

June, 2026

NEEDS ASSESSMENT

Lynn Massachusetts Continuum of Care

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This integrated analysis examines the major structural and service-delivery factors shaping homelessness in Lynn and the capacity of the Lynn Continuum of Care (LCoC MA-502) to respond effectively. It is intended to inform local planning by identifying the most significant barriers to stability, flow, and system performance. Across the findings, a consistent picture emerges: homelessness in Lynn is driven not by a single gap, but by the interaction of severe housing scarcity, elevated health and behavioral health needs, safety pressures, and limited pathways to stable exits.

Introduction

This analysis draws on four main categories of evidence to assess the primary issue areas affecting the Lynn Continuum of Care: Affordable Housing, Severe Health Needs, Safety, and Move-On Feasibility. First, it uses local administrative and system data, including Homeless Management Information System (HMIS) information and local program context, to examine patterns of homelessness, documented health needs, and system flow. Second, it incorporates findings from a Lynn CoC Needs Assessment survey distributed to the CoC mailing list in spring 2026 to capture provider, stakeholder, and lived-experience perspectives. Third, it uses housing-market and housing-need data, including the Massachusetts Subsidized Housing Inventory (SHI), HUD Comprehensive Housing Affordability Strategy (CHAS) data, Lynn Housing Authority information, and American Community Survey estimates, to assess affordability and housing supply. Finally, it draws on local and regional public health assessments, including the Lynn Community Health Assessment, Salem Hospital's 2025 Community Health Needs Assessment, and related state and federal health datasets, to place homelessness-related needs in broader community context.

The Lynn CoC Needs Assessment survey was distributed in spring 2026 to more than 100 people on the CoC mailing list and generated 31 responses. Respondents included CoC members, permanent housing and supportive services providers, emergency shelter staff, board members, advocates, and people with lived experience, and represented a cross-section of local organizations, including housing providers, behavioral health and medical providers, schools, legal services, youth-serving organizations, and senior services. The survey included both closed- and open-ended questions, allowing this assessment to incorporate quantitative ratings alongside qualitative observations about housing, health, safety, outreach, shelter capacity, and move-on challenges in Lynn.



Introduction

Taken together, these data reveal a system shaped by structural housing scarcity, elevated behavioral health needs, and fragmented service delivery, resulting in prolonged homelessness and increased system strain. While each issue area is distinct, they are deeply interconnected and must be understood as components of a single system.

MOVE-ON FEASIBILITY SAFETY SEVERE HEALTH NEEDS AFFORDABLE HOUSING

4,309
subsidized units

23,850
households
≤80% AMI

CLOSED
Section 8 waitlist

76.3-year
life expectancy

18.5%
frequent poor
mental health

ACUITY
rises over time

75%
rate safety as
moderate-to-severe
issue;

INCIDENTS
weekly/daily

LIMITED
step-down
options

WEAK
exit planning

INSUFFICIENT
post-exit supports

Main System Effect

Prolonged
shelter stays

Housing scarcity
is the central
system constraint

Harder engagement
and stabilization

Behavioral health
is central to system
function

Staff strain and
engagement barriers

Safety is a system
performance issue

Blocked
throughput

Flow constraints
reduce capacity

Implication



Affordable housing represents the primary structural constraint within the Lynn homelessness response system and underpins all other issue areas.

4 309 subsidized housing units

CoC Needs Assessment Survey findings also indicate overwhelming consensus regarding the severity of the housing shortage. Approximately 85% of respondents rate affordable housing availability as poor or very poor, and no respondents indicate that sufficient housing exists for key populations. The lack of affordable housing is also identified as the most significant barrier to Rapid Rehousing (RRH) success.

Affordable Housing

HOUSING SUPPLY AND AFFORDABILITY

Lynn's most recently reported subsidized housing count is **4,309** units. HUD Comprehensive Housing Affordability Strategy (CHAS) data for Lynn, based on 2018–2022 American Community Survey estimates, show that **23,850** households – about 66% of all households in the city – had incomes at or below 80% of HUD-adjusted median family income (HAMFI), sometimes also referred to more generally as area median income (AMI), including **10,605** households at or below 30% HAMFI. Current Lynn Housing Authority information further indicates constrained access to subsidized housing: the Section 8 waitlist is currently closed, reinforcing evidence of persistent unmet demand for deeply affordable housing.

