Peacock Publishers, Inc., 1970.
- Rabkin, Judith G. Opinions about mental illness: A review of the literature. Psychological Bulletin, 1972, 77 (3), 153-171.
- Rhodes, William C. Behavioral threat and community response: A community psychological inquiry. New York: Behavioral Publications, Inc., 1972.
- Rosenfeld, Stephen S. Report of the blue ribbon commission on the future of public in-patient mental health services in massachusetts. Massachusetts Department of Mental Health, Boston, Massachusetts. May, 1981, p.38.
- Ross, Murray. Community organization. Evanston, Ill.: Harper and Row, 1967.
- Schoenberg, Sandra P. Criteria for the evaluation of neighborhood viability in working class and low income areas in core cities. Social Problems, 1979, 27 (1), 69-78.
- Segal, Steven P. Attitudes toward the mentally ill: A review. Social Work, 1978, 23 (3), 211-217. Stacey, Margaret. The myth of community studies. British Journal of Sociology, 1969, 20 (2), 134-147.

- Stickney, Patricia. Gaining community acceptance: A handbook for community residential planners. Westchester Community Service Council, Community Residence Information Service Project, White Plains, N.Y., 1976.
- Sussman, Marvin B. Community structure and analysis. Westport, Conn.: Greenwood Press, Inc., 1978.
- Suttles, Gerald D. The social construction of communities. Chicago and London: University of Chicago Press, 1972.
- Trute, Barry and Loewen, Anne. Public attitudes toward the mentally ill as a function of prior personal experience. Social Psychiatry, 1978, 13 (2), 79-84.
- Useem, Ruth H., Useem, John and Gibson, Diane L. The functioning of neighborhood for the middle class male. Human Organization, 1960, 19 (2), 68-76.
- Warren, Roland L. The community in America (2nd edition). Chicago: Rand McNally and Company, 1976.
- Warren, Donald L. The functional diversity of urban neighborhoods. Urban Affairs Quarterly, 1977, 13 (2), 151-180.
- Warren, Donald I. Neighborhood structure and riot behavior in Detroit: Some exploratory findings. Social Problems, 1969, 16 (4), 464-484.
- Warren, Rachelle B. and Warren, Donald I. The neighborhood organizer's handbook. Notre Dame, Indiana: University of Notre Dame Press, 1977.
- Weber Donald E. Neighborhood entry in group home development. Child Welfare, 1978, 57 (10), 627-642.
- Wellman, Barry and Leighton, Barry. Networks, neighborhoods and communities: Approaches to the study of the community question. Urban Affairs Quarterly, 1979, 14 (3), 363-390.
- Wyatt vs. Stickney, 344 F. Supp. 373, 375-376 (M.D. Ala. 1972).

APPENDIX A
RESIDENTIAL SITES BY AREA
DEVELOPED AFTER JUNE 12, 1980

The following is a listing, by area, of the residential sites that have been developed after June 12, 1980. All sites have been verified by the Area Offices in the geographical area in which the sites are located. The listing includes:

1. Site
2. Sponsoring Agency
3. Number of residents
4. Type of facility
5. Developer of the residence

All sites listed reflect successfully established residences that are presently in operation.

BERKSHIRE DMH AREA RESIDENTIAL PROGRAMS

Residence Location: 31-33 Crane Ave., Dalton, MA.

Sponsoring Agency: Meridian Associates
59 Meridian St.
P.O. Box 842
Greenfield, Mass
1-774-2881

Residents: 5

Type of Facility: Duplex

Residence Developer: Mary Crapo

Residence Location: 90-92 Lincoln St., Pittsfield, MA.

Sponsoring Agency: Meridian Associates

Residents: 5

Type of Facility: Duplex

Residence Developer: Mary Crapo

Residence Location: 56-58 Boylston St., Pittsfield, MA.

Sponsoring Agency: Meridian Associates

Residents: 5

Type of Facility: Two family

Residence Developer: Mary Crapo

Residence Location: 192-194 Brown St., Pittsfield, MA.

Sponsoring Agency: Meridian Associates

Residents: 5

Type of Facility: Two family
Residence Developer: Mary Crapo

Residence Location: 33 W. Housatonic, Pittsfield, MA.

