



**SOMETHING TO HOLD ONTO:
EXPERIENCES OF EMERGENCY HOUSING
AND HOMELESSNESS DURING COVID-19**



ACKNOWLEDGEMENTS

For William Miller, Sr. :

our teacher in the fight for dignity and respect for all people

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EXECUTIVE SUMMARY

Most individuals who received emergency housing through the hotel program had been sleeping outside and would be at high-risk of medical complications if they were to contract the coronavirus. While at the hotel, it was possible to protect themselves against exposure due to reduced time in public spaces.

The purpose of this qualitative study was to evaluate the impact of an emergency housing intervention on the health and material needs of a population that experiences a high level of structural vulnerability. It was our aim to understand individuals' experiences with housing during the COVID-19 pandemic and to examine how the pandemic was affecting individual's access to and utilization of health and social services. We conducted in-depth interviews with individuals who received emergency housing via the hotel program (n=10) and with individuals who did not receive emergency housing (n=13).

This emergency housing program was rapidly implemented by Charm City Care Connection (CCCC), a low-barrier service provider for people who use drugs, located in East Baltimore, and the Youth Empowered Society (YES), a program for homeless youth, in direct response to the COVID-19 pandemic. From March 12 until October 16, 2020 this program provided emergency housing in local hotels and grocery delivery for 55 CCCC and YES clients, many of whom experience some form of homelessness, and may also actively use drugs.

The hotel program was initially set up independent of the emergency hotel program run by the Mayor's Office of Homeless Services (MOHS). The program emphasized agency and independence: residents had few or no restrictions in terms of curfews or visitors, and there were no bag checks. Case managers from CCCC and YES supported people to identify longer term housing, address healthcare challenges and problem solve any issues they were experiencing.

From July 1 through October 16, 2020, MOHS covered the costs of the hotel rooms, while CCCC and YES continued managing the relationship with the hotel, providing groceries and offering case management support.

The majority of individuals interviewed had experienced some form of housing instability or homelessness since the beginning of the COVID-19 pandemic. Several individuals reported losing their housing due to the financial impact of the pandemic.

Most of these individuals had resided in some form of informal housing and transitioned into even less stable living situations, such as "couch-surfing" or being "doubled up." Individuals were also better able to manage the chronic health conditions that increased their COVID-19 risk. Additionally, individuals reported more general improvements to their health and well-being during their stays at the hotel.

There were several areas in which the experiences of those who did and did not receive emergency housing overlapped. The stay-at-home order severely impacted individuals' ability to earn money. Most relied on casual employment to make a living, but these jobs became increasingly hard to come by as businesses struggled and homeowners hesitated to let others into their homes to do work. The transition of most offices to remote work meant that individuals struggled to get in touch with service providers regardless of their housing status.

Yet, those experiencing housing instability faced additional challenges because they often had to rely on using borrowed phones to get in touch with case managers and community members, meaning they couldn't wait on the phone indefinitely or be reached back. While most people were eventually able to reconnect with their primary care providers, those who were engaged in other types of care, including mental health, substance use, and cancer treatment, reported ongoing disruptions throughout the summer.

These findings will be used to generate a list of recommendations for how health and social service providers can better support vulnerable populations as the pandemic continues to unfold.



PROJECT DESCRIPTION

The present study evaluated an emergency housing program coordinated by Charm City Care Connection and Youth Empowered Society (YES) in response to the COVID-19 pandemic and the resulting stay-at-home order. Charm City Care Connection (CCCC) and YES supported stays at local hotels for individuals who were unhoused and considered to be at high-risk for COVID-19 related complications. Evaluation activities, including data collection and analysis, were performed by a research team from the Johns Hopkins Bloomberg School of Public Health. The aims of the study were: (1) to understand how emergency housing can help address the immediate health and material needs of a vulnerable population in the context of COVID-19; and (2) to understand how COVID-19 has impacted service access and utilization.

