**SUBMISSION REQUIREMENT B2: EXPERIENCE AND EXPERTISE**

**General Organizational Experience and Expertise**

**1.1. Describe the Offeror's experience and expertise in the financial management of transitional housing or homeless programs.**

Copa Health (Copa) provides services and programs for individuals with developmental disabilities and mental health challenges since 1957 and the organization is the largest integrated clinic operator for persons with SMI or SMI status in Maricopa County. Copa has been awarded federal, state and local grants, including a six-year SAMHSA grant to implement permanent supported housing for persons with SMI or SMI status in Maricopa County. In addition, the organization has been the recipient of RFP awards and, over the decades of its existence has consistently demonstrated a high level of financial accountability related to grants and RFP awards. As a result of Copa's wide array of housing programs for persons with SM or SMI status, including permanent supported housing (PSH) in group home settings (called Lighthouses), scatter site PSH settings, HUD housing with rental subsidies for individuals with developmental disabilities and low-income apartment rentals, the organization has its own property management function with expertise in writing leases, fair housing compliance, rent collections and accounting for rent subsidies. Partnering with Mercy Care the RHBA, Copa started an innovative hybrid housing program that combines housing and employment specialists to simultaneously address the job (income) and housing-related challenges of individuals at risk of losing their existing housing. Each member enrolled in this program has a $4,000 lifetime financial benefit to be flexibly used to avoid eviction and homelessness. These funds are tracked by Copa and reported to the RBHA. Copa has a large accounting staff, including CPAs, which work within a very robust internal control environment, including strict adherence to segregation of duties and completing monthly checklists that ensure all accounts are reconciled, transactions are approved, and material errors or irregularities are avoided or detected in a timely manner. Annual budgets are approved by an active board that also receives and approves the monthly financial statements and industry standard financial ratios. An independent firm, selected and monitored by the Board's Enterprise Risk, Audit and Finance Committee (ERAFC), audits Copa's financial statements annually and has never issued anything but a clean, unmodified opinion. Consistent with financial best practices, the ERAFC governance members meet directly with the external auditors, without accounting staff present, to obtain candid feedback regarding the performance and competency of accounting staff and, without exception, the auditors have been extremely complimentary of the organization's financial accountability. Integrity and Accountability are two of Copa's six core values that all employees are graded on through annual performance reviews. In addition, Copa's employee handbook outlines a strict code of conduct and behaviors that are mandatory including the expectation of avoiding all fraud, waste or abuse. Copa actively encourages staff, families, vendors or other stakeholders to report any observation of fraud, waste, abuse or any potential violation of the organization's code of conduct. For those that might be otherwise hesitant to report a concern, Copa subscribes to an independent outside service that allows for anonymous reporting via phone or the internet.

CASS has a 37-year track record of successfully managing complex, government grants and contracts received from various funding sources, such as the City of Phoenix, Maricopa County, the Arizona Department of Housing, the Arizona Department of Economic Security, and virtually every city in Maricopa County. More than 50% of CASS's funding is from these government sources. Lead personnel all have extensive experience in acquiring and utilizing federal funding and all required documentation associated with the funding. CASS successfully manages foundation and corporate funding as well as completes reporting requirements. CASS is Arizona's largest and most experienced emergency shelter program for individuals and families experiencing homelessness. This experience extends to the financial acumen needed to deliver shelter services on a broad scale.

Since 1984, CASS worked tirelessly to end homelessness by providing shelter, case management, and housing services to more than 165,000 people. CASS provides both an Adult and Family emergency shelter operating at full capacity 24/7, 365 days a year. The adult shelter provides 470 beds, and family shelter is in an apartment complex providing 100-120

beds nightly. CASS has almost four decades of experience providing the services proposed and working with all homeless populations, including the population of persons with SMI or SMI status.

Throughout the pandemic, CASS' adult and family shelters remained fully operational, serving approximately 600 people nightly. In addition, CASS opened a third temporary shelter for medically vulnerable persons and senior citizens, allowing them to isolate in their own rooms at a hotel. This shelter, called Project Haven, served 232 people from June 2020 through September 2021, with a 70% housing success rate. Clients were kept safe from COVID-19 with the dignity and safety of their own hotel room and all services were provided on-site.

Additionally, CASS recently received approval from AHCCCS and the first cohort of CASS staff have been trained or are in the process of being trained to be behavioral health technicians. These services will be piloted beginning with seniors and start the process of billing for services.

