

Item D.1 Development Summary Form (Attachment B)

Instructions: Complete and submit the Development Summary Form (**Attachment B**)

Item D.2 Development Description

The Development Description should provide a narrative (approximately two pages) that includes:

1. Name and location of the proposed housing development;
2. Service goals of the development;
3. Characteristics of tenants to be served;
4. Type of housing to be provided (new construction or acquisition/rehab.);
5. How the building(s) in which housing and services will be provided will meet the housing and service needs of the MHSA tenants (location, building type, layout, features, etc.);
6. Name of primary service provider, property manager, and other development partners; and,
7. Summary of the anticipated sources of development financing. (Name sources only, do not include dollar amounts.)

Response:

Anesi Apartments
 Visions Rd., Irvine, CA APN: 104-413-02 (Orange County)
 104 units (11 MHSA units)

Project Summary, Service Goals and Tenant Characteristics:

AMCAL Multi-Housing, Inc. has proposed the development of a new construction apartment community in Irvine, CA at the intersection of Roosevelt and Visions Street. The new community will include 104 units in a combination of one, two, three, and four bedroom apartment homes. The units will be affordable to individuals and families earning 30%-50% of the Orange County Area Median Income. Additionally, eleven (11) of the units will be reserved for households eligible under the Mental Health Services Act ("MHSA") who are homeless or at risk of homelessness and have been diagnosed with a serious mental illness. Community amenities include a community building/recreation center with offices, recreation areas, a computer lab, an exercise gym on the second level, and both private and public open space. The recreation center has a generous wade pool and a large recreation pool with ample areas for chaise seating and tables and umbrellas. A tot lot is located at the northeast corner of the site, adjacent to a new, state of the art public park with a full range of sports and outdoor amenities. A community garden near the entrance provides opportunity for growing edible landscape. Parking will include both tuck-under and surface parking.

Type of Housing meeting the needs of MHSA tenants

The following specifications/unit amenities will be incorporated in the project design to promote the health and safety of the residents, as well as the affordability and durability of the units: balcony/patio, refrigerator, microwave, garbage disposals, dishwashers, and stoves. The MHSA units (which include 11-1 BD units) will also be fully furnished and will be adaptable to meet any specific physical impairments/ disabilities of the target population. All units are accessible via stairs or elevators. Additionally, the community building includes office space for the provision of supportive services for the County of Orange Health Care Agency's Adult Program for Assertive Community Treatment (PACT) program, the lead provider for the MHSA clients as well as office space for additional service providers to coordinate social activities and events. The proposed on-site property management company for this development is anticipated to be an experienced supportive housing property manager who will also have office space within the community building

Primary Service Provider: MHSA County or County Contracted Provider

Supportive services will be provided on a voluntary basis and residents will be assertively and respectfully encouraged to participate in the supports and services available to them. The project developer(s) will also partner with the County of Orange Health Care Agency's PACT program. The Adult Program for Assertive Community Treatment (PACT) serves adults 18 years of age and older who are living with a chronic and persistent mental illness. PACT provides assessment, linkage, individual and group therapy, extensive case

management, advocacy, medication support and a variety of recovery services for adults.

Anesi Apartments will also have an on-site resident services program, LifeSTEPS (Life Skills Training and Educational Programs, Inc.) designed to meet the specific needs of the residents. LifeSTEPS is a nonprofit supportive services provider that provides services to all of AMCAL's affordable communities. LifeSTEPS is prepared to offer a wide variety of supportive and educational programs to residents of this future community, depending on the needs of the residents.

The on-site LifeSTEPS Service Coordinator will keep up-to-date information on local services, publicize them to residents, help residents determine their need for local services and assist them with access. The Service Coordinator will facilitate and bring programs on site to address common housing retention, educational and economic needs of the residents. The type of programs that are anticipated may include: financial literacy workshops, bicycle safety programs, computer classes, employment seminars and career counseling, parenting classes, stranger danger program, first time homebuyer programs health and safety classes, case management, and a variety of social events to promote community cohesion and strength.

Financing Structure

The proposed financing structure includes 9% tax credits, the contribution of land from the Irvine Community Land Trust, CDBG and HOME funding from the City of Irvine, and Mental Health Services Act funding.

Site Amenities

The subject site is located within close proximity to a wide array of amenities:

- Grocery Stores
- Parks
- Public Transportation
- Schools

Item D.3 Consistency with the Three-Year Program and Expenditure Plan

Describe how the proposed housing development is consistent with the sponsoring county mental health department's approved Three-Year Program and Expenditure Plan. Provide specific information regarding how the development meets the priorities and goals identified in the Three-Year Program and Expenditure Plan.

Response:

The Orange County Health Care Agency (HCA) and Behavioral Health Services (BHS) *Fiscal Year 2011-2013 Annual Update to the Three Year Program and Expenditure Plan for MHTA Community Services and Support (CSS)* identified a need for permanent supportive housing for Adults aged 18 and above with Serious Mental Illness (SMI) who are homeless or at risk of being homeless and are underserved. Additionally, the County's original MHTA *Three Year Program and Expenditure Plan*, prepared following an intensive collaborative effort and input from consumers, family members, community leaders, service providers and other interested parties which included community forums and age-specific surveys, found that the provision of supportive permanent housing for Adults, who are homeless or in danger of homelessness, was ranked first among the top six issues identified by community stakeholders for this age group. The Orange County MHTA Housing program is expected to generate approximately 150 Supportive Housing units across all the age categories served. The MHTA Housing program at Anesi Apartments directly responds to this identified community need and County priority by directly serving the Adult population with SMI.

Anesi Apartments Responds to Identified Need for Adults

AMCAL Multi-Housing, Inc. is partnering with the Adult Program for Assertive Community Treatment (PACT) Program to provide housing and services at Anesi Apartments for MHTA clients. AMCAL Development is requesting MHTA Capital and Operating Subsidy funding to develop Anesi. Anesi Apartments will provide eleven (11) one bedroom units of permanent supportive housing for adults (aged 18 and over), one of the identified Mental Health Services Act (MHTA) target populations under the Orange County MHTA Housing Plan. Adults served in this MHTA Housing program at Anesi Apartments will be age 18 or older with a diagnosis of serious mental illness (SMI) and homeless or at risk of homelessness. Anesi Apartments provides access to on-site supportive services and nearby amenities.

The creation of mixed tenancy projects, meaning projects that integrate MHTA units with other affordable housing units, is another priority of the MHTA Housing Program. Anesi Apartments directly responds to this priority by including 11 MHTA-targeted units within a 104 unit affordable family housing project. The combination of on- and off- site supportive services with the integration of the MHTA population within the larger affordable housing community will enable residents to establish a pattern of housing stability, leading to increased self-sufficiency and a higher quality of life.

