

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MA-502 - Lynn CoC

1A-2. Collaborative Applicant Name: Lynn Housing Authority & Neighborhood Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Lynn Housing Authority & Neighborhood Development

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	4
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	0

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	3
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	Nonexistent	
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	6
31.	Substance Abuse Advocate(s)	Yes	4
32.	Substance Abuse Service Organization(s)	Yes	3
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Nonexistent	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Homeless Veterans Organizations	Yes	0
47.	Homeless Elderly Organizations	Yes	0

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Lynn Housing Authority and Neighborhood Development (LHAND), our Collaborative Applicant, posts meeting notices on its website and social media accounts. The notices invite anyone interested in learning about the community's effort to end homelessness. The invitation remains on LHAND's website year-round. The Lynn CoC issues a public invitation annually for new members in Lynn's local newspaper for the Annual Meeting. The City of Lynn and Lynn CoC member agencies also post invitations to join the Lynn CoC on their websites and social media annually. All invitations state that the meetings are open to the public and that any community member is welcome to join the LCoC. Homeless service agencies inform homeless people that they are welcome to attend and participate in CoC meetings. Volunteers for the LCoC Point-in-Time count and bi-annual Massachusetts Homeless Youth Count invite people experiencing homelessness - including youth & young adults - to attend and participate in LCoC meetings. All community partners, street outreach teams, CoC staff and faith-based leaders encourage participation in LCoC. These collective efforts make use of the LHAND and partner agency websites, social media, newspaper notices and word of mouth communications to reach people however they get their information.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

LCoC has solicited opinions from a cross-section of the community, including people with lived experience of homelessness (PWLEH.) The LCoC designated four seats on its Board of Directors: two Consumer seats and two Youth seats. PWLEH earn \$20 per hour for LCoC activities. The LCoC provides consumer members with transportation, training, and support. The LCoC contracted for a survey that was sent to all stakeholders. We integrated their responses into our annual needs assessment. Other outreach efforts to community stakeholders include neighborhood canvassing, press releases, email blasts, social media posts, and in-person and virtual community meetings. These explain how the system works, research results, and best practices. Facilitators solicit feedback from attendees at training sessions. The LCoC welcomes the public to CoC monthly and Annual membership meetings. We notify the public by posting invitations on the LCoC website, press releases, notices sent via listservs, flyers, email blasts, posts on the social media for LHAND, the City of Lynn and provider agencies., We implement phone call campaigns to reach groups who tend not to engage in government activities. The LCoC uses a robust remote meeting platform for the benefit of virtual attendees, particularly for those with disabilities, LCoC requests help from the Lynn Disability Commission to support people with hearing and vision impairments with Commission's communications technology to ensure they can participate fully. The City of Lynn, with the same boundaries as our CoC, holds multiple public hearings for City Entitlement Grant planning and Consolidated Plan discussion. Hundreds of people from every segment of our city attended the hearings, including PWLEH and the agencies that serve them. The feedback from all stakeholders is recorded and shared with all LCoC to stimulate new ideas for ending homelessness. The city incorporated the findings into the Consolidated Plan. The LCoC uses the agenda, discussion, and public input from the City's sessions to inform the LCoC planning process. The information is given to committees and leaders of system-wide planning for monitoring and improving existing programs and to identify gaps in services. If there are gaps, the partners look for ways to address the gaps, whether this requires program revisions or adding new services. The LCoC works with partners to make such changes to the best of their ability.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

A. The LCoC has informal discussions with non-CoC funded organizations throughout the year about potential projects. It also uses a formal process to ensure agencies know they can submit applications. LCoC posted a 2026 NOFO summary and a notice that it is open to applications from agencies not receiving CoC funds. The post links to instructions on the City of Lynn and LHAND websites. We encourage members to refer organizations that have not previously received an award. LCoC members and other organizations may create new partnerships for serving the multiple needs of homeless households. LCoC published the notice in the community's newspaper to reach people who rarely visit the websites or lack Internet access. The NOFO Summary advised potential applicants to review detailed application instructions and related materials on the HUD Exchange. LHAND, as the Collaborative Applicant (CA), posted a timeline with deadlines, scoring criteria and required attachments. LCoC planning staff provide technical assistance to new applicants, so they have the necessary information for a competitive application. All projects, new and renewal, go through the same review and ranking process. All applicants received the 2026 ranking and review policy by email, and the City of Lynn and LHAND posted it on their websites when HUD released the NOFO. The CA notifies each project applicant, including new applicants, with the individual project ranking summary and individual project ranking number. Applicants may appeal their ranking number to the LCoC Project Ranking Committee for reconsideration. Our LCoC made information accessible to people with disabilities in electronic formats by posting a FY 2026 LCoC Program NOFO Summary that explains the online application process on the City of Lynn and the LHAND websites. We put information in the community's newspaper. Local libraries offer computers with Internet access for searching online LCoC information. The general public can read the newspaper for free at libraries. They are popular points of access among people with disabilities and unhoused people.

B. LCoC received an application for an SSO project from Commonwealth Land Trust, a developer that has not received LCoC funds in the past. CLT is developing 40 units of affordable supportive housing. The application was scored, ranked, and approved for submission to HUD.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

LCoC gathered data about causes of homelessness through a 2026 Needs Assessment and stakeholder feedback. The Needs Assessment measured the gap between affordable housing and supply identified the barriers for vulnerable populations. The data shows low incomes compared to rents are a primary cause of homelessness. Low-income households average \$22,062 per year, but average rent costs nearly as much, at \$21,000 per year. The city only has 4,305 affordable units, or 40% of what is needed. The Board of Directors and general membership update plans using feedback from People with Lived Experience of Homelessness (PWLEH), local government, schools, community service and health care organizations, LCoC community forums, Coordinated Entry/HMIS user groups, and the City of Lynn. LCoC Public Hearings are virtual to make them accessible to people with disabilities. We post fliers and conduct a phone call campaign to reach minority populations. The City of Lynn has ESG entitlement funds. Strategies reflect the data and feedback from subpopulations.

Our strategies ensure that vulnerable subpopulations receive tailored, sustained interventions within the CoC's overall homelessness plan. The City updated the city's zoning code to unlock housing production, leverage public land, and established a municipal housing trust fund.

LCoC strategies, performance measures and timelines:

Reduce the number of people who become homeless for the first time by 20% during the program year using LCoC and non-LCoC funding by Sept 2027

Increase the number of affordable housing units using CoC, LIHTC, AHTF and other funding within 12 months

Achieve a rate of 20% or more of successful exits to unsubsidized housing for 2027 due to increased income

Demonstrate at least 20% of CoC program participants increase earned income during the program year

Reduce the cost of housing development with City policy changes;

The City updated the city's zoning code to unlock housing production, leverage public land and funds to reduce the cost of development, and established a municipal housing trust fund. This will support future housing construction at lower costs.