**1.2. Describe the Offeror's experience and expertise in securing program funding including both public and private sources to ensure program and operational sustainability of programming. Describe current organizational fundraising priorities or needs and strategies for addressing these priorities.**

Copa successfully obtained funding from multiple sources including cities, counties, the state of Arizona and federal funding. Cities provided CDBG funds and Neighborhood Stabilization Program (NSP) funds to support and expand housing. Maricopa County deeded a park to support a HUD housing program, HUD continues to provide vouchers for Copa's 28-unit apartment for individuals with developmental disabilities. When combined with CASS' experience obtaining grants to support shelters and support for the state staff, we are confident gap funding will be obtained to support ongoing operations.

Under the leadership of CASS CEO Lisa Glow over the last four years, CASS has built a strong fundraising/development team as well as substantially diversified its funding portfolio.

- Increased private donor and foundation giving.
- Increased earned revenues, including funding from Valleywise for a hospital drop off bed program, and funding from various cities for bed set-asides.
- Increased amounts for city awards throughout Maricopa County. This includes a $3.4 million CARES Act award in Glendale to build a homeless service delivery system in that community.

CASS' current priorities are funding for ongoing shelter operations and renovations at our two main shelters. The vast majority of the funds for these needs are being met by current funders, or with special awards from the CARES Act or the ARPA. Last year CASS raised over 17 million in various government awards from these sources.

**1.3. Has the Offeror been recognized for or received any third-party recognition or validation regarding their ability to deliver or operate projects similar to or related to the Project proposed here?**

Yes, Copa Health enjoys several distinguishing characteristics that make us unique in the marketplace, including:

- Copa provides housing supports in 89 separately owned apartments/homes with 251 beds, serving persons with SMI or SMI status and I/DD. Copa holds contracts with Mercy Care and the Division of Developmental Disabilities (DDD) for residential services.
- Copa won a federal grant to pilot a SAMHSA permanent supportive housing program, called Hope. This program continues to run successfully after the grant expired and continues to be supported by the Regional Behavioral Health Authority (RBHA) due to cost savings.
- Copa's Population Health Department utilizes data and collaboration to improve member outcomes. Population

Health manages a High-Risk List consisting of clients who are frequent users of hospitals and emergency rooms and has implemented a system of additional services and coordination to influence a reduction of hospital/ER usage. The services and coordination focus on social determinants of health, including the social determinant of stable and supportive housing.

- Copa's Lighthouse Model supported housing program was featured in the Arizona State University (ASU) Morrison Institute "Housing is Healthcare" study which demonstrated significant reductions in hospitalizations, improvements in overall health, and stability in housing.
- Copa administers a number of evidence-based programs, including five Assertive Community Treatment (ACT) teams, one of which is a Medical Assertive Community Treatment Team (one of the few in the country) and an upcoming Intensive Case Management Program.
- CASS received $7.5 million from the state to purchase a hotel shelter facility and $4 million from the City of Phoenix for needed renovations
- CASS was recently awarded a $3.4 million Coronavirus Aid, Relief, and Economic Security (CARES) Act award from Glendale to operate the City of Glendale Master Services Agreement for homeless services and use the NREC as an operating hub.

**1.4. The Offeror will have an opportunity to participate and share its expertise in the design and development of the physical structure of the Project.**

The partners welcome this opportunity to comply with the RFP requirement to hire a Project Manager to represent both agencies in this phase. An ideal Project Manager would understand behavioral health services, supportive housing, trauma-informed care, shelter design, and homeless programs.

**1.4.1. Describe any experience and expertise of the Offeror in the development, design, and construction of a residential or homeless facility.**

Copa developed numerous housing and clinic facilities over the years. In the last ten years, Copa designed and developed six integrated clinics that serve with SMI or SMI status. In that same timeframe, it has designed and constructed two separate HUD-funded apartment complexes.

CASS successfully opened a third temporary shelter during the pandemic called Project Haven, specifically for medically vulnerable persons and seniors to keep them safe in their own hotel room with on-site services. From June 2020 through September 2021, Project Haven served 232 people, with the majority moving to permanent housing, or with family, after their stay. Due to this success, CASS received $7.5 million from the state to purchase a hotel shelter facility and $4 million from the City of Phoenix for needed renovations. CASS closed on the purchase of this new Project Haven hotel shelter in November 2021, which will serve up to 170 senior clients nightly, along with on-site supportive services.

