

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

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## The Narrative: The "Good Front" of 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**.

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## 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

**Self-Reported Data** is the most accurate.

**RRH Placement** equals a successful exit.

**Standard RRH case management once a month will** work for all.

**No accountability** for RRR for actual case management and matching clients up with peer support, etc.

## The Investigative Reality

**Survival Masking** hides true disability and trauma, desperately in need of behavior health.

**Placement without PSH** results in immediate recidivism.

**\$60 income vs. \$2,500 rent** is a guaranteed eviction.

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.