The LCoC is the oversight body for all CoC funded programs to monitor performance and program compliance with HUD priorities.

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

Not Applicable

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The LCoC identifies people with Serious Mental Illness (SMI) through coordinated entry screening, crisis response, and community partnerships. Behavioral health service providers deliver Assertive Community Treatment (ACT), integrated psychiatric treatment and rehabilitation. Our crisis and emergency services (Eliot's mobile crisis team, 24-hour crisis call center, the City's crisis stabilization unit assess acute distress, SMI and suicide risk. Mental health centers conduct comprehensive psychiatric evaluations, including history, diagnosis, physical health, and substance use. Our Street Outreach team consists of multi-disciplinary professionals equipped to assess the client's individual needs and intervene accordingly. The Lynn Community Health Center (LCHC) serves the entire CoC. Its Medical Director is on the LCoC Board and leads a division of the CoC's Street Outreach Team. The LCoC collaborates with behavioral health agencies to identify unsheltered individuals with SMI. Public health and Medicaid data can flag individuals with documented SMI diagnoses or service use patterns. Shared care plans and case management across systems ensure seamless transitions between crisis stabilization, ACT, and other community-based behavioral health services, to promote stability and recovery. Any outreach team member or system provider can call the LCHC to ask for healthcare for a homeless person. It is a reciprocal relationship; an LCHC staff member will contact behavioral health agencies about a client who first appears for healthcare services who has other housing and service needs. Bridgewell Counseling Services operates outpatient behavioral health services that provide ACT, counseling, psychiatric evaluation, medication management, and ongoing clinical monitoring. They assess participants with substance use disorders and refer them to more intensive services when needed, intensive outpatient programs, detoxification, and treatment. Eliot Community Human Services operates CE, an entry point for behavioral health and substance use disorder treatment. It coordinates with community agencies for people with multiple service needs. Eliot provides intensive case management, medication management, suicide prevention services, and peer support services. The Recovery Exchange is a peer run agency that provides support for people with substance use disorders. It provides psychosocial services that help participants succeed in recovery.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The Recovery Exchange is a Massachusetts Peer Recovery Center and LCoC member. It provides peer support to persuade people to recognize and address their addictions. It provides ongoing support, so participants will persist in their treatment for substance use. It is a vital partner with substance use treatment agencies and the LCoC. It provides recovery-related workshops, training, and services that create a supportive environment in which participants feel they are heard. Participants have more buy-in and take more responsibility for their recovery. The Recovery Exchange is funded by the Massachusetts Department of Public Health to ensure recovering users have better health overall. Bridgewell Counseling Services has recovery coaches who provide support services to people with substance use disorders. They engage people to enter treatment and help them navigate the treatment options available to them.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Leading through Empowerment Opportunity (LEO) operates the Coordinated Entry program for LCoC. LEO is also part of the LCoC cross-agency outreach team. It can initiate CE in the field. CE is a major connection point between homeless people with SMI and treatment agencies. Initially, the CE assessment identifies if the individual is having a behavioral health crisis. If so, the CE staff contacts the CoC crisis response system to address the individual's crisis. If no crisis is occurring, assessors will collect information to identify a participant's housing and service needs. CE staff can use HMIS to determine individuals' history of homelessness and any previous SMI diagnoses. Through the assessment process, staff will observe behaviors that indicate a mental health evaluation is appropriate. The CE Lead is responsible for sending referrals containing client assessments and documentation to partners that provide behavioral health services. Qualified counselors and doctors at behavioral health service agencies perform an evaluation and make a diagnosis. Bridgewell operates outpatient behavioral health services that provide individual therapy, psychiatric evaluation, medication management, and ongoing clinical monitoring. Eliot Community Behavioral Health Center provides emergency services to treat and stabilize people with SMI as well as behavioral health treatment for children, youth and families. LEO, Inc. operates the Home Energy Assistance and Head Start programs. If participants in those programs show behaviors that may indicate SMI LEO will connect them to behavioral health treatment agencies. All of the behavioral health agencies will identify additional services clients need to improve their mental health and establish stability. They will coordinate with social service agencies to address these needs.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

LCoC members Eliot, Lynn Community Health Center, and Bridgewell have contracts to provide AOT services for persons involved in the court system. All three organizations have contracts with Drug Courts and other specialty courts to deliver evidence based interventions. The agencies have qualified staff for making referrals for inpatient civil commitment when it suits clients' needs. Eliot's Juvenile Justice program operates a residential network for court-involved youth ages 13 to 21.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The LCoC has a coordinated system of care where treatment providers and criminal justice partners work collaboratively to manage referrals, connect individuals to appropriate levels and types of care, address barriers, monitor progress, and support both treatment goals and court expectations. Specialized courts such as the drug court, the mental health court, and other problem-solving courts employ specially trained judges, probation officers, coordinators, and clinical specialists to provide judicial supervision and wrap-around treatment. Eliot, Lynn Community Health Center, and Bridgewell provide assistive outpatient services, medication management, and case management for individuals subject to court-ordered treatment with support from the state Department of Mental Health and the Essex County Probation Department (which includes Lynn.) Drug courts and other specialty courts partner with the CoC's substance use treatment providers - Eliot, Bridgewell, and LCHC - to deliver evidence-based interventions such as counseling, medication-assisted treatment, and recovery support. The agencies make inpatient civil commitment referrals if that is in the client's best interests. They are referred to DMH-certified psychiatric hospitals in Lynn. Eliot's Juvenile Justice program delivers a residential network for justice system involved youth ages 13 to 21, who need placement while awaiting return to court, assessment, or residential treatment. These services are essential for court-involved people to achieve housing stability and the opportunity that it gives to increase their independence. LCoC housing agencies do not screen out people with criminal histories, so all housing opportunities are available to them, with the condition that they will follow their leases and occupancy agreements. Bridgewell housing requires its residents to participate in substance use treatment if they have substance use or alcohol addictions.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

LCoC members Bridgewell and Eliot crisis teams collaborate with first responders to assist individuals having a behavioral health crisis. They provide mobile behavioral health crisis assessment, suicide risk assessment, safety planning, and connections to long-term mental health and substance use. Eliot offers 24/7 psychiatric emergency services and crisis stabilization. Eliot's Crisis Services use a 988-emergency line.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	159

