February 21, 2022

Toni Cota
Senior Procurement Specialist
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Ms. Cota:

In an effort to reaffirm our commitment to the construction and program development of the Bridge to Success Transitional Housing Facility (Bridge Housing Facility) and Integrated Outpatient Clinic, we provide the enclosed joint response to AHCCCS' requests for clarification of the following items, as per the Request for Proposal YH22-0055 (RFP):

1. **Describe the progressive engagement case management model referenced in 1.1 under Program Model and how it supports the larger goals of the shelter including harm reduction and low barrier strategies? How does the progressive engagement model support voluntary services and member choice?**

Progressive engagement case management model
Copa Health (Copa) and Central Arizona Shelter Services (CASS) provide the combined organizational structure, experience, services, support, training, and treatment framework that recognizes the emotional, physical, and social impact of mental health disorders. Copa and CASS commit to serving people experiencing homelessness using a progressive engagement[1], case management model, which delivers different levels of services and support depending on need. In a progressive engagement (PE) approach, an individual seeking housing receives assistance tailored to their most critical need, with a keen focus on quickly resolving their housing crisis—this is the Housing First Model.

With PE, the client and provider work together to get the client into housing first and then may identify additional goals, depending on the client's level of readiness to engage in goal setting. PE can help improve efficiency across the entire system and community by matching the most intensive and expensive resources with the clients who demonstrate the most need for them. Progressive Engagement Fundamentals include:

- Voluntary and flexible participation by the client
- Critical thinking and problem solving shared between the client and provider
- Starting with support based on what a client identifies they need, thus honoring client choice
- Making connections to community resources
- Building on client resiliency and strengths
- A focused goal: to quickly resolve the immediate crisis of homelessness

[1] What is Progressive Engagement? (safehousingpartnerships.org)

Importantly, the new shelter will be designed with the principles of trauma-informed care, and ensure the environment, programs and staff are all focused on this approach. Copa day programs and therapeutic supports will be critical parts of this model. These latter tools will be used to progressively engage clients in partnership with staff as individuals work to permanently resolve their homelessness.

CASS's highly trained and experienced shelter and case management staff are trained in progressive engagement, including, trauma-informed care, motivational interviewing, de-escalation techniques, and best practice models of care in working with people experiencing homelessness. Copa and CASS, through the PE model, support an environment where the clients drive services and align with the Housing First philosophy, which relies on member choice and self-determination. It is a client-centered approach that emphasizes client choice in terms of housing and support.

Harm reduction in housing and case management services
Harm reduction in housing encourages homeless individuals to seek resources by eliminating obstacles. Clinical support services will be available when the homeless individual needs them. They will be derived from a harm reduction model. If a client has an SMI, case management will work to make shelters and home placements safe for them. Copa and CASS case management specializes in identifying the client's goals to meet their safety and support services needed. Support services may include helping find medical care, finding support devices, or even pharmaceutical assistance. Other service categories may provide access to legal aid, access to food, and substance abuse services.

The described clinical and support services will all be on a voluntary basis and will be delivered using a harm reduction model. The evidence-based Critical Time Intervention model referenced in 1.1 is a progressive engagement model that supports the larger goals of the shelter due to its effectiveness in transitioning individuals out of homelessness. The model is thoroughly addressed in Question 1.4 to avoid duplication of responses.

Low barriers in housing and case management services
CASS low barrier housing in non-punitive housing does not require preconditions such as income, sobriety, or other pre-acceptance services. Low barrier housing makes housing and shelter more accessible to homeless individuals in need. Easy access to safe shelters can allow people to rebuild lives on their terms while having resources available to them. Case management services in low-barrier housing can include mental health services, health care, substance abuse treatment, and more. Low barrier housing can decrease the percentage of homelessness while providing safe and supportive shelter.

Progressive engagement model supports voluntary services and member choice
PE, the client, works with case management to get into housing and identify and reach other goals. The PE model is based on voluntary services to meet the client's needs while honoring their choices. Case management will be able to work with clients when they choose to go through the program for help. Housing-focused shelters allow homeless people to be housed first while meeting other care needs. Copa and CASS will assist homeless individuals looking for assistance to find a shelter, then placement in a temporary housing unit, and finally placement in a permanent home.

2. **The provided narrative referenced policies that were not included with the proposal. Please provide any existing policies and procedures you are considering or that will inform this Project for the following:**

Included for reference are policies related to the requested categories, but applicable to current operations of Copa and CASS. After funding is awarded, Copa will advance its collaboration with CASS and develop policies specific to the unique operations of the proposed shelter and clinic. Copa will ensure that Arizona Health Care Cost Containment System has the opportunity to review and provide feedback prior to policy implementation.