METHODS

Interviews were conducted between June and August 2020 with individuals who were being supported with emergency housing in hotels (n=10) and those who had not received emergency housing (n=13). Individuals were recruited through CCCC's drop in hours as well as targeted flyer to individuals staying at the hotel. Interview participants included 15 men and 9 women ranging in age from 22 to 71. All interviews were conducted over the phone in accordance with state and local social distancing regulations. Interviews followed an in-depth interview guide that focused on individuals' recent residential history, COVID-related knowledge, impact of the stay-at-home order, and experiences with the local drug market. Individuals were compensated with a \$30 gift card for their participation.

All interviews were recorded using digital audio recorders and transcribed by Production Transcripts. All interview transcripts were uploaded into MAXQDA, a qualitative analysis software, for review and analysis. A coding system was developed to capture recurring topics in the interviews and was systematically applied. Ethical approval for this study was obtained from the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health.

“Peace of mind, stability. Basically just stability, the fact that I can get up every morning and know that I’m going to have a great day simply because of where I am. Peace of mind, like I said stability, I’m here, I don’t have to worry about somebody saying that if I don’t have sex with them I have to leave and any of those things. So peace of mind is the most important thing and that’s what I have.” - Hotel Participant



RESULTS

Residential history of Interviewees

The majority of individuals who received emergency housing through the hotel program had been experiencing street or “couch” homelessness (staying briefly with relatives, friends, neighbors or strangers because they have no other option)... Several individuals would qualify as experiencing chronic homelessness, as they reported being unhoused and/or living on the “streets” continuously for over a year. Interpersonal conflict was cited as a reason for not having a place to stay by most individuals who had been unhoused for a shorter amount of time. Those who had not received emergency housing reported a diverse array of housing situations, ranging in terms of stability. Several individuals reported that they were “doubled up” (staying briefly with relatives, friends, neighbors or strangers because they have no other option)... or living in an extended family household (e.g., with an aunt).

These arrangements were longer-term and often entailed contributing to the household in terms of rent or purchasing household items. While some were in this situation indefinitely, others reported that they had been given a discrete period of time to stay, for example through the fall. Others reported that they were rotating among three or four different friends and family members. Individuals usually stayed a day or two at each place to prevent conflict and avoid overstaying their welcome. Finally, a few individuals were either living in a place not meant for human habitation (e.g. an abandoned house or “abandoned”) or sleeping outdoors and crashing somewhere when they could.

Housing loss

Many individuals experienced some kind of housing loss since March 2020. Several individuals who had been renting a room that was owned or leased by somebody else reported that they lost their housing because of the economic impact of the pandemic. One individual described how they took the matter to the police and learned that they had rights in this situation, but chose not to act upon them: *“I contacted the police and they said that legally he could not evict me because I paid my rent and B I had mail that had that as my address and I had been there since January” - Hotel Participant.*

The closure of city shelters in response to the pandemic also left individuals without a place to stay. Individuals reported that they had little to no warning that the shelters were going to close: *“...went to work one day and I came back and they had-- the shelter was fucking gone. I was like, ‘What the hell, man?’” - Non-Hotel Participant.* Individuals often resorted to undesirable housing situations, such as staying in abandoned units, to avoid literally being on the street.

COVID-19 & UNSTABLE HOUSING

Unsheltered individuals

Individuals who reported that they spent most of their days outside at some point during the pandemic encountered numerous barriers to managing their COVID-19 risk. When the city was placed under a “stay-at-home” order, unsheltered individuals were stranded without a place to go: *“It was complicated because they like, they had a curfew, and it’s like, and you don’t know where to go, you don’t drive, like what are you supposed to do” - Hotel Participant.*

Frequently cited safety strategies among this group included wearing a mask around others, cleaning their hands as often as possible, and maintaining physical distancing. The closure of public restrooms made it challenging to follow guidance about hand-washing, but disinfecting wipes and hand-sanitizer were available alternatives. Additionally, the rising heat and humidity during the summer months made it less desirable to wear a mask when in public outdoor spaces.