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The LCoC has an MOU with Eliot, a CCBHC in Lynn. Eliot also has the PATH contract, funded by DMH and SAMHSA. It provides behavioral health and substance use assessments, treatment for behavioral health and substance use disorders, crisis services, recovery support, care coordination, and connections to community-based resources are among its services.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Bridgewell operates a residential treatment program for women with substance use disorders. It integrates counseling, alcohol and drug education, vocational planning, and self-help meetings to encourage personal responsibility. Municipal courts, the drug court, hospitals and substance use treatment facilities refer the participants to it. Bridgewell also operates a family supportive housing program for women and their children who are transitioning out of substance use disorder treatment.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Warm hand offs are conducted throughout the housing system and Lynn community service providers. Our intent is to support the client in navigating the system rather than leaving them to figure it out on their own. Once a housing unit or voucher becomes available for a person in shelter, the Lynn Shelter Association (LSA) will reach out to the housing provider to discuss next steps for the client. This gives the client security when navigating through this process and helps them gather the needed documentation. Once the client has gone through the housing placement process, LSA will work with the provider who will be assisting the family with their stability by case conferences. This helps prevent their entry into homelessness. Eliot Community Human Services operates the Tri City Community Behavioral Health Clinic (CBHC.) Eliot's Tri City CBHC operates 24/7 365 days per year and provides access to behavioral healthcare services via a walk-in model. This recognizes that clients need help at the point when they are ready for it, not when it's convenient for the service provider. Eliot provides transportation to and from appointments to increase accessibility to care and remove the barrier that transportation can be for timely appearance at appointments. Same day access to Medication Assisted Treatment and Psychopharmacology is also available. Eliot collaborates closely with COC partners to ensure a seamless referral process as well as ongoing consultation to optimize care and stabilization outcomes.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$4,442,212

2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,001,546
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	23%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$250,387
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	28%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The City of Lynn Office of Economic and Community Development (OECD) receives ESG funding. The LCoC and the Lynn Housing Authority and Neighborhood Development (LHAND) consult with OECD regarding resource allocations and protocols for ESG and ESG-CV funding decisions. The results are part of the Consolidated Plan and are used in implementing LCoC priorities. By policy, the LCoC includes a representative from the OECD on the CE Committee. LCoC members participated in evaluating and reporting ESG recipients' performance at the 2023 annual ESG meeting. They discussed and reviewed ESG program recipients and requirements for new applications. The meeting was open to the public and gave attendees the opportunity to ask the ESG officer questions. A representative from OECD completes a quarterly presentation on ESG spending at the LCoC full membership meeting. Program subrecipients are monitored in accordance with the City of Lynn Emergency Solutions Grant Subrecipient Monitoring procedures. Additionally, the City of Lynn maintains communication with subrecipients throughout the program year to stay apprised of programming. It completes detailed reviews of program expenditures to ensure compliance with program requirements prior to reimbursement. The LCoC consults with OECD by jointly reviewing funding priorities, performance standards, and HMIS processes before ESG funds are allocated, ensuring that both the grantee's plans and the LCoC's local strategy are in sync. The City of Lynn's Citizen Advisory Board organizes public hearings about the city's formula grant.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The LCoC coordinates with local shelter providers by integrating them into a shared service network, using coordinated entry to assess and refer people, and to leverage data to match needs with available shelter capacity, ensuring timely and effective connections. The CE triage system identifies unsheltered homeless people and refers them to the Lynn Shelter Association. It works in a reciprocal system. Shelter agencies identify service needs and make appropriate referrals to services. In 2025 more than 170 people moved from emergency shelter to permanent housing, including CoC funded housing. CoC shelter providers made over 1,000 referrals to community social service and treatment agencies that are members of the LCoC. The Lynn Shelter Association also works closely with the LCoC's outreach providers comprised of a multi-disciplinary team with expertise in different services. Outreach team members can conduct coordinated entry assessments in the field that connect unsheltered homeless people to shelter and services. Outreach team members include staff from the Eliot Community Human Services PATH program, Lynn Community Health Center (LCHC), and Lynn Youth Street Outreach Advocacy (LYSOA). The team searches homeless encampments (as they emerge), the streets and other locations homeless people tend to frequent. The LCHC mobile clinic provides medical services to homeless people in the field and at a hot food site; they use these interactions to enroll people in the CoC's Coordinated Entry system. LYSOA organizes and conducts outreach activities to engage homeless youth and to encourage them to share their experiences with the community's decision makers. Street community outreach members engage substance users with health services and treatment programs. The Lynn Shelter Association provides emergency shelter for youth ages 18-24 and makes referrals to the Haven Project, which provides transitional housing plus help with basic needs such as employment, education and health services.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The LCoC provides PIT, HIC, HMIS and System Performance data to the City of Lynn Planning Department. The city prepares the Consolidated Plan. It covers the same geographic area as the LCoC. We also have local government representatives who are LCoC members and attend various meetings when data is discussed. The information is shared with the Massachusetts statewide data warehouse. LCoC has created a Privacy Plan and provides a privacy notice to every individual from which the LCoC collects information. All CoC agencies are required to protect Personally Identifiable Information (PII) data to which they have access.

We provide robust training to all people who have access to the data to educate them about their responsibilities to maintain confidentiality for the PII the system collects. They sign confidentiality statements annually to confirm they understand people's right to privacy and that they will comply strictly with the Privacy Notice. The system employs data management professionals who ensure the data is secure and maintain its security protocols.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC uses multiple data sources alongside HMIS to improve care coordination, identify high-need individuals, and to strengthen transitions between homelessness, health care, and other systems. Health care, hospital, and justice system data help partners understand an individual's clinical needs, use patterns, and movements between systems. LCHC also works with the local hospital system to coordinate care for individuals who were homeless at admission. Hospital discharge information, emergency department utilization, clinical records, and referral information follows the patient and facilitates access to specialty care. LCHC staff frequently advocate directly with hospitals and specialty providers to coordinate referrals and help patients overcome barriers to completion of needed specialty evaluation or treatment. LCHC uses electronic health record information and clinical assessments to coordinate follow-up care, address barriers to treatment, and connect patients to appropriate medical, behavioral health, substance use, and social services. LCHC and hospital partners collaborate on care planning for individuals with frequent emergency department use. They review patterns of emergency department use and other available clinical information to understand why they are frequent users of emergency care and to identify alternatives that can meet their needs. Care plans may include improved access to primary care and walk-in services, medical outreach, behavioral health and substance use services, medical respite, case conferencing, and case management. This approach ensures that individuals have additional options for obtaining care before a medical or social need escalates into a crisis requiring emergency intervention. These interactions may also point to service gaps the broader system needs to address. All information sharing is conducted in accordance with applicable privacy requirements, consent processes, and organizational data-sharing policies. Together, HMIS, electronic health record information, hospital utilization and transition data, corrections-related transition information, and information shared through community partnerships provide a more comprehensive understanding of the needs of people experiencing homelessness than any single data source could provide. while reducing avoidable emergency and institutional utilization.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

