Brevard & Transylvania County – Two-Year Homelessness Response: Executive Summary

North Star

- Reduce unsheltered homelessness by 40–60% in 24 months.
- Reduce first-time homelessness by 25% and increase exits to permanent housing by 50%.
- Approach: Housing First + Treatment On-Demand, harm reduction, dignity, measurable outcomes, and city–county–nonprofit–faith coordination.

Why Now

- Costs of inaction show up in EMS runs, ED visits, and public safety workload.
- Brevard's scale enables a coordinated system where every person is known by name and actively case-conferenced.
- Available funding streams (HUD/ESG, NC DHHS/LME-MCO, hospital community benefit, philanthropy) can be braided now.

Governance & Backbone (Months 0–2)

- Create a Homelessness Response Steering Committee (HRSC) with lived-experience advisors.
- Hire 1 FTE coordinator (city/county cost-share) to manage grants, timelines, and data.
- Adopt a humane, consistent encampment protocol and confirm Coordinated Entry (CE) standards.

Core Program Portfolio

- Outreach & Navigation: two-person mobile team; weekly street-medicine clinic; ID/benefits help.
- Crisis & Stabilization: low-barrier bridge shelter (10–20 beds); 4–8 recuperative care beds via motel block.
- Housing Solutions: Rapid Re-Housing (6–12 months assistance + case management); landlord risk-mitigation fund; master leasing; small motel/ADU conversions; PSH placements via regional partners.
- Treatment & Recovery: on-demand SUD/MAT with same-day transport; mobile crisis linkages; treatment court/deflection.
- Prevention & Diversion: fast eviction-prevention micro-grants and CE problem-solving diversion.
- Work & Reintegration: day-services hub (showers, laundry, mail, charging, casework); transitional employment crews; apprenticeship pathways; monthly ID/legal clinic.

Encampment Protocol (Compassion + Clarity)

1. Post notice with offered alternatives; schedule services surge.
2. Provide 2–3 weeks of intensified outreach; add trash pickup and storage.

3. Only if safe alternatives exist, close unsafe sites with transportation to shelter/housing.
4. Follow up post-closure to reach anyone missed.

Timeline Highlights & Quarterly Targets

- Q1 (Months 1–3): HRSC formed; coordinator hired; By-Name List live; day-services hub pilot; prevention grants launched.
- Q2 (Months 4–6): Bridge shelter (10–20 beds) and 2–4 recuperative beds open; RRH begins; landlord incentive fund stands up; first transitional work crew.
- Q3 (Months 7–9): Scale RRH to 20–25 households; first master lease; formal on-demand SUD pathway; first encampment closure using protocol.
- Q4 (Months 10–12): Add regular street medicine; monthly ID/legal clinic; publish Year-1 results and adjust.
- Q5–Q8 (Months 13–24): Expand housing pipeline, school referrals, faith host network; explore safe-parking micro-pilot; apprenticeships; lock in multi-year funding and codify protocols.

Metrics Dashboard (Public Quarterly; Internal Monthly)

- System Flow: inflow (first-time), outflow (permanent exits), active By-Name List.
- Timeliness: CE triage <48–72 hrs; shelter placement <7 days; RRH lease-up ≤45 days; treatment start same-day/next-day.
- Housing Outcomes: total exits; 6/12-month retention; returns <15% at 6 months.
- Health & Safety: EMS/ED use among high-utilizers; calls for service around hotspots.
- Community Indicators: litter/complaints in business districts; park usage; volunteer hours.
- Equity: outcomes parity across demographics; client feedback loops.

Budget Snapshot (Annualized Ranges)

- Coordinator/backbone: $110k–$150k; Outreach team: $180k–$300k; Day-hub: $150k–$250k.
- Bridge shelter (10–20 beds): $350k–$700k; Recuperative care (4–8 beds): $120k–$300k.
- Rapid Re-Housing (20–40 households): $160k–$480k; Landlord risk fund: $75k–$200k; Prevention/diversion: $75k–$150k.
- Employment program (stipends/supervision): $80k–$150k.
- Potential braided funding: HUD ESG/CoC, NC DHHS/LME-MCO, hospital community-benefit, United Way, philanthropy, business coalition, in-kind city assets.

Roles & Partnerships

- City of Brevard: coordination, space, public works support, employment crews, landlord outreach.
- Transylvania County (HHS/EMS): CE co-lead, prevention funds, benefits enrollment, data integration, recuperative care.
- Behavioral Health (Vaya Health region): mobile crisis, MAT access, treatment slots, case conferencing.

- Nonprofits/Faith: day hub, shelter/meal ops, volunteers, vetted host homes.
- Healthcare/FQHC: street medicine, ED deflection, recuperative pathways.
- Law Enforcement: co-response/deflection; consistent protocol at encampments.
- Business/Landlords: units, risk-mitigation participation, jobs/apprenticeships.
- Courts/Legal Aid: ID clinics, expungement, treatment court.

Risks & Mitigations

- Shelter capacity strain → surge motel block; accelerate RRH leasing; prioritize highest vulnerability.
- Landlord participation lags → increase incentives, damage guarantees, rapid inspections.
- Encampment growth → multi-week service surge, hygiene supports, then protocol-based closure with alternatives.
- Community opposition → transparent data, neighborhood liaisons, before/after results.

Immediate Next Steps (30–60 Days)

5. Seat the HRSC and approve encampment protocol & success metrics.
6. Post and hire the coordinator; set weekly case conference rhythm.
7. Launch By-Name List and CE updates; start twice-weekly outreach routes.
8. Stand up day-services hub pilot using existing space; open prevention micro-grants.
9. Begin landlord outreach with Chamber/merchants; define risk-mitigation fund structure.