REVISION OF JUSTIFICATION/COMPATIBILITY STATEMENT

Case Number: BOA25-00456
Address: 833 W McLellan Rd, Mesa, AZ 85201
Use Requested: Transitional Community Residence – Secured Behavioral Health Facility
Mesa Zoning Ordinance Sections Referenced:

Purpose of Request

The applicant, Janisa Manor LLC, seeks approval for a Special Use Permit (SUP**)** and reasonable accommodation to operate a Transitional Community Residence (Secured Behavioral Health Residential Facility) for up to 10 adult residents under court-ordered behavioral health treatment. The request includes accommodation from the 1,200-foot spacing requirement due to the presence of two existing community residences within proximity (900 and 990 feet, respectively).

Response to Special Use Permit Criteria (MZO §11-31-14(B))

1. Compatibility with Residential Uses Allowed as of Right

The proposed use is fully compatible with the residential nature of the zoning district, both in form and function:

- Residential Character Maintained: The facility is a single-story detached home that retains the exterior appearance of a standard residence. There will be no signage, commercial activity, or architectural alterations that distinguish it from surrounding properties.
- Low Impact Operations: Resident activities will be limited and supervised. Because residents are under court-mandated secured treatment, they are not allowed to leave the premises unsupervised, significantly reducing foot or vehicle traffic compared to typical residential use.
- Staff Presence: A small team of trained staff members will provide 24/7 supervision and care. Staffing levels are modest, with minimal off-site visitors or deliveries, ensuring operational impact remains low.
- Noise, Traffic, and Parking: With 8 on-site parking spaces and restricted resident mobility, there will be no reliance on street parking or increase in neighborhood traffic or noise. Use of common areas and outdoor space will be supervised and consistent with residential patterns.

This facility will function similarly to a family household—residents live, eat, and participate in routine activities together, and the operation integrates into the neighborhood without disruption.

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2. No Clustering or Institutional Atmosphere

The proposed facility will not create a concentration of similar uses, nor alter the neighborhood's character:

- While two existing community residences are within 1,200 feet, they serve different populations and functions. One is a general assisted living home, and the other is a voluntary community residence—not a secured facility for court-ordered behavioral health.
- This facility's population (court-ordered behavioral health residents under forensic or civil commitment) is distinct, with stricter oversight and specialized services.
- Institutional Atmosphere Avoided: There are no visible institutional characteristics (no signs, no administrative offices, no public access). The facility does not generate the kind of activity typical of an institutional use, such as frequent visitors, events, or rotating residents.
- Neighborhood Integrity Preserved: The quiet, residential environment will be maintained. Landscaping, setbacks, lot layout, and architectural character are all consistent with single-family homes in the area.

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3. No Interference with Community Integration (Existing or Proposed)

The facility will not interfere with the normalization and community integration of residents of existing nearby community residences or assisted living homes, nor will those interfere with integration of residents at Janisa Manor.

- **Residents at Janisa Manor** are placed under **court order (A.R.S. §36-550.09 or §13-4521)** and cannot leave the premises unsupervised. This naturally limits interaction with residents of nearby facilities, reducing the risk of overlap, tension, or dependence between populations.
- **Community Integration Approach**:
    - Residents engage in normalized daily routines within the home, such as group meals, personal hygiene, recreation, and treatment plans.
    - Where appropriate and court-approved, some residents may participate in **staff-supervised**, escorted activities (e.g., outdoor walks, medical appointments), supporting normalization while maintaining legal compliance.
- **No Mutual Interference**: The operations and resident profile of Janisa Manor are independent from those of nearby homes. The distinct legal basis and supervision requirements further ensure that there is no cross-impact or shared dependency among facilities.

Addendum to Justification/Compatibility Statement

Address: 833 W McLellan Rd, Mesa, AZ 85201
Case No.: BOA25-00456
Proposed Use: Transitional Community Residence – Secured Behavioral Health Facility
Zoning Ordinance Reference: Section 11-86-2, Mesa Zoning Ordinance

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Clarification: Definition of Community Residence (MZO §11-86-2)

The Mesa Zoning Ordinance defines a **Community Residence** as:

"A residential living arrangement for five to ten individuals with disabilities, excluding staff, living as a family in a single dwelling unit who are in need of the mutual support furnished by other residents... Its primary purpose is to provide shelter in a family-like environment. Medical treatment is incidental as in any home. Supportive interrelationships between residents are an essential component..."