LCoC member MassHire operates the North Shore Career Center. It offers resources such as job matching, career training programs, and apprenticeships. It provides targeted assistance for youth ages 14 – 24. The LCoC partners with the state's College Pilot program, which provides homeless students with college costs for Salem State and North Shore Community College. The Essex Sheriff's department connects inmates with vocational training programs prior to release to improve success at re-entry.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The LCoC's Strategic Street Outreach Committee's Strike Team and co-response programs combine housing-focused outreach with law enforcement and human services, using data shared between both systems. The City of Lynn partnered with Eliot Community Human Services to develop and implement the Lynn Calm Team (LCT), which is an unarmed response for individuals and families. LCT focuses on immediate direct support and connection to relevant services. Composed of Eliot, City of Lynn Public Health leadership and field staff, the Lynn Calm Team has responded to more than 1,200 calls for service from individuals and families in its first year of operation and has provided real-time response to critical needs, including stable housing plans, utility restoration, and immediate medical and/or behavioral health referrals. The Lynn Police Department has a community bicycle outreach team that interacts with homeless people on a daily basis. They have built a rapport with many homeless people with their efforts to help people and defer the need for arrests. They encourage people to seek services, and at their request will transport them to service providers. If a situation calls for an arrest, the community bicycle team will call a patrol car to make the arrest. This protects the bike team's reputation for trust among homeless people. The joint presence of both the Outreach Strike Team and law enforcement helps de-escalate situations and reduce arrests, while also connecting people to housing and services. The teams use trained staff to calm situations, avoid force, and address underlying issues (behavioral health, substance use, housing needs). The Outreach team members and co-responders also build trust of homeless people by addressing immediate needs – i.e. food, water, shelter. Law enforcement is present with a supportive approach designed to avoid criminalization. This increases homeless people's willingness to engage. The outreach staff responders ensure that after initial contact, individuals are seamlessly referred to our coordinated entry system for CoC-funded housing and supportive services, leading to tangible housing and service outcomes. Social services may begin at first contact and follow the individual or family into shelter or other housing. Homeless people may be eligible for affordable, non-CoC funded housing as well as LCoC funded housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Staff at LCoC service provider agencies coordinate homelessness prevention, rapid rehousing, and supportive services to help individuals and families reconnect with loved ones and support networks, often through case management, travel assistance, and coordinated service arrangements. The LCoC has purchased bus, train and airplane tickets to send eligible program participants to reunite with their family and/or friends in other states and other countries, when it is confirmed that they have the opportunity for greater self-sufficiency closer to their support network. This can often be part of rapid rehousing or homeless prevention services, where the agency covers transportation to a family home, a relative's residence, or a community support site, and in some cases, service providers may arrange temporary housing in the destination area until permanent housing is secured. Case management can assist people with nearby family/support-network reunification. Ongoing case management support ensures that reunification is not just a one-time event but part of a sustained plan to stabilize housing, safety, and community connections. LHAND's NSHAG program focuses on the needs of young adults ages 18–24, with case management services to help young adults achieve promote long-term stability. This can include helping with reunification with estranged family and friends. NSHAG partners the Lynn Shelter Association, The Haven Project, the City of Lawrence Homelessness Initiative, YouForward, Action Inc., Younity, LifeBridge, nAGLY, and many others to support reunification efforts. Our CE system matches individuals to services, and connects them with housing, employment, and family support resources. This can often be part of rapid rehousing or homeless prevention services, where the agency covers transportation to a family home or other relative's residence, or a community support site, and in some cases, service providers may arrange temporary housing in the destination area until permanent housing is secured. Reunification may be more successful when participants move to nearby housing vs. living in the same home.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The LCoC cooperates with law enforcement in a joint effort to address activities that can impact public safety. Service providers' and first responders' efforts complement one another; they do not duplicate or hinder local initiatives. The Lynn Police Department has a community bicycle team that has built a relationship with many homeless people. They deliver supplies like water and food and will accompany them to meet with service providers. The system is designed to allow first responders to deliver services to homeless individuals in the community in a way that puts a priority on moving people to treatment services, rather than arresting them. If they encounter illicit drug use in public spaces, they may use that as leverage to convince people to enter services and treatment. If an individual or group presents an ongoing problem and they resist any interventions, the bike team member will call for a patrol officer to come to the scene and make an arrest. This protects the relationships the bike team members have built within the homeless community. The City contacts the bike team when tents or encampments appear where they are not allowed or when they create a public health or safety concern. The bike team will notify the people that they must move or their sites will get cleared. The City of Lynn operates the CALM team, an alternative to armed police with staff who respond to non-violent calls for emergency assistance without weapons or use of force. The LCoC and its partners, including first responders, attempt to persuade people to enter treatment or services. LCoC partners respect law enforcement actions when it is necessary for public safety. Lynn City Police are responsible for staying aware of sex offenders in the community, and for sharing information as required by SORNA.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The City's municipal code, public safety ordinances, and departmental enforcement rules govern tent or encampment removal. The City has enacted a ban on public camping. The City Clerk's posted City Ordinance Code has public safety, nuisance, and land use provisions that apply to unauthorized camping. The City rules ban: occupying public property without a permit, maintaining a nuisance, or violating land use/zoning laws. Lynn enforces these rules to address encampments; prohibiting unsanitary conditions, blocking public access, or violating building/zoning codes. The City Clerk enforces ordinances, while the Planning Department, Public Health Division, Public Works, and Police have roles in removal. The Department of Public Health and Social Services may be involved if health or safety concerns are raised, which can expedite action in urgent cases. Lynn's Planning Department emphasizes stakeholder engagement, which influences how encampments are addressed. Fines, orders to correct, or court referral are possible; the exact penalty depends on the specific ordinance and departmental rules. These laws help us remove encampments that violate clear, enforceable codes (e.g., nuisance, zoning violations). The LCoC partners attempt to address the needs of people in tents and encampments before it becomes a matter of public health and safety by linking them to housing and services. It is beneficial for all parties if an intervention succeeds in moving people from unsheltered homelessness to shelter. The City's Department of Public Health, first responders & local social service providers that form the LCoC's Strategic Street Outreach Committee, connect individuals to shelter, housing assistance, or health care when they are in need. Lynn has partnerships with regional agencies for emergency shelter or housing. Staff from local health organizations working as part of the street outreach team provide immediate services (e.g., medical care, hygiene, and mental health support) during enforcement actions, which help address needs while removal occurs. These services can ensure individuals have support after removal.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