Item D.4 Description of Target Population to be Served

Describe the MHSA Rental Housing Program target population to be served in the development. Include a description of the following:

1. Age group, i.e., adults, older adults, children, transition-aged youth;
2. The anticipated income level of the MHSA tenants; and,
3. A description of the anticipated special needs of the target population to be served, e.g., physical disabilities, chronic illness, substance abuse, prior housing status, etc.

Response:

Anesi Apartments will provide eleven (11) one bedroom occupancy units of permanent supportive housing for Adults (aged 18 and above), one of the identified Mental Health Services Act (MHSA) target populations under the Orange County MHSA Housing plan. Adults served in the MHSA Housing program at Anesi Apartments will be age 18 or older with a diagnosis of serious mental illness (SMI). They may be un-served or underserved and have been incarcerated due to their SMI and have been involved in the criminal justice systems. Individuals served may have a co-occurring substance abuse disorder, be homeless or at risk of becoming homeless, and suffer from functional impairments.

Supportive services that are offered to MHSA tenants at Anesi Apartments are voluntary, and the PACT program is designed with comprehensive and intensive services in response to the varied, identified special needs of the tenant population. Residents might not be enrolled in the PACT Program, but will meet the same criteria for the MHSA Housing program and will be connected to one of the many MHSA population-serving programs within the County of Orange’s Health Care Agency (HCA) system of care. PACT and other HCA services include, but not be limited to: psychiatric services and medication management, food, acquisition, transportation, individual goal/service planning; assistance in accessing and maintaining mainstream benefits; case management; independent living skills development; budgeting, money management and financial education; assessment, treatment and/or referral for addiction disorder, mental and physical health services; employment services and opportunities; crisis intervention; community building; linkage to community-based services; assistance in maintaining residential stability; and any other services as needed.

Adults in the program will be of extremely low income with an annual income not to exceed 30% of Area Median Income (AMI). At the time of entrance into the Anesi Apartments, it is anticipated that many of the adults may have no income other than SSI/SSDI and /or food stamps. .

Item D.5 Tenant Eligibility Certification

The county mental health department is responsible for certifying the eligibility of individuals, applying for tenancy in an MHSAs unit, for compliance with the target population criteria. Submit a narrative description of the following:

1. How an individual applies to the county to become certified as eligible for an MHSAs unit;
2. How certification of eligibility will be documented, provided to the individual applicant, and maintained by the county; and,
3. How certification of eligibility will be provided to the property manager/development.

Response:

The County of Orange Health Care Agency (HCA) in collaboration with OC Community Services (OCCS) has developed a standardized application and certification process for the Orange County Mental Health Services Act Housing Program. The HCA MHSAs Housing Program is the central point of coordination for MHSAs Housing Program certification.

Application Process

HCA MHSAs Housing Program staff will certify applicants as MHSAs Housing Program eligible; creating a single point of certification for the MHSAs funded units.

The standardized Tenant Certification and Referral Application is designed for the referring party to complete in collaboration with the potential tenant. The application is designed to assess the applicant's eligibility for an Orange County MHSAs Housing Program funded unit and assist in determining housing need and preference (i.e., household size and tenant housing preference.)

Each site specific MHSAs Housing Project Property Management company will accept applications during lease up of a new development and as vacancies in projects with MHSAs Housing Program units become available, following the outreach and marketing outlined in the Marketing Plan. The PACT Team providing services at MHSAs housing projects will work with the other supportive services providers to meet the challenge of attracting eligible applicants. HCA and its contractors will use culturally competent efforts to outreach to and engage members of the target population, including those among unserved or underserved ethnic communities and other minority populations, and will utilize a variety of proven outreach strategies to connect with and refer potential residents to permanent supportive housing. Outreach will include visiting areas known to be places where homeless adults spend their days and nights. In addition to soliciting applications from individuals reached through direct outreach methods, the County HCA MHSAs Housing Program staff will accept referrals from an extensive county-wide network of varied government and nonprofit organizations and service agencies. Other sources of referrals will include, but certainly not be limited to law enforcement; local shelters, food programs and other nonprofit and government agencies that provide outreach and services to the homeless; hospitals, mental health facilities and other health care providers; local veteran's agencies; religious organizations; ethnically and linguistically diverse community-based organizations, and self-referrals.

The referring agency is responsible for documenting an applicant's eligibility utilizing the standard MHSAs Housing Program Certification and Referral Application, by securing all required eligibility documentation; including a release of information authorizing the referring agency to share certification information with the HCA MHSAs Housing Program. It is expected the referring party will assist the applicant as needed in completing the certification application, as well as any additional requirements related to the project screening process. Care Coordinators/Personal Services Coordinator (or referring agency if the applicant is not enrolled in an FSP or County Clinic) will provide support throughout the entire application and project screening process.

Eligibility Determination

HCA MHSa Housing Program staff will review the application and supporting documentation for completeness and certify that the applicant meets the Orange County MHSa Housing Program eligibility criteria. These criteria must all be met in order to be MHSa Housing Program eligible. If complete and eligibility is demonstrated, an MHSa Eligibility Certification Form will be issued within one week of receipt. If the application is incomplete, HCA MHSa Housing Program staff will contact the referring agency to request missing information. The certification document will be delivered in person to the referring agency unless it is impractical in which case it will be emailed using secure email. The referring agency's designated staff and the client will deliver the MHSa Eligibility Certificate Form to the property manager at the time of the property application submission.

Certification Denial

If the certification is denied because the prospective tenant did not meet the MHSa Housing Program criteria, the referring party and the prospective tenant are notified and informed of the reason for the denial in writing, as well as a phone call from the HCA MHSa Housing Program staff. The referring party and/or prospective tenant may resubmit the application for reconsideration if the conditions that resulted in the original denial change.

Certification Approval

Prospective tenants apply for tenancy either at the specific MHSa Housing Program funded site or through the HCA Residential Care and Housing Office via application submittals by their service provider. The prospective tenant may directly approach Property Management Company to inquire about applying for tenancy for one of the units, or request assistance from their Personal Services Coordinator (PSC) or Care Coordinator (CC). The prospective tenant will complete the MHSa Housing Program Certification Application and, working with either the Property Manager and/or the Full Service Partnership provider(s), will submit this Certification Application to the HCA MHSa Housing Program. HCA MHSa will provide confirmation of MHSa housing unit eligibility to the property management company and Full Service Partnership Provider if the applicant meets the MHSa Housing Program criteria.

Item D.6 Tenant Selection Plan

Provide a tenant selection plan, specific to the proposed development, that describes the following:

1. How prospective tenants will be referred to and selected for MHSA units in the development;
2. The tenant application process;
3. The procedure for maintaining the wait list;
4. The process for screening and evaluating the eligibility of the prospective MHSA tenants, including the criteria that will be used to determine a prospective MHSA tenant's eligibility for occupancy in the development;
5. The appeals process for individuals who are denied tenancy in an MHSA unit; and,
6. The reasonable accommodations policies and protocols.