In December 2020, CASS opened a regional navigation center in Glendale at our new Norton and Ramsey Social Justice Empowerment Center (the "NREC"). The building, which was donated to CASS, was configured to allow shared office space among providers, promoting close collaboration to meet the needs of all clients who are either on the cusp of, or experiencing homelessness. Among the 16 partners, there are health care services (Circle the City mobile services are provided weekly); vocational and job services (Phoenix Rescue Mission has a vocational training center inside the NREC and also delivers its Glendale Works program); job placement support (St. Joseph the Worker); identification assistance (Homeless ID Project); street outreach and mental health support (Phoenix Rescue Mission and CBI); school-based support (Homeless Youth Connection); family programs and shelter (Family Promise); homeless moms (Maggie's Place); Native American clients (Native American Connections); veterans services (US Vets); and others. The NREC building also has showers and lockers for client use while they are accessing services.

CASS was recently awarded a $3.4 million Coronavirus Aid, Relief, and Economic Security (CARES) Act award from Glendale to operate the City of Glendale Master Services Agreement for homeless services and use the NREC as an operating hub. The significant award allows CASS to build a new and better homeless service delivery system for Glendale through partnering with the City of Glendale, as well as through sub-contracting with partners. Approximately 2/3 of the funds are sub-contracted out by CASS to other service provider partners. Having a CASS team on the ground in Glendale, along with a building location, as well as substantial funding from Glendale for us to hire people and to partner with other agencies, is leading to a new way of working with a city and breaking through barriers that keep people on the streets. The program model will evolve, with tremendous replication potential as a new way of coordinated services delivery.

**1.4.2. Provide any physical setting requirements or design elements the Offeror would recommend be included.**

It is important for the shelter to have a trauma-informed design to support the tenets of trauma-informed care. This includes a separate space for individuals to recuperate if released from the hospital with a medical condition and smaller numbers of clients per room (such as individual or double rooms). Smaller spaces with increased privacy will also be beneficial to persons with SMI or SMI status, in the shelter, due to specific needs of the population. There should also be significant consideration given to design elements that support decreasing pandemic infection rates.

The physical setting requirements for the Integrated Outpatient clinic are based on ADHS Licensing Regulations. The clinic will require several distinct suites to provide the following services: physical health services, psychiatric services, individual counseling, group counseling, case management services, peer support services, benefit counseling, housing support, and a reception area.

**1.4.3. Include a description of how this facility will coordinate its COVID-19 related responses with other pandemic and public health efforts and resources in design features (i.e., space requirements), operational, or programmatic strategies.**

Copa and CASS will both coordinate current COVID-19 related efforts with other pandemic and public health efforts and resources into design features. Space requirements, operational factors, and program strategies will be based on information provided by public health entities (local, national, and international). Considerations will include but are not limited to: check-in and lobby space, entrance and egress, ventilation, infection control equipment storage and fluidity, isolation protocols, telehealth space, on-site delivery of services, and staff workspace.

Copa and CASS quickly responded to the pandemic (early 2020). With extensive input from the Maricopa County Public Health Department, the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) policies and procedures were created for COVID-19 safety at facilities and shelters, which included, robust infection control practices, installing protective equipment, requiring mask wearing, offering testing and vaccinations to staff and clients.

Copa's COVID-19 Task Force was created, and participants are a cross-functional representation of medical, operational, programmatic, human resources, quality improvement leadership. The task force developed a comprehensive Pandemic Plan with ongoing updates. Copa accelerated development of telehealth and mobile service options, implemented program-based, integrated information sharing at all levels and through multiple means.

CASS worked in daily partnership with other providers like Circle the City or CBI to make sure clients in need of transport to a COVID shelter could be transported and isolated. CASS also operated the Project Haven Hotel shelter for 15 months for COVID negative seniors and medically vulnerable persons experiencing homelessness.