There are not any large single centralized tent encampments in the City of Lynn. The Strategic Outreach Committee tracks small-scale outdoor camping in tents, cars, and other places not intended for human habitation. Data related to unsheltered homelessness often fluctuates as many individuals outreached by providers and/or first responders are often from other cities or states. As of the latest available Point-in-Time Count data, Lynn has 45 unsheltered individuals, including those in tents or other makeshift shelters. Lynn attempts to reduce the number of tents and encampments using all of its resources available. When the city determines an encampment or tent must be cleared, it can call on the Lynn Police Community Bicycle team to notify the people about a planned clearance. People will move to a variety of destinations: shelter, a new location or they may receive help with transportation costs to move to a family or friend's home that isn't local. The City will use its public safety and health laws, zoning ordinances and public nuisance bans to act against tents or encampments if the people using them are violating any of the laws and ordinances. These actions can also be leveraged to move people from tents and encampments into shelter if they have resisted using shelters in the past.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The City of Lynn bans the public use of illicit drugs. Lynn's public health and law enforcement systems combine 24/7 coordinated community response to address public drug use, while state law provides the legal framework for rapid intervention and treatment referral. A 24/7 public, confidential helpline connects individuals to treatment and recovery services. In 2025, the CE triage system resulted in 81 referrals to behavioral health and/or substance use. The city's substance use disorder program provides Narcan training for community members and businesses and maintains a list of local treatment services. The Lynn Police Community Bicycle Team has built a relationship with many homeless people, including those with known histories of substance use and alcohol abuse. The system is designed to allow first responders to deliver services to homeless individuals in the community in a way that puts a priority on moving people to treatment services, rather than arresting them. If they encounter illicit drug use in public, they may use that as leverage to convince people to enter services and treatment or face arrest. Eliot's mobile Behavioral Health Unit will respond to calls about public substance use incidents. First Responders to overdose cases may use the individual's overdose experience to motivate substance users to enter treatment. The Lynn Public Health Division operates five Narcan cabinets citywide. A Community Wellness Vending Machine offers free, anonymous Narcan, test strips, and hygiene supplies, open 24/7 with no ID required. These measures help reduce overdose deaths and inform users of available treatment and recovery services. Massachusetts General Laws c. 17, § 19 requires licensed SUD treatment programs to implement robust discharge planning, including follow-up treatment, housing resources, medication-assisted treatment options, and community support to avert relapses into use. The Massachusetts STEP Act mandates "warm handoff" interventions before discharge from acute care or satellite emergency facilities, enabling rapid connection to treatment.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

The City of Lynn bans the public use of illicit drugs. It uses that law to intervene when it receives reports of public use of illicit drugs and/or alcohol abuse. The Lynn police tend to be familiar with repeat offenders who use illicit drugs in public spaces. They may use this knowledge to follow up with known users. Local community substance use treatment providers, law enforcement and co-response teams respond to sightings or calls about illicit drug use in public. First responders work daily to persuade users to enter treatment, shelter, and recovery support. Overdose rates in the city of Lynn have been decreasing year after year. Many organizations participate in overdose response training and have access to Naloxone for staff and clients. If a substance user overdoses responders use that event, when they may be more open to participating, to refer people to treatment. People who abuse alcohol in public may be sent for emergency room treatment or detox services. Substance users or alcohol abusers in public are subject to arrest if law enforcement personnel believe they threaten public safety or there are repeated calls for the same individual.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Massachusetts state law (M.G.L. c. 123, § 14,) and related state regulations govern involuntary psychiatric commitment. These laws allow law enforcement or certain mental health professionals to initiate an evaluation to ascertain whether involuntary commitment is in the best interests of those who may be in imminent danger of harm to themselves or others. Local law enforcement and crisis response teams in Lynn (Eliot, CALM, LPD's Behavioral Health Unit (BHU)) operate under these state statutes. The LCoC providers can facilitate access to emergency services and street outreach, a process for identifying and referring individuals who need immediate intervention. The LCoC's local policies provide a protocol for identifying and addressing risks to self or others through safety planning and referrals. Section 1.6 of our CoC's Coordinated Entry Policies & Procedures explicitly includes "Safety Planning and Risk Assessment" as part of the assessment process, meaning the CoC can identify individuals who may be at risk to themselves or others and connect them to appropriate services. Local law enforcement and crisis response teams in Lynn (Eliot, CALM, LPD's Behavioral Health Unit (BHU)) operate under these state statutes. The CoC ensures all people have access to solutions to risk of harm, including those fleeing domestic violence, veterans, and other subpopulations. The LCoC refers individuals to behavioral health providers, crisis services, or law enforcement when safety risks are identified. We collaborate with local agencies (e.g., Lynn Police, mental health crisis teams- Eliot, CALM team) to ensure timely intervention. We use our safety planning process to document risks and connect to services that may include involuntary evaluation if required by law. Resource constraints in Lynn's housing and behavioral health system may delay or limit access to crisis services, even when risks are identified. However, the risk assessment conducted at the Coordinated Entry level may give some individuals a higher ranking on the waiting list based on their vulnerability score. This may shorten the time it takes to enroll them into the services that will lead to long-term stabilization.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Lynn Police Department is responsible for tracking and reporting people who are subject to the Sex Offender Registry and Notification Act. Massachusetts state law prohibits local ordinances regarding sex offender registration and monitoring, rather than allowing municipalities to impose their own restrictions that may undermine public safety. While there is no explicit SORNA-specific ordinance in Lynn, the LCoC's CE policies, governance structure, and privacy commitments can both enable and hinder comprehensive information sharing. To fully comply with SORNA, the LCoC aligns its internal protocols with state and federal data-sharing requirements, through interagency agreements and updated privacy policies that permit lawful disclosure of location information to law enforcement when required. As a practical matter when sex offenders are housed it is much easier to track and monitor them. To that end local management of sex offenders is designed to enable housing and provide records of their addresses as required by law.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