Sponsoring Agency: Meridian Associates

Residents: 5

Type of Facility: Single family

Residence Developer: Mary Crapo

Residence Location: 49 Brenton Terr., Pittsfield, MA.

Sponsoring Agency: Berkshire Mental Health Associates
333 East St.
Pittsfield, MA, 01201
1-499-0412

Residents: 8

Type of Facility: Single family

Residence Developer: Blanche Demagall

Residence Location: 151 Cold Spring Rd., Williamstown, MA

Sponsoring Agency: Northern Berkshire Mental Health Associates
85 Main St., North Adams MA, 01247
1-664-4541

Residents: 4
Type of Facility: Single family
Residence Developer: Steven Walt

Residence Location: 4 Lamoureux Place,
 North Adams, MA, 01247
 (HIGH STREET NEIGHBORHOOD)

Sponsoring Agency: Northern Berkshire Mental
 Health Associates

Residents: 3
Type of Facility: Single family
Residence Developer: Steven Walt

FRANKLIN/HAMPSHIRE DMH AREA RESIDENTIAL PROGRAMS

Residence Location: Hampton Gardens, Apt. 5155
 Northampton, MA

Sponsoring Agency: Hampshire Association for
 Mental Health
 239 Main Street
 Northampton, MA, 01060
 1-584-7329

Residents: 3
Type of Facility: Apartment
Residence Developer: Dominic Gareffa

HOLYOKE/CHICOPEE DMH AREA RESIDENTIAL PROGRAMS

Residence Location: 187 Chestnut St., Holyoke, MA

Sponsoring Agency: Center for Human Development
247 Cabot St.
Holyoke, Ma, 01040
1-532-1456

Residents: 6

Type of Facility: Single family

Residence Developer: Jim Goodwin

Residence Location: 453 Appleton St., 2nd floor
Holyoke, MA

Sponsoring Agency: Center for Human Development

Residents: 3

Type of Facility: Apartment

Residence Developer: Jim Goodwin

SPRINGFIELD DMH AREA RESIDENTIAL PROGRAMS

Residence Location: 18 Sylvan St., Springfield, MA

Sponsoring Agency: Center for Human Development
52 Maple Court
Springfield, MA
1-733-6624

Residents: 6

Type of Facility: Single family

Residence Developer: Steve McCafferty

Residence Location: 61 Crystal St., Springfield, MA

Sponsoring Agency: Center for Human Development

Residents: 4

Type of Facility: Two family
Residence Developer: Steve McCafferty

Residence Location: 818 Sumner Ave., Springfield
MA

Sponsoring Agency: Center for Human Development
Residents: 4

Type of Facility: Two family
Residence Developer: Dave Havens

Residence Location: Chestnut Towers
10 Chestnut St.
Springfield, MA, 01204

Sponsoring Agency: Center for Human Development
Residents: 4

Type of Facility: Apartment
Residence Developer: Steve Weissman

Residence Location: Park Towers
79 Harrison Ave.
Springfield, MA

Sponsoring Agency: Center for Human Development
Residents: 4

Type of Facility: Apartment
Residence Developer: Steve Weissman

Residence Location: 74 Granada Terrace
 First floor
 Springfield, MA

Sponsoring Agency: Center for Human Development

Residents: 4

Type of Facility: Apartment

Residence Developer: Dave Havens

WESTFIELD DMH AREA RESIDENTIAL PROGRAMS

Residence Location: Evergreen Manor Apts.
 Apt. P1/P3
 919 Southampton St.
 Westfield, MA, 01085

Sponsoring Agency: Westfield Community Support
 Service
 55 Broad St.
 Westfield, MA, 01085

Residents: 4

Type of Facility: Apartment

Residence Developer: Mary Walachy

Residence Location: 112 Granville Rd.
 Southwick, MA

Sponsoring Agency: Community Support Service

Residents: 4

Type of Facility: Two family

Residence Developer: Mary Walachy

APPENDIX B
Questionnaire Review Participants

Questionnaire Review Participants

Dr. Michael Hogan
Associate Deputy Commissioner for Western Sector
Northampton State Hospital
Northampton, Massachusetts

Dr. Nancy Mihevc
President
The Research Group
146 King Street
Northampton, Massachusetts

Dr. Julianne Pokela
Executive Director
Corporation for Applied Social Research
146 King Street
Northampton, Massachusetts