NOTE: The Department's approval of the MHSA Housing Program Application does not ensure that the Tenant Certification/Referral Process is compliant with local, state and federal fair housing laws. The Developer/Borrower is advised to seek legal counsel to ensure that the Tenant Certification/Referral Process complies with fair housing laws.

Response:

Project Description

AMCAL Multi-Housing, Inc. has proposed the development of Anesi Apartments – a 104 unit service enriched, permanent affordable housing community in Irvine, CA. The project site is 3.36 acres.

Anesi Apartments consists of 4 three-story residential buildings in the Cypress Village community plan in the City of Irvine. The project site is located adjacent to the Jeffrey Open Space Trail and in close proximity to a wide variety of amenities. The development will have 11 one-bedroom units, 55 two-bedroom units, 34 three-bedroom units, and 4 four-bedroom units for a total of 104 units. Eleven (11) one-bedroom units will be set aside for residents qualifying to receive services under the Mental Health Services Act. Parking will include 200 on-grade spaces with 116 being covered spaces. Each building is designed around a central courtyard, and all residents will have access to a community building that includes the management offices, kitchen, computer lab, tutoring room, pool and tot lot. Anesi Apartment was designed to integrate seamlessly into the aesthetic fabric of the surrounding community.

Policy on Non-discrimination

With respect to the treatment of applicants, the Management Agent will not discriminate against any individual or family because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or presence of children in a household, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis. No criteria will be applied or information considered pertaining to an attribute of behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant shall be related solely to the attributes and behavior of individual members of the household as they may affect residency.

Reasonable Accommodations

Reasonable accommodations will be made to meet the needs of any disabled applicants, including applicants with both physical and/or mental disabilities.

Management will apply the same screening criteria to all applicants. However, management is obligated to offer qualified applicants with disabilities additional consideration in the application of rules, practices, or services and structural alterations if said accommodation will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. Note that management is not, however, required to make a reasonable accommodation or physical modification if the accommodation or modification will result in an undue financial burden to the property or if it requires management to alter or change a basic component of the housing program.

If applicant has a physical or mental disability, and as a result of this disability there are reasonable accommodations that should be considered in an application, a note is attached to the tenant’s application describing the reasonable accommodation(s) requested. A Reasonable Accommodation Request form may also be completed upon receipt of the application and further information may be required from to verify need for reasonable accommodations.

The information provided below is a summary of the proposed Rental Application process for the Anesi Apartments development.

I. OCCUPANCY STANDARDS

- a) Units will be occupied in accordance with the following standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Bedroom	1	3
2 Bedroom	2	5
3 Bedroom	3	7
4 Bedroom	4	7

- b) Every household resident will be counted when determining unit size. This includes household members in the military or at school; anyone that will occupy the unit during the upcoming 12 months.
- c) The head of household must be 18 years of age or older, unless he or she is an emancipated minor. All household members, age 18 years or over, and emancipated minors, must sign the appropriate consent forms and comply with the verification process.
- d) Applicants must be able to maintain the housing unit in accordance with local health standards, with or without assistance.
- e) All applicants must have a valid Social Security Number and legal photo ID. Birth certificates and/or proof of guardianship will be required of dependant minors.
- f) Personal care attendants will be given a separate bedroom.
- g) When a medical hardship is verified to the satisfaction of the managing agent, persons who would generally share sleeping quarters may be assigned separate bedrooms.
- h) Assigned unit must be household’s primary place of residence.
- i) Total household income cannot exceed 30% of the area median income.

AFFORDABLE UNITS										
# of Units	Unit Size	Gross Rent*	AMI %	1 Person Max. Income	2 Person Max. Income	3 Person Max. Income	4 Person Max. Income	5 Person Max. Income	6 Person Max. Income	7 Person Max. Income
11	1BD	\$217	SSI 30%	\$20,250	\$23,130	\$26,010				
6	2BD	\$530	30%		\$23,130	\$26,010	\$28,890	\$31,230		
16	2BD	\$819	45%		\$34,695	\$39,015	\$43,335	\$46,845		
32	2BD	\$914	50%		\$38,550	\$43,350	\$48,150	\$52,050		
4	3BD	\$573	30%			\$26,010	\$28,890	\$31,230	\$33,540	\$35,850
30	3BD	\$999	50%			\$43,350	\$48,150	\$52,050	\$55,900	\$59,750
1	4BD	\$614	30%				\$28,890	\$31,230	\$33,540	\$35,850
3	4BD	\$1,074	50%				\$48,150	\$52,050	\$55,900	\$59,750

***Approximate rental rates based upon current income limits published by U. S. Dept. of Housing & Urban Development and current housing authority utility allowances. Rental rates subject to change.**

All applicants must meet certain underwriting guidelines. This project is subject to the requirements of several funding sources that have made it feasible. The above information reflects these requirements to the best of management's knowledge at this time but is subject to change if required for compliance with law, regulations or policy changes.

II. VERIFICATION PROCESS

A. Financial

1. All income will be verified in writing by the income source indicated on income certification form.
2. All assets, including bank accounts, will be verified in writing.
3. Upon initial occupancy, resident's income cannot exceed 30% of the area median income as published annually by the U. S. Department of Housing and Urban Development and The California Tax Credit Allocation Committee.
4. Applicants with Section 8 certificates and vouchers will be processed under the same criteria.
5. To protect the property from rent charge loss or delinquency, households where projected rent obligation will be more than 30% of their household's combined monthly income on rent will not be accepted.

6. Third-party income verification will be required from all sources, including but not limited to:
 - a. Employment, Self Employment
 - b. Savings and checking
 - c. Pension
 - d. Disability
 - e. Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
 - f. Government assistance, A.F.D.C., food stamps, etc.
 - g. Social Security
 - h. Child Support/Alimony
 - i. Non-Tuition Financial Aid.
7. Income calculations are based on the applicant's annual gross (anticipated) income for the following 12 months. Annual gross income includes income from any and all assets.
8. A credit reference will be required for all adult household members over 18 years of age covering the last five years. Any outstanding collections (medical expenses exempt from this standard) may be a basis for denial of applicant. Foreclosure and bankruptcies are also basis for denial. Applicant will be considered for residency if he/she can prove that he/she moved due to divorce and spouse was responsible for all debt.
9. Criminal record checks will be conducted on all adults in the qualified households who have satisfied the income requirements, credit report and tenancy requirements. This process will also apply for attendant care providers that will be occupying the unit. A criminal history or misdemeanor offense (s) could be grounds for denial:
 - a. Applicants convicted of acts of violence will be denied occupancy.
 - b. Applicants with child molestation and/or sexual misconduct convictions will be denied occupancy.
 - c. All applicants with a criminal conviction relating to the manufacturing or sale of illegal drug or controlled substances will be denied occupancy.
 - d. Applicants that have been evicted from a federally-assisted housing project within the past three years will be denied occupancy.