While individuals could modify their own behavior, they had limited control over their environment and other people within it. When spending all day in public spaces, individuals found it difficult to physically distance from those who elected to disregard COVID-related guidelines, such as wearing a mask.

Social isolation and loneliness was another barrier to maintaining physical distancing for this group. While some identified themselves as “loners,” others expressed that they sought the company of others as a way to pass the time: “I go to a lot of parks.

“And I’ll just talk to people for a while, and that’s pretty much it. I mean, that’s-- it’s very lonely, actually. But it’s-- you know, it’s-- I kind of just do anything to occupy my time” - Non-Hotel Participant. Many of the programs that served as a “safe haven” to these individuals were operating in a limited capacity due to the pandemic. This left individuals without access to important hubs of social and material support.

Abandoned Units

Several individuals reported staying in abandoned units (aka “abandominiums”) at some point since March 2020. These environments can pose several challenges to managing COVID risk, most notably not having running water to shower, wash hands and wash clothes. Still, individuals reported a few benefits, such as being able to limit time spent in public spaces and sanitize their space to some extent, as long as they had the proper supplies: *“So basically it was like I said just the three of us in this ‘bando. We all had our masks and stuff like that, we were completely conscientious about our environment and keeping stuff clean and spraying with our Lysol and stuff like that” - Hotel Participant.* While personal security was a major concern for those staying in abandominiums, individuals felt that they had more control over who shared their living space than they might in other situations.

“Couch” Homelessness

Those who relied on short-term stays with friends and family members experienced their own unique set of COVID risks. Individuals were cognizant of the fact that circulating among several different households had the potential to spread the virus. Generally, individuals were more concerned about the risk this posed to their hosts than their own risk: *“Like I wouldn’t even care about, you know, but my mom’s got COPD so I got to be really careful because-- If that’s even true, I don’t know. You know, if that’s even true that people with lung problems are more susceptible, I don’t know if that’s true but I got to be careful because of her” - Non-Hotel Participant.*

One individual reported that he had opted to quarantine in a tent for several weeks before crashing with family to try and mitigate this risk. However, those staying with others had minimal control over their living environment. While sometimes they were provided a private room, individuals most often slept in common areas of the house.

Additionally, while these arrangements often gave someone a place to spend the night, they were not necessarily able to spend the day there. Concerns about burdening their hosts meant that some individuals elected to spend more time outside or in public spaces where it was more challenging to manage risk of exposure.

EXPERIENCES IN EMERGENCY HOUSING (N=10)

“I don’t have to be outside, I’m not seeing people every day, I just kind of like being in my own space that I know I could control, like you know the virus like, no talking and stuff like that, especially just being outside” - Hotel Participant.

Being at risk for COVID-19

Most individuals who received emergency housing would be considered to be at high-risk of medical complications if they were to contract COVID-19. Many of the older individuals staying in hotels reported that they had at least one chronic health condition such as hypertension, type II diabetes, and COPD. Most individuals reported that their health conditions had been poorly maintained prior to coming to the hotel, usually due to challenges in accessing and safely storing prescription medications. A few individuals reported health concerns that made them medically vulnerable. For example, one individual had been undergoing cancer treatment before the pandemic and another individual was recovering from a stroke. Additionally, one young couple with a newborn infant were housed at the hotel a month or so after birth, a critical period for post-natal recovery and immune system development of infants.

COVID Risk Management

The ability to reduce exposure risk was one of the major benefits of the hotel program identified by participants. Individuals reported being able to follow recommendations about self-isolation at the hotel, something that hadn’t been possible for them before: *“I’d be out there with no defense for anything. You know? It’s -- I would like to say I’d be a prime candidate, because of my health issues. And I wouldn’t be able to isolate like I do now. Or, you know, have to be around people and people homeless or whatever, seems to migrate -- same places or whatever” - Hotel Participant.*

Individuals felt that they had significantly more control over the sanitization of their environment since coming to the hotel. While most individuals were still leaving the hotel to run errands or to get some fresh air, being able to limit their time spent in public spaces made it more feasible to manage their risk: *“I don’t have to be outside, I’m not seeing people every day, I just kind of like being in my own space that I know I could control, like you know the virus like, no talking and stuff like that, especially just being outside” - Hotel Participant.* Many individuals kept cleaning supplies in their hotel room and had adopted strategies to prevent contamination of their room, such as wiping down items that they brought in and changing their clothes.