The following information confirms that **Janisa Manor LLC**, a secured behavioral health residential facility, meets all the criteria required for classification as a Community Residence under this definition:

1. Residents with Disabilities (Excluding Staff)

The proposed facility will house up to 10 adults (age 18+) who have been:

- Legally classified as seriously mentally ill under A.R.S. §36-550.09 or
- Placed in a forensic mental health program under A.R.S. §13-4521 due to mental illness and legal incapacity.

Under the federal Fair Housing Act and Americans with Disabilities Act, serious mental illness is a protected disability. All residents of the facility will have a qualifying disability. Staff are not counted as residents.

2. Single Dwelling Unit / Family-Like Environment

- The property is a single-family residence that maintains the architectural and functional characteristics of a private home.

- The facility includes 8 bedrooms and 3 bathrooms, with shared living, kitchen, and dining spaces, and is staffed 24/7 to provide supervision and support similar to what would occur in a multi-generational household.
- Residents will live, eat, recreate, and participate in daily activities together — emulating the structure of a traditional family unit.
- This is not a facility with institutional characteristics or transient turnover; it operates under long-term tenancy rules with an average stay of several months up to one year.

3. Mutual Support and Support Services Provided

- Residents will live together in a structured, supportive environment, promoting social integration and mutual support.
- All residents will participate in communal activities such as meals, leisure, and peer support—hallmarks of family-like normalization.
- Staff members assist residents with:
    - Medication management
    - Daily living skills (hygiene, routines, etc.)
    - Scheduled court-mandated therapy or treatment compliance
    - Coordination of medical appointments and follow-ups

These support services are habilitative and rehabilitative, aimed at recovery and stability, not institutional-level medical care.

Medical treatment is incidental, as required by the zoning ordinance. Any psychiatric or medical services are conducted off-site or in the same manner as would occur in any household (e.g., outside appointments, medication compliance).

4. Community Integration & Normalization

- Janisa Manor's primary purpose is to normalize the lives of residents through residential structure, stability, and peer interaction, consistent with community residence models.
- Secured setting ensures safety and structure, not isolation. Residents participate in supervised outings when allowed by the court, such as:
    - Supervised walks
    - Grocery trips
    - Clinic appointments
    - Structured community events

These interactions support reintegration and foster a dignified, community-based recovery process.

5. Distinction from Other Uses (Rooming, Boarding, Shelters, etc.)

- This is not a shelter, boarding house, rooming house, or transient use:
    - Tenancy is long-term (weeks to months, up to a year)
    - No rotating overnight guests

    - Residents are placed under structured care plans, not simply housed
- The home and will be licensed by the Arizona Department of Health Services and meets all regulations governing behavioral health residential facilities.

Conclusion

The proposed Secured Behavioral Health Residence at 833 W McLellan Rd **meets the full criteria of a Community Residence** as defined by MZO §11-86-2:

- Houses only adults with qualifying disabilities (mental illness)
- Supports mutual living and supportive relationships
- Operates in a family-style, non-institutional setting
- Provides habilitative support, not institutional medical treatment
- Ensures normalization and integration into the community under structured supervision

1. Please provide a copy of your license from the State, or, if you have not yet received a license, the application you submitted to the Sate for a license.

We have not applied to the State yet because the Capacity is required before application

2. Do you, Janisa Manor LLC, or Health Connect Nursing operate other group living facilities, either in Arizona or other state? If so, please provide the names and locations of those group living facilities. Will the proposed secure behavioral health residential facility operate similarly to any of your existing facilities; if so, which one? How will it be similar or different?

None, Janisa Manor nor Health Connect Nursing operate other group living facilities in Arizona or other states

3. In a community residence, medical treatment is incidental as in any home. The City needs additional information to determine whether medical treatment in the proposed facility will be incidental to a residential living arrangement. Without disclosing any information regarding the disability of any particular resident, what are some general examples of the type of medical care or treatment the proposed facility may provide? How intensive will the medical treatment provided in the proposed facility be? Please explain if and how the medical treatment will be incidental to the residential living arrangement.

These **support services are habilitative and rehabilitative**, aimed at recovery and stability, not institutional-level medical care.

◇ **Medical treatment is incidental**, as required by the zoning ordinance. Any psychiatric or medical services are conducted off-site or in the same manner as would occur in any household (e.g., outside appointments, medication compliance).

4. What level of care will the proposed facility be licensed, or is seeking to be licensed, by the State to provide (for example, medical care, directed care, custodial care)?

Custodial care

5. How many staff members and supervisors will be on site at the proposed facility at any given time? Will the staff members and supervisors live at the proposed facility? If no, what are the general hours that staff and supervisors will be at the proposed facility?

a) 2 staff. b) Yes the staff will live in the facility. C) the supervisor will be on call at night, day will be in the facility 9 – 5pm.

