Ending homelessness
Rebuilding lives

FY25 The Aston Logic Model

Agency Strategic Goals:

- Goal #1: Strengthen and expand our services and housing programs to help end homelessness in the DC metro region
- Goal #6: Build public awareness of our program and raise our profile as a flagship provider of high quality, values-based services and solutions for people experiencing homelessness in the DC metro region

Division/Program Goals:

- To provide year-round non-congregate shelter for up to 190 participants at one time
- To provide case management services for up to 190 participants at one time
- To provide facility and program operations
- To help participants identify and move into permanent housing as quickly as possible

INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIETE OUTCOMES	LONG TERM OUTCOMES
Financial Resources • Government funding from TCP • Private funding for flexible spending • In-kind donations • Brex cards People • Staff, including Division Director, Assistant Director, Case Manager Supervisor, Case Managers, Bilingual Case Manager, Lead Shift Supervisor/Residential Advocate Coordinator, Shift Supervisors, Residential Advocates, etc. • 24-hour staff coverage of the building 24/7/365 • Partners, such as TCP, DHS, landlords, employers, health care and daily living providers, other homeless service providers and community partners • Volunteers Infrastructure • Building and living spaces, including medically vulnerable beds, beds for those who cannot be served by congregate settings, beds for those who are matched to housing, work beds, medical respite beds, senior beds, and beds for clients with mobility or other disabling conditions covered by the Americans with Disabilities Act of 1990 • Office space and supplies • Computers, tablets, and phones • Database software • Agency vehicles for transporting participants • External door locks that require fob access for security • Internal cameras in high-traffic areas • Janitorial services	Provide *weekly* comprehensive case management services, including but not limited to: • Identifying barriers, needs and strengths; developing goals • Home visits, office visits, and visits in the community • Wellness checks • Service plan development/updating and implementation • Connections with services within the Continuum of Care, especially supporting unaccompanied adults or adult couples without children to engage with long-term PSH and RRH providers in order to access and exit into permanent housing as quickly as possible • Ongoing assessment of mental health and physical well-being through collaborations with CSWs at partner community providers • Referrals to support services, including temporary financial assistance, SORE, financial planning services, and income support referrals, employment services and referrals, physical and mental health care referrals, legal services referrals, childcare referrals, transport assistance and referrals, substance use treatment referrals, etc. • Support with vital documents • Help with basic and emergent needs as they arise Conduct Client Satisfaction Surveys	Serve up to 190 participants at a time Number of case management engagements with each individual/household *per week* Number of external service referrals made Number of exits to permanent/ stable housing Number of individuals assisted with vital documents Number of individuals assisted with applying for benefits Number of VI-SPDATs/SPDATs and CAHP assessments conducted	At least 100% of all new participants demonstrate understanding of the program's temporary purpose At least 80% of participants demonstrate resolve to engage in case management services and transition to permanent housing At least 75% of participants demonstrate an understanding of the barriers impacting their ability to secure and maintain stable housing At least 85% of residents report satisfaction with the program and its services	At least 80% of participants are actively engaged with their PSH or RHH providers At least 75% of Aston residents successfully transition to permanent housing or rapid rehousing At least 80% of participants will be connected to needed stakeholders to address barriers impacting ability to secure and maintain stable housing At least 90% of residents report satisfaction with the program and its services	At least 80% of former Aston participants do not return to homelessness 6 months after discharge, not including emergency terminations Increased recognition of the non-congregate shelter housing model as an effective strategy to support the encampment population in the D.C. area