CHAS data also show that housing hardship is concentrated among the lowest-income households:

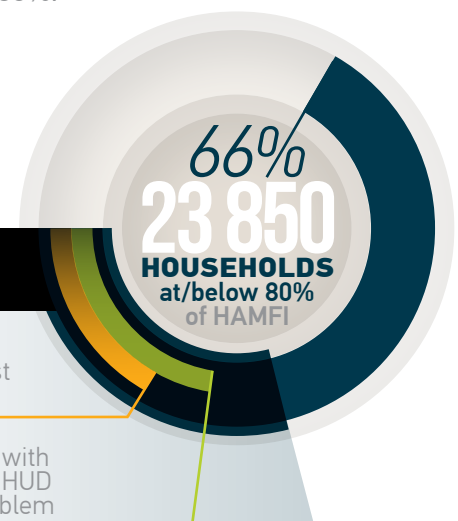
8,120 of the **10,605** Lynn households at or below 30% of HUD-Adjusted Median Family Income had at least one of HUD's four housing problems—incomplete kitchen facilities, incomplete plumbing facilities, overcrowding (more than one person per room), or cost burden greater than 30%.

And **6,085** were severely cost-burdened, spending more than half of income on housing.

10 605 households at or below 30% HAMFI

6 085 households severely cost burdened

8 120 households with at least one HUD housing problem





Affordable Housing

The type of housing needed further illustrates the gap. Demand is concentrated among:

- Extremely low-income (ELI) households, generally those with incomes at or below 30% of area median income (AMI)
- Families with children
- Individuals requiring supportive housing

MISMATCH BETWEEN SUPPLY AND NEED

When survey respondents were asked what types of housing are most needed, the strongest demand was for deeply affordable (extremely low-income) units, followed by family housing and housing with supportive services. Notably, no respondents identified general units for single adults as a priority, suggesting that the greatest unmet need lies at the lowest income levels and among households with additional vulnerabilities.

The CHAS data reinforce this mismatch: while 23,850 Lynn households had incomes at or below 80% of HUD-adjusted median family income, 18,260 households had at least one measurable housing problem, and housing hardship was especially concentrated among renters and extremely low-income households.

households had at least one housing problem

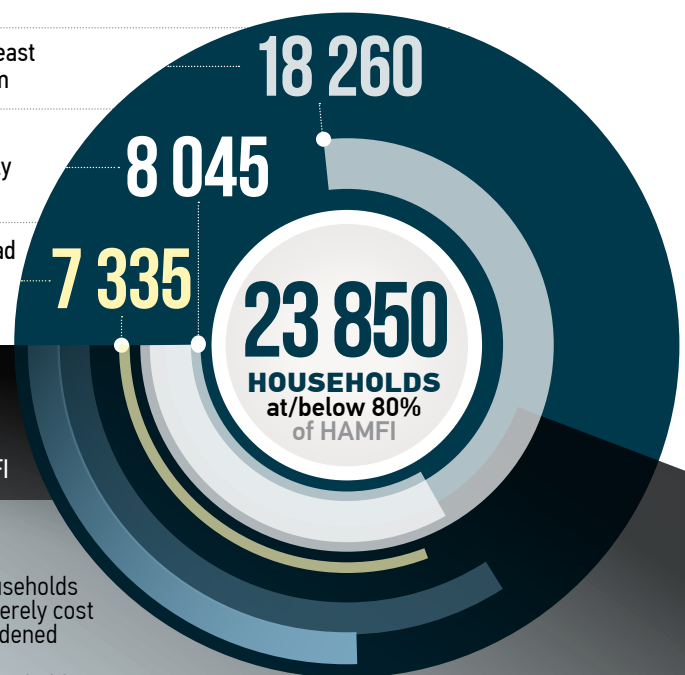
Lynn households overall were severely cost-burdened

renter households had at least one severe housing problem

10 605 households at/below 30% HAMFI

6 085 households severely cost burdened

8 120 households with at least one HUD housing problem



Taken together, data and survey results reflect a structural mismatch between market-rate housing and the needs of the population experiencing homelessness, particularly those with limited income and complex service needs.



Affordable Housing

SYSTEM-LEVEL IMPLICATIONS

The lack of affordable housing has cascading effects across the system:

- Individuals remain in shelter longer due to lack of exit options
- Behavioral health conditions worsen in unstable environments
- Safety concerns increase in overcrowded settings
- Move-On pathways are constrained

Affordable housing is therefore not simply a key issue area; it is a central determinant of system performance.



Severe health needs are widespread, complex, and closely linked to both the causes and consequences of homelessness.

