HopeSource Datasheet

Template created by KCPHD

Instructions: Please provide a brief summary of progress made for each activity below for the CURRENT REPORTING QUARTER.

	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
Project Planning and Coordination	The project is actively operating as designed, with strong coordination between HopeSource staff and subcontractors. Systems, workflows, and communication channels have been established and are functioning effectively, allowing for ongoing alignment and responsiveness to client and program needs.	The project continues to operate successfully with established workflows and strong coordination between HopeSource staff, subcontractors, and community partners. As the program has matured, communication and referral processes have become more streamlined, allowing the team to respond more efficiently to client needs.						
Contract with behavioral health services partner and offer one-on-one counseling with licensed professional	A contract with a behavioral health services partner has been successfully executed. One-on-one counseling with a licensed professionals are currently being offered and integrated into client care, increasing access to mental health support for participants.	The behavioral health partnership has remained strong, with counseling services continuing without interruption. Program processes have continued to mature, with increased coordination between Care Navigation and behavioral health services to support continuity of care and timely client engagement.						
Build relationships and coordinate with community partners	HopeSource has continued to build and strengthen relationships with community partners. Collaboration has expanded across agencies, resulting in increased coordination of services and more streamlined support for shared clients.	Relationships with community partners continued to expand through regular meetings, outreach, and collaboration. Increased awareness of the program has resulted in stronger referral pathways and improved coordination for individuals with complex needs.						

Provide Care Navigation and Case Management	Care Navigators are providing comprehensive, whole-person case management. Services address housing stability, behavioral health, income, and other social determinants, ensuring each client receives holistic and individualized support.	Care Navigators continued providing comprehensive whole-person case management, helping clients address housing, behavioral health, income, healthcare, and other barriers. Collaboration between navigation and counseling services has strengthened overall client support.						
Conduct comprehensive mental health and needs assessments	All clients are receiving thorough mental health and needs assessments at intake. These assessments are being used to inform service planning and ensure that interventions are tailored to each client's unique circumstances.	Comprehensive mental health and needs assessments continued for all enrolled clients. Information gathered through these assessments has guided individualized service planning and appropriate referrals throughout the quarter.						
Make closed-loop referrals	Closed-loop referral processes are actively in place for both internal and external partners. Care Navigators are following through on referrals to ensure successful connections and tracking outcomes to support continuity of care.	Closed-loop referrals continued to be a core component of service delivery. Staff maintained follow-up with both clients and partner agencies to improve successful connections and reduce gaps in care.						
Develop personalized stability plans with clients	Clients are actively engaged in developing personalized stability plans. Goals are client-driven and reflect immediate needs as well as long-term stability, with Care Navigators providing ongoing support in implementation.	Clients continued developing and updating personalized stability plans that reflected changing needs and progress. Care Navigators worked alongside clients to celebrate successes while identifying new goals that support long-term stability.						

Review and adjust clients' goals as needed	Client goals are reviewed regularly and adjusted as needed. This process is collaborative and responsive, allowing plans to evolve as clients make progress or encounter new challenges.	Goals were reviewed routinely and revised using a client-centered approach, as clients achieved milestones or encountered new challenges. This ongoing process helped ensure services remained responsive and client-centered.						
Offer workshops and one-on-one support	HopeU is providing workshops focused on budgeting and financial literacy, alongside individualized one-on-one support. These services are equipping clients with practical skills to improve financial stability.	HopeU workshops and individualized support continued throughout the quarter, providing practical education in financial literacy, budgeting, and other life skills that support long-term self-sufficiency.						
Involve certified peer support specialists	Certified peer support specialists, through partnerships with local organizations, are actively engaged in supporting clients. Peer services are enhancing engagement, trust, and relatability within the program.	Peer support remained an important part of the program, providing encouragement, shared lived experience, and increased engagement for clients navigating recovery and behavioral health challenges.						
Provide navigation and connection to resources	Care Navigators and community-based staff are consistently connecting clients to needed resources, including housing, healthcare, employment, and benefits. This support is ongoing and tailored to each client’s situation.	Care Navigators continued connecting clients to housing resources, healthcare, employment services, public benefits, and community supports. Resource navigation remained individualized and responsive to each client's circumstances.						