At the request of an applicant, a reasonable accommodation request will be considered. In addition, with the approval of the applicant, the referring case manager will be given an opportunity to appeal any application denial based on information obtained from criminal record checks. However all applicants will have to demonstrate that they meet program requirements.

10. History of Responsible Tenancy, Behavior and Conduct

Current landlord references will be obtained. Previous landlords during the past five years may also be contacted. Landlord references will help determine rental history including but not limited to non-payment of rent, repeated disruptive behavior, and chronic late rent payments. A determination will be made regarding whether or not the applicant has demonstrated a record of conduct which could constitute a material violation of Anesi Apartment Home's Occupancy Agreement provisions or applicable tenancy law. If such a record of violations is documented, that will be considered grounds for a determination of ineligibility. Evictions that are three years or older will not be grounds for ineligibility. One eviction and Unlawful Detainer within the last three years may be grounds for ineligibility.

If landlord references are not available, applicants will be asked to provide as much information as possible regarding where they have been living for the past three years. On a case by case basis, if sufficient landlord references are not available staff may require written references of social workers or others involved with the applicant in a professional capacity. Based upon these references, staff will decide if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety, security and peaceful enjoyment of the community. The level of support an applicant has, transitional living programs completed, and the appropriateness of an applicant's needs with the services offered will be considered.

III. WAITING LIST

Offer of Apartment:

Applicants will be offered only two apartments. Mitigating circumstances may be taken into account, such as an emergency situation or hospitalization. In such a case, if an applicant cannot accept an apartment during the initial lease-up of the building, the applicant would be placed on the waitlist in chronological order.

- A. Applicants will be added to a waiting list in chronological order.
- B. In the event that the volume of applications received exceeds the number of available apartments and more than one applicant qualifies for the unit; the application with the earliest date will be approved. The other will go to the top of the list until the next unit is available.
- C. When the next 30-day notice is received by management, it will be the responsibility of the site administrator to notify the applicant at the top of the waiting list. If that applicant turns down the unit, management will then proceed to the next person on the waiting list. With the approval of the applicant, the site manager will also notify the referring case manager.
- D. If an applicant on the waiting list rejects the two units offered to him/her it is considered to be a withdrawal of the application by the applicant.

IV. GENERAL

- A. All applicants will initially be interviewed by the site administrator or a representative of the management agent.
- B. It will be the responsibility of the site administrator or management agent to inform the applicant in writing of rejection or approval.
- C. Management will notify applicants who are rejected, in writing, and the applicants will be informed of their option to appeal this decision. With the approval of the applicant, the referring Personal Service Coordinator will also be notified.

V. REJECTED APPLICATIONS

- A. Applications may be rejected for any of the following:
 - 1. Blatant disrespect, disruptive or anti-social behavior toward management, the property, or other residents exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior);
 - 2. A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits (when house visits apply), or eviction for cause;
 - 3. A negative credit report;
 - 4. Felony conviction;
 - 5. Rent exceeding 30% of monthly income without a demonstrated ability to pay;
 - 6. Falsification of any information on the application;
 - 7. Family size that does not conform to the stated minimum and maximum sizes;

8. Income exceeding the area median based upon income limits established at the property;
9. A history of poor housekeeping (reported by prior landlord reference);

B. Personal History:

1. A history of violent or abusive behavior (physical or verbal), in which anyone in the applicant's household was determined to be the offender.
2. Current abuse of alcohol or use of illegal drugs (unless required by a doctor's verification).
3. Anyone in the household is subject to lifetime registration requirements under any state sex offender program.
4. No references from social workers or others involved with the applicant in a professional capacity are submitted if required.
5. Other good cause, including, but not limited to, failure to meet any of the resident selection criteria in this document.

- C.** All rejected applicants will have the right to appeal the decision. This applicant will be notified of the rejection decision within 24 hours. The appeal must be received by the administrator or managing agent no later than fourteen (14) days after the rejection letter is received. Within three working days of receipt of an appeal, the appeal will then be forward to the Director of Compliance or the Regional Manager of (*the property manager*) and to the assigned Residential Service Coordinator for the property.

VI. FAIR HOUSING

The property will comply will all federal, state, and local fair housing and civil rights laws and with all equal opportunity requirements.

EVALUATION OF APPLICANT'S CREDIT REPORT

- I. Reasons for rejection (all adult family members must meet same standards)
 - A. prior eviction(s) within the last three years;
 - B. any outstanding collections which exceed \$5,000 (medical expenses exempt from this standard);
 - C. bankruptcies filed within last five years.
- II. Management/resident selection reasons to overturn rejection
 - A. Eviction/bad credit - if applicant can prove that he/she moved due to divorce or annulment and spouse was evicted later, in court settlement, spouse was responsible for all debt, etc.
 - B. If applicant provides proof of adherence to a payment plan for past-due collections.

VII. MENTAL HEALTH SERVICES ACT UNITS

Eleven (11) units are designated for households who include *a minimum of* one adult member who (1) is eligible for services under the Mental Health Services Act (MHSA)

Welfare and Institutions Code Section 5813.5 specifies who is eligible for services under the MHSA, by reference to Welfare and Institutions Code Section 5600.3(b) and (c). As outlined in Welfare and Institutions Code, Eligible applicants must have a serious Mental Illness or Severe Emotional Disorder and be "Homeless" Or "At-Risk of Homelessness" and be eligible to receive services under the MHSA Act.

VII. POLICY ON PRIVACY

The privacy of applicants will be guarded as conferred by the Federal Privacy Act of 1974. This in no way limits the management's ability to collect such information as they may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy.

IX. PET POLICY

Residents may not keep any type of pet on the premises, with the exception of those persons with disabilities requiring service animals, or as otherwise required by law.

X. ACCESSIBLE UNITS

All units are adaptable to meet the needs of residents with disabilities, as defined by the California Building Code.

Two (2) units are accessible for residents with mobility impairments. Preference will be given to applicants who require a unit with the specific design features offered in accessible units in the development. All reasonable efforts will be made to rent accessible units to applicants who require or who could benefit from such units.

In the case of an accessible unit, when no qualified household has applied that requires the design features offered, then the unit will be offered to the next qualified household. This applicant will be required to complete a Lease Addendum form, whereby they agree to transfer to a non-accessible unit within the development should a tenant or applicant require an accessible unit.

The addendum states:

"Resident acknowledges that the unit now occupied by Resident was specifically designed and adapted for occupancy for persons living with mobility, visual and hearing impairments needing accessible units. Resident further acknowledges that Resident does not need an accessible unit and that Management retains the right to allocate accessible units to those who have the greatest need for units. Resident agrees that should another existing resident, or applicant, need an accessible unit that Resident, will upon (30) days written notice from Management, move to a different dwelling unit of comparable size and rent. Failure to accept or move to the offered unit shall be deemed material non-compliance with this Occupancy Agreement and be cause for termination of the Agreement."

