

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-516 - Massachusetts Balance of State CoC

1A-2. Collaborative Applicant Name: Commonwealth of Massachusetts

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Commonwealth of Massachusetts

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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
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	
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	

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

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 Balance of State CoC (BoS CoC) has an open invitation for new members on its webpage: <https://www.mass.gov/info-details/balance-of-state-bos-continuum-of-care-coc-program>. This webpage clearly states that membership is open to the public and that there are no fees or application needed to participate. The webpage includes a link to the monthly virtual Planning meeting as well as an invitation for participation in one of the several BoS CoC committees.

In addition, at all Planning meetings, the CoC reports on the status of each Committee and invites new participation. This invitation is also part of every monthly Planning meeting agenda, which is sent out to ~500 individuals on the CoC mailing list. Anyone interested in following or being part of the CoC is added to the mailing list upon request. The CoC also publicly announces this information each spring when it posts an invitation for new applications on CommBUYS, the Commonwealth of Massachusetts' procurement platform. When this procurement is available, the CoC sends an email to the full mailing list and announces it in the next Planning meeting. During all of these interactions, the CoC also encourages existing members to reach out to their own networks to engage others who may be interested in being part of the BoS CoC.

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.
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(limit 2,500 characters)

The BoS CoC uses transparent and inclusive processes to solicit and consider input from a broad array of individuals and organizations with knowledge of homelessness or an interest in preventing and ending homelessness across the CoC's geographic area.

The CoC's governing body, an 18-member Advisory Board, meets at least every other month to review CoC performance, priorities, policies, and strategies. Membership includes housing and service providers that are both CoC-funded and not CoC-funded, as well as representatives from law enforcement, municipal government, housing authorities, and persons with lived experience. The Advisory Board also convenes working groups to address strategic priorities. Most recently, it formed a working group to identify strategies to better utilize transitional housing and Street Outreach. Participation was solicited through email and the monthly Planning meeting of the full CoC membership and reiterated at subsequent meetings. The group met every other week for four months and developed multiple strategies.

The CoC also regularly conducts needs assessments to inform policies, priorities, and projects. The most recent assessment began in summer 2025 and was advertised through monthly Planning meetings, which have a distribution list of nearly 500 individuals, and through stakeholder emails. The CoC intentionally sought participation representing all geographic regions and diverse perspectives, including domestic violence (DV) and youth providers, persons with lived experience, and staff in leadership, management, and direct-service roles.

The CoC created three surveys designed to collect feedback from a broad array of providers and program participants, including those with lived experience. They included: [GC5.1][BK5.2]Street Outreach and direct service staff; leaders of CoC-funded agencies; and leaders of organizations not funded by the CoC but involved in homelessness response. The CoC also conducted nine listening sessions, including two specifically for persons with lived experience. Individuals actively experiencing homelessness were intentionally recruited, and one session was held at a large adult shelter to reduce barriers to participation.

Input obtained through these processes is incorporated into the CoC's governance and planning structures and considered when evaluating performance, developing strategies and policies, identifying system needs, and setting CoC priorities.

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. Each spring, the BoS CoC issues a competitive procurement NOFA for new projects through CommBUYS, the Commonwealth's publicly accessible procurement platform. The procurement is open to all organizations, including faith-based organizations, regardless of whether they currently participate in the CoC or have previously received CoC Program funding.

The CoC conducts broad outreach by announcing the opportunity at its monthly Planning meeting, distributing it to its mailing list of nearly 500 stakeholders, and posting a link on the CoC webpage. A public bidders conference is advertised through CommBUYS and at Planning meetings. CoC members are also encouraged to share the opportunity through their networks and websites to reach organizations outside existing CoC membership.

Organizations submit proposals through CommBUYS according to the requirements and deadlines published in the procurement. Proposals are evaluated by a team within the Massachusetts Executive Office of Housing and Livable Communities (EOHLC) that includes CoC, ESG, and fiscal representation, using the criteria identified in the procurement. The team reviews proposals for eligibility and compliance with CoC Program requirements, including 24 CFR Part 578 and the CoC NOFA. Eligible proposals advance to development of a full application, which is then evaluated and ranked through the CoC's established Ranking and Review process.

