



Monday, April 21, 2025

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| Employee Name  | Suzi Carpino   |
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| Phone Number   | (509) 305-4383   |
| Position Title   | Chief Operations manager                                   |
| Quarter Report   | Quarter 1 (January to March '25 - DUE by April 14th, 2025) |
| Select Contract Submitting Report for:   | Mental Health Sales Tax (MHST)                             |
| Contract Number:   | 007-2025   |
| Confirming that none of the information you share includes client-identifying details. Names, dates of birth, and Social Security numbers are all protected information and should not be submitted to this portal.  | Yes, I confirm.  |
| Total Number of Clients (both duplicated/unduplicated number):   | 98   |
| <b>Narrative Summary Detailing Program Success:</b> <p>Camp hope is currently providing direct referrals to community resource providers. Providing on Site Connections to residents that have a mental health diagnosis or are in need of a mental health evaluation. On site connection for social services and health insurance for services. Outreach success include weekly connection and networking with individuals that are considering seeking resources through Behavioral Health Services (BHS). Building a trusting rapport with individuals in order to make the the transition into BHS/Chemical dependency services easier and understanding how the process works. Program success currently includes 11 more residents are now receiving services. To include drug and alcohol assessments and receiving in patient services. A CDPMHP has been assigned to work with residents at Camp Hope and are able to receive inpatient services quicker and are giving the help at the time of the need.</p> |  |
| <b>Encountered Barriers:</b> <p>Some challenges that still exist are when a resident leaves the program before direct contact is made with the service provider has a chance to meet with the individual for services. Sometimes being absent for any length of time the client is dropped from services and the process must start from the beginning, which is very discouraging and can be frustrating. Occasionally there are times when a client will need to wait a long period of time before they can get an appointment with mental health services. Drug use still is a barrier as well. Co-occurring programs are sometimes very difficult to get refer to.</p>   |  |

Some continued barriers are the weekend times when crisis services are not so readily available and the resident leaves Camp before the services are available.  
Drug overdoses continue to be barriers as well.

### **Significant Changes to the Program:**

Case management is currently working with housing and employment programs to connect individuals services.

Mental Health Professional (MHP) available on site 1 day a week to see individuals that have been referred by their case manager for medical, and mental health care.

Medication refills or prescriptions are available through the medical provider on site.

On site BHS and drug and alcohol services are also available weekly/

Individual case planning and referral to outside treatment services are available.

Changes include Peer support teams have now been offered to the residents at Camp Hope. They will help with the transportation to and from appointments and picking up medication in timely fashion. They will also communicate to Camp Hope Case managers the schedules of upcoming appointments and the revised safety plan to be managed for resident consistency and follow through.

Added to the changes are an additional PA and a CDMHP that are able to do direct referral for residents needing emergent care.

### **Submission of current staffing model (Including vacant positions)**

Staff modeling will include individual case management and staffing with BHS provider to ensure adequate follow up and service planning in order for consistent follow up and follow through. Assisting with getting residents to the BHS appointments and keeping accurate notes and behavior history for the MHP working with this individual.

Staff will continue to build direct connection and a trusting rapport with our residents with BHS diagnosis to ensure a successful outcomes.

Continued Staffing to include weekly appointments with case managers. Follow up with current safety plan and any additional planning after their appointments. Residents are also enrolled with the FCS case managers to find affordable housing and potential jobs. Staff will continue to support their residents in their safety planning and are available for their crisis response, by applying their coping skills and helping the resident stay at Camp Hope.

### **Anything Else?**

In addition to CHMH has added another peer mediator to help residents with transportation and crisis responding.