

FY26 La Casa Logic Model

Agency Strategic Goals:

- Goal #1: Strengthen and expand our services and housing programs to help end homelessness in the D.C. metro region.
- 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: Help residents maintain stable housing.
- Goal 2: Help residents increase self-sufficiency.
- Goal 3: Help residents improve their quality of life, including physical and mental health.

INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
<p>Personnel</p> <ul style="list-style-type: none"> • Up to 40 single adult male participants • 8 FTEs, 6 PTEs • 24-hour staff coverage of the La Casa building 24/7/365 • Volunteers • Home Health Aids: Home Instead • Janitorial Services: Rise and Shine Cleaning Services • Maintenance: DGS <p>Financial Resources</p> <ul style="list-style-type: none"> • Government funding through DHS and TCP contracts • Private funding and In-Kind donations which help with meals, clothing, books, etc. • Escrow accounts for residents who opt-in • Brex cards <p>Facilities and Supplies</p> <ul style="list-style-type: none"> • 40 Efficiency Units • External door locks that require fob access (security) • Internal cameras in high-traffic areas (security) • Office Supplies & Technology: staff cell phones, landline phone, computers/laptops, printers, etc. • Transportation: Metro cards for participants, agency vehicles for transporting participants • Laundry Products: detergent pods, dryer sheets • Sanitary Products: toilet paper, soap, disinfectant wipes, toothpaste and toothbrushes, dish liquid, deodorant, shaving foam/cream, large building mats • Washing Machines and Dryers • Community room • Garden patio • Mail room 	<p>Conduct comprehensive case management services, including but not limited to:</p> <ul style="list-style-type: none"> • Home visits, office visits, and visits in the community • Wellness checks • Service plan (ISP) development, implementation, and updating • Biopsychosocial (BPS) assessments/reassessments • Referrals to community supports and programs, as needed, including but not limited to home health aids, community support workers, etc. • Ongoing assessment of mental health and physical well-being through collaborations with CSWs at partner community providers • Assistance with vital documents and benefits • Support with timely Medicaid recertification and/or other related medical coverage • Assistance with transportation to/from medical appointments • Support with Escrow savings and budgeting for participants who opt in • Help with basic and emergent needs as they arise <p>Facilitate Group Sessions/Activities:</p> <ul style="list-style-type: none"> • Life Skills Group • Mental Health Group • Substance Use Group • Financial Literacy Group • Art Therapy • Gardening on the patio • Other groups as identified <p>Conduct surveys, including TCP Client Satisfaction Surveys</p>	<p>Up to 40 residents stably housed at La Casa</p> <p>At least 2 contacts per month per resident for Stabilization, including at least one face-to-face and one other type of contact</p> <p>1 Art Therapy session per week</p> <p>Number of Life Skills Group, Mental Health Group, Financial Literacy Group, and Substance Use Group sessions per month</p> <p>Number of referrals to community supports and programs as needed, including but not limited to referrals for primary care/ preventative health, mental health, and substance use providers</p> <p>Number of engagements with CSWs as needed for applicable residents</p> <p>Number of participants assisted with obtaining vital documents</p> <p>Number opted in to and participating in escrow program</p> <p>Number of participants currently employed</p> <p>Number of participants receiving benefit income</p> <p>2 Client Satisfaction Surveys implemented per year</p>	<p>100% of residents achieve housing stability</p> <p>At least 80% of residents demonstrate understanding the importance of health and preventative medical care</p> <p>At least 80% of residents demonstrate understanding and acceptance of their mental and behavioral health needs</p> <p>At least 80% of residents demonstrate understanding of substance use prevention and/or are referred to treatment if actively using</p> <p>At least 75% of residents demonstrate increased skills in reducing health risk behaviors</p> <p>At least 50% of residents will attend group sessions/activities either at La Casa or externally</p>	<p>100% of participants maintain stable housing, unless a higher standard of need is identified</p> <p>At least 80% of participants demonstrate healthy behaviors/habits such as:</p> <ul style="list-style-type: none"> • longer periods of sobriety and abstinence • greater compliance and consistency with psychiatric medicine • connection and involvement with other providers – mental health and substance use programs, medical care, etc. <p>At least 95% of participants will be eligible for monthly billing based on HCA-PSH3 engagement standards</p>	<p>All residents achieve housing stability, greater self-sufficiency, and improved quality of life and life satisfaction as a result of receiving housing and case management services through La Casa/Friendship Place</p>