If after occupying the accessible unit, the physical condition of a member of the household changes and a household member would then benefit from continued occupancy in the accessible unit, the household would not be required to move.

Failure to accept or move to the offered unit shall be deemed material non-compliance with the lease and would be cause for termination of tenancy.

XI. OUTREACH

The Orange County Health Care Agency PACT Program will be the designated supportive service provider for Anesi Apartments. PACT will provide information about all aspects of the application process in order to eliminate as many obstacles to applying as possible for their clients. This will enable their clients to anticipate and positively address issues such as providing identifications, birth certificates, landlord references, credit reports, criminal background reports and other applicable supportive documentation needed to complete the application process.

In addition during the formal lease up period, PACT will also provide support to individual applicants as requested by any applicant.

Item D.7 Supportive Services Plan

NOTE: A tenant's participation in supportive services may not be a condition of occupancy in MHPA units.

Describe the development's approach to providing supportive services to MHPA tenants. The following information should be provided:

1. A description of the anticipated needs of the MHPA tenants;
2. The supportive service provider's initial and ongoing process for assessing the supportive service needs of the MHPA tenants;
3. A description of each service to be made available to the MHPA tenants, to include where and how the service will be delivered, the frequency of the service delivery and identification of the service provider. A description of the available services and supports should include, but not be limited to:
 - a) Mental health services
 - b) Physical health services (including prevention programs)
 - c) Employment/vocational services
 - d) Educational opportunities and linkages
 - e) Substance abuse services
 - f) Budget and financial training
 - g) Assistance in obtaining and maintaining benefits/entitlements
 - h) Linkage to community-based services and resources
4. Indicate whether or not there will be an onsite service coordinator, and include the ratio of onsite staff to MHPA tenants. If there is no onsite service coordination, provide a description of service coordination for the development;
5. A description of how services will support wellness, recovery and resiliency. It is anticipated that the supportive services plan for the development will include services that are facilitated by peers and/or consumers. If this is not part of your service delivery approach, please provide an explanation;
6. A description of how the MHPA tenants will be engaged in supportive services and community life. Include strategies and specific methods for engaging tenants in supportive services and the frequency of contact between supportive services staff and MHPA tenants. This description should also include the identification of staff (the responsible service provider) and specific strategies for working with MHPA tenants to maintain housing stability and plans for handling crisis intervention;
7. If the Development is housing for homeless youth, provide a description of services to be provided to meet the unique needs of the population including engagement strategies and peer involvement. In addition, provide a description of how transition-aged youth MHPA tenants will be assisted in transitioning to other permanent housing once they reach 25 years of age;
8. Supportive services must be culturally and linguistically competent. Describe how services will meet this requirement including, when necessary, how services will be provided to MHPA tenants who do not speak English and how communication between the property manager and the non-English speaking MHPA tenants will be facilitated;

9. Describe the process to ensure effective communication between the service provider and the property manager regarding the status of MHSAs tenants in the development and any other issues regarding the development, including but not limited to regularly scheduled meetings and the identification of a single point of contact for communication and coordination of supportive services; and,
10. If proposing to develop Shared Housing units within a Rental Housing Development, attach "House Rules."

Response:

The PACT Program (Program for Assertive Community Treatment) is a County of Orange Health Care Agency program created to provide voluntary, client-centered, culturally sensitive mental health services that supports wellness, recovery and resiliency to adults diagnosed with a serious and persistent mental illness who are homeless or at risk of homelessness. PACT is dedicated to the provision of accessible, effective, high quality community-based counseling and social services as an alternative to traditional institutional care. PACT provides services throughout Orange County in locations that are comfortable and safe for clients. PACT has been a County operated program since 2002. The program consists of a multiple disciplinary team of professionals working together to improve the overall quality of life for participants in the program, helping them regain independence and achieve their goals. PACT is dedicated to providing comprehensive services that are coordinated, proactive and effective in promoting wellness and recovery for homeless adults with mental illness living in Orange County. The Mental Health Services Act defined the eligibility for adult clients, as those 18 years and older diagnosed with a serious mental illness, including adults with co-occurring disorders with a primary diagnosis of serious mental illness, who are not currently being served and have a reduction in personal or community functioning, are homeless, and/or at risk of homelessness or institutionalization, hospitalization, emergency room services or incarceration. Underserved adult populations who are at risk are also included.

PRIMARY SERVICE NEEDS OF THE TARGET POPULATION

The target population for this program consists of adults, age 18 and above who have a serious and persistent mental illness and who are homeless or at risk of homelessness. Some of the participants have had legal issues as a result of their mental disorder. The National Institute of Mental Health estimates that one in four Americans suffers from a diagnosable mental illness. Homeless adults in general face some unique issues which can lead to increased difficulties. Adults with major mental illnesses also often suffer from sleep problems, leading to increased depressive symptoms or self-medicating options such as overusing both prescription and over-the-counter medication or alcohol and drug abuse. PACT participants are diagnosed with Major Depression, Schizophrenia, Bi-Polar Disorder, Post Traumatic Stress Disorder (PTSD) or other Serious Mental Illness (SMI) as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV – TR.) A significant percentage is also diagnosed with a co-occurring disorder. Primary service needs include case management, assessment, psychiatric care, mental health services, educational and vocational services, co-occurring disorder services, crisis intervention, medical support, peer support, and housing services to facilitate participants' journeys toward wellness and recovery. A significant goal of all participants in the program is to establish permanent housing and the ability to live independently. The independence level varies based on individual needs with the primary focus upon establishing a safe and stable environment which provides a foundation of security and consistency. In the PACT Program, the philosophy is to meet clients where they are, doing "whatever it takes" to collaboratively offer client centered services focused on recovery.

IDENTIFICATION OF LEAD SERVICE PROVIDER/OTHER SIGNIFICANT SERVICE PARTNERS

The PACT Program utilizes the recovery model philosophy in providing services that focus on helping participants to attain maximum independence by promoting participant strengths and self-identified goals and objectives. The program's multi-disciplinary staff partners with participants to offer a full array of mental health and case management services which are provided in the field or whatever location is convenient for the participant. PACT participants have a range of goals, which call for flexibility in how and when services are provided. An important aspect of the program is that it provides intensive case management to this unserved/underserved population. The program is designed to respond to the needs of the adult population who tend to have increased physical health ailments; therefore the staffing model also includes medical staff.