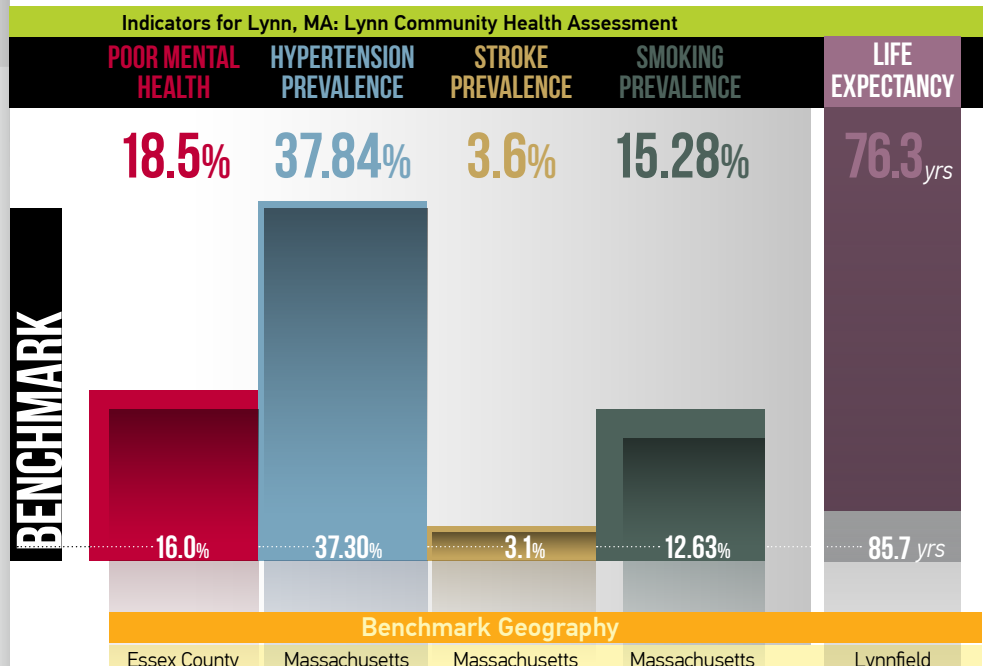
Severe Health Needs

POPULATION-LEVEL HEALTH CONTEXT

State and local public health data indicate elevated behavioral health burden and barriers to care in Lynn. The Lynn Community Health Assessment reports that 18.5% of residents experienced frequent poor mental health, compared with 16.0% in Essex County, and local and regional assessments also identify elevated burdens of chronic disease, barriers to care, and health-related instability.

The Lynn Community Health Assessment also reports elevated burdens of diabetes, heart disease, and asthma in Lynn relative to nearby communities and broader benchmarks.

The 2025 Salem Hospital Community Health Needs Assessment (CHNA) reinforces this pattern: life expectancy in Lynn is 76.3 years, the lowest in Salem Hospital's catchment area and nearly a decade lower than nearby Lynnfield. The report also shows higher-than-state rates of hypertension, stroke prevalence, and smoking, underscoring the concentration of chronic disease burden in Lynn.





Severe Health Needs

Healthcare access constraints in Lynn further exacerbate health disparities:

- Closure of Union Hospital, the city's only hospital, in 2020
 - Increased reliance on the Lynn Community Health Center (~40,000 patients annually)
 - Higher uninsured rate (4.1% vs. 2.8% statewide)
-

STRUCTURAL BARRIERS TO CARE

Together, these barriers contribute to a system in which care is often episodic and crisis-driven rather than preventive or continuous. The Salem Hospital CHNA also describes a severe shortage of behavioral health providers accepting MassHealth, limited psychiatric bed capacity, and long emergency department waits for patients in crisis. It further identifies layered barriers related to language access, transportation, and distrust among immigrant communities; barriers that are especially consequential in Lynn, where more than half of residents speak a language other than English at home and nearly 26% have limited English proficiency.

The CHNA also identifies immigrant health as an emerging concern. Focus group participants described fear of detainment and deportation as reducing use of health and social services among immigrant families, with downstream effects on untreated conditions, stress, anxiety, and isolation.





HEALTH NEEDS AMONG PEOPLE EXPERIENCING HOMELESSNESS

Homeless Management Information System (HMIS) data is central to understanding health needs among people experiencing homelessness in Lynn because they show a population with lower documented acuity at intake but increasing health complexity among those who remain homeless over time. Read alongside the Lynn Community Health Assessment and 2025 Community Health Improvement Plan (CHIP), the HMIS findings suggest that behavioral health, substance use, chronic disease, and barriers to ongoing care are both widespread in the broader community and especially consequential for people who experience prolonged homelessness.

