Figure 1.1 At Home/Chez Soi Logic Model based on the Pathways Housing First Model

**OUTREACH**
- ID and engage individuals eligible for Pathways Housing and Services

**IMMEDIATE**
- Access to Public benefits
  1. Income
  2. Mental Health Services
- Working Alliance
- Hope for Change

**0 - 6 MONTHS**
- Participation in Addictions Tx
- Access to community health services:
  1. Acute
  2. Chronic
- Participation in Mental Health Tx

**6 - 12 MONTHS**
- Participation in Illness Management and Self Care
- Participation in:
  1. Desired Activities
  2. Employment
- Participation in:
  1. Social Support
  2. Community Integration

**12 - 24 MONTHS**
- Recovery
  - Use of emergency response calls; ER for primary care
  - Arrests/Incarcerations
  - Return to Homelessness
  - Hospitalizations (both medical and psychiatric)
  - Quality of Life
  - Physical Health

**Assess client-centred interests:**
- 1. Job interests
- 2. Job Development

**Contact with non-supportive networks**
**Subjective well-being (symptom management, confidence in recovery)**

**Participation in mental health Tx**

**Access client-centred services:**
- 1. Family
- 2. Social

**Problematic Drug Use**
**Participation in Illness Management and Self Care**

**Participation in:**
- 1. Social Support
- 2. Community Integration
Following access to housing of participants’ choice, a care plan is prepared at intake by an ACT team member or case manager. There are five critical immediate interventions believed to be central to the recovery of chronically homeless participants upon entering the program:
(1) immediate assistance in organizing the finances of participant in addition to applying for public assistance in order to meet eligibility requirements for an apartment lease and prepare client for the income management; (2) participants and service coordinators form an immediate working alliance to facilitate participant guided treatment goals; (3) identifying and assistance in accessing community health services for the treatment of critical and chronic health issues; (4) assistance in identifying vocational interests and goals; and (5) assistance in establishing client guided social, family and spiritual connections.

These interventions should help participants engage in mental health and addictions treatment and reduce contact with non-supportive social contacts within the first 6 months of participation. All of these things, in turn, should help participants reduce abuse of alcohol and substances. Helping participants access community health services should help them increase self-care and participation in illness management. Access to vocational support should enable participants to more effectively search for employment and other desired activities. Assistance in establishing client guided social, family and spiritual connections should help participants increase their community integration and social support. Overall, the theory of change predicts recovery is associated with the maintenance of stable housing, increases in physical health and quality of life, and decreases in use of emergency response service calls, use of emergency room for primary care, number of hospitalizations and number of arrests.