

# ABC HOUSING PROGRAMS

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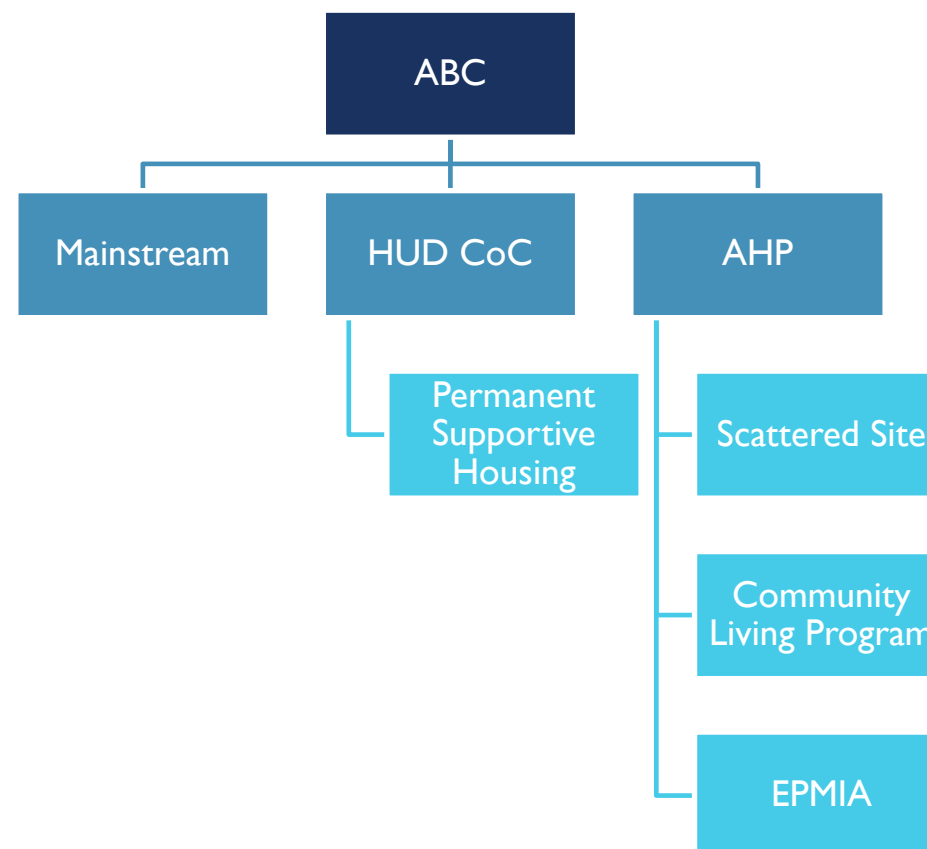
# ABC HOUSING PROGRAMS

## Our Why

- ✓ Create access to stable housing for all eligible Arizona participants
- ✓ Ensure racial equity in provision of affordable housing
- ✓ Expand housing options to increase availability across Arizona
- ✓ Provide participants with the housing assistance and advocacy needed to maintain success and stability

Arizona Behavioral Health Corporation (ABC) provides quality, affordable housing and supportive services for persons with behavioral health needs and others with similar housing challenges in Arizona.

## Our Mission



# ABC-HOM STRATEGIC PARTNERSHIP MODEL



## SYSTEMS LEVEL ADMINISTRATION

- System Collaboration
- AHP Plan Development and Implementation
- AHCCCS & MCO Interface
- Referral and Wait List Management
- HMIS
- Hearings, Grievances and Appeals
- Eligibility Determinations
- Policy Development
- Training
- Data Analysis and Visualization
- Performance Management
- Evaluation
- Stakeholder Feedback Management
- Financial Management
- Messaging and Outreach
- Advocacy



## DIRECT SERVICE

- Program Briefing
- Issue and Manage Vouchers
- Housing Search Assistance
- Landlord Engagement
- Tenant Rent Calculations
- Housing Assistance Payments to Landlords
- Member Start-up Boxes
- Initial/Interim/Annual Recertifications
- Initial/Annual/Special HQS Inspections
- Coordination with Case Managers and Supportive Services Providers
- Move-Out Inspections
- Damage and Vacancy Loss
- Programs Terminations
- Eviction Prevention



# ELIGIBILITY

## HUD CoC

- Currently experiencing homelessness
- Has a verified disability
- Referred through Coordinated Entry

## AHP

- Has a housing need
- Is an AHCCCS member, 18 years of age
- SMI or GMHSU high need high cost
- Referred through Behavioral Health Home



# HOUSING PROGRAM EXPERIENCE





Board of Directors  
Julie Canich- Chairwoman  
Susie Morales- Vice Chairwoman  
David Tierney - Treasurer  
Sue Gilbertson - Secretary



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TO BE COMPLETED BY ABC	
DOCKET #	
DATE RECEIVED	
INITIALS	

### REQUEST FOR INVESTIGATION/GRIEVANCE/APPEAL FORM

Today's Date:

HOUSING PROVIDER:  Mercy Care SITE:

CASE MANAGER:  CM PHONE #:

Name of Applicant or Participant Involved:   
(LAST, FIRST, MI)

Address:   
(Street, City, State, Zip Code, Telephone Number)

Name of Person Completing Form (if other than participant):   
(LAST, FIRST, MI)

Address:   
(Street, City, State, Zip Code, Telephone Number)

Relationship of person completing form:

☐ Self (age 18+) ☐ Family Member ☐ Friend ☐ Advocate ☐ Other

Description of grievance/appeal (please include dates, names, locations, also any other attempts to resolve the problem, recommended solutions and attach additional pages if necessary):

# APPEALS & GRIEVANCE



# EVICTON PREVENTION & MOVE IN ASSISTANCE

Rental  
Arrears

Utility  
Arrears

Move-In  
Assistance



QUESTIONS