To manage the program administratively, staffing includes a Service Chief, program staffing consisting of bachelors and masters level Care Coordinators who are supervised by the masters level Service Chief, a Board Certified Psychiatrist, and/or a Licensed Nurse Practitioner. Staffing also includes a Behavioral Health Nurse who provides wellness education and administers injectable medication. In addition, some PACT programs have paid part-time peer positions called Clubhouse Coordinators. These are individuals who have a mental health diagnosis and who have achieved independence and overcome any stigma associated with their diagnosis. They function as peer counselors to participants and offer a very insightful perspective. Language capabilities among staff include bilingual Vietnamese, Spanish, Farsi, Arabic, and Korean.

The PACT Program offers a high staff ratio (1:15 of direct service clinical staff to participants) and provides services in the community, with a significant amount of interaction provided at the participants' residences. Services are also provided at locations with which clients are familiar and feel safe, such as the PACT Program office and public places of their choosing. The services are provided directly by the Orange County Health Care Agency.

DESCRIPTION OF KEY SERVICES

The PACT Program includes community based wrap-around recovery services that include: intensive case management, transportation assistance, medication support, co-occurring disorders treatment services, vocational and educational services, linkage to financial benefits/entitlements, family, peer support and support groups. Services are provided to assist participants in retaining and maintaining their housing.

Each participant interested in the PACT Program is assessed for appropriateness based on their individual needs. A full history is taken during the initial assessment meeting including discussion about participants' past and present living situation, history of mental illness, substance abuse issues, medical issues, financial situation, housing, social supports, and more. Once admitted to the program, every participant is assigned a dedicated Care Coordinator (CC) who works closely with them to reach their goals. The CC functions as a case manager, providing primary oversight to participants on an individual basis and coordinating linkage to all services, both internal and external. The CC provides ongoing assessment and support to participants through regular visits at whatever location is convenient for the participant. Though each client has a dedicated CC, the PACT program follows a team approach to treatment. The CC works in coordination with the Clinical Team (i.e. other CCs, the psychiatrist and nurse) to ensure that the above listed needs of the participant are met. The CC is responsible for developing master treatment plans bi-annually for each participant on their caseload and to provide individualized goals with plans to help participants establish progressively higher levels of independence. The CCs work collaboratively with the multi-disciplinary treatment team under the direction and guidance of the Service Chief.

Data is collected from each of the PACT teams and disseminated to provide ongoing feedback to the program on trends and outcomes in a wide variety of areas including, but not limited to, residential reports, admission/discharge statistics, diagnosis queries, and rates of hospitalization, incarceration, employment, education, and volunteerism. The collected data helps to identify trends and shifts and allows the opportunity for continuous shaping of the program. The Care Coordinator is responsible for interacting with all participants upon admission and providing support throughout as needed to help access and manage any areas of need such as medical or financial benefits. The CC works to ensure that participants apply for and receive entitlements for which they are eligible for in order to further their goal of independence.

Typical Services Provided by PACT Programs

- Intensive case management and service coordination, with personalized, focused treatment plans
- Symptom management, using counseling and psychotherapy services
- Medication education and/or medication support services; assistance with medication administration as needed, both on and off-site
- Nursing staff work closely with medical providers, maintaining a relationship with a local clinic and coordinating care with participants who have their own medical provider
- Education support to develop further independence for those who are interested in, and have the ability

to pursue educational endeavors

- Mental health symptom management skills such as keeping appointments with doctors and labs and developing new ways to cope with stressful and general life situations without symptom exacerbation
- Developing independent skills including, but not limited to budgeting, grooming, cleaning, cooking, and navigating public transportation
- Developing coping skills to manage the following: crisis, relationships, conflict resolution, unhealthy thoughts, and help with family and social relationships
- Discussion groups focused on topics such as; making positive choices, assessing harm potential and limiting possible adverse effects on daily living such as safety, medication compliance, healthy eating habits, etc.
- Drug and alcohol counseling, education, and linkage as indicated
- Medication education: a great deal of education is provided to participants to help them understand the ramifications of medications. The dually diagnosed population is often prescribed multiple medications and is often unaware of interactive effects and the importance of following prescribed protocols.
- Education and graduated practice accessing resources and referrals to build self-sufficiency and resiliency
- Staff-led groups on a variety of topics including socialization, understanding emotions and feelings, crafts, and exercise groups tailored to the needs of this population
- Vocational rehabilitation and educational skill development and assistance
- Assistance with legal issues through referral and partnership with legal resources in the community
- Assistance in obtaining benefits. This CC works to provide a link with participants to Social Security or will work with Medicare or Medi-Cal to coordinate benefits for participants as quickly as possible. Every participant who comes into PACT is reviewed for benefits. The Care Coordinator helps participants in filling out all necessary paperwork, and links them with SSI Outreach to facilitate the process of benefits acquisition.
- Community-building to establish connections and stability for participants in their individual community including linkage as appropriate to senior centers, places of worship, medical care, and shopping

FAMILY INVOLVEMENT

Due to the general status of our target population, a significant number of our participants are estranged from their families due to Severe and Persistent Mental Illness, as well as Dual Diagnosis issues and associated periods of incarceration and homelessness. Whenever possible, PACT works toward encouraging the reuniting of participants with their families. The program is often successful in achieving this goal. During the initial phases of the program, PACT staff secures releases of information from participants as a first step toward engagement with family members. Most often it will be an adult child, or occasionally a sibling. If a participant's goal is to reconnect with family, staff works with them to engage the family member. Staff will coordinate with family members to provide support for participants in a variety of ways. Some family members provide transportation for participants to attend activities at the program and are actively involved as part of the recovery process. Others visit participants on a regular basis and engage in socializing and other activities. Family members often want to see where participants are living to share in the joys of transitioning from a homeless or temporary setting to a home they can call their own. Many participants do not have family living locally, but the program still works to coordinate a connection and ensure that there is some form of engagement, as family can provide support regardless of their physical location. When a participant reaches a level in their recovery where they are ready to live independently in an area of their choosing, the PACT program ensures they are well-connected in their community, including being connected with family.

RECOVERY APPROACH

PACT Programs approach services with the Recovery Model as its foundation. Recovery is the awakening of hopes and dreams. It is a deeply personal, unique process of understanding one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new or rediscovered meaning and purpose in one's life as one grows beyond the effects of

untreated mental illness. The recovery process involves gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that bring strength rather than harm. It is essential that program participants who are facing the challenges of mental illness and homelessness obtain permanent housing as both a springboard and a platform for recovery to occur.

In line with the recovery approach, PACT employs Clubhouse Coordinators. These are consumer level staff that hold paid positions in the program. Each of the Clubhouse Coordinators has an "included diagnosis" similar to the program participants. This provides them with additional insight and highlights the fact that there is no reason for participants to be limited in their abilities to achieve success and they can achieve successes by effectively managing their own diagnoses. The role of Clubhouse Coordinators is to provide ongoing support and encouragement as a peer to participants in the program. Rather than being assigned to specific participants similar to a CC, the Clubhouse Coordinators maintain a drop-in activity center open to all clients in the program. It is through this Clubhouse that these peer employees build relationships with the participants and provide the above services.