**1.5. Describe the training, orientation or other guidance Offeror's staff, particularly direct service staff, receive in performing their duties or staying informed about changes in policies or standards related to the scope or work. Please include the frequency and method of training.**

**Training**

All staff serving homeless will attend training to become skilled in the Bio-Psycho-Social model, case management, culturally sensitive approaches, trauma-informed services, and strengths-based and recovery-oriented models. Copa Health will continuously train, retrain, and refresh the workforce in these principles through a variety of methods, including live training and the Relias platform. All staff members are required to access the Relias Learning Management Software portal and complete training to ensure compliance with funding and regulatory agency requirements. In addition to required courses, Relias has other courses that can be developed and assigned to specific staff as needed. The staff that works directly with the residents of the Bridge Housing Facility and Licensed Clinic may also be required to maintain Cardiopulmonary Resuscitation (CPR) and First Aid Certification. In addition, all staff will receive training in Critical Time Intervention and all evidence-based practices that are introduced. Licensed staff, such as Behavioral Health Medical Professionals and Behavioral Health Professionals maintain active licenses by engaging in continuous training/continuing education units. Copa Health supplied ongoing training for therapists in various evidence-based techniques, including Cognitive Behavioral Therapy (CBT), Integrated Dual Disorders Treatment (IDDT), Solution Focused Brief Therapy (SFBT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), and Cognitive Enhancement Therapy (CET).

All CASS staff will receive a two-day agency orientation, that includes safety training and agency policy and procedure training, which will be followed by on-the-job training and a year-long staff training plan that is customized to the individual based on their job. Staff who will work at the Bridge Housing Facility will also complete Trauma-Informed Care training, and all the Behavioral Health staff will also have various certifications.

Since the facility's target population is persons with SMI or SMI status, or who are in need of an SMI assessment and determination, Copa Health and CASS with guidance from AHCCCS will provide a clear list of criteria for referrals. In addition, all potential referral agencies will receive ongoing training on the referral protocol and criteria. For persons without SMI status, a relationship has been established with Crisis Preparation and Recovery (CPR) to assist in the rapid determination of SMI status. CPR offers a variety of services including SMI evaluations, outpatient counseling, medication management, crisis interventions, transitional care, CISM trainings, and disaster/crisis management consulting. CPR takes most major insurance plans including AHCCCS/MMIC, Noridian, United, Aetna, Cigna, TriCare, and HealthNet/MHN.

**2. Bridge Facility Experience and Expertise**

**2.1. Provide a summary of the Offeror's experience and expertise in providing either transitional housing, residential facilities, or homeless shelter or service programs. Please include any other Medicaid or Non-Title XIX funding sources used including Continuum of Care, Emergency Solutions Grants or local funding sources.**

CASS has 37 years of shelter case management and housing placement experience. CASS's primary shelters are low barrier, operating 24/7 under the Housing First model, which means there are minimal barriers to admission. Importantly, there are no requirements for sobriety, income, or pre-acceptance of offered services and engagement in services is a crucial part of our model.

CASS's highly trained and experienced shelter and case management staff know how to meet people where they are in order to successfully engage clients in the services and support the need to end their homelessness. Staff are trained in trauma-informed care, motivational interviewing, de-escalation techniques, and best practice models of care in working with people experiencing homelessness.

Copa and CASS were early adopters of the Housing First model and adheres to the ADHS Nine (9) Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems adopted by Arizona Department of Health Services. Copa Health reinforces these principles through person centered and strengths-based approach to treatment and the policies and procedures in which it adopts. Copa Health has responded to identified gaps within the current continuum of care system by proposing alternatives such as our Light House model and being awarded the Secured Residential grant. All programs are operated from a harm reduction model standpoint and focus on reintegrating clients back into the community in the least restrictive setting.

Copa manages 37 homes serving persons with SMI or SMI status, and intellectual disabilities. These programs are funded by Medicaid through Mercy Care and the Arizona Department of Economic Security (DES), Division of Developmental Disabilities (DDD) contracts. Staff support individuals in all levels of care to become as self-sufficient as possible. Programs focus on home and community integration, engagement in activities of daily living, lifespan issues, individual needs, strengths, abilities, and preferences. Homes provide a safe environment for individuals to learn how to connect with community-based activities, engage in health and wellness education, menu planning and meal preparation, environmental safety, advocacy, and decision-making. All services rendered are person centered and based on the strengths of the individual. Within Copa there is a continuum of care from four licensed Behavioral Health Residential Facilities, 16 community living programs that are either residential homes or apartment settings located in the East Valley. Copa maintains 19 licenses to serve adults with intellectual and developmental disabilities through our DDD contract. In addition to residential services, Copa assists individuals to live independently through the Hope Permanent Supportive Housing services program and works with individuals to secure housing and employment with the Shape program. Copa coordinates closely with AHCCCS, Mercy Care, Home Inc, ABC housing, and DDD to facilitate referrals and services to ensure intakes, transfers, and discharges are processed in a timely manner. Staff members built strong connections and relationships with stakeholders and are able to communicate effectively to break down barriers ensuring referrals are processed efficiently to quickly close openings. Services are billed based on contracted agreements and reimbursed to the provider based on needs identified in the client's service plan and may include but are not limited to the following: Intake/Annual Assessments, Personal Care, Skills Training (group and individual), Counseling (group and individual), Health Education, Case Management, Transportation, Residential Room and Board, Residential Treatment, Supported Housing, Habilitation, Respite, and Bed Boards.