B. The CoC received proposals from four organizations that have never been funded through the CoC. Three of those are included in the FY26 submission. The fourth was declined because they currently have a sanction letter from the Commonwealth for failing to file their audited financial statements in accordance with state regulations.

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)

Identifying the gap, using data or stakeholder feedback: The BoS CoC identified gaps in its homelessness response system through an extensive Needs Assessment informed by the annual data-based Gaps Analysis and stakeholder feedback. It included three surveys, nine listening sessions targeted at different subpopulations, and a working group including persons with lived experience of homelessness, agency leadership, frontline staff, and EOHLC CoC staff.

Strategy to address the needs of all relevant subpopulations and Quantifiable Performance Measures: Using these findings, the CoC and Advisory Board are developing evidence-based strategies consistent with the interventions identified in 42 U.S.C. § 11386b(d) and HUD priorities. These include partnering with law enforcement, including representation on the Advisory Board to address encampments; implementing a policy to prevent illicit drug use on public property; encouraging supportive service agreements within housing projects; and using the CoC's PLEE, Veterans, DV, and Youth and Young Adult committees to ensure strategies address the distinct needs of these populations. Street Outreach projects funded through this NOFO support these strategies, with a measurable goal of offering services and alternatives to individuals in reported encampments within three days.

Timelines for the completion of specific tasks and identifying specific funding sources: The comprehensive strategies defined will be approved by mid-fall 2026, with implementation beginning by early 2027. Activities will be implemented over three years and include continuous quality improvement to measure performance, assess whether interventions are meeting identified needs, and modify strategies based on outcomes and lessons learned. The CoC will leverage both CoC Program and state homelessness resources. State funding has already supported the reallocation of CoC resources to create new transitional housing projects. Through Coordinated Entry, the CoC also coordinates with state-funded outreach providers responding to encampments on Massachusetts Department of Conservation & Recreation (DCR) property and, more recently, Massachusetts Department of Transportation (DOT) locations in Chelmsford and Somerville.

The BoS CoC Advisory Board will oversee implementation, monitor progress toward measurable outcomes, and ensure strategies remain responsive to identified system gaps and subpopulation needs.

1B-5a	Confirmation of Plan Coverage.
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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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- Frequently Asked Questions

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?	38%

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)

N/A

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 BoS CoC uses a regional network of organizations across the BoS geography to connect CoC projects and behavioral health providers, ensuring participant access to outpatient mental health and substance use disorder treatment. This network includes projects that are funded through the CoC as well as those that are not, leveraging all available resources. Our most significant partner and a recipient of CoC funding is Eliot Community Human Services which provides outpatient mental health and substance use care, crisis intervention and stabilization, medication management and recovery supports. It also operates a Community Behavioral Health Center (CBHC) and Projects for Assistance in Transition from Homelessness (PATH) services. Other partners include: Vinfen, Riverside Community Care; North Suffolk Community Services; Greater Lawrence Family Health Center; Lowell Community Health Center; Gloucester Family Health Center and Opioid Treatment Center, Bay Cove; and multiple community hospitals and health centers. Several CoC members also deliver services directly. These include: Action Inc.'s Licensed Mental Health Counselors (LMHC); Housing Families, Alternative House, and Somerville Homeless Coalition licensed staff clinicians; and several projects provide intensive case management through Community Support Program for Homeless Individuals (CSP-HI), a program overseen by the Massachusetts Department of Elder Affairs.

CoC projects also ensure appropriate care from the moment of engagement. At intake and during service plan reviews, staff assess a multitude of factors including mental health, substance use, medication, suicide risk, and recovery needs. Based on clinical need and participant choice, staff arrange psychosocial interventions and individual or group counseling, psychiatric evaluation and medication management, medications for opioid users/medication assisted treatment (MOUD/MAT), recovery coaching and peer support, intensive outpatient or partial hospitalization services, detoxification, residential treatment, or inpatient care. Staff make direct provider-to-provider referrals, help schedule appointments, obtain releases for personal information and medical and mental health histories, coordinate transportation, and follow up after admission or discharge to ensure ongoing treatment supports housing stability.