6. Without disclosing any information regarding the disability, crimes or behaviors of any particular resident, what are some general examples and the range of the crimes or behaviors that may result in a court order committing a person to a secure behavioral health residential facility?

- These are often **non-violent or property-related**, but the behavior reflects a pattern of psychiatric instability or legal risk, such as: Trespassing repeatedly in public or private places due to delusions, Disorderly conduct linked to untreated psychosis or disorganized thinking, Refusing or failing to take prescribed psychiatric medications, Repeated psychiatric hospitalizations without stability, Risk of harm to self due to refusal of care in the community, The person has been charged with a crime but found **legally incompetent** due to psychiatric or cognitive incapacity for e g. shoplifting, other offenses where competency must be restored for the case to proceed. Suicidal behavior or ideation combined with refusal of care

  Severe paranoia or delusional thinking that leads to isolation or aggression

7. How will the proposed facility emulate a biological family and foster normalization of its residents? Will residents, for example, share in typical home responsibilities, such as cooking and cleaning?

Yes, to reinforce a sense of responsibility, personal development, and normalcy, residents actively participate in daily chores and home routines, including: Meal preparation and cooking (with staff support or supervision as needed); Housekeeping tasks like vacuuming, doing dishes,

laundry, and tidying common areas; Maintaining personal bedrooms and respecting shared spaces.

These activities help individuals: Develop or maintain independent living skills, Build a sense of ownership and community, and Prepare for more independent or less restrictive living in the future.

Structured Routine with Normalized Living

The facility will incorporate a **daily structure** that includes: Set wake-up, meal, and recreational times; Behavioral health programming or therapeutic activities; Leisure time and rest, similar to a typical family household;

8. How will the proposed facility integrate its residents into the surrounding community? Will residents, for example, be able to interact with neighbors, go to nearby parks, shop at the local grocery store, or attend public events?

Residents may participate in community activities if their individualized, court-approved treatment plan allows it. These outings are: Fully supervised by trained facility staff; Medically and legally approved based on clinical progress and public safety considerations; Designed to support rehabilitation and independent living goals.

Examples of these structured and escorted activities may include: Walking in nearby parks for exercise and fresh air; Visiting local grocery stores to practice budgeting and shopping; Attending community events (e.g., library programs or church services). However, all such outings are planned in accordance with the least restrictive environment principle while ensuring safety and compliance with legal mandates.

Although residents do not interact with neighbors independently, they are taught and expected to conduct themselves in a respectful and appropriate manner when outside the home under supervision. The home maintains a residential character and does not alter the neighborhood's appearance or use patterns.

9. How will the proposed facility provide for supportive interrelationships between its residents?

Janisa Manor LLC is designed to foster mutual support and social connection among its residents, consistent with the Mesa Zoning Ordinance's definition of a **Community Residence** (Section 11-86-2), which emphasizes supportive interrelationships as a core feature of normalization and rehabilitation.

Structured, Shared Living Environment

Residents live together in a single-family residential home, sharing common areas such as the kitchen, living room, and dining space. This living arrangement encourages residents to engage with one another throughout daily routines, including:

- Eating meals together;
- Participating in household chores;
- Engaging in group recreation or leisure time;
- Respecting shared responsibilities in the home.

These shared experiences create opportunities for peer bonding, emotional support, and cooperation—similar to a family household.

Therapeutic Group Activities

To promote interpersonal growth and trust among residents, the facility incorporates regular, structured group sessions led by staff, such as:

- Group therapy or support circles;
- Life-skills workshops (e.g., cooking, conflict resolution, communication);
- Recreational activities like games, or art sessions.

These activities are designed to build community and trust, reduce isolation, and teach residents to interact constructively with others who may share similar experiences and goals.

The model used at Janisa Manor recognizes that residents benefit not only from staff guidance, but from peer empathy and mutual encouragement. Many residents may be in similar stages of treatment or recovery and can offer relatable support, helping normalize struggles and celebrate progress together.

10. What specific security measures are you proposing for the proposed facility? For example, will interior bedrooms of residents be locked, will there be a fence or wall on the property, how often will residents be able to leave the property?

    Egress from the facility is restricted, as required by law for secured behavioral health homes. Residents cannot leave independently and may only do so under court-approved and supervised conditions. Any off-site movement (e.g., for medical appointments, court hearings, or therapeutic outings) must be authorized by the clinical treatment team and/or court and will be fully supervised by staff.

Interior Security Measures

Resident bedroom doors are not locked from the outside**.** Each bedroom has standard interior locks that allow privacy but do not permit unauthorized confinement. All interior areas are monitored by staff, and safety checks are conducted regularly to ensure residents' well-being and prevent elopement or self-harm.