Mr. Bruce Johnson
Program Director
Springfield Mental Health Consortium
91 School Street
Springfield, Massachusetts

APPENDIX C

Questionnaire Field Test Participants

Field Test Participants

William Little
Executive Director
The Key Program, Inc
670 Old Connecticut Path
Framingham, Massachusetts, 01701

Carl A. Lojes
Executive Director
Association for Retarded Citizens of South Middlesex
855 Worcester Road
Framingham, Massachusetts, 01701

Catherine D. Schlater
Executive Director
Massachusetts Council for Human Service Providers
59 Temple Place
Boston, Massachusetts

APPENDIX D

Q-Sort Technique Participants

Q-Sort Technique Participants

Michael Donham
Executive Director
Center House Incorporated
745 Atlantic Avenue
Boston, Massachusetts, 02111

Steven A. Joffe
Executive Director
Concord-Assabet School
P.O. Box 114
Concord, Massachusetts, 01742

Karl Krantz
Executive Director
The Bridge of Central Massachusetts, Inc.
14 South Street
Westboro, Massachusetts, 01581

Peter L. Neville
Executive Director
Amego, Incorporated
10 Merrymount Road
Quincy, Massachusetts

Bertha Young
Executive Director
Beta Hostel Corporation
P.O. Box 695
Attleboro, Massachusetts, 02703

APPENDIX E

Residential Program Integration Questionnaire

RESIDENTIAL PROGRAM INTEGRATION QUESTIONNAIRE

The following series of questions address the issues of neighborhood assessment and strategies utilized by program developers of successfully established group residences and resistance experienced by those developers during their efforts. Data generated will be analyzed in conjunction with data collected in a parallel study designed to determine the neighborhood typology of each of the neighborhoods in which residences have been successfully established.

A. NEIGHBORHOOD ASSESSMENT

1. DID YOU REVIEW STREET DIRECTORIES TO FIND OUT WHO LIVED IN THE IMMEDIATE NEIGHBORHOOD OF THE PROPOSED RESIDENCE?

YES 2.67 NO 0.00

2. DID YOU REVIEW WARD/PRECINCT BOOKS TO LEARN MORE ABOUT THE NEIGHBORS OF THE PROPOSED RESIDENCE?

YES 1.67 NO 0.00

3. DID YOU SEEK OUT AND TALK TO KNOWLEDGEABLE PEOPLE IN THE COMMUNITY IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 4.00 NO 0.00

IF YES, WHAT TYPE OF PEOPLE DID YOU SEEK OUT?

4. DID YOU TALK TO MEMBERS OF THE FUNDING SOURCE IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 1.67 NO 0.00

5. DID YOU REVIEW NEWSPAPER FILES OF ACTIVITIES RELATED TO THAT NEIGHBORHOOD IN AN EFFORT TO LEARN MORE ABOUT AND PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 2.33 NO 0.00

DID YOU TALK TO MEMBERS OF YOUR BOARD AND STAFF IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 2.33 NO 0.00

7. DID YOU APPROACH THE LOCAL CHURCHES IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 3.67 NO 0.00

8. DID YOU APPROACH NEIGHBORHOOD COUNCILS OR CIVIC GROUPS IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 4.00 NO 0.00

9. DID YOU APPROACH CITY/TOWN ELECTED OFFICIALS IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 3.33 NO 0.00

10. DID YOU APPROACH LOCAL SOCIAL GROUPS IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 3.67 NO 0.00

11. DID YOU APPROACH THE NEIGHBORHOOD'S STATE REP./SENATOR IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 3.33 NO 0.00

12. DID YOU APPROACH LOCAL STORE OWNERS (DRUG STORES, VARIETY STORES, ETC.) IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 2.67 NO 0.00

13. ARE THERE ANY OTHER GROUPS THAT YOU APPROACHED OR ACTIVITIES UNDERTAKEN BY YOU IN AN EFFORT TO LEARN MORE ABOUT THE PEOPLE AND NEIGHBORHOOD OF YOUR PROPOSED RESIDENCE?

YES 0.00 NO 0.00

IF YES, WHAT WERE THOSE GROUPS OR ACTIVITIES?