- Companion Animals **pg. 15 SAS Policies and Procedures. Copa 201 Service Animals.**
- Disciplinary Actions related to violence or rule violations (e.g., drugs) and including **pg. 35-37 SAS Policies and Procedures. Copa 309 HR .11 HIPAA Disciplinary Guidelines, Copa 303 Drug and Alcohol Policy.**
- Client Termination and Re-Entry Determinations **Consequences Chart. Copa 818 PRG 40 Re-Engagement, Transition and Closure Policy, Copa 819 Administrative and Clinical Decertification of the SMI.**
- Confidentiality and Privacy Substance Use **pg. 34-35 SAS Policies and Procedures. Copa RI FRM .05 Notice of Privacy Practices.**
- Violence **Consequences Chart. Copa 405 RM .02 Campus Safety and Welfare, Copa 806 PRG .07 Duty to Warn, Copa 808 PRG .09 On Site Emergencies and Crisis.**
- Grievances and Appeals **pg. 15-17 SAS Policies and Procedures. Copa 602 Member Rights-Grievances, Appeals and Complaints, Copa 603 Member Rights-Grievance Appeal Notice Procedure.**

Of course, policies will be tailored to the new shelter as COPA and CASS together determine how to best meet the needs of the SMI population for this new shelter model.

3. Describe in detail the low barrier, structural.

CASS commits to providing assistance to those experiencing homelessness, with the design of the shelter program to include low structural barriers and involve a safe, clean, and dignified congregate living situation for adults seeking transitional shelter. Defined requirements for shelter participants' entry and enrollment in the program are limited or minimal. For example, program procedures and protocols will state that participants do not need to be clean or sober, do not need to have an income, and do not need to accept services as a condition to entry. For the Bridge Housing Facility, Copa and CASS will explore and further evaluate the needs of the populations, determining for example if sex offenders will be allowed as part of the general shelter population, or if a separate wing of the shelter may be needed for the sex offender population. We will also evaluate, after flushing out the most effective program design, whether the clients who utilize this shelter will be willing to engage in some level of case management and treatment.

4. Describe the daily typical experience of a shelter participant including schedule of regular and meaningful activities, engagement on a regular basis with staff. Please include description of daily access policies (I.e., curfews, general check in times, exceptions).

The daily typical experience of a shelter participant, including activities and engagement with staff include the following:

- Program clients must check in daily, in order to keep their bed, to ensure maximum bed utilization at the shelter.
- Program clients will have unrestricted access to the facility throughout the day, will be able to access enclosed outdoor areas after curfew.
- Meals will be offered at set times, in a common area, with snacks and to-go meals also available.
- Staff will develop client-directed programming (social, life skills, recreational, educational groups, etc.)
- Staff will be present 24/7. All supportive services staff members will have clients assigned to check in with daily, both formally and informally.
- Clinic staff will be available to provide psychiatric and rehabilitation services. Once an individual agrees to participate in the clinic program, specific appointments will be scheduled and the activities will be organized with each person.
- Some individuals will attend vocational or social activities and others will be working with the Peer Support CTI staff on identifying and securing permanent housing and other needed resources.

5. Describe onsite security including role of the security guards (e.g., patrols, bag checks), philosophy of security needs, and description of how security would coordinate with the behavioral health staff to mitigate crisis situations and de-escalation process. Will security staff have experience working with this population in a non-threatening/de-escalation manner? Security is estimated at almost 30% of shelter operating budget, please describe justification and alternatives considered.

The primary purpose of security is safety, in cases of physical violence or threats thereof. Security staff are expected to be available, but not involved in incidents, until, and unless, called for by staff. Their primary responsibilities will be entry point control, property checks, and property patrols. Guards are unarmed and utilize a hands-off approach.

Contracted security staff receive CASS-specific training on de-escalation, harm reduction, and Trauma-Informed Care philosophy. Security staff work closely with CASS staff, especially our Behavioral Health staff, to meet clients where they are and to reduce incidents.

6. Describe how you will coordinate transportation for members to and from Valleywise when they need additional health services. AHCCCS members are eligible for no-cost transportation to and from medical appointments through their health plans.

Copa and CASS are committed to ensuring that AHCCCS members are informed of the benefits provided through their health plans (i.e., no-cost transportation, AHCCCS emergency, and non-emergency medical care and services, and coordination of care, to name a few). Our staff will be available to assist clients in scheduling AHCCCS transportation. Staff will also establish a point of contact with Valleywise Community Health Center to communicate client appointment times and ensure transportation is arranged.