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 BoS CoC funds projects that provide peer support directly and through regional partnerships. Eliot Community employs recovery specialists. Seven of Action Inc.'s staff members are trained recovery coaches. Bay Cove employs recovery coaches, peer specialists, and family partners, and it operates a Recovery Learning Center. The South Middlesex Opportunity Council (SMOC) offers peer recovery coaching and peer-support programs. Housing Families hosts weekly on-site groups in partnership with Malden CARES. The Somerville Homeless Coalition contracts with North Suffolk Mental Health for an embedded recovery coach in their programs. Citizens Inn connects participants receiving MAT to recovery coaches and groups through treatment providers and Moms Do Care, a program providing comprehensive support to pregnant and parenting individuals affected by substance use. In addition, youth and young adult-focused organizations connect young people as appropriate to local young-adult access centers and peer-led groups such as YouthQuake and YouForward, among others.

Many organizations utilize intake and service plan reviews including questions about recovery goals and preferred supports. Staff introduce participants directly to a peer specialist, schedule the first meeting, share appropriate referral information, assist with transportation or technology to help participants connect effectively, and remain involved until the participant has engaged with the contact as appropriate. Peer support is encouraged and utilized. Our peer partners support motivation, treatment navigation, detoxification, residential referrals, MOUD/MAT engagement, community recovery groups, relapse prevention planning, and reengagement when relapses do occur. Services are individualized and coordinated with housing case management so peer support advances recovery and housing stability.

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)

The BoS CoC network uses various activities to identify individuals facing serious mental illness from the moment of engagement such as meeting with a Street Outreach team or seeking assistance at a coordinated entry point. During these encounters, providers undertake comprehensive intake which includes an opportunity for self-reporting, observation, and a review of available records, including those from hospitals, first responders, courts, and current providers. This is also an opportunity for suicide or homicide risk screening and safety planning, particularly in the case of DV survivors. Staff do not diagnose unless they are licensed but will refer as appropriate to agency staff or partners when concerns arise. Each of these solutions is situation-dependent and employed based on individual need. Individuals who are accepted into a project receive ongoing assessment to ensure they are receiving the services they need.

BoS CoC projects use assertive outreach and intensive coordination models that include CSP-HI, intensive case management, youth intensive care coordination, clinical consultation, and multidisciplinary case conferencing. With participant consent, case management and intake staff coordinate as needed with partners in the CoC network including Eliot Community Human Services, Vinfen, Community Based Health Care, Mobile Crisis, Riverside Health, North Suffolk Mental Health, Cambridge Health Alliance, and the Massachusetts Department of Mental Health (DMH), among others.

The appropriate response for someone identified as having a serious mental illness will vary depending upon the circumstances. Partners in the BoS CoC network are prepared to offer same-day crisis assessment, medication evaluation and management, therapy, partial hospitalization or intensive outpatient care, inpatient or residential treatment, and applications for DMH services. Case managers accompany participants to the most appropriate intervention and/or arrange transportation, share authorized service plans when available and pending compliance with PII rules, convene provider meetings, and follow up after discharge, which includes creating housing plans that address tenancy risks, ongoing home visits, crisis plans, and rapid reengagement should symptoms recur.

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)

Multiple CoC members do this at different levels including Eliot Human Services, the City of Revere, City of Chelsea, Chelsea Probation Drug Court, Home for Little Wanderers, SMOC, Pine Street Inn, and VA Veterans Justice Outreach.

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 Bos CoC leverages collaboration and information-and resource-sharing to achieve housing stability for those we serve. The entities listed in 1C-1d do this in connection with the court system by sharing participant information (with written consent and subject to VAWA and other confidentiality requirements) across jurisdictions and agencies and working with the justice system as a partner. The CoC's housing and service providers identify court involvement during intake, communicate as needed with courts, probation and parole offices, diversion programs, legal counsel, hospitals, and behavioral health providers, among others.

