The State of Maine

Response to Homelessness during the COVID-19 Pandemic

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PRIMARY PARTNERS IN THE COVID-19 HOMELESSNESS RESPONSE

MaineHousing led the state response in close partnership with the Department of Health and Human Services (DHHS). DHHS was the referral source for the quarantine and isolation program and a vital coordinating partner in other aspects of the response, including the wellness centers.

The Statewide Homeless Council—composed of service providers, people with lived experience, and other stakeholders—advised state agencies and set priorities.

Providers across the state—like Preble Street in Portland; HOME, Inc., in rural Hancock County; and the Knox County Homeless Coalition in Rockport and Rockland—led their local response, with support from and coordination with state funding and leadership.

The Maine Statewide Continuum of Care coordinates the annual application for homelessness funding from the US Department of Housing and Urban Development and ensures that state partners are meeting federal requirements for the entire state, from the urban centers of Portland and Lewiston to the rural, less populated areas in the north. Most people enduring homelessness in the state—an estimated 2,097 on any given night in 2020—live in cities, although stakeholders expressed concerns that the point-in-time count in rural areas is a significant undercount because of low capacity and accessibility in rural areas.

The state housing finance agency, MaineHousing, is the Continuum of Care as well as the housing and community development lead agency. It coordinates and regrants homelessness assistance funding to agencies across the state. MaineHousing led the statewide homelessness response to the COVID-19 pandemic in collaboration with the Department of Health and Human Services (DHHS) and homelessness assistance providers across the state. In March and April 2021, Urban Institute researchers spoke with stakeholders from five organizations from Maine's pandemic response to understand the core components, successes and challenges, and lessons learned for post-pandemic homelessness services.

Staff from MaineHousing and DHHS partners met weekly to plan and coordinate the response and address challenges. The response focused on increasing safe shelter capacity that met social-distancing guidelines from the federal Centers for Disease Control and Prevention, using hotels and wellness centers, and increasing funding for diversion and rental assistance supports so people can exit from homelessness to housing. These efforts were successful: Maine reported no COVID-19 outbreaks in shelters until January 2021.

COVID-19 HOMELESSNESS RESPONSE

When the pandemic began, the top priority of MaineHousing and providers across the state was to make shelters safe. This included "decompressing," or spacing out, beds and implementing Centers for Disease Control and Prevention guidelines. As one stakeholder said,

> We knew if we took care of shelters, they could take care of people.

MaineHousing established a grant using CARES (Coronavirus Aid, Relief, and Economic Security) Act funding from the Emergency Solutions Grant program to fund additional staff, hazard pay, and basic safety supplies and procedures. With this

funding, all shelters but one remained open and expanded operating hours so people could stay during the day and on weekends. MaineHousing found other ways to creatively support shelter providers and the people in shelters, such as retrofitting vans to meet rural providers' transportation challenges.

Between April and June 2020, MaineHousing also contracted with providers to open five new wellness centers, mostly in larger cities. One Portland wellness center opened in the gym at a local university. These centers were still considered congregate living spaces but, compared with more traditional shelters, they were significantly more spacious—enabling social distancing—and open 24/7, provided individual bed spaces, and had on-site social workers who facilitated connections to housing and services. As wellness centers were forced to close at the end of summer 2020 when school resumed, MaineHousing and DHHS worked with providers to ensure each person had a place to stay, in either another shelter bed or permanent housing. One agency staff member shared,

> We were person-centered in [our] approach to a public health emergency. Our goal is to ensure compliance with something that is not generally mandated but recommended. So the way you do that is by ensuring everyone has their basic human needs…met, as well as some higher-level needs.