Reconnection with Primary Care

Another major benefit associated with the hotel was the ability to more effectively manage the chronic health conditions that increased their COVID-19 risk. Most individuals reported that they had struggled to regularly take medications they were prescribed to manage their health before coming to the hotel. Staying on top of medications became more difficult during the pandemic as individuals encountered new barriers to requesting a refill from their providers. Most individuals staying at the hotel reported that they had successfully reconnected with their health providers. Reliable access to a telephone in their hotel rooms made it possible to re-establish care as most medical offices were working remotely and were largely inaccessible without access to a telephone or computer.

Restoration of physical health

Most individuals experienced general improvements to their health, specifically improvements to their diet and sleep hygiene. Individuals had a respite from the physical wear-and-tear associated with sleeping outside, including intermittent sleep, irregular access to food, and spending large parts of the day walking from one resource to another. One individual reported that he had started to experience edema in his leg before coming to the hotel: “A lot of fluid was going in my legs, from walking around so much, not laying down properly, something like that” (hotel participant). After a few weeks of being in the hotel, individuals described themselves as being “rejuvenated” and feeling more energized. *“I take a bunch of meds, I have high blood pressure, I have COPD, I have GERD and a lot of those things prevent me from having a decent night's sleep. Well now that I'm here and I have a secure place to sleep, I'm now back-- oh and plus I can see my primary care now, so that's better, because now I have my meds. So I take my meds like I'm supposed to and I sleep better at night”.* – Hotel Participant

Access to food

Nearly every person interviewed reported that they had gained weight since coming to the hotel. This was attributed to having more reliable access to food, reduced energy expenditure, and having a higher quality diet. Most individuals had relied on free meals distributed through local organizations, spending a sizable portion of their day traveling from one site to another. At the hotel, individuals were provided with a box of groceries every other week and were given a daily allowance to purchase convenience meals from the lobby. Additionally, rooms in the hotel were outfitted with kitchenettes (e.g. dishes, refrigerators, microwaves) which allowed individuals to store and prepare their own food.

Regular sleep schedule

Improved sleep was another commonly cited health benefit associated with staying at the hotel. Individuals had experienced significant barriers to sleep when either sleeping on the streets or in abandoned units. Most people described a sleep-wake pattern that entailed purposefully keeping awake throughout the night and then sleeping in short intervals throughout the day. Individuals' sleep schedules became more regulated once they transitioned into the hotel, with most people reporting 8-10 hours of sleep on an average night. A combination of the increased sense of safety, access to a comfortable mattress and control over one's own sleep schedule meant people woke up in the morning feeling well rested.

Mental restoration

Staying in the hotel also proved to be beneficial to individuals' mental health and sense of well-being. Individuals identified that staying at the hotel had stabilized multiple aspects of their lives, including their mental health and their relationships with friends and family members. For many, the hotel offered a reprieve from the stress and anxiety involved with housing insecurity.

Sense of security

Being at the hotel gave individuals a stable foundation they had been lacking. Individuals didn't have to worry where they were going to spend each night or what might be asked of them in exchange for a place to stay: *“I had my sanity. I wasn't insane no more. I didn't feel like I had to be like I was searching and driving to find somewhere else to live” - Hotel Participant.* This gave individuals the bandwidth to focus on other things, such as applying for benefits or jobs. Beyond having a regular place to stay, several people cited having a private space where they wouldn't have to follow anyone else's schedule or rules as a contributor to “peace of mind.” Others described how the hotel created an opportunity to avoid interpersonal conflicts that had threatened their safety.