Providers use court orders and supervision conditions as a framework for creating an individualized plan which may include scheduled treatment, medication, reporting, community service, or other legal obligations, while pairing those requirements with housing navigation, transportation, employment services, recovery coaching, and landlord mediation. Where a participant is subject to Assisted Outpatient Treatment or inpatient civil commitment, providers coordinate with the ordering court, hospital, and treatment team before discharge. They confirm medication and follow-up, connect the participant to Coordinated Entry to identify housing, and community supports. This coordination helps participants satisfy legal requirements, avoid preventable incarceration or hospitalization, preserve tenancy, and move toward independent living.

Specific examples include the Home for Little Wanderers, which works closely with the Chelsea Police, Chelsea Navigators, Bay Cove, and CAPIC SUDS Programs, who provide outreach to individuals experiencing substance use disorders, and those involved with the drug court. It maintains strong relationships with the Suffolk County Juvenile Diversion Program and the Suffolk County Juvenile Diversion Alternatives Initiative to create stable housing options, and partners with local recovery resources such as Recovery on the Harbor and Power of Recovery, to swiftly connect clients to these programs. SMOCC coordinates with local police departments to redirect individuals away from the criminal justice system and into community-based treatment or support services. Pine Street Inn hosts a monthly Homeless Court for homeless individuals experiencing mental and substance use disorders and other barriers to housing, resolving Criminal Offender Record Information issues, past evictions, and other legal issues on-site.

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)

Eliot Community Human Services has 24/7 Emergency Services, Mobile Crisis Intervention, and Community Crisis Stabilization programs. Vinfen's Greater Lowell Community Based Health Center and Restoration Center. The statewide 988/Behavioral Health Help 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.	0
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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)

Eliot Community Human Services is the behavioral health partner that is formally engaged with the BoS CoC as well as multiple providers including but not limited to, RESPOND, HomeStart, Riverside Community Care, and Citizens Inn.

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)

Emmaus, Inc. is a CoC-funded partner operating Home Again/Fresh Start sober housing. It is a successful, long-standing project.

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)

The BoS CoC membership implements the best practice of warm hand-offs, a critical first step in ensuring long-term stability. Most program participants making the transition from detoxification, residential or inpatient care, a court program, or shelter lack trust in institutions and need to know they are being supported by someone who cares even as they are developing a relationship with a new case manager. CoC partners in treatment, crisis, peer counseling, courts, and housing providers each begin housing and discharge planning at intake and update it through case-management and clinical reviews, thus building trust and ensuring the participant knows what is happening at each stage. When a participant is preparing to leave, staff obtain consent and releases and make direct contact with the receiving provider, Coordinated Entry access point, landlord, or housing navigator. The staff member schedules a joint call or pre-transfer meeting, shares authorized assessments and service or housing plans, completes referral and eligibility documents, and arranges transportation and move-in needs. Providers stay involved through move-in and some provide time-limited post-placement support such as home visits, case conferencing, medication and treatment linkage, recovery coaching, crisis plans, and landlord mediation to prevent eviction and returns to homelessness where necessary.

The following are two examples. Alternative House is a DV provider that facilitates warm hand-offs to stable housing through individualized housing advocacy, case management, and partnerships with local housing and homelessness providers while carefully following the safety plan for that household. Somerville Homeless Coalition (SHC) connects those who qualify to CSP-HI, a program through which participants receive ongoing case management support through the transition from homelessness into housing, or from PSH into independent housing. SHC works closely with new providers to help them build rapport with the client and ensure that clients have additional support during the transition, and offers a "recently housed" group, led by a licensed clinical social worker (LCSW) to offer an opportunity for recently housed clients to stay connected to their community and discuss the changes together.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$37,675,227
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.	\$12,225,840

3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	32%
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.	\$1,903,736
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).	38%

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)?	0.00%
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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 CoC maintains ongoing coordination with the State's ESG program to ensure ESG recipients are included in planning and funding decisions. The State ESG Contract Manager serves on the CoC Advisory Board and Coordinated Entry Committee and participates in other CoC planning groups as needed. In addition, the State ESG program and CoC are administered within the same team at EOHLC, allowing for regular communication regarding community needs, program performance, funding priorities, and opportunities to better align resources.