B. STRATEGIES UTILIZED IN ESTABLISHING THE GROUP RESIDENCE

1. DID YOU TALK TO ABUTTERS OF THE GROUP RESIDENCE ABOUT THE PURPOSE OF THE RESIDENCE?

YES _____ NO 0.00

IF YES, DID YOU FIRST TALK TO THEM BEFORE CLIENTS MOVED IN, DURING THE TIME THAT CLIENTS WERE MOVING IN OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 4.00 DURING 2.33 AFTER 1.00

2. DID YOU TALK TO NEIGHBORS BEYOND THE IMMEDIATE ABUTTERS ABOUT THE PURPOSE OF THE RESIDENCE?

YES _____ NO 0.00

IF YES, DID YOU FIRST TALK TO THEM BEFORE, DURING OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 3.67 DURING 2.33 AFTER 1.33

3. DID YOU TALK TO THE SELLER/RENTAL AGENT ABOUT THE PURPOSE FOR WHICH YOU WERE GOING TO USE THE FACILITY?

YES _____ NO 0.00

BEFORE 3.33 DURING 1.33 AFTER 1.00

4. DID YOU PUBLICLY ANNOUNCE THE RESIDENCE THROUGH LOCAL MEDIA?

YES _____ NO 0.00

IF YES, DID YOU MAKE YOUR ANNOUNCEMENT BEFORE, DURING OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 3.33 DURING 2.67 AFTER 1.00

5. DID YOU TALK TO THE LOCAL STATE SENATOR/REP. ABOUT THE GROUP RESIDENCE?

YES _____ NO 0.00

IF YES, DID YOU FIRST TALK TO THEM BEFORE, DURING OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 3.67 DURING 2.00 AFTER 1.00

6. DID YOU TALK TO CITY/TOWN POLITICIANS ABOUT THE GROUP RESIDENCE?

YES _____ NO 0.00

IF YES, DID YOU FIRST TALK TO THEM BEFORE, DURING OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 3.67 DURING 2.00 AFTER 1.00

7. DID YOU TALK TO KEY COMMUNITY LEADERS ABOUT THE PURPOSE OF THE GROUP RESIDENCE?

YES _____ NO 0.00

IF YES, DID YOU FIRST TALK TO THEM BEFORE, DURING OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 4.00 DURING 2.33 AFTER 1.00

8. DID YOU HOLD INFORMATION MEETINGS FOR NEIGHBORS?

YES _____ NO 0.00

IF YES, DID YOU HOLD THE FIRST MEETINGS BEFORE, DURING OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 4.00 DURING 0.00 AFTER 0.00

9. DID YOU HOLD AN OPEN HOUSE FOR NEIGHBORS AND OTHERS INTERESTED IN THE PROGRAMS?

YES _____ NO 0.00

IF YES, DID YOU HOLD YOUR FIRST OPEN HOUSE BEFORE, DURING OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 3.33 DURING 2.67 AFTER 2.33

10. DID YOU UTILIZE THE ACTIVE PUBLIC INVOLVEMENT OF SPECIFIC GROUPS WHO WERE SUPPORTIVE OF YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, DID YOU UTILIZE MOST OF THEIR SUPPORT BEFORE, DURING, OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 3.67 DURING 0.00 AFTER 1.67

11. IF YOU ANSWERED YES TO QUESTION 10, PLEASE CHECK THOSE GROUPS WHOSE SUPPORT YOU UTILIZED.

- _____ DMH OFFICIALS
- _____ CLIENTS
- _____ CLIENTS' FAMILIES
- _____ MPAP
- _____ LOCAL POLITICIANS
- _____ NEIGHBORHOOD STATE REP.
- _____ NEIGHBORHOOD STATE SENATOR
- _____ CITY/TOWN POLITICIANS
- _____ SUPPORTIVE NEIGHBORS
- _____ NEIGHBORS OF OTHER RESIDENCES
- _____ PRIEST/MINISTER/RABBI
- _____ COMMUNITY LEADERS
- _____ OTHER PLEASE SPECIFY:

12. IF YOU USED THE SUPPORT OF OTHERS, PLEASE PRIORITIZE THE MOST EFFECTIVE THREE SUPPORT GROUPS

- #1 EFFECTIVE _____
- #2 EFFECTIVE _____
- #3 EFFECTIVE _____

13. DID YOU IMPROVE THE EXTERIOR OF THE HOME AS A MEANS OF POSITIVELY IMPRESSING THE NEIGHBORHOOD?

YES _____ NO 0.00

IF YES, DID YOU FIRST DO IMPROVEMENTS BEFORE, DURING OR AFTER THE RESIDENCE WAS ESTABLISHED?