ASSESSMENTS AND TREATMENT PLANS

Each participant of the PACT Program receives an assessment that covers the major areas of their life and is based on input from a wide variety of sources. The treatment plan focuses on the participant's strengths and identified areas of need. While all services are voluntary, all PACT participants have a Master Treatment Plan (MTP) that reflects their personal wellness goals related to housing stability. Each participant is active in developing this plan with their CC. This plan contains goals and objectives which incorporate their unique strengths, needs, abilities, and preferences, as well as identified challenges and problems.

Through a combination of Mental Health Services, Supportive Services, and Housing Services, housing stability can be achieved by all PACT participants. PACT participants will gain a sense of belonging to a community, and enjoy the feeling of being capable and able to live independently in a community setting. Participants will be empowered by supportive services that help them redevelop social and independent living skills. PACT's CC's and Clubhouse Coordinators may role model social and independent living skills and provide different options for addressing various situations and support participants as they try out new things. These staff will provide a range of off-site services as well, including linkages to community resources for food, entertainment, recreation, exercise, spiritual, mental health, medical and dental needs.

The participant and her/his assigned CC will work together to develop a treatment plan and goal which includes preventive and responsive steps that the participant will take to reduce suicidal thoughts for those who experience such feelings. For example, a peer of a resident may notice something different in a resident's behavior, perhaps a lack of desire to socialize or some increased anger in their interactions. This can be brought to the attention of the assigned CC or other staff member on-site who will be able to "check-in" on the resident. Through this peer support, participants can help each other and provide ongoing support to prevent adverse situations. In this case, the resident may have been negatively affected about something as innocuous as a television show focusing on death, or other relevant personal issues, which in turn leads to an increase in negative feelings and symptoms. The CC or other PACT staff will be able to process accordingly to ensure there is a plan and direction to deal with the situation.

Each participant's plan is reviewed and updated two times per year as participants achieve goals. PACT functions using a team approach whereby treatment plans are developed and enhanced through discussion at the weekly multi-disciplinary treatment team. This team consists of a variety of individuals who are familiar with the individual participant, including the coordinating CC, Clubhouse Coordinator, Clinical Supervisor, therapist and the nurse. The PACT Psychiatrist and/or Nurse Practitioner will conduct a thorough clinical assessment and provide a complete diagnosis for each participant. This individual will also prescribe psychotropic medication as appropriate and will provide ongoing, regular assessment and medication evaluation. The PACT Psychiatrist and/or Nurse Practitioner also reviews all clinical documentation presented by the clinical team to ensure accuracy. The PACT Service Chief is responsible for all administrative and clinical program functions. The Service Chief is also responsible for the clinical review of all non-medical documentation provided by staff in their work with participants in the program. This person coordinates the multidisciplinary treatment team and works closely with the Quality Improvement Coordinator to effectively manage staff compliance with expected treatment guidelines and documentation standards. This includes providing medical health assessments,

assisting participants with medications, and coordinating services with medical providers in the community with referral and often transportation of participants.

PROJECT STAFFING

The Anesi Apartments project will be staffed by the PACT Program Team which will provide .75 FTE collectively of service coverage at the project site, providing availability on and off site as needed. The CC will operate within the multidisciplinary treatment team which includes the Board Certified Psychiatrist, Nurse Practitioner, Service Chief, who has a background in community mental health, drug/alcohol issues, educational/vocational rehabilitation services, and housing/ community services. These supports can be accessed on-site or off-site, depending on individual preference and need. They will coordinate care with local medical providers in the community as needed for each participant as they move towards greater independence and community integration. Structured group outings provided by PACT staff will generally be provided by CCs who will also provide regular visits to the property bi-weekly. Residents may continue to access the PACT offices as well. In addition, groups will be offered onsite to participants to provide support in a variety of areas as their needs dictate since the property is located several miles from the PACT office and it may not be feasible for participants to attend appointments at the office site frequently. PACT staff will arrange for transportation for residents to participate in PACT or other HCA-sponsored, agency-wide activities which are typically provided on-site or in the general south county area. The ultimate goal of the PACT program is independence and transitioning away from dependency upon the PACT office, focusing on integration into the local supportive community through established resources such as centers and community-based organizations. For participants who are diagnosed with co-occurring substance abuse disorders, PACT works to find supportive resources in the participant's local community including connecting with groups such as 12-step programs.

COMMUNITY SERVICES

The Anesi Apartments project will consist of 11 designated one bedroom MHSA units out of 104 planned apartments. The MHSA designated units will be integrated throughout the property as to eliminate any stigma attached by identifying individuals as MHSA clients. The location of the property is easily accessible as it is situated near a freeway exit. There is a bus stop within walking distance of the property. In addition, the Irvine community offers a number of low and no cost resources available to residents including food banks, assistance with utility payments, distribution of clothing and bedding, and legal services. There is a full service hospital less than a mile away from the site. The property will offer private office space for participants to meet with PACT staff or other individuals. It will also feature a community activity room with on-site supportive activities and engagement opportunities to promote social and interpersonal interaction.

COMMUNICATION

The PACT Care Coordinator or other designated HCA staff will be the primary point of contact between PACT participants and the Anesi Apartments property management, having weekly scheduled meetings to ensure a smooth flow of communication between the PACT Team and the property manager. The CC or other designated HCA staff will meet with property management onsite to exchange relevant information, and adjust level of support to ensure housing stability and address problems before they become crises. The Care Coordinator and/or other HCA designated staff will also follow-up with Anesi management on an as-needed basis. The focus of the program is maintaining open communication and a collaborative relationship between all supportive service areas including HCA's Residential Care and Housing Office, PACT staff, property management and local community resources.

Item D.8 Supportive Services Chart (Attachment C)

Submit the Supportive Services Chart (**Attachment C**). The Chart must list all services that will be provided to MHSA tenants, including any in-kind services essential to the success of the Supportive Services Plan.

Item D.9 Design Considerations for Meeting the Needs of the MHSA Tenants

Describe the following:

- 1 Physical space, including common areas, outdoor areas, landscaping, physical access to the property, security;
- 2 Supportive services space (if any), including any quiet area on site for tenants to meet service staff;
- 3 How the MHSA units will be designed to provide appropriate accommodations for physically disabled MHSA tenants, if appropriate.