CoC staff have also participated directly in ESG funding processes, including serving as scorers for procurement applications for entitlement ESG communities. Furthermore, monitoring of projects funded with both ESG and CoC dollars is done jointly. This cross-program participation helps ensure ESG and CoC investments are coordinated and support broader homelessness system priorities.

The State's current ESG contracts were established through a long-term procurement. As the CoC and homelessness response system have evolved, ESG and CoC staff have continued to discuss opportunities to realign resources to better meet current needs.

The CoC will continue consulting with ESG staff and recipients through its committees, planning groups, funding processes, and ongoing coordination within EOHLC. This structure ensures ESG recipient experience, program performance, community needs, and available resources continue to inform planning and allocation decisions.

In addition, ESG recipient municipalities also serve on BoS committees including Fall River on the Ranking and Review subcommittee, Somerville on the Veterans committee, and Lowell and Lawrence on the Planning committee.

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 BoS CoC is overseen by the Executive Office of Housing and Livable Communities (EOHLC), which is the primary funder of individual and family emergency shelter across Massachusetts. This structure supports strong, ongoing coordination between the CoC and shelter providers and helps ensure that individuals and families experiencing homelessness are connected to CoC assistance and other available housing and supportive services.

EOHLC convenes shelter providers every other week throughout the year to coordinate services, share best practices, identify barriers, and discuss resources available to shelter residents. These meetings include coordination around housing search, health care, substance use and mental health treatment, and services and programs available through the CoC and other funding sources.

EOHLC requires shelter providers to enroll all eligible people staying at their shelters into the Coordinated Entry [EK16.1] system. Coordinated Entry operates through HMIS, making emergency shelters key access points to the CoC's housing and services system. Through this process, shelter residents are assessed and connected to appropriate CoC resources based on eligibility, vulnerability, and program availability.

Shelter providers are also required to participate in by-name case conferencing at regional and municipal levels. These meetings bring shelter providers together with housing and service partners to review the needs of individuals and families experiencing homelessness, identify appropriate housing and service interventions, address barriers to placement, and coordinate connections with CoC-funded and other available resources.

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 HMIS Lead regularly receives and complies with data requests from government officials at state and local municipalities, entitlement communities, and governmental coalitions, in a manner consistent with the CoC HMIS Privacy and Security Plans. CoC-wide HIC, PIT, SPM, LSA, and other HMIS-derived data is supplied to the requestors for use informing both state-wide and local homelessness response and coordination within and amongst municipalities, including the development of Consolidated Plans. For example, analysis of HMIS data prompted the state to stand up winter emergency shelters in the communities where such services were most needed.

Additionally, the Commonwealth operates a state-wide HMIS data warehouse, Rehousing Data Collective (RDC), which can be found here: <https://www.mass.gov/info-details/the-rehousing-data-collective-public-dashboard>. Both the CoC HMIS Lead and the RDC staff are supervised by the Data, Evaluation, and Technology Director at EOHLC. The CoC HMIS Lead works with RDC staff and the RDC Governance Committee to coordinate the dissemination of state-wide HMIS data to many different governmental and non-profit entities for the purposes of homelessness response planning/coordination. The RDC has a public data dashboard, and there are several ongoing data sharing agreements in place, such as with United Way's 'Housing Pipeline.'

When the data requested is so granular or detailed that sharing it may violate state or federal privacy laws, the HMIS Lead and/or RDC staff employ standard small cell suppression techniques (primary suppression, complementary secondary suppression, etc.) to ensure important information is shared and usable while protecting client privacy.

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 HMIS Lead has coordinated the cross-sharing of data with other state agencies to improve care. For example, we utilize HMIS data with the MA Executive Office of Elder Affairs (EOEA). to ensure that rehabilitation facilities do not discharge elders into homelessness in violation of their contract with EOEA.

