



Ending homelessness
Rebuilding lives

FY24 Neighbors First Families (NFF) Logic Model

Agency Strategic Goals:

1. Goal #1: Strengthen and expand our services and housing programs to help end homelessness in the D.C. metro region (Goal #1 on SP)
2. Goal #3: 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.

Division/Program Goals:

- Goal 1: Support NFF households with navigating and maintaining housing stability.
- Goal 2: Support NFF households in promoting child well-being as well as physical and mental health of all members.
- Goal 3: Support NFF households in obtaining and maintaining sources of income.

INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
<p>People</p> <ul style="list-style-type: none"> • 14 FTE Case Managers • 3 FTE Managers • Up to 188 individuals referred by DHS <p>Financial</p> <ul style="list-style-type: none"> • Private Donors • Government Funding • In-Kind donations • Professional Development Funds <p>Partnerships</p> <ul style="list-style-type: none"> • DC government partners • Community Partners, such as CSA/ACT teams • Collaboration with other external community partners agencies <p>Infrastructure</p> <ul style="list-style-type: none"> • Computers/tablets • Cell phones • Adobe Pro licenses • Microsoft Office software • SharePoint site • Agency vehicles for staff to transport participants, if needed • Office space • HTH, Credible, HMIS • Brex • On-site notary <p>Training</p> <ul style="list-style-type: none"> • External: TCP and other required trainings • Internal: created and implemented as needed 	<p>Comprehensive case management services, including but not limited to:</p> <ul style="list-style-type: none"> • Participating in warm handoffs with transferring participants • Conducting Face-to-Face engagements (e.g., home visits, visits in the community, office visits) • Conducting Non-Face-to-Face engagements (e.g., telephone calls, texts, emails, letters, video conferencing, etc.) • Making collateral contacts and outreach engagements • Conducting visits in the community (e.g., shelters, jails, hospitals, etc.) • Conducting biopsychosocial assessments (BPSs) with Heads of Household, including child needs • Creating/updating and working with Heads of Household to implement their identified Service Plan goals • Dropping off Share Packages and other food items to families • Assisting with utilities and emergency needs • Assisting with Access help line and other translation services • Advocating/supporting participants with landlords, agencies, etc. • Monitoring mental health and substance use symptoms, conducting appropriate referrals as needed • Mediating client crises, engaging emergency providers as necessary • Referring families to community resources and supports, as needed • Supporting households with Medicaid recertification • Assisting with budgeting and financial planning • Assisting with DHS Assessments • Assisting with Medicaid and DCHA recertification • Assisting with unit inspections, as needed • Providing referrals to behavioral health services, collaborate as needed • Attending family support meetings • Addressing general participant concerns <p>Documentation (e.g., DAP notes, UIR reports, home visit community forms, internal risk assessment forms, mortality reports, check requests, zero-income reports, etc.)</p> <p>Communication and collaboration with DHS, DBH, DCHA as well as attend all leasing, 1:1, and monthly provider meetings</p>	<p>Serve up to 188 families at a time</p> <p>Monthly home visits (or homeless visits) for at least 75% of households in the program</p> <p>At least 4 successful contacts per month for at least 75% of households in the Housing Navigation phase</p> <p>At least 2 successful contacts per month for at least 75% of households in the Housing Stabilization phase</p>	<p>At least 80% of NFF participants will maintain housing stability as evidenced by not receiving an eviction judgment against them</p> <p>At least 75% of children see their primary care physician annually and receive immunizations and exams as needed</p> <p>At least 75% of households will use scheduled medical appointments or urgent care when appropriate instead of emergency services</p> <p>At least 80% of NFF households will have at least one source of income</p>	<p>At least 90% of families will achieve their identified Service Plan goals</p> <p>At least 80% of Households will support child well-being</p> <p>At least 80% Households will demonstrate housing stability</p> <p>At least 80% Households will support physical and mental health of all members</p> <p>At least 75% Households will establish and maintain sources of income</p>	<p>Families will maintain housing stability, demonstrated by paying rent/utility bills on time, recertifying independently, and meeting all child-related needs</p> <p>Families will experience improved quality of life as a result of receiving these supportive services, identified via self report</p>