BEFORE 2.67 DURING 0.00 AFTER 1.33

14. DID YOU DO ANYTHING SPECIAL TO ATTRACT POSITIVE MEDIA ATTENTION TO THE RESIDENTIAL PROGRAM?

YES _____ NO 0.00

IF YES, DID YOU FIRST HAVE MEDIA COVERAGE BEFORE, DURING, OR AFTER THE MAJORITY OF CLIENTS HAD MOVED IN?

BEFORE 3.67 DURING 2.67 AFTER 3.00

15. WHAT OTHER SPECIFIC ACTIVITIES (STRATEGIES) DID YOU UNDERTAKE IN AN EFFORT TO GET THE HOME ESTABLISHED?

C. LEVELS OF REACTION EXPERIENCED

1. DID INDIVIDUAL NEIGHBORS MEET WITH YOU TO DISCUSS YOUR GROUP RESIDENCE?

YES _____ NO 0.00

IF YES, WAS THE PRIMARY PURPOSE OF THE MEETING SUPPORTIVE, RESISTANT OR INFORMATIONAL?

SUPPORTIVE 0.00 RESISTANT -1.33 INFORMATIONAL 0.00

2. DID GROUPS OF NEIGHBORS MEET WITH YOU TO DISCUSS YOUR GROUP RESIDENCE?

YES _____ NO 0.00

IF YES, WAS THE PRIMARY PURPOSE OF THE MEETING(S) SUPPORTIVE, RESISTANT OR INFORMATIONAL?

SUPPORTIVE 0.00 RESISTANT -1.33 INFORMATIONAL 0.00

3. DID NEIGHBORS HOLD MEETINGS AND ORGANIZE IN RESPONSE TO YOUR GROUP RESIDENCE?

YES _____ NO 0.00

IF YES, WAS THE PRIMARY PURPOSE OF THIS EFFORT TO SUPPORT OR OPPOSE YOUR GROUP RESIDENCE?

SUPPORT 2.33 OPPOSE -2.00

4. WERE YOU INVITED TO A LARGE GROUP MEETING OF NEIGHBORS WHO WERE RESPONDING TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WAS THE PURPOSE OF THESE MEETINGS SUPPORTIVE, RESISTANT OR INFORMATIONAL?

SUPPORTIVE 0.00 RESISTANT -1.33 INFORMATIONAL 0.00

5. DID NEIGHBORS PUT UP SIGNS IN RESPONSE TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WAS THE CONTENT OF MOST OF THESE SIGNS IN SUPPORT OR OPPOSITION TO YOUR RESIDENCE?

SUPPORT 2.00 OPPOSE -2.33

6. DID NEIGHBORS PICKET THE SITE OF YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WAS THE FOCUS OF THE PICKETING MOSTLY IN SUPPORT OR OPPOSITION TO YOUR RESIDENCE?

SUPPORT 0.00 OPPOSE -2.33

7. DID NEIGHBORS AND OTHER COMMUNITY PEOPLE WRITE LETTERS TO THE EDITOR OF YOUR LOCAL PAPER REGARDING THE RESIDENCE?

YES _____ NO 0.00

IF YES, WERE MOST LETTERS IN SUPPORT OR OPPOSITION TO THE RESIDENCE?

SUPPORT 0.00 OPPOSE -1.33

8. DID NEIGHBORS GAIN MEDIA COVERAGE IN AN EFFORT TO EXPRESS THEIR OPINION REGARDING THE RESIDENCE?

YES _____ NO 0.00

IF YES, WERE MOST OF THE OPINIONS EXPRESSED IN SUPPORT OR OPPOSITION TO THE GROUP RESIDENCE?

SUPPORT 3.00 OPPOSE -1.67

9. DID NEIGHBORS COLLECT PETITIONS IN RESPONSE TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WERE THE MAJORITY OF PETITIONS IN SUPPORT OR OPPOSITION TO THE PROGRAMS?