The Salem Hospital CHNA underscores that many community members are increasingly preoccupied with basic needs such as food and shelter, and that chronic stress associated with economic instability and unstable housing contributes directly to poor physical and mental health. This is particularly relevant for people experiencing homelessness, whose health needs are intensified by prolonged instability and barriers to ongoing care.

BEHAVIORAL HEALTH

- HMIS data suggest that health needs may be underreported at entry and become more apparent over time, especially among people who remain homeless longer.
- This pattern aligns with the CHA finding that 18.5% of Lynn adults reported their mental health was not good for 14 or more days, compared with 16% in Essex County, and that Lynn residents had substantially higher age-adjusted mental health hospitalization rates than the state.

SUBSTANCE USE

- Substance use remains a major community health concern, and HMIS patterns suggest that co-occurring substance use and mental health conditions are concentrated among those with longer episodes of homelessness.
- The CHIP emphasizes maintaining and expanding local prevention, treatment, recovery, and harm-reduction infrastructure, including ongoing coordination through the Mayor's Opioid Working Group, Narcan access, and a community wellness vending machine.

CHRONIC PHYSICAL HEALTH

- The CHA found elevated burdens of high blood pressure, heart disease, and diabetes in Lynn, and the HMIS trend toward greater multi-condition acuity among those who remain homeless suggests that chronic physical health needs also become more concentrated as homelessness persists.

Barriers to care make these health needs harder to address. The CHA reports that Lynn has a higher uninsured rate than Massachusetts overall (4.1% versus 2.8%) and that residents face barriers such as appointment availability, cost, insurance problems, transportation, and language access. The closure of Union Hospital also left Lynn without a full-service hospital. In response, the CHIP prioritizes expanding low-threshold and mobile care, strengthening culturally and linguistically responsive services, improving public health communications, and building stronger coordination between the Public Health Division and health care organizations.



HEALTH COMPLEXITY AND SYSTEM OUTCOMES

HMIS data show a clear relationship between health complexity and longer periods of homelessness:

- **At intake, 74% of clients report no health conditions.**
- **Among those who remain homeless, that share falls to 60%, while 15% report multiple conditions.**

This suggests that people who remain homeless longer are more likely to have multiple health needs, which may make timely exits more difficult.

CoC Needs Assessment Survey findings reinforce these patterns:

- **Behavioral health crises occur frequently (weekly or daily)**
- **Health needs disrupt engagement, housing placement, and retention**
- **Staff capacity and safety are directly affected**

In short, behavioral health needs are playing a central role in how the homelessness response system operates, but the system lacks sufficient clinical integration and resources to respond effectively.

SYSTEM-LEVEL IMPLICATIONS



Safety concerns are pervasive across the system and are closely tied to both housing constraints and health needs.

Safety

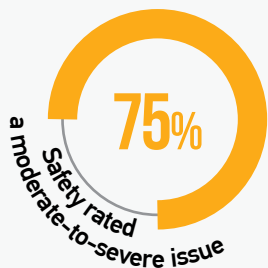
PREVALENCE AND SEVERITY

CoC Needs Assessment Survey respondents reported that safety concerns regularly disrupt service delivery. About three-quarters rated safety as a moderate-to-severe system issue, and many said incidents occur weekly or daily. Respondents also identified behavioral health crises and substance use as common drivers of unsafe situations. Massachusetts reported a 4.4% decline in major violent and property crimes in 2024, the latest statewide year currently available, but statewide improvement does not eliminate local safety pressures. In Lynn, service settings may still be heavily affected by conflict, trauma exposure, and crisis activity.

Available 2024 crime summaries based on FBI-reported city-level data indicate that Lynn's violent crime rate is higher than the Massachusetts statewide average, even as statewide crime levels remain comparatively low overall. For context, Massachusetts reported approximately 315 violent crimes and 1,112 property crimes per 100,000 residents in 2024, while publicly available Lynn summaries for the same year report a violent crime rate of about 575 per 100,000 residents and a property crime rate of about 1,171 per 100,000. These figures should be interpreted cautiously, but they provide additional context for treating safety in Lynn's homelessness response system as a local operational concern shaped not only by shelter conditions, but also by neighborhood-level exposure to violence, theft, and disorder that can affect both clients and staff.