Cognitive functioning

Being able to get a good night's rest and relief from the constant stress of finding a place to stay had a positive impact on individuals' ability to concentrate and focus. Individuals described being able to think clearly and organize themselves, something that had previously been a struggle: “I'm able to get things done. *“I'm able to think clear, you know, by having rest. I'm able to, you know, I have somewhere where I can sit and I can actually like really think and meditate” - Hotel Participant.* This renewed ability to focus was often put to work to make plans for the future. One individual described how they were able to apply for food stamps and other resources that were positive steps towards getting their “life along.”

Positivity

Despite everything else going on in the world around them, most individuals expressed that they had noticed an improvement in their mood. One individual explained that before coming to the hotel, they had felt very down on themselves, frustrated, and lost. Another individual described how the day-to-day lifestyle of being on the streets darkened his outlook on the future: *“My mood's a whole lot better, because I mean, I've got something to live for. Like, you know, long times before, it really-- didn't have anything to live for, from one day to the other, because I had no kind of stability” - Hotel Participant.* For some, the stability provided by the hotel created an opportunity to reconnect with estranged family members. Having a stable place to stay and care for oneself not only restored individuals' sense of dignity and self-confidence, but impacted how they were viewed and treated by others.



Planning for the future

While the hotel had several positive effects, individuals were keenly aware of the fact that their stay at the hotel was ultimately a temporary situation. Not being exactly certain of how long they could stay and the prospect of returning to homelessness was a source of stress for many. Some individuals were actively planning their next steps, proactively seeking out apartments or informal rooms to rent. This was more feasible for individuals who had a stable income source, such as SSI/SSDI. Others were connected to case managers who were helping them apply for housing support, such as senior housing programs or low-income housing. However, the transition of many social service providers to virtual work was dragging this process out even longer than it was before the pandemic. Individuals who did not have any income source and were disconnected from services did not want to return to the streets, but did not have a concrete plan to avoid this and were unsure of where to turn.

“I’ve been able to connect with my family members that have been able to come down and spend time with me and talk to me and, you know, they see things moving in a -- you know, they see me in a different light rather than seeing me like out on the streets. You know, homeless, nowhere to go, dirty clothes.” - Hotel Participant

FINANCIAL IMPACT OF COVID-19

Income

The financial impact of COVID-19 and the stay-at-home order was often cited as a major source of stress, especially for those with children to support. Those who relied on casual employment, such as house cleaning and home repair, explained that this work had been exceedingly difficult to come by: “I mean, I’ll work one day, and then I might work again, two, three days later, and, you know, things like that. And that’s been like-- it’s been kind of like depressing for me, you know?” - Non-Hotel participant. This was attributed both to the fact that businesses were either struggling or closed and that many businesses had limited need for additional labor. Other jobs required entering peoples’ homes, which many were no longer comfortable with because of the virus. Jobs weren’t only harder to come by, but the amount that people were willing to pay per job had decreased as well. A few individuals had some type of formal employment going into the pandemic, but either their hours had been cut or they had been furloughed from work, impacting the amount they brought home each week.

Job searching

Some individuals reported spending up to 12 hours each day looking for work, often covering a wide geographic footprint. Individuals were aware that searching for work in this manner increased their risk of exposure. One individual with small children explained that he had to negotiate the balance between earning enough for his family’s survival and risking bringing the virus home: “And then it’s kind of like, you know, a thing where you have to be real cautious with that also, because you’re like—you’re around so many different people, you know? I think that’s with like any job right now anyways, so, I mean, you have to be careful with, you know, with your job situation anyway” - Non-Hotel participant. For others, avoiding withdrawal was an important factor in weighing the risk of potential exposure and spread of the virus when looking for work.