Housing Access and Support Services	Care Navigators are actively guiding clients through housing navigation, including applications, coordination with housing providers, and support in overcoming barriers to access.	Housing navigation services continued to support clients through housing searches, applications, landlord communication, and barrier reduction. Staff worked closely with community housing partners to increase opportunities for stable						
Track and report on key metrics	Key metrics are being tracked through the Apricot data system. Data collection processes have been implemented and are being refined to ensure accuracy and usefulness for ongoing program evaluation.	Program metrics continued to be tracked in Apricot, with ongoing attention to data quality and consistency. Reporting processes have become more efficient as reports have become more streamlined.						
Review client outcomes and gather feedback	Client outcomes and feedback are being gathered through direct conversations and surveys. This information is being used to assess program effectiveness and inform continuous improvement efforts.	Client outcomes and participant feedback continued to inform program improvements. Feedback has highlighted the value of integrating behavioral health counseling with Care Navigation to address multiple needs simultaneously						
Coordinate community engagement and increase awareness	HopeSource is engaging in consistent community outreach on a weekly basis. Efforts include participation in local meetings, partner collaboration, and direct engagement to increase awareness of available services.	Community engagement efforts expanded during the quarter through outreach events, partner visits, and increased visibility throughout Kittitas County. These efforts have strengthened community awareness and referral opportunities. We also participated						

Improve access to educational materials	Access to educational materials has been expanded through workshops, one-on-one support, and resource sharing. Efforts are ongoing to improve the availability, relevance, and accessibility of materials for clients, with a focus on practical tools that support stability and self-sufficiency.	Educational materials continued to be shared through workshops, individual sessions, and community outreach. Staff have expanded the use of practical tools and handouts that clients can immediately apply to support stability and wellness.						

HopeSource Successes

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Instructions: Please provide a brief summary of successes you've seen during the CURRENT REPORTING PERIOD.

Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
Through the integration of Care Navigation and Behavioral Health Counseling, HopeSource has increased access to services and supported clients in making meaningful progress toward stability. For example, one client who had never previously engaged in counseling and had been on a long waitlist was able to access timely services, work through a significant life challenge, and ultimately secure housing. Care Navigators supported consistent follow-through through personalized stability plans and closed-loop referrals, reducing barriers and increasing engagement. The collaboration between Care Navigation, behavioral health, and peer support has created a cohesive system that is improving client outcomes and stability.	During the second quarter, the program continued to demonstrate the value of integrating Care Navigation with short-term behavioral health counseling. Clients engaged more consistently in services because barriers could be addressed in real time through collaboration between Care Navigators, counselors, and community partners. Several clients successfully transitioned from crisis stabilization to longer-term community supports, while others achieved housing stability, increased engagement in treatment, or improved functioning through coordinated care. The program has also strengthened referral relationships throughout the community, resulting in increased awareness of available services and smoother coordination across agencies.						

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HopeSource Output Data

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Instructions: Please provide updated numerical data for each of the following outputs for THE CURRENT QUARTER. Please do not use a year to date count.

	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027	Total to date	Average
a. Number of unique individuals receiving or participating in evidence-based behavioral health-related services as a result of the grant	10	18							28	14
b. Number of unique individuals screened for behavioral health or related interventions	16	21							37	18.5
c. Number and percentage of unique individuals accessing services after	25%	57%							82%	41%
d. Number of unique individuals referred to crisis or other behavioral health services for suicide risk, ideation, or behavior	3	7							10	5
e. Number of unique individuals screened for suicide ideation as a result of the grant	3	12							15	7.5
f. Number of unique individuals screened for trauma-related experiences as a result of the grant	3	12							15	7.5