Safety

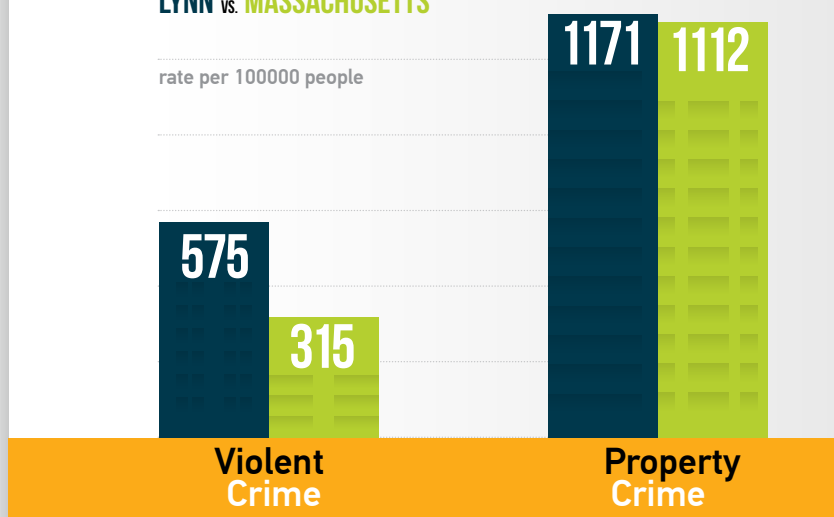


Lynn CoC survey

SAFETY CONTEXT:

LYNN vs. MASSACHUSETTS

rate per 100000 people



INTERACTION WITH HEALTH

Safety and health are closely connected. This is consistent with Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) findings on mental health, access to care, and health-related social needs: unstable or unsafe environments can increase stress, worsen behavioral health symptoms, and make it harder for people to stay engaged in care and stabilization services.

- Behavioral health crises can directly increase safety risks.
- Unsafe environments can worsen trauma and stress.
- Substance use can both contribute to and result from unsafe conditions

SYSTEM-LEVEL IMPLICATIONS

Safety challenges are not incidental in CoC Needs Assessment Survey findings. Respondents describe the following effects on day-to-day operations, staff capacity, and client engagement, indicating that safety concerns affect both service quality and program stability. Safety must therefore be understood not as an isolated issue, but as a system outcome reflecting unmet housing and health needs, service-environment stress, and the broader local context in which clients and providers are operating.



Move-On feasibility refers to the system's ability to help people exit homelessness into stable housing and, when appropriate, transition from more intensive housing interventions to less intensive ones over time. Permanent housing does not always need to be a lifelong placement; with an effective Move-On strategy, households who have stabilized can move to other appropriate housing, allowing the system to serve more people with the capacity it already has. In Lynn, this function appears constrained not only by the shortage of affordable housing, but also by inconsistent transition planning, limited intermediate housing options, and insufficient post-exit supports for people with ongoing health and behavioral health needs.

Move-On Feasibility

HOUSING SCARCITY	LIMITED STEP-DOWN OPTIONS	LACK OF TRANSITION PLANNING	INSUFFICIENT POST-EXIT SUPPORT
How It Affects Exits			
Households cannot lease up	People remain in higher-intensity settings	Inconsistent exits	Higher risk of return or failed tenancy
System Consequence			
Delayed exits	Lower throughput	Unstable outcomes	Blocked capacity

LACK OF DEFINED PATHWAYS

CoC Needs Assessment Survey responses describe Move-On as an area of significant concern in the local homelessness response system. Respondents reported that exit planning is often inconsistent. They also pointed to a shortage of step-down and transitional housing options for people who are not ready for a fully independent lease but no longer need the highest-intensity setting. In addition, respondents described post-exit support as insufficient, especially for people who need continued help with behavioral health care, medication management, tenancy stabilization, or coordination across service systems.



Move-On Feasibility

Taken together, the survey and analysis of HMIS data suggest that Move-On barriers are driven by three interacting constraints:

STRUCTURAL CONSTRAINTS

HOUSING SCARCITY

Without available units that are affordable at very low income levels, households cannot exit programs even when they are otherwise ready to do so. This creates avoidable delays in transition and limits the system's ability to create flow.

HEALTH AND BEHAVIORAL HEALTH NEEDS

Many individuals need ongoing support to manage mental health, substance use, chronic health conditions, or functional limitations after program exit. When those supports are not reliably available in the community, providers may be reluctant to transition people into more independent settings, and tenants may face a higher risk of housing instability after exit.