Stimulus check

Several individuals reported barriers to receiving their \$1,200 Economic Impact Payment. Individuals found that limited information about the status of their checks could be provided over the phone. This presented an issue as the library, which many people depended on for computer access, was closed due to the pandemic. Several individuals reported that their checks had been entirely taken by the government and applied to back payments of child support. This created a predicament for those who had depended on the payment to get caught up on rent: “So, you know, I was depending on that \$1200 to get me caught up and you know and come to find out Child Support took all of it. Which I understand they’re going to take some but all of it in this situation we’re in right now, it’s crazy” - Non-Hotel Participant. Most individuals were in support of the stimulus check and believed it had served as a lifeline to get through the first few months of the pandemic.



COVID-19 & ACCESS TO CARE

COVID - specific resources

Some of the resources created in response to the pandemic were highlighted as being beneficial. Suspending payment for the MTA bus was helpful to those who were unstably housed and looking for work. It provided a temporary shelter from the elements for those who were stuck outdoors most of the day as well as helped those who were seeking work and other resources do so more quickly and efficiently. The public service announcements on the bus and bus shelters were one way that those without phones were able to stay up to date on the stay-at-home order and COVID guidelines. Additionally, the increased availability of free meals during the pandemic was found to be helpful: *“This is the only thing that's different, and it has been sustaining me in reference to me not having to go outside to hustle up money to go buy food” - Non-Hotel Participant.* Those who had relied on meal assistance before the pandemic noted that free meals were available with more flexible hours and in more locations.

New access barriers

When most health care and social services transitioned to remote work in response to the pandemic, access to a telephone or computer became a prerequisite to care. Several individuals reported that their cellphones had either been stolen, damaged, or disconnected since March 2020. Many individuals were able to borrow phones to make calls, but were not in a position to wait on the phone indefinitely or request a callback. The closure of public libraries meant several people lost the only means they had to access the internet. This has impeded individuals' ability to apply for benefits, such as food stamps, as well as update contact information for stimulus payments. Getting in touch with services during the pandemic also required a proactive approach and a certain degree of service program literacy. Individuals who tried to connect with new services and resources found they were difficult to reach: *“I tried to get in Code Blue, I tried to get in-- I have a list, I don't even know where it is now, but I had gotten a list of places to check and it was like 15 to 20 housing programs on the list and I went through that list and I got nowhere” (hotel participant).* One individual had been trying to enroll in drug treatment for 2 months, but hadn't found a program with any openings. Even individuals who had been well-connected to services before the pandemic had trouble connecting with their providers. Several individuals had been working with case workers on issues ranging from housing to employment, but these efforts came to a standstill when programs shifted to remote work. Some weren't able to connect with their case managers at all. For instance, one individual staying at the hotel had tried to get in touch with the case manager several times, but stated that no one was at the office to answer their calls or direct them how to get in touch with the case manager.

Disruption of Health Care

Healthcare disruptions, including mental health care and substance use treatment, were fairly common regardless of housing status. While disruptions were prevalent in March and April, most individuals had been able to re-establish contact with primary care providers by summer. However, those in the midst of more acute forms of treatment experienced ongoing disruptions. One individual undergoing cancer treatment reported that she had been unable to reconnect with her provider. She had even gone so far as to show up at the doctor's office but was turned away because of safety protocols. Another individual had been scheduled for orthopedic surgery in the Spring, but this was postponed indefinitely when elective surgeries were suspended by medical centers.

Individuals engaged in substance use treatment during the pandemic had different experiences, and the extent of in-person operations seemed to vary from program to program. While one individual reported that he went to his day treatment program on a daily basis, an individual at another program had their treatment plan change from daily to weekly visits. Another individual reported that she was kicked off of her buprenorphine program when her provider changed their urinalysis screenings to a third-party lab. This lab required state-issued ID for urinalysis, which this individual was unable to provide and they faced several barriers to replacing the ID. Disruptions in care could create significant consequences for those engaged in mandated treatment where failure to connect with providers is often subject to some kind of sanction.