MaineHousing also financed hotel capacity to provide quarantine and isolation space for eligible populations, including those in densely populated housing and migrant workers. As the wellness centers closed, MaineHousing contracted with three hotels—in Portland, Lewiston, and Waterville—to provide emergency noncongregate shelter with 24/7 on-site staffing specifically for people experiencing homelessness. MaineHousing also allocated funds for less-populated areas to operate "on a scale meaningful to them," that is, individual rooms instead of entire hotels. One stakeholder estimated that at the height of use, around 700 people were in hotels, and many remained at the time of our interviews. Despite this planning, some people opted not to enter a different shelter or program, and, reportedly, a large encampment formed in Portland. Partners conducted intensive outreach to people in the encampment and successfully provided some with housing and shelter.

Hotels were also used to shelter veterans and their families participating in the Supportive Services for Veteran Families program. Meanwhile, the state also contracted with hotels to provide quarantine and isolation space for people who were referred by DHHS, did not have a place to stay alone, and had tested positive for, or were suspected of having, COVID-19. Starting in November 2020, individuals and families, including asylum seekers, who stayed in any hotel program were prioritized for rapid re-housing.

Throughout the pandemic, providers increased diversion with both private and public funding through MaineHousing and federal relief dollars. For example, one provider offered relationship counseling to help keep people housed if they were staying safely with relatives or friends. Previously, public funding had not existed for diversion.

CENTERING RACIAL EQUITY IN THE RESPONSE

Maine's population is more than 90 percent white, yet people who experience homelessness are disproportionately Black, Indigenous, or other people of color (around 22 percent). One provider said 40 percent of the people served in its quarantine shelter identified as Black, Indigenous, or a person of color: "That's in a state that's the whitest in the country, so to have close to 40 percent, it screams out the inequities related to housing, health care, income, you name it. The racial disparities are incredible."

Although culturally appropriate shelter does not address underlying inequities, one provider adapted its services to the community, including by hiring new Maine residents from the same community to start a culturally appropriate food program. The provider also used translators and interpretation services. Another, more rural provider collaborated with the organization that typically serves migrant workers to ensure that the community was aware of its services.

TENSIONS IN THE RURAL RESPONSE

Most people experiencing homelessness in Maine are in Portland or another population center. This creates a dynamic in which most resources are concentrated in cities, which also can mean that people in need of services are forced to come to cities. Rural providers spoke of "being undersupported" in the past.

This tension played out during the pandemic: even with efforts to fund and supply rural providers, one stakeholder admitted that the focus was on urban centers because they felt it necessary. While shortages of personal protective equipment were common across the state and for various agencies, one rural provider emphasized that it had none until June 2020. For the first few months, it was "using bandannas and welding shields."

Statewide system improvements under way include a shift to a regional service hub model intended to address the historical disparity in funding and better equip providers to serve people where they are. The stakeholder who had expressed disappointment in the state's approach felt that the pandemic emphasized the need for change: "Partners have realized how we need more equity in the general application of supports and services, and we need to expand the consideration of who gets resources."

MaineHousing also operated an emergency rental assistance program with federal and state funds in partnership with Community Action agencies. It estimated the funds would allow the program to serve all renters whose incomes were under 80 percent of the area median income, were facing financial hardship, and were at risk of losing housing. As of April 21, 2021, 1,488 households had received more than $7 million in assistance.

THE RESPONSE IN RURAL MAINE

Wellness centers and quarantine and isolation hotels were concentrated in population centers like Portland and Bangor. Although providers across Maine received state and federal funding to keep shelters safe and to use hotel rooms, this response looked different in rural areas. Shelters were often operated by a handful of staff in unique spaces, such as repurposed homes. Although such spaces may offer less-congregate sleeping spaces, with private rooms for families or individuals, they pose other challenges in creating safe shared spaces like kitchens and bathrooms. One provider operated several nonshelter buildings on a campus, including an arts space and a child care center. Staff repurposed these buildings with makeshift sleeping and living areas. They designated each building for a different group: people who had no symptoms, people who had symptoms but no positive test results, and people who tested positive and needed to be quarantined. Other rural providers secured a handful of hotel rooms. Rural providers also found ways to increase connectivity and access to information and services, including buying clients phones and putting internet access in each room.

