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.	HopeSource continues to strengthen program coordination and service delivery, with a focus on expanding access to in-person behavioral health services. Efforts are underway to bring on a female licensed behavioral health professional to provide in-person counseling. The Care Navigation team continues to effectively utilize established referral systems to connect clients with appropriate services and supports.					
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.	HopeSource continues to maintain productive working relationships with its two behavioral health subcontractors, supporting access to counseling services. We have been working to expand service capacity through the addition of another licensed behavioral health professional.					
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.	HopeSource continued strengthening relationships with community behavioral health providers, with particular emphasis on organizations accepting Medicare and Medicaid. These partnerships support coordinated referrals and warm handoffs when providers have availability, helping clients access services that meet their needs and coverage requirements.					
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.	Care Navigation services continued throughout the quarter, with additional staff joining the team and receiving training in HopeSource's Whole Person Care approach. This training supports consistent, comprehensive case management that addresses clients' behavioral health, housing, healthcare, and other stability needs.					

	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
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.	Comprehensive mental health and needs assessments remained an integral part of service delivery. During the quarter, staff continued refining and streamlining assessment workflows to improve efficiency, support timely identification of client needs, and inform individualized service planning.					
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.	There were coordinated closed-loop referrals to internal and external service providers using a Whole Person Care approach. Staff with specialized expertise in resource coordination support these efforts, and additional training during the quarter reinforced referral follow-up, outcome verification, and documentation practices.					
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.	Care Navigators received additional training on the effective use of personalized stability plans to strengthen client engagement and goal attainment. These plans continue to serve as individualized tools for identifying priorities, coordinating services, and supporting progress toward 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.	Care Navigators maintained regular contact with clients to review progress toward established goals, identify emerging needs, and make adjustments as appropriate. Clients were supported in developing new goals and modifying existing objectives to ensure service plans remained relevant and responsive to their circumstances.					
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.	HopeU expanded its staffing capacity by hiring and training an additional team member to support the delivery of workshops throughout the county. This investment strengthens the program's ability to offer educational opportunities and individualized assistance focused on financial literacy, practical life skills, and long-term self-sufficiency.					

	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
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.	HopeSource continued prioritizing connections to peer support services whenever appropriate and available. Care Navigators worked to link clients with peer specialists who can provide encouragement, lived-experience perspectives, and additional support in 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.	Staff continued actively developing relationships with community organizations and identifying available services and resources. Information gathered through these partnerships was shared with clients, allowing Care Navigators to provide informed guidance and facilitate connections to resources that address individualized needs.					
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 housing.	HopeSource continued strengthening relationships with local landlords and housing providers, with an emphasis on identifying property owners willing to rent to program participants. These efforts complement ongoing housing navigation and individualized assistance aimed at reducing barriers to securing and maintaining stable housing.					
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.	HopeSource continued monitoring and documenting key program performance indicators through the Apricot data system. Staff maintained established data collection and reporting practices, with ongoing attention to documentation accuracy, consistency, and the use of program data to support accountability and continuous quality improvement.					
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.	Client outcomes continued to be reviewed on a monthly basis, with participant feedback gathered and evaluated regularly. Information obtained through these processes was used to identify opportunities for improvement and support the ongoing effectiveness of program services.					

	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
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 in Community Connect Day.	HopeSource continued community outreach efforts to increase awareness of available programs and services. During the quarter, staff also hosted a community event at a local park, providing an opportunity to engage with community members, share information about HopeSource services, and strengthen connections with individuals who may benefit from additional support.					
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 continued providing clients with relevant educational materials and practical resources through workshops, individualized support, and community outreach. Staff maintained a focus on sharing accessible information that supports informed decision-making, skill development, personal wellness, and long-term stability.					

HopeSource Successes

Template created by KCPHD

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.	During the third quarter, HopeSource continued to build on the success of its Care Navigation and Behavioral Health Bridge model by strengthening service coordination, expanding community partnerships, and improving program efficiency. Additional staff training in Whole Person Care, personalized stability planning, and closed-loop referrals has strengthened the team's ability to provide consistent, individualized support to clients. HopeSource also expanded relationships with behavioral health providers accepting Medicare and Medicaid, creating additional opportunities for warm handoffs and continuity of care. We strengthened our systems which gave us the aiblity to make better appropriate referrals both internally, and externally. This led to more warm-handoffs this quarter. Increased collaboration with local landlords has further supported efforts to reduce housing barriers for clients. Additionally, expanded HopeU staffing and community outreach efforts have increased the program's capacity to connect individuals with educational opportunities and essential resources. These efforts reflect the program's continued commitment to reducing barriers, strengthening client engagement, and supporting long-term stability and self-sufficiency.					

HopeSource Challenges

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

Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
While access to initial counseling has improved, many clients continue to experience significant wait times when transitioning to long-term or ongoing behavioral health services due to high community demand and lack of insurance or financial ability. This gap can disrupt continuity of care after short-term support begins. Clients with more complex or ongoing mental health needs are especially impacted, often requiring sustained engagement while awaiting placement. HopeSource is working to mitigate this by strengthening partnerships and supporting clients during transitions.	Demand for behavioral health services continues to exceed available community resources, particularly for clients needing ongoing specialty mental health treatment after completing short-term stabilization services. Although partnerships have strengthened, waitlists and limited provider capacity remain barriers for many clients. Continued coordination with community providers has helped minimize disruptions and support smoother transitions whenever possible.	One of the most significant challenges this quarter has been ensuring that clients are connected to behavioral health services that meet their individual needs, preferences, and circumstances. Of the 10 referrals received during Q3, two (2) individuals were incarcerated at the time of referral, five (5) specifically requested a female counselor providing in-person services and remain on a waitlist, one (1) individual was not yet ready to engage in services, one (1) was a returning client, and one (1) was referred right before the end of the quarter. These referrals highlight a critical gap in available behavioral health services within our community. Many of the individuals referred to the program have experienced significant and complex trauma, often accompanied by a deep mistrust of systems and service providers. For these clients, establishing safety, building trust, and receiving trauma-informed care in a setting where they feel comfortable are essential to successful engagement. The greatest challenge continues to be the availability of a female behavioral health professional who can provide in-person, trauma-focused counseling within a short-term bridge model. HopeSource is actively working to address this need and remains committed to expanding services that are responsive to the unique needs of this population. Bringing on a qualified female clinician with experience treating complex trauma will significantly strengthen the program's ability to engage clients, reduce barriers to care, and provide meaningful support during the critical period between crisis and long-term treatment.					

HopeSource Output Data

Template created by KCPHD

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	1						29	9.666666667
b. Number of unique individuals screened for behavioral health or related interventions	16	21	10						47	15.66666667
c. Number and percentage of unique individuals accessing services after referral	25%	57%	0%						82%	27%
d. Number of unique individuals referred to crisis or other behavioral health services for suicide risk, ideation, or behavior	3	7	2						12	4
e. Number of unique individuals screened for suicide ideation as a result of the grant	3	12	0						15	5
f. Number of unique individuals screened for trauma-related experiences as a result of the grant	3	12	0						15	5