Exterior Physical Security

The property includes a 6-foot solid perimeter fence or wall, enclosing the backyard and limiting unsupervised access to and from the home. All exterior doors are equipped with

delayed-egress locking systems, alarmed as required under ADHS regulations, and monitored by staff 24/7.

Staffing and Monitoring

The facility is staffed 24 hours a day, 7 days a week, with trained behavioral health professionals. Staff are trained in de-escalation, crisis response, and supervision protocols for secure environments. A manager is always on-call, and emergency protocols are in place, including coordination with local authorities.

Resident Outings and Community Access

Residents may only leave the property with court and clinical team approval and must be accompanied by staff at all times. Outings are planned for therapeutic purposes (e.g., medical appointments, supervised exercise, or community engagement) and are limited in frequency and duration depending on individual treatment progress.

Pleas explain the next steps for residents after they leave this Transitional Community Residence.

Exit from a secure behavioral health facility is a **coordinated shift** from a secure setting to ongoing community support. The focus remains on:

- **Seamless care continuity** (meds + therapy),
- **Stable living environment**,
- **Active case management**,
- **Legal oversight compliance**.

This is the timeline discharge plan

1. **Pre-release (60–90 days out):** transition team assigned, housing/ID/benefit planning begins.
2. **Final weeks:** prescriptions arranged, case management and Medicaid re-enrollment activated.
3. **Discharge day:** release with medication, treatment appointments, housing, transportation.
4. **Post-release (1–4 weeks):** follow-up with behavioral health providers; adherence to court-ordered terms.

REPEAT: Length of Tenancy: Please provide a copy of the rules, charter, or other governing document of the community residence that outlines the length of tenancy of an individual at the community residence.

Here is a part of our Policy about tenancy

Janisa Manor LLC
Rules and Residency Policy
Address: 833 W McLellan Rd, Mesa, AZ 85201
Facility Type: Secured Behavioral Health Residential Facility
License: Seeking licensure by Arizona Department of Health Services (ADHS)

Name of the Community Residence: Janisa Manor LLC

Type of Community Residence: Transitional Community Residence

Length of Tenacy: Up to 1 year

Type of Facility: Secured Behavioral Health Residential Facility

Number of individuals: 10

Age Range: 18 years or older

I. Purpose

This document serves as the formal rules and residency policy governing the operation of Janisa Manor LLC, a Transitional Community Residence for individuals with behavioral health needs under court-ordered treatment. This residence is operated in compliance with applicable provisions of the Mesa Zoning Ordinance and the Arizona Department of Health Services (ADHS).

II. Length of Tenancy

- Tenancy at Janisa Manor LLC is transitional and temporary.
- Residents are accepted under court-ordered behavioral health treatment plans, which specify the duration of residence based on clinical progress and legal proceedings.
- The maximum length of stay is no more than one year
- The typical length of stay may range from several weeks to twelve months, depending on the individual's treatment plan, progress, and court disposition.

III. Admission Criteria

Residents are admitted only under a valid court order issued pursuant to:

- **ARS §36-550.09** (for individuals with serious mental illness resistant to voluntary treatment); or

  We are mainly focused on mental illness

- ~~**ARS §13-4521**~~ (for forensic restoration to competency to stand trial). This will not be included in our facility.

All residents must:

- Be at least 18 years of age;
- Be medically and psychiatrically appropriate for a secure residential setting;
- Comply with facility rules and their treatment plan.

IV. Facility Structure and Oversight

- The home houses a maximum of 10 residents, not including staff.
- Residents are supervised 24/7 by trained behavioral health staff.
- The facility manager, Charity Karia (Phone: 650-776-9532), oversees operations and compliance.

V. Rules of Residence

Residents agree to:

1. Participate in treatment and follow all clinical directives;
2. Respect other residents, staff, and neighbors;
3. Comply with all facility safety procedures, including supervised egress;
4. Participate in household responsibilities (cooking, cleaning) as therapeutically appropriate;
5. Avoid possession or use of prohibited items, including alcohol, drugs, and weapons.

Violations of rules may result in treatment review, legal reporting, or discharge as determined by the treatment team and court.

VI. Termination of Tenancy

Tenancy will end upon:

- Completion of treatment and discharge approval;

- Court revocation or modification of the placement order;
- Transfer to a less restrictive environment based on clinical progress.

Tenancy may also be terminated due to safety concerns or non-compliance, following coordination with legal and clinical authorities.

Approved by:
Janisa Manor LLC
Facility Director: Charity Karia
Date:
Signature: _____