CHALLENGES IN IMPLEMENTING THE RESPONSE

Providers reported that organizations were siloed before the pandemic, within both the homelessness services sector and other sectors, especially health care. Although the response improved collaboration between organizations, the initial lack of close coordination and specific processes, such as coordinated entry, presented a barrier, particularly in rural areas.

Providers also faced significant capacity issues. Some had to scale up significantly to meet demand—for instance, Preble Street, a service provider in Portland, expanded its staff from 210 to 290 people, and the organization had difficulty finding enough people within the human services sector, especially social workers and public health staff. Providers grappled with how to meet their clients' service needs as mental health and substance use facilities closed and other services shifted to telehealth.

Rural areas faced additional barriers because they cover such large territories. Many challenges, such as transportation, were not unique to the pandemic but had outsized impacts on service delivery and operations. For example, providers were sometimes forced to transport people who might have COVID-19 for 30 miles for testing or treatment at a hospital or medical center, putting both staff and clients at risk. Inadequate transportation also increased the burden on providers to bring food and services to guests.

Rural providers navigated a patchwork of local governments and political dynamics: some jurisdictions helped fund cots and other materials, while others did not. This was also reflected in clients' interactions with police departments. Providers served multiple overlapping or adjacent law enforcement jurisdictions that took different approaches when interacting with people experiencing homelessness. Some police departments arrested people for minor infractions, while others favored coordinating with the service provider. When clients interacted with these different law enforcement agencies, coordinating care was challenging for the provider.

HOMELESSNESS SERVICES IN MAINE MOVING FORWARD

Historically, shelters were at the center of the homelessness services landscape in Maine, and all interviewees agreed that the approach to shelters will look radically different moving forward. One stakeholder said:

> The whole notion of three hots and a cot, let's get as many people in a building as we can because it's cold and it's Maine, let's bring more and more people in to keep them warm and safe—well, what if it's not keeping them safe because you're bringing them in and cramming them in? The biggest shelter in Maine is run by the city of Portland, and a year ago, they had 152 people in this little triple decker, people sleeping on the floor 10 inches apart from each other. We better not go back to that. We're not, we didn't do that back then, and we're certainly not going to do that moving forward. Being informed and directed by public health is much more important.

Providers and stakeholders saw the impact of the wellness centers' structures and policies on the people staying there, observing that some who had been kicked out or banned from shelters had positive outcomes in a center. System planners and individual providers are committed to maintaining that level of service as best they can without the support of federal emergency funds. For example, Preble Street had plans to open a new shelter in summer 2021 that will have a lower capacity so it can provide person-centered services. Other shelter providers described permanent policy shifts, including increased hours of operation and staffing changes, such as hiring additional social workers.

Before the pandemic, MaineHousing engaged with the Corporation for Supportive Housing to redesign the state's homelessness response system. These ongoing efforts will strengthen and better integrate the system across nine regional service hubs to more effectively serve people where they are, instead of forcing people to come to cities. Improvement efforts under way before the pandemic will continue, including better integration of services across providers and with the health care system. MaineHousing also plans to continue funding diversion in all regional service hubs and alongside 211 and Community Action agency services.

All stakeholders reported that the pandemic response tightened relationships between MaineHousing, DHHS, and providers across the state. And the Statewide Homeless Council—composed of service providers, people with lived experience, and other stakeholders—advised agencies and set priorities for the response, particularly in integrating health care with housing.

The pandemic highlighted the state's existing housing and homelessness crisis, which stakeholders felt had received little attention. Stakeholders are ramping up public awareness and advocacy campaigns, hoping to leverage the spotlight to increase funding and capacity for homelessness services and housing. As one person described,

> Right now in the legislature, there are all sorts of bills going in to support housing and homelessness prevention efforts. I've never seen so much activity in the legislature, and I think it's because of the spotlight that was put on the homeless population through the pandemic. There are a couple of little silver linings.

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