LCoC providers with different expertise from multiple agencies collaborate as an outreach team. The Eliot Community Human Services PATH staff identify homeless people who need supportive services. The Lynn Shelter Association employs a multi-member street outreach team that searches the streets, sheltered areas not meant for human habitation and locations homeless people tend to frequent. The Lynn Community Health Center mobile clinic provides medical services to homeless people in the field and at a hot food site; they use these interactions to enroll people in the CoC's Coordinated Entry system. Lynn Youth Street Outreach Advocacy (LYSOA) organizes and conducts outreach activities to engage homeless youth. All outreach personnel seek to move people into permanent housing ASAP. Our teams include people that span the age spectrum with young adults under the age of 24 to improve engagement with youth. The Lynn Police Department partnered with Eliot Community Human Services to operationalize a Behavioral Health Unit composed of police officers and mental health professionals. The BHU provides compassionate and effective outreach and responses to individuals and families experiencing mental health crises, substance use disorder and/or homelessness. Through proactive outreach, crisis intervention, and collaboration with service providers, this unit strives to connect individuals in need with appropriate resources and support services. In September 2025, the City of Lynn and LCOC partnered to create a Strategic Street Outreach Committee, a collaboration of City leadership, first responders, outreach teams and service provider with respect to outreach and engagement of individuals and families experiencing homelessness. The City of Lynn partnered with Eliot Community Human Services to develop and implement the Lynn Calm Team (LCT), which is an unarmed response for individuals and families in crisis. The Lynn Calm Team has responded to more than 1,200 calls for service from individuals and families in its first year of operation and has provided real-time response to critical needs, including stable housing plans, utility restoration, and immediate medical and/or behavioral health referrals. Our CoC's Street Outreach team covers 100% of our CoC's geographic area. Our outreach workers can access 98 percent of our CoC's geographic area. Outreach activities are conducted at least several days per week.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The LCoC policy complies with federal law that ensures educational rights and protections for children and young adults 18-24 experiencing homelessness. Protections apply to children and youth whether or not they are living with a parent or guardian. Every school district in Massachusetts is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment, consistent attendance and opportunities for academic success of students in homeless situations. The LCoC meets the HUD requirements for CoCs and project applicants through the annual CoC competition, and the LCoC has established related requirements. All LCoC funded housing programs must inform homeless individuals and families at the time of intake about their eligibility for educational services. They must give families information about their children's rights for a fair, nondiscriminatory education. The housing agencies identify children's educational needs and include them in the family's Client Service Plan. The agencies in the LCoC also regularly refer participants to LEO (area Head Start agency) and the LHAND Family Success Center. Both organizations have programs for youth to help them attain additional education that will increase their employment options and future income. The providers have an affirmative obligation to post information about educational rights where parents and unaccompanied youth can see them. The policy directs providers to explain to each homeless family and unaccompanied youth, at intake, their right to choose where they can attend school. They have the option to continue to attend school where they were enrolled before becoming homeless, or to enroll in any school that serves the area where they are sheltered or housed. Providers also must hold discussions with families about the best choices for their children's education and their social and emotional well-being. Providers' education coordinators refer homeless families with school aged children to the Lynn public school district McKinney-Vento liaison. The system's policies direct providers to post information about their educational service rights where families and youth can see them. These duplicative efforts ensure families receive information about their rights regarding educational services for their children.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Lynn Housing Authority and Neighborhood Development (LHAND) provides Housing Choice Vouchers funded by the Foster Youth to Independence (FYI) grants for Transitional Aged Youth (18 – 24) experiencing or at risk of housing instability. The program serves youth who are aging out of, or have a history, of being in the foster care system. It has a Memorandum of Understanding with the Department of Children and Families, Adolescent and Young Adult Services Unit for the purpose of administering FYI vouchers. Referrals come directly from the DCF Youth and Young Adult Housing Coordinator. Youth are eligible for FYI 90 days prior to leaving the foster care system. Only youth “graduating” from the system are referred for these vouchers. Coordination between DCF and LHAND includes connecting eligible youth to the Coordinated Entry system, facilitating referrals to all appropriate housing programs, supporting transition planning, and linking youth with benefits and community-based services. This collaborative approach helps promote continuity of care and reduces the risk of homelessness as youth transition from the child welfare system. LHAND placed four youth with FYI vouchers in 2025. LHAND and the Haven Project work together to provide housing, case management, life skills training and support for education and employment goals. LHAND also administers the Family Unification Program vouchers used by DCF for families ready to reunify once they can obtain stable housing. The Haven Project operates TH and RRH for youth ages 18 – 24 using a step-down model. Youth leaving foster care who go through the LCoC CE will be referred to the Haven Project. Homeless youth, or youth at risk of homelessness, begin in the agency’s transitional housing with on-site case management and career development. Career development can include support for enrolling in job training programs or pursuing employment. As the participants develop income and the ability to navigate the demands of adulthood, the rent assistance declines incrementally over two years.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

There are no RHY-funded providers in the LCoC.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

LCoC does not have RRH or TH for families, only for individuals.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

LCoC funded housing providers, such as the Lynn Shelter Association, work with heads of households to identify their employment goals. The LCoC partners with MassHire, a statewide workforce development program. Its North Shore Career Center connects job seekers to employers. Its resources include job listings, career training programs, and apprenticeships. Realizing Intergenerational Success through Education (RISE) is a partnership between Lynn Public Schools and LHAND, focused on helping families avoid homelessness and improve their access to education, financial opportunities, and family well-being. RISE is a Lynn-based program designed to support families with children enrolled in the Lynn Public Schools who are at risk of homelessness. Services include building employment skills and connecting with education or jobs. Leading through Empowering Opportunities (LEO) provides job search and job training assistance through its family assistance programs. With its VITA (Volunteer Income Tax Assistance) LEO helps employed people use tax credits for which they are eligible, including the Child Care Tax Credit and Earned Income Tax Credit. This increases their take home pay and increases self-sufficiency. HUD's family self-sufficiency (FSS) program helps participants acquire the skills and experience they need to obtain work that pays a living wage. FSS then offers them a unique savings opportunity in an escrow account as their earnings increase. Public housing agencies (PHAs) work with welfare agencies, schools, businesses, and other local partners to help FSS participants access services needed for stable employment such as childcare, transportation and job training.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Lynn LCoC service agencies provide up-to-date information to program participants about mainstream resources (e.g., Food Stamps, SSI, TANF, WIC, substance abuse programs, etc.) within our CoC's geographic area. Case managers work with participants to apply for all mainstream resources. The Realizing Intergenerational Success Through Education (RISE) is a partnership between Lynn Public Schools and LHAND, focused on helping families avoid housing instability and improve their access to education, financial opportunity, and family well-being. RISE is designed to support families with children enrolled in the Lynn Public Schools who are either experiencing homelessness or facing any kind of challenge in maintaining their housing. Connections to community programs to support overall health and well-being include assistance with applying for mainstream supports such as TANF and SNAPs. SNAPs is an essential part of family stability in low to moderate income families whose wages alone are insufficient to meet basic needs. The Lynn LCoC collaborates with healthcare organizations to assist program participants with enrolling in health insurance and understanding the effective use of Medicaid and other benefits, including for substance abuse treatment and mental health treatment. The Lynn Community Health Center (LCHC) helps families enroll in WIC, another mainstream program, for assistance with obtaining nutritional food for pregnant women, mothers and young children. Other providers can call the LCHC to ask for assistance with a homeless person who needs healthcare services. It is a reciprocal relationship; an LCHC staff member will call other LCoC providers to assist with a client who first appears for healthcare services who has other housing and service needs. SAMSHA provides SOAR training annually for the LCoC. The SOAR staff also inform providers that their staff can obtain SOAR training and certification online. They can assist participants in applying for SSI if appropriate.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