Staff are trained and receive ongoing clinical oversight as it relates to the SAMHSA Recovery model which reflects respect, choice, empowerment, natural supports, strengths-based, and hope. These principles are deeply embedded in Copa's and CASS' programs.

**2.2. Describe Offeror's previous experience and expertise related to providing shelter or homeless services to special populations including persons with mental illness, persons experiencing or formerly experiencing homelessness, persons with disabilities, justice involved persons, the elderly, or other special populations requiring accommodation or additional service considerations or barriers in attaining and maintaining housing.**

CASS works with people experiencing homelessness, using a progressive engagement, best practice case management model that delivers different levels of services and support depending on need. Clients can begin working with case managers from the moment they complete their shelter intake, and walk-in case management services are available seven days a week. Clients who have more acute barriers can schedule one-on-one appointments to meet with a qualified case manager on an ongoing basis. Case managers use motivational interviewing to help clients identify their barriers, strengths, and housing goals, which are compiled in a housing case plan during their first appointment. Case managers also help clients build resiliency and self-sufficiency by obtaining needed benefits, employment and job training, and permanent housing.

Copa currently serves over 9,000 persons with SMI or SMI status. Over 1,500 or 17% of those individuals are either homeless or have repeated housing instability. Founded over 37 years ago, CASS is the largest and longest serving

homeless emergency shelter provider in Arizona. Both the adult and family shelters operate at full capacity 24/7, 365 days of the year. Serving the entire Phoenix metropolitan area, CASS is a regional solution to homelessness, working to fill service gaps and help thousands of people transform their lives. CASS has both the depth and breadth of experience needed to operate both emergency and transitional shelter for persons with SMI or SMI status and already does so at our main shelters, including at our 470-bed adult shelter located on the Human Services Campus and a 100-bed family shelter in North Phoenix. Notably, in 2022-2023, CASS will be adding 300 more adult shelter beds, including: 130 at the 470-bed shelter, and 170 at a new hotel shelter that is slated to open in either late 2022 or early 2023. CASS also provides extensive housing and case management services to all populations experiencing homelessness. This includes specialized case management to those with either more intensive or specialized needs, including the 30% of clients who are chronically homeless, the 30% who are over age 55, veterans, youth, families, and children.

**2.3. Describe Offeror's experience in developing and creating innovative or evidence-based programs or facilities to serve homeless or other underserved populations including persons with a serious mental illness designation.**

Copa Health has identified specialty homes to address the unique and complex needs of individuals residing within the community living and behavioral health residential facilities. All programs adhere to the guiding principles of the Recovery Model and incorporate the Eight Dimensions of Wellness initiative into treatment planning. Copa Health staff have completed training on the Integrated Treatment of Co-Occurring Disorders and the SAMHSA toolkit for Trauma-Informed Care in Behavioral Health Services TIP 57. Counselors are embedded into our BHRF programs to provide evidenced based counseling services which include (1) Cognitive Behavioral Therapy (CBT), which is used for many diagnoses and needs (depression, anxiety, grief, social issues, problem solving) and is the foundation for general counseling. (2) Integrated Dual Disorders Treatment (IDDT) is specifically for people with dual diagnoses, meaning substance use and mental health diagnoses. (3) Solution Focused Brief Therapy (SFBT) is specifically for people who want to find solutions to a specific issue or concern. Treatment is for people with depression, anxiety, social, or behavioral issues. Copa Health also has an Applied Behavioral Analysis (ABA) program which has proven to be highly effective in changing maladaptive behavioral responses. In order to better assess and respond to the needs of our medically fragile population (diabetes, polydipsia, and elderly population) we have on staff a nurse practitioner that oversees the medical needs of individuals in specialty housing services and helps the housing team to coordinate with other medical providers to ensure the wellbeing and quality of services as it relates to holistic care.

