

Evidence for Systemic Change: The "Assessment vs. Reality" Gap

The Narrative: The "Good Front" of ~~the~~ a local Bridge

For over a decade, "Individual A" has resided under a local bridge. When encountered by Street Outreach, she **presents as composed and capable**. She maintains her appearance and articulate speech, a "front" developed over ten years of survival.

When Street Outreach perform a Coordinated Entry (CE) system assessment on her, **she answers questions through the lens of this survival mask**. She **minimizes** her severe polysubstance use and **masks or denies symptoms** of significant mental health disorders. Because our system relies almost exclusively on **client self-reporting** during a single point-in-time assessment, the **data captured a "low-vulnerability" individual**.

The Systemic Mismatch: RRH vs. Chronic Reality

Based on her assessment score, the system referred her to **Rapid Re-Housing (RRH)**—a program **designed for people who simply need a temporary financial "bridge."** She was placed in an apartment two months ago. She remained there for exactly **two days** before returning to the bridge.

The Investigative Data (Rapid Rehousing Program & Outreach): Our outreach teams, who have been closely engaging with her for over a year, documented the following barriers that the CE assessment failed to detect:

- **The Financial Impossibility:** The apartment rent was **\$2,500/month**. The client's only income is **\$60/month** from recycling.
- **The Subsidy Cliff:** The RRH program only covers six months of rent. There is no mathematical path for a 10-year chronically homeless individual to increase their income by 4,000% in half a year.
- **Acuity Masking:** The client's "composed" exterior hides a level of psychological **trauma** that makes the isolation of an apartment terrifying. Without the 24/7 wrap-around support of **Permanent Supportive Housing (PSH)**, she **defaulted to the only "safe" place she knows: the bridge.**

Evaluation: Why the System Failed

The data and Provider history show that this is not a "client failure," but a **system design flaw**.

System Assumption	The Investigative Reality
Self-Reported Data is the most accurate.	Survival Masking hides true disability and trauma, desperately in need of behavior health.
RRH Placement equals a successful exit.	Placement without PSH results in immediate recidivism.
Standard RRH case management once a month will work for all.	\$60 income vs. \$2,500 rent is a guaranteed eviction.
No accountability for RRR for actual case management and matching clients up with peer support, etc.	Ending in an individual that will be even MORE reluctant to engage with services and will "fabricate" no drug use or need for mental health even more.