

EXPERIENCES OF EMERGENCY HOUSING AND HOMELESSNESS DURING COVID-19

- There are an estimated 12,000 people experiencing homelessness in Baltimore City.
(Baltimore City 2020 Point-in-time Count)
 - Recommended practices for preventing COVID-19 are social distancing, wearing clean masks, and handwashing --- practices which assume access to housing and are nearly impossible for people without homes.
 - From March - October 2020, Charm City Care Connection and Youth Empowered Society housed 55 people who had been experiencing homelessness in a hotel in downtown Baltimore, providing case management, groceries and other basic needs such as phones and medical supplies.
 - In partnership with the Johns Hopkins Bloomberg School of Public Health, we conducted interviews with 23 people experiencing homelessness during COVID-19, in order to understand their experiences and the impact of emergency housing in a hotel.
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Here's what we learned...

Impact of COVID-19 on people experiencing homelessness:

- Income: Casual employment such as house cleaning and home repair became harder to find
- Healthcare and social services: Without regular access to a phone, healthcare and social services became remote making it harder than ever to access care
- Basic needs: Essential services such as internet access, access to state-issued IDs, and basic hygiene services impacted people's ability to access other services
- Nutrition: Food became easier to access under COVID-specific meal initiatives

Impact of hotel-style emergency shelter:

- Improved risk management: With a safe place to stay, people reported that they were better able to manage their risk to COVID-19 exposure
- Better access to care: Phone access and increased stability allowed people to reconnect with their healthcare providers
- Restoration of physical health: Improved diet and sleep led to better overall health
- Improved mental health: Improved sleep and an increased sense of security and stability gave people "peace of mind" and improved cognitive functioning



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.



The Mayor should prioritize **Housing First**, permanent supportive housing.



When emergency housing is necessary, **hotel-style housing** with staff and policies that prioritize freedom, agency and stability should be the standard.



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.



The Baltimore City Health Department should make **public hand-washing stations and bathrooms** immediately available to people experiencing homelessness



Public libraries and daytime drop-in centers should identify innovative ways to continue to offer **internet access and phones**.

Private foundations should fund and evaluate pilot programs providing **direct cash assistance to people experiencing homelessness** as a first step toward this essential intervention.



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 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.



Food resources that have become available during COVID-19 should be sustained through continued public and private efforts.