The HMIS Lead worked with the Executive Office of Health and Human Services (EOHHS) and colleagues in EOHLC to develop a framework for state-funded projects that serve homeless and at-risk youths to utilize HMIS. Funded through a Youth Homelessness System Improvement grant, the BoS CoC developed the HMIS project setup guidance and served as the pilot CoC for this initiative, which has now been implemented state-wide. There is also a state-funded project addressing re-entry after incarceration that utilizes HMIS within the BoS CoC geography.

The HMIS Lead works proactively with RDC staff and the RDC Governance Committee to enable record linkage between HMIS data and other data sources. One prime example is a back-end matching algorithm that identifies homeless persons in HMIS and matches them to those receiving state health insurance. When there is a match, the HMIS homelessness verification enables automatic renewal of those clients' state health insurance. The HMIS Lead has also worked with our HMIS vendor, the RDC vendor, RDC staff and the EOHLC legal department to develop a new level of data sharing in the RDC that allows data to be shared with other state agencies for benefits provision, similar to the process described above. That data sharing mechanism will go live in 2026.

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)

The BoS CoC subrecipients work closely with MassHire Career Centers to provide workforce services, resources, and other employment support. Subrecipients also work with other employment programs such as MassAbility and MassWorks. Pine Street Inn operates a robust Workforce Development Program, offering paid 24-week job training in housekeeping and food service. Trainees practice hands-on job skills and earn industry credentials. Employment Specialists help trainees set career and employment goals and develop their resumes, work histories, and interview skills.

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 BoS CoC's Street Outreach projects work closely with first responders and law enforcement to build positive relationships with persons experiencing unsheltered homelessness, increase engagement in services, and connect individuals to housing and CoC resources. The FY25 System Performance Measures demonstrate that nearly 20% of people exiting Street Outreach leave to a successful placement. More than 10% exit directly to permanent housing, with additional individuals exiting to temporary or transitional housing or treatment programs.

These outcomes are supported by strong collaborative relationships between Street Outreach teams and first responders. Outreach teams communicate regularly with Emergency Medical Services (EMS) and local law enforcement regarding the needs of persons experiencing unsheltered homelessness and available housing, treatment, and supportive service resources. This coordination helps first responders better understand the needs of persons living unsheltered and promotes interactions focused on engagement and connection to services. Consistent collaboration also helps outreach workers build trust with individuals who may otherwise be reluctant to engage with EMS, law enforcement, or the homelessness response system.

In several BoS communities, including Haverhill, Gloucester, Lowell, Lawrence, and Salem, outreach staff participate in regularly scheduled intensive interdisciplinary by-name list case conferencing. These teams include EMS, law enforcement, health and behavioral health providers, municipal officials, and local boards of health. Partners coordinate around individual needs and barriers, identify appropriate interventions, and connect persons experiencing unsheltered homelessness to Coordinated Entry, housing opportunities, treatment, and other CoC and community services.

The BoS CoC's FY26 NOFO response includes four new Street Outreach projects that, if funded, will expand geographic coverage, strengthen these co-response partnerships, and improve response times to emerging encampments. These projects will increase the CoC's capacity to use coordinated, service-focused engagement with first responders and law enforcement to connect persons living unsheltered to housing and services.

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)

Section 25 of the MA BoS CoC Written Standards (Reunification) clearly defines a policy that is designed to prevent housing eligibility and unit size requirements from becoming barriers to family reunification. The policy states that a child who is temporarily away from the home because of a placement in foster care can be considered a member of the household in determining unit size if the Massachusetts Department of Children and Families (DCF) social worker confirms that DCF's goal for the family is reunification. The case manager working with the household while they are homeless is responsible for connecting with the social worker to confirm the goal is reunification. Once confirmed, the case manager includes the child as a part of the household in VESTA (HMIS). While working towards reunification, the household must have an active Release of Information (ROI) between their housing provider and DCF signed before project enrollment to maintain their household size. Once a household that is working toward reunification is enrolled in a project, staff for that project must remain in consistent contact with a DCF social worker (at least every 90 days) to ensure that the goal is still reunification. The case manager for the household will document each of their encounters with DCF social workers in the HMIS system.