7. Describe your policies and contractors used for language translation services.

The agency prioritizes job openings to consider hiring diverse staff who are bilingual, and who has completed the grant-funded training program. Program clients who do not have English as their primary language and/or have limitations in speaking, writing, or understanding English are considered Limited English Proficient (LEP). Copa and CASS recognize that this language barrier can hinder an individual, not only in accessing benefits, services, programs, and activities, but also in understanding and exercising important rights. For this reason, all printed materials and brochures are translated into the language of the members' choice, and the agency's job openings prioritize the consideration and hiring of diverse staff who are bilingual and have completed the grant-funded training program.

If on-site translation services are not available, they will be provided, upon request, Language Connection. Following a request for translation services, staff will need to complete a request form and turn it in to a designated staff member, who will email it to info@languageconnection.net. All requests need to be submitted 24 hours in advance or there will be an additional charge (by Language Connection). For American Sign Language, the request must be made 48 hours in advance or additional charges will apply.

Clinic operations include access to Mercy Care translation services that provide access to over 200 languages and dialects. Language services address interpretation needs through scheduled interpretation, on-demand interpretation and qualified bilingual staff. On-demand video remote interpreting is also available that connects to an interpreter service using a tablet, desktop computer or mobile device.

8. **Describe the staffing ramp up process and how you calculate 1:10 case management ratio with clinical staff and case managers. Which staff are on site 24/7? Feel free to include a sample staff schedule to help describe this.**

CASS and Copa will begin recruiting qualified staff members well in advance of opening the facility, and they will begin training at other CASS and other Copa locations. CASS and Copa are also able to move existing staff to the new location if needed to ramp up operations. The CASS 1:10 ratio is based on case management assignments, with clinical staff supporting the work of case managers as part of an interdisciplinary team. The Clinic staff ratios for case management staff are dictated by the MCO and AHCCCS policies. Given the complex nature of the issues for this population it is likely that we will exceed any required ratios.

Shelter staff support the daily needs of clients and will be on-site 24/7, while the clinical team will observe traditional business hours. The CASS case management team will have staff available during the day and into the evening.

9. **Describe how shelter case management staff would coordinate with each member's behavioral health case manager if the clinic provider were their primary behavioral health provider. Describe how this works if their primary behavioral health provider is not this clinic.**

Copa follows the AHCCCS AMPM Policy Chapter 500 on the Coordination of Care requirements. The AHCCCS policy describes coordination in both directions, as written in Question 9. The clinical team supports the behavioral health practices while the case management team supports their housing goals. There will be regular contact and mutual client case conferencing. Part of the intake process is obtaining the clinical team's information and signing releases of information for coordination of services. With access to the AHCCCS portal, staff members are able to view clinic assignment information if a client is unaware of their clinic. If the client is using an off-site clinic, staff will establish a relationship and have regular check-ins. Staff will be well-versed in the process to change a client's clinic, if needed, and will advocate on the client's behalf when needed as well.

10. **Describe in detail the facility design recommendations to support members and operations including storage, animals, privacy, outdoor/staging areas, security, bathrooms, ADA or accessibility accommodations. Will there be a single point of entry? Or will there be separate entrances for shelter stayers and clinic visitors? What is your policy for transgender individuals or nonbinary?**

Trauma-informed architect – We will work with a trauma-informed architect to design the facility.

- ***Storage*** - Clients will have access to on-site storage, both at their bunk area and in lockers for day-to-day items, with a separate area for large items or longer-term storage for the duration of their stay. There will be a limit on the amount of property that can be brought on site and staff will work diligently with clients who need assistance with downsizing. Certain items will be prohibited from entering the shelter.
- ***Animals*** - CASS observes all relevant laws regarding emotional support and service animals. CASS will also explore a partnership with an off-site animal kennel (Lost Our Home Pet Rescue or Heidi's Place).
- ***Privacy*** – Program clients will be offered semi-private sleeping and bathroom areas and a private space to stabilize during crisis. Outdoor smoking and non-smoking areas will be available, designed with elements of trauma-informed landscaping.
- ***Security cameras*** – Security cameras will be on-site.
- ***ADA compliant spaces*** – Per government laws, the shelter will have ADA-compliant spaces.
- ***Single point of entry*** – There will be a single point of entry per facility, monitored by security.
- ***Policies for transgender individuals or nonbinary*** – Program clients will choose which sleeping and bathroom area (male or female) they identify with.

11. Is it your intention to use the clinic as a community provider and if so, what is the scope of the target audience they would serve? How would this reflect in the staffing, would that increase the employees time allocation?

