NEIGHBORS FIRST INDIVIDUALS LOGIC MODEL 2021

Agency Strategic Goal(s):

1. Strengthen and expand our services and housing programs to help end homelessness in the D.C. metro region (Goal #1 on SP)
2. Steward and strengthen our relationships with our government partners to ensure effective service delivery, improve the services experience, and support our system's collective efforts to end homelessness. (Goal #3 on SP)

Division/Program Goals

- Goal 1**:** Provide high quality, consistent case management services to PSH clients and referrals by meeting at least 95% or higher of DHS billing standards on a monthly basis.
- Goal 2: Strengthen partnerships with DC government partners by attending 100% of leasing, 1:1, and monthly meetings, and collaborating on all contract related challenges.
- Goal 3: Provide a team approach to ensuring that client needs are met, access to a case manager and a supervisor is available 24 hours/day.

INPUTS OR RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUCTOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Staff Clients DC Gov partners Donors Funding Community Partners CSA/ACT teams In-kind donations	Home visits Telephone contacts with clients Telephone contacts with other providers Share Packaging Educate clients on available resources, processes for self-maintaining housing, model open communication,	240+ Clients successfully maintained in the program Engagement rate of 98%+ 630 hours per week of CM services	At least 70% of participants demonstrate increased access to healthcare At least 70% of participants demonstrate increased client satisfaction with FP services At least 70% of participants demonstrate increased health stability	At least 70% of participants demonstrate increased employability skills. **At least 70% of terminally ill or elderly participants achieve dignity in death** **At least 90% of participants demonstrate a lower than 10% mortality**	Decreased homelessness for individuals in DC Shorter shelter stays Continued partnership with DC government partners

ASSUMPTIONS: 1. Continued funding of PSH program
2. Continued partnerships with DC Gov & Community Partners
3. Funding through DHS continues

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	documentation, obtaining IDs, and maintaining healthy relationships Monitor MH/SU symptoms Mediate client crises, engage emergency providers as necessary Provide referrals for employment services, legal services, financial management, mental health/substance use treatment Develop case plans, progress plans, document client status through case notes		At least 70% of participants have enough food resources At least 55% of participants with substance use disorders are engaged in recovery services At least 70% of participants living with mental illness are engaged with behavioral health providers At least 70% of participants demonstrate consistent communication and contact with service providers	**rate once housed** At least 70% of participants demonstrate stabilization of mental health issues At least 70% of participants achieve stable, sustainable housing. 75% of participants use preventive/PCP services to manage healthcare needs Maintain long term housing with a 95%+ retention rate.	

ASSUMPTIONS: **1. Continued funding of PSH program**
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	Maintain communication with DHS, DBH, DCHA		At least 70% of participants demonstrate consistent access to providers due to stable housing and access to phone/internet & transportation resources At least 98% Housing retention rate across 12 months for all participants		

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2. Continued partnerships with DC Gov & Community Partners
3. Funding through DHS continues