LSA and LEO refer people to the Lynn Community Health Center (LCHC) for nutrition and parenting education, and breastfeeding support for pregnant, postpartum and families with children under 5. Case managers coordinate services with other providers. For example, LSA assists people with enrolling their children in Head Start for meeting their early development needs and for the parents' ability to use it as childcare so they can work. More than 90% of residents remain stably housed. LSA will also refer families to the Lynn Community Health Center where they can get primary healthcare and referrals to specialty medical providers. LEO operates Head Start in Lynn. Its case managers help Head Start families sign up for the appropriate mainstream resources, such as SNAP, SSI, TANF, WIC and Medicaid or Medicare. The Lynn Shelter Association (LSA) provides follow-up care to families who move from its shelters to permanent or transitional housing in the community. Families remain connected with staff who help ease the transition to housing for 2-3 years. Case managers also work with participants to obtain such mainstream resources. Staff and families work together to identify long-term goals, whether it's securing steady employment, enrolling children in school, accessing education and training opportunities, or enhancing financial literacy. Staff provide support, guidance, and problem-solving assistance, while also connecting families to medical care and other vital community resources. The goal is to ensure families have the support they need to successfully maintain their safe, stable housing long term. LSA also manages ten supported two-bedroom apartment units for families. It provides a stable and lasting solution for individuals and families who have experienced chronic homelessness or face significant barriers to maintaining housing. Residents work with onsite case managers who provide ongoing support tailored to each client's needs, including connections to mental health care, substance use and recovery programs, and specialized services for survivors of domestic violence.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The Bedford VA office is an LCoC member agency. Homeless veterans who come through CE can be referred to the VA, where they may be eligible for emergency shelter, permanent housing and eviction prevention assistance. The VA will assist them with obtaining other VA benefits. The LCoC veteran committee chair manages the SSVF and VASH programs.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	
1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
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4.	Shares data with the Department of Veterans Affairs as appropriate?	No
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Healing Abuse Working for Changes (HAWC) serves victims of domestic violence, dating violence, sexual assault, stalking and other forms of sexual violence. HAWC operates an emergency shelter, a DV hotline and legal and hospital advocacy. Amirah provides residential recovery care, resources, and opportunities to women who have survived different forms of sexual exploitation and sex trafficking. Both work with affordable housing providers to find safe, permanent housing.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Eliot operates Juvenile Justice Residences to serve court-involved youth, ages 13-21, who need housing while awaiting return to court, assessment, or residential treatment. Eliot and Lynn Community Health Center (LCHC) have documented partnerships with the Essex County Sheriff's Department to support individuals transitioning from incarceration back into the community. This collaboration allows for continuity of care.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The Lynn Community Health Center (LCHC), an LCoC member, works with the local hospital system to coordinate care for individuals who were homeless at admission. LCHC and hospital partners collaborate on care planning for individuals with frequent emergency department use. They review patterns of ED use and clinical information to understand why they are frequent users of emergency care and to identify alternatives that can meet their needs. LCHC operates a 20-bed medical respite center.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Lynn CoC member Greater Lynn Senior Services (GLSS) serves aging and elderly people. Its Housing Advocates help homeless seniors find subsidized housing. They work to resolve landlord/tenant disputes to prevent eviction. If necessary, they will relocate seniors to prevent homelessness. They will refer seniors to ADA units housing providers have. Homeless seniors who enter the system through CE are referred to emergency shelter.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Bridgewell operates two Dedicated Plus projects that devote 100% of their PSH units to people who have been chronically homeless, (as defined by HUD in its December 2016 Final Rule.) with on-site services. The Lynn Shelter Association operates 89 single room occupancy units and ten supported two-bedroom apartment units for families that are prioritized for people with histories of chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Bridgewell, a behavioral health service provider, operates PSH that prioritizes individuals with histories of chronic homelessness with agency owned properties and scattered site rent assistance. It operates a separate joint project with the Lynn Shelter Association for scattered site housing. Participants in these units receive on-site counseling, clinical care and case management, services designed to stabilize their mental health. Qualified mental health professionals work on-site with participants in other LCoC housing for chronically homeless people. They help clients with daily activities that are consistent with their treatment plans. This can include monitoring clients for taking their medications as prescribed. It can also include reinforcement of therapeutic interventions that licensed counselors and therapists develop.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Case managers and clinical staff at LCoC funded PSH across the system visit participants on a regular basis. If an individual shows signs of acute need for a higher level of care staff will contact emergency first responders. Clinical staff and case managers are usually informed of chronic health problems, whether they are physical or mental. They are trained to watch for worsening symptoms of ongoing health issues or the appearance of symptoms that could indicate new health problems. General health histories are taken for people who come through the CE system and that information follows people into their housing. Also, the Lynn Community Health Center is part of the LCoC Outreach team and frequently encounters people who have acute health problems. LCHC will refer them to health care providers who can provide the right level of care. This information becomes part of the person's HMIS record which is available to care providers after the people have entered PSH. If the Eliot crisis response team or emergency first responders are called to a participant's home for acute episodes of mental illness they will refer the participant to their behavioral health provider for an assessment. The agencies may also make an inpatient civil commitment referral if that is in the client's best interests. They are referred to DMH-certified psychiatric hospitals in Lynn.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Coordinated Entry Assessment Policies and Procedures Manual states the process for assessing a participant's readiness to move on. A reassessment is required if the participant is served by CE for more than 12 months, Case workers must submit the updated assessment to the CE lead within 30 days. If an annual assessment is not received, then the participant will be exited from the program. Staff may revise participant records with new information as it becomes known by staff or becomes apparent during case conferencing. During the reassessment case workers will re-evaluate participants who have been stably housed for some time and who might be ready for less-intensive housing and service strategies. Generally, the participant and their case managers will look at readiness indicators that may such as length of time housing has been stable without eviction notices or major lease violations, income sufficient to sustain rent in unsubsidized housing or at a lower level of subsidy, connection to community services, health and safety stability, and participant's interest in moving on.

Moving on is voluntary. A participant who is not ready retains their unit/subsidy. If a participant is assessed as ready, the case manager develops an individualized transition plan, which may include connecting the participant to a housing choice voucher, other subsidized or unsubsidized housing options, along with a plan for continued access to supportive services as needed. The assessment and outcome are documented in the participant's case file. CE policies also mandate annual training in the assessment process The CoC will provide at least free annual training for persons who will manage access point processes and conduct assessments for CE.

Training topics nclude

- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the CE assessment tool;
- Review of all required forms and client documentation; and
- Criteria for uniform decision-making and referrals.