CASS's leadership team has more than 100 years of collective experience in building the capacity of nonprofit programs, particularly with new and renovation projects for emergency shelters, supportive services, and housing programs. As a crisis responder, CASS has demonstrated expertise in partnering, planning, and implementing rapid responses to scaling up emergency shelters in response to urgent community needs with partners, which include the City of Phoenix, Maricopa County Health Department. Arizona Department of Housing, Arizona Department of Economic Security, and most cities in Maricopa County.

**3. Clinical Facility Experience and Expertise**

**3.1. Describe Offeror's previous experience and expertise related to providing licensed clinical services of the type being proposed by the Offeror for special populations including persons with mental illness, persons experiencing or formerly experiencing homelessness, persons with disabilities, justice involved persons, the elderly, or other special populations.**

Copa has extensive experience in using a variety of evidence-based practices throughout its suite of licensed clinical services. Specifically to this population, Copa was an early adopter of the Housing First model and adheres to the ADHS Nine (9) Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems adopted by Arizona Department of Health Services. Copa reinforces these principles through person centered and strengths-based approach to treatment and policies and procedures in which it adopts. Copa responded to identified gaps within the current continuum of care system by proposing alternatives such as our Light House model and being awarded the Secured

Residential grant. All programs are operated from a harm reduction model standpoint and focus on reintegrating clients back into the community in the least restrictive setting.

Copa continues to manage 37 homes serving with SMI or SMI status and intellectual disabilities. These programs are funded by Medicaid through Mercy Care and DDD contracts. Staff support individuals in all levels of care to become as self-sufficient as possible. Programs focus on home and community integration, engagement in activities of daily living, lifespan issues, individual needs, strengths, abilities, and preferences. The homes provide a safe environment for individuals to learn how to connect with community-based activities, engage in health and wellness education, menu planning and meal preparation, environmental safety, advocacy, and decision-making. All services rendered are person centered and based on the strengths of the individual. Within Copa there is a continuum of care from four licensed Behavioral Health Residential Facilities, 16 community living programs that are either residential homes or apartment settings located in the East Valley. Copa maintains 19 licenses to serve adults with intellectual and developmental disabilities through our DDD contract. In addition to our residential services, Copa assists individuals to live independently through the Hope Permanent Supportive Housing services program and works with individuals to secure housing and employment with the Shape program. Copa coordinates closely with AHCCCS, Mercy Care, Home Inc., ABC Housing, and DDD to facilitate referrals and services as well as ensure intakes, transfers, and discharges are processed in a timely manner. Staff members built strong connections and relationships with our stakeholders and are able to communicate effectively to break down barriers ensuring referrals are processed efficiently to quickly close openings. Services are billed based on contracted agreements and reimbursed based on needs identified in the client's service plan and may include but are not limited to the following: Intake/Annual Assessments, Personal Care, Skills Training (group and individual), Counseling (group and individual), Health Education, Case Management, Transportation, Residential Room and Board, Residential Treatment, Supported Housing, Habilitation, Respite, and Bed Boards.

Staff are trained and receive ongoing clinical oversight as it relates to the SAMHSA Recovery model which reflect respect, choice, empowerment, natural supports, strengths-based and hope. These principles are deeply imbedded in Copa's evidenced-based programs and support services provided to special populations including persons with mental illness, persons experiencing or formerly experiencing homelessness, persons with disabilities, justice involved persons, and the elderly.

**4. Corporate Structure and Governance**

**4.1. Describe the legal structure of the Offeror's business organization.**

Copa Health, Inc. (Copa)is a 501 (c)(3) nonprofit private corporation headquartered in Mesa, Arizona. Mesa is the largest suburban city by population in the United States, the third-largest city in Arizona after Phoenix and Tucson. It is a suburb about 20 miles east of Phoenix in the East Valley section of the Phoenix Metropolitan Area. Because Mesa is bordered by Tempe on the west, the Salt River Pima-Maricopa Health Indian Community on the north, Chandler and Gilbert on the south along with Queen Creek, and Apache Junction on the east, many of the city and county social and human services agencies also extend their programs and services to thousands of Arizonians living in the rural communities.

Copa and its affiliates Marc Community Resources and Partners in Recovery provide services and programs for individuals with developmental disabilities and mental health challenges since 1957. Copa is the largest integrated clinic operator for persons with SMI or SMI status in Maricopa County. The mission of Copa Health is to inspire health, hope and happiness by delivering world-class solutions to individuals, families and communities.