Initially, we do not intend to add external individuals to the clinic so we can better identify and address the service and support needs of the Bower Park residents. Eventually, we may use the clinic as a community provider location. The population we would serve are individuals with a serious mental illness or general mental health diagnosis. We would certainly need to expand staffing to address this additional population. Please note that the Managed Care Organization (MCO) controls referrals to clinics. As such, the MCO would have to be interested and involved in any plan to add a community clinic.

12. Describe if subcontractors would be used for providing on-site clinical services.

The agency will work with other health care agencies if a program member has a different SMI provider. Alternative services will be made available to such providers (as identified by program members), or support to their members at either the clinic or bridge housing facility; however, they will not be considered subcontractors.

13. Describe how outpatient clinic licensure will be obtained including ADHS licensure, CLIA waiver, etc.

Copa Health follows the requirements in the Arizona Administrative Code (A.A.C.), of which R9-10 articulates the licensing process for health care facilities. Copa currently has 52 licensed facilities and CASS has one outpatient license. We have substantial experience in obtaining health care facility licenses. We do not intend to have a laboratory on-site and therefore do not need a CLIA waiver.

14. Budget:

a. Please submit the Excel spreadsheet version of the submitted budget with the modifications listed below.
i. Please add the supplemental funding to the proposed startup funds budget (page 3) and the five-year proposed operating budget (page 8) (see 15 b for further explanation)

ii. Please move the revenue and operating costs from Year 2 and Year 3 to Year 1 and Year 2 and add a new year 3 on the five-year proposed operating budget (page 8)

iii. Please remove the $425,000 AHCCCS funding listed for Year 4 (10/1/2025- 3/31/2026 on the five-year proposed operating budget (page 8).

iv. Please include funding periods for the line items.

v. Please include detailed description for all items in the budgets. (Add column on the right-hand side)

b. AHCCCS is limiting the contract funding to a cap as described in the RFP for the start-up and first two years of operation. The budget submitted appears to be over this cap by $486K for the start-up and $729K annually for operations. Describe in detail the plan to supplement funding to cover these gaps.

There is a four-pronged approach to our gap financing. Given the sheer magnitude of the opportunity here, the desire of the state for this project to succeed and the reputations of Copa and CASS, finding gap financing is highly probable to be obtained and will align with the timeframe for the opening of this new program.

1. We are asking AHCCCS for some billing flexibilities further described below

2. We have received some indication of support from the legislature to provide funding for the gap financing through a special appropriation. However, it is now too late to submit a funding bill in this legislative session, but we will pursue this next session and already have a bill sponsor.

3. In addition to a potential legislative appropriation in next year's legislative session, our revenue plan includes seeking support from various municipalities and Maricopa County, all who will benefit from this new, specialized shelter program. Those conversations will begin as soon as we execute on a contract with the State. Both grants and direct appropriations will be pursued.

4. Private funding will also be pursued from corporate, foundation and private donors as part of the revenue plan, which will further include setting up an endowment fund for the program on the CASS shelter side.

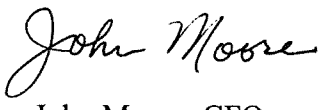
Billing Flexibilities

One of the largest contributors to the funding gap is the inability to bill at night. We are requesting that AHCCCS consider the following proposal. If the member's ISP includes requirements for staff to be present at night and requires monitoring members at specific intervals at night for the safety of the member and/or those around them, then all such nightly safety checks shall be billable under service code T1019 using the historical concept of general supervision. When required by the clinical teams and ISP, nighttime staff clearly provide a medically necessary service and the participating members cannot succeed without such safety interventions. While we understand that this is an exception to the general rule, we believe that it is appropriate not only for this Arizona State Hospital (ASH) Bridge Housing project, but any housing for individuals with SMI where the member's safety and housing stability depends on overnight monitoring consistent with mandates by clinical teams, treatment plans and ISP.

c. **Confirm, in writing, that if awarded a contract, it is understood that AHCCCS and the State of AZ will not provide additional funding and all expenses above the amounts described in the RFP will be the responsibility of the awarded Contractor. While AHCCCS is committed to assisting in identifying third party governmental or grant funding, the Contractor shall not approach AHCCCS or the State of AZ for additional funding at any time.**

Given its importance, we will pursue all possible funding sources to make this project a reality and we acknowledge that certain state sources may not be available for gap financing. To be transparent, the Copa/CASS team did ask the Governor's office to consider the use of ARPA dollars to address the gap in one-time startup funds.

Sincerely,



John Moore, CFO
Copa Health, Inc.