SUPPORT 2.33 OPPOSE -1.33

10. DID NEIGHBORS MEET WITH LOCAL DMH OFFICIALS IN RESPONSE TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WERE MOST OF THESE MEETINGS HELD TO EXPRESS SUPPORT OR OPPOSITION TO YOUR RESIDENCE?

SUPPORT 2.33 OPPOSE -1.33

11. DID NEIGHBORS MEET WITH STATE DMH OFFICIALS IN RESPONSE TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WERE MOST OF THESE MEETINGS HELD TO EXPRESS SUPPORT OR OPPOSITION TO YOUR RESIDENCE?

SUPPORT 2.00 OPPOSE -2.33

12. DID NEIGHBORS MEET WITH EOHHS SECRETARY IN RESPONSE TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WERE MOST OF THESE MEETINGS HELD TO EXPRESS SUPPORT OR OPPOSITION TO YOUR RESIDENCE?

SUPPORT 2.33 OPPOSE -2.33

13. DID NEIGHBORS MEET WITH THE GOVERNOR IN RESPONSE TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WERE MOST OF THESE MEETINGS HELD TO EXPRESS SUPPORT OR OPPOSITION TO YOUR RESIDENCE?

SUPPORT 3.00 OPPOSE -2.33

14. DID THE STATE REPRESENTATIVE FROM THE DISTRICT IN WHICH YOUR RESIDENCE WAS LOCATED BECOME INVOLVED?

YES _____ NO 0.00

IF YES, WAS HIS/HER INVOLVEMENT MOSTLY IN SUPPORT, OPPOSITION OR INFORMATIONAL?

SUPPORT 3.00 OPPOSITION -2.00 INFORMATIONAL 0.00

15. DID THE STATE SENATOR FROM THE DISTRICT IN WHICH YOUR RESIDENCE WAS LOCATED BECOME INVOLVED?

YES _____ NO 0.00

IF YES, WAS HIS/HER INVOLVEMENT MOSTLY SUPPORT, OPPOSITION, OR INFORMATIONAL?

SUPPORT 2.67 OPPOSITION -2.00 INFORMATIONAL 0.00

16. DID THE CITY/TOWN ELECTED COUNCIL OFFICIALS BECOME INVOLVED?

YES _____ NO 0.00

IF YES, WAS THEIR INVOLVEMENT MOSTLY IN SUPPORT, OPPOSITION OR INFORMATIONAL?

SUPPORT 2.67 OPPOSITION -2.67 INFORMATIONAL 0.00

17. DID CITY/TOWN ELECTED COUNCIL OFFICIALS TAKE A LEGAL VOTE IN RESPONSE TO YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WAS THEIR VOTE IN SUPPORT OR OPPOSITION TO THE RESIDENCE?

SUPPORT 3.00 OPPOSE -2.67

18. DID YOU REQUIRE CITY/TOWN ZONING DEPARTMENT APPROVAL IN ORDER TO ESTABLISH YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, DID THE ZONING DEPARTMENT SUPPORT, RESIST, OR NORMALLY PROCESS YOUR APPLICATION?

SUPPORT 2.67 RESIST -2.33 NORMAL 0.00

19. DID YOU REQUIRE CITY/TOWN BUILDING DEPARTMENT APPROVAL IN ORDER TO ESTABLISH YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, DID THE BUILDING DEPARTMENT SUPPORT, RESIST OR NORMALLY PROCESS YOUR APPLICATION?

SUPPORT 2.33 RESIST -2.33 NORMAL 0.00

20. DID YOU REQUIRE CITY/TOWN HEALTH DEPARTMENT APPROVAL IN ORDER TO ESTABLISH YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, DID THE HEALTH DEPARTMENT SUPPORT, RESIST OR NORMALLY PROCESS YOUR APPLICATION?

SUPPORT 1.67 RESIST -2.33 NORMAL 0.00

21. DID COMMUNITY LEADERS BECOME ACTIVELY INVOLVED IN THE ESTABLISHMENT OF YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WAS MOST OF THEIR INVOLVEMENT IN SUPPORT, OPPOSITION OR INFORMATIONAL?