CASS is a 501 (c)(3) nonprofit private corporation headquartered in downtown Phoenix where the adult shelter is located. The 15-member Board of Directors includes business and community leaders, as well as individuals who have experienced homelessness. CASS' mission is to: "Prevent and end homelessness among individuals & families while

advancing compassionate community solutions." CASS is also a CHDO (Community Housing Development Organization), whose purpose is to develop, operate, own and provide decent, safe, sanitary and affordable housing for low- and moderate-income persons and families. CASS also recently established CASS Project Haven LLC, which is CASS' program for seniors over age 55: the newly acquired Phoenix Inn will be where Project Haven is located once it opens, serving up to 170 seniors 24/7/365.

**4.2. ATTACHMENT - Provide a copy of the Offeror's Articles of Incorporation, Charter, Bylaws, or other legal documentation of the organization's legal structure and purpose. If the Offeror is a non-profit entity, please provide a copy of the current IRS 501(c)(3) determination letter. (Not included in page limit)**

Attached

**4.3. ATTACHMENT -Ownership or Governance: provide an organizational chart showing the governance structure including any ownership interests or principals if the Offeror is a for- profit organization and the Board of Directors or governing body if it is a nonprofit organization, including the Executive Director, other key staff, and/or sub-contractors who will perform work described in the proposal and lines of authority, and the point of contact between the Offeror and AHCCCS. (Not included in page limit)**

Attached

**4.4. Describe key staff including their experience and expertise and proposed role.**

The Copa and CASS leadership collectively demonstrate comprehensive experience in managing and operating their respective areas of responsibility such as: integrated mental health clinics, transitional housing/shelter facilities, the acquisition of federal funding and required financial documentation associated with the funding. The leadership team is as follows:

**Dr. Shar Najafi-Piper, Copa Chief Executive Officer**: Dr. Najafi-Piper has distinguished herself as a licensed psychologist and clinical executive over the past 17 years. Over the course of her career, she has served as a behavioral health technician, outpatient counselor, team lead clinician, program/executive director of outpatient clinics, vice president of outpatient services, and president of quality care centers and behavioral services. Dr. Najafi-Piper has expertise in fully integrated continuums of care to meet the highly complex needs of behavioral health members and their families and experience in the provision of housing specific to meet the needs of developmentally disabled individuals.
During the past nine years of her career, she has also demonstrated notable talent and skill on the business side of the health and human services industry. This ranges from the implementation of quality assurance functions, peer review, utilization review, as well as service and clinical protocols. In addition, Dr. Najafi-Piper demonstrated success in the areas of program development, contract development/negotiations, public relations, media development, and business growth through revenue diversification including both traditional and non-traditional sources.

**Lisa Glow, JD, CASS CEO**: With more than two decades of experience in nonprofit leadership, Lisa is a graduate of the James E. Rogers College of Law at the University of Arizona. She brings expertise in strategic planning, fundraising, team management, public policy, systems building, and leveraging public and private resources. Lisa, a true visionary, oversees all aspects of CASS's operations, including its extensive expansion efforts to meet the needs of our community.

**John Moore, MBA, CPA, Copa CFO**: John has worked for Copa Health since 2001 in such capacities as VP Finance, Chief Administrative Officer, CEO and is currently the Chief Financial Officer. John graduated from Cal Poly, San Luis Obispo with an Accounting Degree, earned an MBA from UCLA and maintains a CPA license in California. His vocational experience includes public accounting, internal auditing, finance, and consulting for both private and publicly traded organizations.

**Mark Bustamante, CPA, CASS Director of Finance:** Mark Bustamante's 20+ year career includes working in local government and for-profit entities. He is an armed services veteran, serving four years in the United States Air Force. Mark also worked for various departments at Maricopa County, most recently for the Human Services Department as the Financial Services Administrator. He works closely with CASS' management and program teams to ensure financial compliance with our funding partners.

**Dr. Darwyn Chern, Copa Chief Medical Officer**: Oversees recruiting and retaining competent behavioral and medical providers, implement projects that improve service delivery, supervision and sometimes direct care of patients, management of integration of primary care to existing behavioral health programs, management of court ordered treatment cases, liaisons with outside agencies, maintenance/ improvement of standards of care.