Response:

1. Physical space, including common areas, outdoor areas, landscaping, physical access to the property, security.

The proposed project is located on a key site in the City of Irvine that is adjacent to the Jeffery Open Space Trail (JOST), the new Cypress Village community park on the westerly boundary, a middle school on the northern edge, and a planned multi-family community on the easterly edge. Our development seamlessly connects the streetscape and pedestrian framework of this 3.36-acre site into the established Cypress Village community design. The site is organized around a central neighborhood commons and situated adjacent to the community park edge with walkways that connect directly to the Community Park fields and regional trail system adjacent to the project. This plan provides for pleasant and defensible spaces that accommodate walkable neighborhood street edges, a sense of security for workforce families, children, adults with special needs, and an open and inviting community. Allowing neighbors and resident to monitor their environment and keep their “eyes on the street” results in a sense of community ownership and pride in the place they call home.

Key circulation components have been introduced, with pedestrian paths and trails that meander throughout the site, linking the adjacent community park and residential buildings to Visions Street. Some site features include a tot lot, community garden or “row crops” and various sustainable plants, materials and landscaping.

The courtyard village buildings feature a broad array of unit plans for families including 1 to 4 bedroom great room “Open Space Plan” concepts. The floor plans are larger market rate units that range from 676 s.f. to 1,290 s.f. The unit plans are designed to maximize spatial quality for diverse use for various family and adult needs. Each of the buildings are provided with a combination of enclosed garages and open parking spaces. Guest parking is included within the open parking areas. To meet the needs of the “Universal Design Features” guideline book, issued by the City of Irvine, each building is provided with elevator service to assist those with special needs and ease for pedestrian travel. All units will be provided with adaptable hardware, accessible appliances and meet typical ADA state requirements. With the need to stay fit and healthy, each of the buildings is provided with a bike storage area. Each bike slot may be pre-assigned for each unit. We have introduced many on-site amenities within the project that will be unique features for the residents. A community garden will provide edible landscape and gardening, and to the northeast, we have introduced a small play area for children and seating area for parents. This play area, or tot lot, is located at this section of the site to coincide with the City’s larger play area within the park.

A series of walkways throughout the site provides connectivity to the community. Convenient bicycle parking areas near the unit entry corridors insure convenient access to the local walkways and Class 1A regional bike trails that surround Cypress Village on Jeffrey Road the I-5 Edge and Sand Canyon. The landscape character reinforces the goals of the community while also bringing interest and diversity throughout the project.

Primary pedestrian access to the community building and property will be restricted to the front Anesi Apartments entrance which will be lushly landscaped. The community building with office space for the on-site property manager will be located at the end of the driveway entrance. Pedestrians entering the property will have access to their units via an elevator that services all three floors within the development. Vehicular

ingress and egress will be restricted to a single driveway off Visions Street. Common areas will include a community room, media room, computer room, community kitchen, exercise gym, tot-lot, swimming pool, and outdoor open-space. Security cameras will be located throughout all common area spaces, corridors, and elevators.

2. Supportive services space (if any), including any quiet area on site for tenants to meet service staff.

Our proposed design includes an approximately 2,800 square foot, large recreation center/community building that will be designed as a central meeting space for all residents and will include an office for the Full Service Partner to meet with MHSAs households, and an office for the services coordinator. In addition, there will also be office space set aside for the on-site property manager. The community building will also incorporate a resident seminar/meeting room, social gathering space with television, computer lab, and kitchen.

3. How the MHSAs units will be designed to provide appropriate accommodations for physically disabled MHSAs tenants, if appropriate.

This new neighborhood in Irvine, with the recently completed public park directly adjacent to the subject site, nearby educational centers, and other amenities are well suited for the needs of the MHSAs adult population. In addition, this section will focus on the design of the site and buildings. We understand that important design considerations for the adult MHSAs population are the need for security, privacy, and a welcoming environment for social interaction should they choose to participate.

Physical accessibility

All MHSAs units are designed to be ADA adaptable to meet the mobility or sensory impairments of any proposed resident who is disabled. Access to the residential units on each of the three floors is provided via an elevator. Unit modifications will be specific to the physical/sensory disability of the residents but may include: Installation of roll-in showers, shower seats, grab bars, lowered height of cabinets and countertops, counter mounted microwaves, and smoke detectors with visual alarms. Our building design provides for ADA accessibility not only within the residential units but also within all common areas of the development.

Site Plan

We have made a concerted effort to provide private, secure and serene spaces. The overall building form is a design product described in the industry as the "wood podium" building concept. It is constructed of wood (Type V construction) on grade. Within this scheme are 4 building, 3-stories in height that maintain the height characteristics of this community in Irvine. The site plan includes four separate buildings in a courtyard design to generate social intimacy with constant public area awareness to reduce alienation. At the same time, MHSAs residents will be able to choose privacy if desired. The architecture also features ample natural lighting and views that will be calming and will make the units and common spaces inviting livable spaces.

The site plan provides heavy landscaping at the front where the private meets public to provide a protective edge, while enhancing the streetscape. A community garden park is safely situated near the entrance for the residents to enjoy the outdoors in a secure area at the sunlit green space.

Promoting Community

AMCAL emphasizes the importance of community at all its properties and designs the community amenities to promote social interaction – this will be particularly important for the MHSAs population so that they have adequate space to relax and interact with their other residents.

The community room is designed to create a social hub as it is embraced by all supporting spaces such as the computer room, media room, manager's office, social services offices, and community kitchen. These facilities are centrally located within the site plan so that residents will have more opportunity to interact with others as they go about their daily activities.

The property features both a community room and media room which will enable residents to share in social recreational events planned and provided by the social services program. The community room will feature seating areas for residents to interact, and the media room will provide a space for all residents to watch television or movies together. The community room also provides an exercise gym on the second floor, with views of the outdoor pool. Finally there are outdoor gathering spaces in the courtyard where residents can gather with friends to socialize.

Programming Space

The common space features a computer room where residents can access the internet without needing to purchase their own computers, or pay for internet service.

The community room can also be closed and used as a classroom. These sessions will include opportunities open to all residents and provided by the social services coordinator, and also other programs provided by the FSP. The space is approximately 500 square feet and is more than ample for group sessions with all residents participating.

Units

The courtyard design allows all the rooms to have ample natural lighting while giving privacy within their homes. The entrance to each unit is defined with subtle architectural articulation to give a sense of a semi-private entrance while keeping a natural flow in the corridors.

Additionally each home has a private deck for relaxation and for providing views of the building and outside to give a sense of privacy, security, and safety.

Safety

While the City of Irvine is well known for having extremely low crime rates, AMCAL has been proactive in designing a site that is safe and secure. Ensuring a crime-free property promotes the safety of our residents in addition to the safety of the community at large.

The building will be well lit by installing and maintaining overhead lighting at appropriate places around the periphery of the property, and in public places, hallways and pathways. In addition, the property will be surrounded by secure and attractive fencing.

Property Management will also maintain a close relationship with neighbors and with the local patrol officers. An ongoing and friendly relationship with the neighbors will allow property management to be informed of any issues or concerns within the neighborhood so that we can be proactive in addressing any issues. It is also important to maintain close relations with police officers to address any illegal activity that may happen on or near the property.