SYSTEM DESIGN GAPS

Without available units that are affordable at very low income levels, households cannot exit programs even when they are otherwise ready to do so. This creates avoidable delays in transition and limits the system's ability to create flow.

EMERGENCY SHELTER AND INCLEMENT WEATHER CAPACITY

A related structural gap is the lack of sufficient emergency shelter and inclement weather shelter capacity in Lynn. Survey responses indicate that the currently available weather-response capacity is not meeting need: when respondents were asked whether a center able to open for 15 people for up to 30 days matched actual need during periods of extreme cold or heat, the dominant view was that capacity is too limited, both in the number of available spaces and in the duration of operation. Respondents also noted that the center is often full, that additional days and nights are needed, and that hot weather cooling space is also lacking.

This concern is reinforced by broader survey findings. Specifically, 89.5% of respondents reported that current emergency shelter capacity does not meet community need. When shelters are full, respondents most often reported that people remain unsheltered - sleeping outside, in cars, tents, encampments, doorways, or other places not meant for habitation - or move into unstable and risky situations such as doubling up, couch surfing, or staying in unsafe arrangements. Some respondents also noted that people seek warmth or air conditioning in emergency departments or buildings where they are not permitted to stay. Together, these findings suggest that insufficient emergency and weather shelter capacity contributes directly to unsheltered homelessness, exposure to harm, and crisis-driven use of other systems.



Move-On Feasibility

**HOUSING
SCARCITY**



**LONGER STAYS/
SYSTEM CONGESTION**



**WORSENING HEALTH
& BEHAVIORAL HEALTH**



**SAFETY PRESSURES/
STAFF STRAIN**



**REDUCED MOVE-ON/
BLOCKED EXITS**



**CONTINUED
HOUSING SCARCITY**

SYSTEM-LEVEL IMPLICATIONS

When people cannot move on in a timely way, the consequences extend beyond the households directly affected. Delayed exits reduce program throughput, limit the availability of beds and housing slots for new entrants, contribute to shelter congestion, and increase pressure on staff and providers to manage longer stays in settings not designed for long-term stabilization. In this sense, Move-On feasibility is a core measure of system performance, not simply an outcome at the end of service delivery.

The lack of effective Move-On activity:

- Limits system capacity
- Reduces availability of program slots
- Contributes to shelter overcrowding
- Reinforces system stagnation



Across the four priority issue areas (Affordable Housing, Severe Health Needs, Safety, Move-On Feasibility), the evidence points to a homelessness response system under strain from a common set of structural constraints rather than a series of isolated problems.

Cross-Cutting Conclusions

1. HOUSING IS THE PRIMARY CONSTRAINT

Affordable housing is the primary structural constraint on system performance. The gap between the scale of low-income housing need, the limited subsidized inventory, and the lack of available move-on options contributes to prolonged shelter stays, delayed exits, and system-wide congestion.

2. BEHAVIORAL HEALTH IS CENTRAL

Behavioral health is central to how the system operates. Mental health crises, substance use, and co-occurring conditions affect service engagement, safety, housing stability, and staff capacity, while the local treatment system lacks sufficient clinical integration and access for people with the highest needs.

3. HEALTH NEEDS ARE UNDER-RECOGNIZED

Documented health needs likely understate actual acuity within the homeless population. HMIS intake data suggest lower levels of need than broader Lynn health assessments, while longer episodes of homelessness are associated with greater behavioral health and physical health complexity over time.

4. SYSTEM FLOW IS CONSTRAINED

System flow is constrained at every stage. Housing scarcity, health complexity, safety pressures, and weak move-on pathways interact to reduce throughput, increase the duration of homelessness, and limit the system's ability to respond effectively to new need.

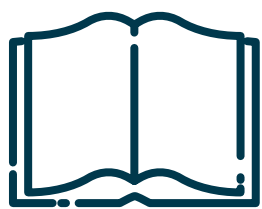


Conclusion

The evidence in this assessment suggests that Lynn's homelessness response system is not primarily challenged by a single program gap, but by the interaction of housing scarcity, elevated health and behavioral health needs, safety pressures, and limited pathways to stable exits. These conditions reinforce one another and produce a system that is reactive rather than consistently able to stabilize households and create flow.

Improvement will require coordinated strategies that expand deeply affordable housing, strengthen access to behavioral health and low-threshold care, improve safety and service environments, and create more consistent transition pathways across programs. Without stronger coordination across housing, health care, behavioral health, and social services, the system is likely to remain oriented toward crisis management rather than prevention, stabilization, and timely exits from homelessness.





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