**Michaela Staff, LMSW, Copa Vice President of Integrated Health Solutions (Outpatient Services)**: Develops and executes strategies to ensure operations, services and environments meet the highest levels of quality and performance consistent with Copa Health policies, practices and within all regulatory governing bodies. Responsible for required deliverables/performance to payers, allied service organizations and regulatory agencies. Acts as a member of the Executive Leadership Team and works collaboratively to ensure the highest quality of clinical care and support in a recovery focused setting.

**Mary Glennon, MSW**, **CASS Director of Programs**: Mary discovered a passion for ending homelessness while completing internships at two homeless shelters in Flagstaff, AZ, where she was pursuing a bachelor's degree in Psychology and Sociology from NAU. She has a Master of Social Work from ASU and has worked at CASS since 2011 in a variety of roles at both the family and adult shelters, and in CASS's housing programs, including Arizona Housing Inc., which was formerly under CASS's umbrella. She brings expertise in staff development and training, program development, data analysis, and her expertise in serving the homeless.

**Dr. Wendy Bunn, Copa VP, Community Housing:** Dr. Bunn brings many years of experience providing or directing services for children and adults with mental health conditions. She has worked in both clinical practice and through supervising residential programs, and as a habilitation specialist for children diagnosed with Autism/Asperger Syndrome. She earned her BS in psychology in 1999, MA in clinical psychology in 2004 and Psy.D in 2009. Dr. Bunn supports a skills-based approach to care, focusing on training, team building and making people a priority. She believes in providing care with a compassionate, can-do and humble attitude, and that the basis of providing good care comes from strong teamwork within the organization and collaborations with stakeholders in the community.

**4.5. ATTACHMENT – (Not included in page limit) Provide resumes of:**

- Key leadership staff
- Key Staff responsible for financial oversight
- Key Staff responsible for on-sight management of the Bridge Housing Facility
- Key Staff responsible for the management of the Clinical Facility

**4.6. ATTACHMENT - A certificate of good standing from the Contractor's home state's Corporation Commission shall be submitted with the proposal. If selected, the Contractor shall register their corporation with the Office of the Secretary of State for the State of Arizona. (Not included in page limit)**

Attached

**4.7. Describe the Offeror's current and past history regarding lawsuits, litigation, or legal issues. Has the Offeror been subject to lawsuits and litigation related to their services? Does Offeror have current or pending lawsuits or litigation? Has the Offeror ever had any business license?**

The organization is occasionally involved with resolving complaints and/or litigation in the normal course of business operations. To mitigate insurable losses, appropriate property/casualty insurance coverages are maintained at levels consistent with industry norms. In management's opinion, the resolution of any existing disputes or litigation will not have a material impact on the financial condition of the organization, its contracts, funding agreements, or licenses. The organization has not had any licenses suspended or revoked.

**5. Proposed Sub-Contractors**

**5.1. If the Offeror will be utilizing sub-contractors or other third parties to perform any of the work described in the Offeror's response, describe the role the sub-contractor or third-party will perform and the justification or need to utilize these services. Describe the organizational structure or relationship between the Offeror's Bridge Facility Operator and any service providers (e.g., sub-contractor, Operator's outpatient clinical services) that will offer services in association with the Bridge Facility.**

Copa Health is the lead and prime contractor of this RFP. An MOU is in place with this RFP response indicating the commitment of COPA and CASS to work together to design the shelter facility and implement shelter and clinic operation. As the lead contractor, Copa is ultimately responsible for the implementation of this project. If we are awarded this contract AHCCCS YH22-0055, formal subcontracting arrangement will be executed.

CASS will subcontract for some services including security, janitorial services, as well as laundry and food service. CASS will most likely use its current security provider who delivers services at our other shelters. Security is 24/7 and is used to keep the facility secure and available to address flare ups that may occur between clients that may not be addressed any other way.

Other subcontractors who will be approached will include:
Social Spin - A nonprofit dedicated to serving low-income individuals with laundry services. CASS worked with Social Spin at the temporary COVID senior shelter.
St. Vincent De Paul - Food service delivery. CASS also working with SVDP for food service purchase and delivery at the temporary COVID senior shelter.

**5.2. ATTACHMENT - Provide documentation (if available) of any formal agreements, contracts, or other legal documents that describe or document the relationship between the Offeror and the sub-contractor including any fees or compensation structures. If none are available, describe proposed agreements. (Not included in page limit)**

Attached