CONCLUSION

This report details the experiences of people who use drugs and / or were unstably housed during the COVID-19 pandemic. The report highlights the ways in which the pandemic has further limited access to employment and basic resources, such as shelter, toilets and sinks, medical services, social services and the internet. It also examines the impact of CCCC and YES's emergency shelter program on participants' health. Overall, participants reported improvements to physical and mental health, improved sleep and diet, and increased sense of wellbeing and social connection. Further research is needed to explore the effectiveness of emergency shelter in hotels as compared to other models, such as congregate shelters. Research is also needed to examine the impact of low barrier and nimble housing programs that are grounded in the realities of lived experiences. This would generate insight into how differences in program structure, such as density of individuals within the hotel, segregation by gender, and program regulations (e.g. curfews, bag checks), may influence participants' experiences in the programs and program outcomes.

POLICY RECOMMENDATIONS



The Baltimore City Health Department and the Maryland Department of Health should place housing at the forefront of the city and state's response to COVID-19. This can be done by investing health and behavioral health funding in housing interventions in collaboration with housing and homeless services providers. Housing in private, well-equipped units allows people to physically distance from others, maintain hygiene, and improve baseline health through improved sleep and easier access to healthcare and social service providers.



The Mayor should prioritize Housing First, permanent supportive housing. While COVID-19 has accentuated the foundational role of housing, the link between housing and health extends beyond the urgency of the pandemic. Programs should be designed to match individual needs and wants. A harm reduction approach to housing should be adopted, minimizing restrictions to housing programs related to substance use, possession and/or sale. Trauma-informed, wraparound case management should occur while within emergency housing, and when connected to permanent housing.



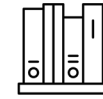
When emergency housing is necessary, hotel-style housing with staff and policies that prioritize freedom, agency and stability should be the standard. People should not be subject to searches that violate their dignity and privacy or crowded warehouse conditions that are traumatizing and dehumanizing. Additionally, people's sleep, mental health and general outlook improved when they had a safe, private and clean place to stay. Being able to host friends and family without restrictions contributed to a sense of ownership and agency.



People with lived experience of homelessness should have increased and meaningful oversight of the city's homeless services through the Baltimore City Continuum of Care. People experiencing homelessness are the experts in what type of emergency shelter is most likely to improve health, promote autonomy and affirm dignity, thereby improving outcomes.



The Baltimore City Health Department should make public handwashing stations and bathrooms immediately available to people experiencing homelessness. The closure of restaurants, and limited services of homeless daytime drop in centers has greatly impacted people's ability to access basic hygiene services.



Public libraries and daytime drop-in centers should identify innovative ways to continue to offer internet access and phones For people experiencing homelessness, essential services must include internet access and a safe place to be during the day. Lack of these resources means that individuals have no way to apply for jobs, stay in touch with their healthcare providers, or seek additional services across the city (with frequently changing hours and availability).



Private foundations should fund and evaluate pilot programs providing direct cash assistance to people experiencing homelessness as a first step toward this essential intervention. For those who received it, the stimulus check was a lifeline for many trying to survive the economic fallout of the early pandemic. A randomized control trial in Vancouver, Canada showed that providing people experiencing homelessness with a substantial lump sum of money led to more stable housing, improved nutrition, decreased spending on alcohol and cigarettes and significant cost savings for the shelter system¹



Housing and healthcare providers must loosen restrictions on IDs, birth certificates, and other identifying documents, and the MVA should partner with homeless service organizations to increase access for people experiencing homelessness, including providing IDs at no-cost. The MVA was closed for several months at the start of the pandemic and now is open by appointment only. This has greatly impacted people's ability to access services requiring identifying documents. MVA and vital records agencies to ease access for people experiencing homelessness.



The Mayor's Office of Homeless Services should partner with local community mediation organizations as a means to reduce interpersonal conflict and prevent the experience of homelessness by sustaining housing over longer periods of time. As interpersonal conflict was listed as the major contributing factor around individual experiences of homelessness, long term conflict mediation and support should be a central resource available to people experiencing housing instability.



Food resources that have become available during COVID-19 should be sustained through continued public and private efforts. Food distribution efforts have been a major success of COVID-19 response and have greatly improved people's access to nutritious food.