Training materials will cover the as

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	No
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/23/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/23/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/06/2023
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

LCoC did not make any involuntary reallocations based on underperformance. We work to prevent this need through an active, ongoing monitoring process that is mandated in our Governance Charter. Our monitoring uses data from HMIS, the most recently submitted HUD Annual Performance Report (APR), and the most recently submitted Project Application submitted for the CoC NOFO proposal. We use our findings to make changes to our programming. We meet with our provider agencies to share concerns and offer corrective actions: remedies for weaknesses, best practices education, and providing agencies with tools that help manage compliance with requirements. We use our data to evaluate the effectiveness of our CoC's homelessness response system and how the CoC funded projects fit into our community's needs. We shift to best serve the population and meet HUD's and our community's goals as needed.

2. The LCoC did not identify any low-performing programs. Reallocations were not made due to underperformance.

3. Two agencies, Bridgewell and Lynn Shelter Association, each chose to voluntarily reallocate a project (BW's Project COPE PH renewal and LSA's PSH renewal, as well as the S+C renewal project they both share.) This decision was made collaboratively during the individual Strategy Sessions we held with the provider agencies, the LCoC Board of Directors and LHAND – the LCoC's Collaborative Applicant and administering agency, in preparation for the release of the FY25 HUD CoC NOFO. When that process resulted in auto renewals, we continued with the process to evaluate our projects' data and to monitor their results. We continued holding strategy discussions so we would be prepared for the release of the FY26 CoC NOFO with a plan for projects that were a better fit to meet the needs of people experiencing homelessness in our community. Our community believes that reallocating these projects is what best aligns with our local priorities and the HUD CoC priorities aimed at ending chronic homelessness.

4. LCoC did not make any involuntary reallocations. Bridgewell and Lynn Shelter Association submitted FY 2026 applications to use funds differently. They reallocated PH funds to TH funds to meet HUD priorities.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus/Clarity
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

LCoC did not make any changes to our unsheltered PIT count implementation.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

In August 2025, LCoC and the City of Lynn began the process to eliminate a large encampment that varied in size from 12 to 20 people at any given time. The city mayor's office and city departments formed a strategic street outreach committee to address it. We were able to relocate people to detox beds, housing, shelter, and/or services. One person received a bus ticket to move to a family member's home outside Lynn. The city arranged to have the site bulldozed to remove any remaining items. The encampment was on private property, so the City worked with the owner's agent to obtain legal access to clear it. The clearing was complete by November 2025. The City then cleared all shrubbery, fences, and trees on the former encampment site and city owned open spaces to make it harder to hide encampments. The city also posted signs prohibiting loitering, trespassing and camping on the spaces.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	2
2. Enter the reduction in the number of encampments during your evaluation period.	2

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	45
2. Enter the reduction in the number of people in encampments during your evaluation period.	45

 nbsp;nbsp;

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

In the past year, LCoC worked with the City of Lynn to eliminate a large encampment that varied in size from 12 to 20 people at any given time. The city mayor's office and city departments formed a strategic street outreach committee to address it. We were able to relocate people to detox beds, housing, shelter, and/or services. One person received a bus ticket to move to a family member's home outside Lynn. The city arranged to have the site bulldozed to remove any remaining items. The encampment was on private property, so the City worked with the owner's agent to obtain legal access to clear it. The City then cleared all shrubbery, fences, and trees on city owned open spaces to make it harder to hide encampments. The city also posted signs prohibiting loitering, trespassing and camping on the spaces.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

During the reporting period 1,543 people entered ES, SH, TH or PH. Of those, 86 moved into ES, SH, TH or PH during the previous 12 months. 1,457 persons did not have entries in ES, SH, TH or PH in the previous 24 months. This shows a reduction of first-time homelessness.

LCoC has several tools to reduce the number of people who enter homelessness for the first time. The RAFT program has funds to stabilize housing for low-income people facing an emergency housing crisis that will cause them to become homeless. They must have an eviction notice, face mortgage default, have a utility cut-off notice, are domestic violence survivors or live in housing that is uninhabitable. They do not have to have a previous episode of homelessness to qualify. LHAND's Family Success Center and Haven Project offer financial literacy programs to address poor money management and poor credit, which contributes to housing loss. LHAND provides Foster Youth to Independence (FYI) grants for Transitional Aged Youth (18 – 24) to prevent homelessness when they leave the foster care system. Information about causes of clients' homelessness is recorded in HMIS. Case Managers teach explain participants' tenant responsibilities according to landlord-tenant law – this reduces lease violations that leads to eviction. The Lynn CoC is responsible for developing and implementing comprehensive strategies to prevent homelessness. The triage questions in the CoC's Coordinated Entry process enable agency staff to determine the severity of the individual's housing crisis, whether they have a support system and what type of assistance could alleviate their immediate crisis. Staff will use this information to make targeted referrals to housing and service providers.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

LCoC designed its Coordinated Entry system for rapid assessment to reduce the length of time people remain homeless. We reduced the average wait for housing by streamlining the CE process. We were able to eliminate bottlenecks and connect participants to open units more quickly and efficiently with the following actions:

Training all service providers in the CE process
 Educating providers to report anticipated vacancies
 Updating CE policies to clearly list steps for applications to an open unit
 Conducting biweekly case conferences with service providers to review the wait list

Increasing income is another strategy to reduce the average duration of homeless episodes. We partner with job placement agencies to assist people residing in emergency shelters to secure employment or additional employment. LCoC has a SOAR program to expedite applications for Social Security Income for people with qualifying disabilities. 2. The CoC prioritizes people for permanent supportive housing vacancies who meet HUD's definition of chronically homeless with those who have been homeless or have the longest history of episodes of homelessness. People who meet this definition and have the highest service needs are first in line for PSH. Others who meet this definition but have less acute service needs are the next priority. We identify the highest need people through the CE assessment tool, and they are ranked accordingly. The CoC, through its Board of Directors along with the Governance & Planning Committee, oversees the system's strategies to reduce the length of homelessness and outcomes. CoC managers work with the appropriate sub-committees (Veteran, Youth, Elderly).

	2A-7. Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	24.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Each housing program manager must complete performance reports that show how many people exit TH/RRH/PSH and their destinations, wherever they may be. We track this data in HMIS so we can run reports to monitor performance. This answer was calculated by using exit to unsubsidized housing numbers divided by all exits.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,037	0	989	93.37%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	8	0	8	100.00%
4. Rapid Re-Housing (RRH) beds	0	0	0	0.00%
5. Permanent Supportive Housing (PSH) beds	224	0	214	93.54%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

LCoC's bed coverage rate exceeded 84.99%

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes		

06. 1D-2c. Local Competition Selection Results	Yes		
07. 2A-8b. FY 2026 HDX Competition Report	Yes		
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

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Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/22/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/23/2026
1C. Coordination and Engagement	09/23/2026
1D. Project Review/Ranking	09/23/2026
2A. HMIS Implementation	09/23/2026
3A. Policy Initiatives	09/23/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required