SUPPORT 2.33 OPPOSITION -3.00 INFORMATIONAL 0.00

22. DID MEDIA THROUGH EDITORIALS, FEATURE ARTICLES, ETC., EXPRESS OPINIONS ON YOUR RESIDENCE?

YES _____ NO 0.00

IF YES, WERE MOST OF THEIR OPINIONS IN SUPPORT OR OPPOSITION TO YOUR RESIDENCES?

SUPPORT 2.33 OPPOSE -2.33

23. DID STAFF MEMBERS HAVE VERBAL CONTACT WITH NEIGHBORS?

YES _____ NO 0.00

WERE NEIGHBORS VERBALLY SUPPORTIVE OR HARASSIVE?

SUPPORTIVE 1.33 HARASSIVE -1.33

24. WERE YOU OR MEMBERS OF YOUR STAFF PHYSICALLY HARASSED
(PUSHED, SHOVED, ETC.) BY NEIGHBORS?

YES 3.00 NO 0.00

25. WERE PHYSICAL THREATS MADE TOWARD YOUR RESIDENCE?

YES 3.00 NO 0.00

26. WAS THERE AN EFFORT MADE TO DAMAGE YOUR RESIDENCE,
I.E., BROKEN WINDOWS, ETC.?

YES 3.00 NO 0.00

27. WAS THERE AN EFFORT MADE TO TOTALLY DESTROY YOUR
FACILITY (FIRE, BOMB, ETC.)?

YES 3.00 NO 0.00

28. WERE THERE OTHER FORMS OF REACTION EXPRESSED?

YES _____ NO _____

IF YES, WHAT REACTIONS WERE EXPRESSED?

NEIGHBORHOOD TYPOLOGY: _____

APPENDIX F

Neighborhood Typology Questionnaire

NEIGHBORHOOD TYPOLOGY QUESTIONNAIRE

NEIGHBORHOOD _____ RESPONDENT _____

A. IDENTIFICATION DIMENSIONS:

1. Do you feel you have a great deal in common with other members of your neighborhood?
Yes ___ No ___
2. Is there a specific name you use to identify your neighborhood? Yes ___ No ___
3. For the immediate future do you plan to stay in this neighborhood? Yes ___ No ___

B. INTERACTION DIMENSIONS:

1. Do you visit with nearby neighbors at least once a week? Yes ___ No ___
2. Do you meet with other neighbors in the organizations or social groups to which you belong?
Yes ___ No ___
3. Do you see others in the neighborhood as getting together often? Yes ___ No ___

C. LINKAGES:

1. Do you belong to two or more organizations outside of the neighborhood? Yes ___ No ___
2. Do you know people who are community leaders or who have personal relationships with community leaders?
Yes ___ No ___
3. Do people in your neighborhood have personal relationships with community leaders?
Yes ___ No ___

APPENDIX G

Bryant-Troldahl-Carter Method of Respondent
Selection Matrix

MATRIX 1

Number of Adults

	1	2	3	4 or more
Number of Males				
0	Woman	Oldest Woman	Youngest Woman	Youngest Woman
1	Man	Man	Man	Oldest Woman
2	-----	Oldest Man	Youngest Man	Youngest Man
3	-----	-----	Youngest Man	Oldest Man
4 or more	-----	-----	-----	Oldest Man

MATRIX 2

Number of Adults

	1	2	3	4 or more
Number of Males				
0	Woman	Youngest Woman	Youngest Woman	Oldest Woman
1	Man	Man	Oldest Woman	Man
2	-----	Oldest Man	Youngest Woman	Oldest Woman
3	-----	-----	Youngest Man	Youngest Woman
4 or more	-----	-----	-----	Oldest Man

MATRIX 3

Number of Adults

	1	2	3	4 or more
Number of Males				
0	Woman	Youngest Woman	Oldest Woman	Oldest Woman
1	Man	Woman	Man	Youngest Woman
2	-----	Youngest Man	Oldest Man	Youngest Man
3	-----	-----	Oldest Man	Youngest Man
4 or more	-----	-----	-----	Youngest Man

MATRIX 4

Number of Adults

	1	2	3	4 or more
Number of Males.				
0	Woman	Oldest Woman	Oldest Woman	Youngest Woman
1	Man	Woman	Youngest Woman	Man
2	-----	Youngest Man	Woman	Youngest Woman
3	-----	-----	Oldest Man	Youngest Woman
4 or more	-----	-----	-----	Youngest Man