The BoS CoC Coordinated Entry Policies and Procedures also include a policy designed to make it possible to reunify families across geographic boundaries. A household currently residing outside of the BoS geography may access BoS resources if it maintained a permanent residence within the BoS in the last five years and wishes to return to its former community and support system. If a household does not meet that criteria but has another significant tie to the BoS, the household and provider may submit a written request outlining the connection and why access to BoS resources would best support the household. The request is reviewed through the CoC's established exception process.

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 BoS CoC cooperates with first responders as a matter of policy, procedure, and practice. Greater details about these cooperative efforts are in the responses to the questions in Section C. A brief summary follows.

Tents and Encampments:

- EOHLC, the agency acting on behalf of the Collaborative Applicant and the primary funder of homeless services across the Commonwealth, has issued guidance to municipalities about how to assess encampments and best practices for removing them. This guidance is attached.
- Street Outreach programs, supported by the CoC Coordinated Entry Lead and regional navigators, work directly with local police and property owners in identifying shelter, housing, or treatment options for persons staying in the encampments before they are removed.

Public Use of Illicit Drugs

The BoS CoC policy (attached) prohibits:

- Operating drug injection sites or "safe consumption" sites.
- Knowingly distributing drug paraphernalia on or off property under their control.
- Knowingly permitting the use or distribution of illicit drugs on property under their control.

Addressing Danger to Self or Others:

CoC and state funded homeless service provider staff are engaged in intensive interdisciplinary case conferencing meetings that develop strategies to support homeless persons in their communities which may include, where appropriate, involuntary commitment for assessment and treatment as provided for by state law. The homeless service providers at these meetings often share firsthand knowledge of the kinds of information needed to activate such commitment.

SORNA:

Except as required by law or the conditions of any specific offenders' release conditions, CoC and state funded homeless service providers do not restrict access to persons on the sex offender registry. They may require persons who must register on SORNA to do so in order to continue to participate in the program.

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 BoS CoC leverages state and local policies that provide a clear framework for addressing encampments while coordinating outreach and services before removal. One important example is 302 CMR 12.08, which prohibits camping on Department of Conservation & Recreation (DCR) property except in designated camping areas. This provides a clear legal basis for addressing encampments on state property. This regulation is enforced by DCR personnel who have law enforcement authority, and by the Massachusetts State Police.

Consistent with EOHLC's 2024 "Responding to Homeless Encampments: A Resource for Municipalities in Massachusetts" included as part of the "Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety" attachment to this application, DCR uses a two-track process. When an encampment presents an immediate health or safety threat, DCR may remove it within one day, with local or state law enforcement support as needed. When there is no immediate threat, DCR alerts the Massachusetts Department of Public Health (DPH) and EOHLC; DPH engages the local Board of Health, while EOHLC ensures that local Street Outreach and the BoS CoC are engaged. Individuals receive notice and, when circumstances permit, outreach teams have up to two weeks to connect people to shelter, treatment, rapid rehousing, and other resources.

The CoC mitigates the potentially harmful effects of restrictive policies by pairing enforcement with advance outreach, CE, and service connections. The CoC continues to strengthen this approach by engaging Street Outreach as soon as encampments are identified, coordinating with first responders and property owners, and tracking whether individuals accept services and obtain housing or other appropriate placements.

In calendar year 2025, 38 encampments with 460 people were identified in the BoS geography. 16 were removed through one of the two processes described above. All individuals were offered services and resources, 63 accepted some form of assistance, and no one was arrested.

Similar coordination processes are in place for Massachusetts DOT properties and in municipalities including Fall River, Lawrence, Lowell, and Salem. The BoS CoC will leverage these partnerships and expand Street Outreach capacity through the FY26 NOFO to improve response times and ensure that encampment resolution is accompanied by meaningful opportunities for housing and services.

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)

As of this writing on August 15, 2026, there are three known encampments in three separate municipalities in the BoS CoC. The three encampments contain eight tents and 14 people. All three remaining encampments are slated for removal in the next two weeks. The residents of those encampments are receiving attention and services from local law enforcement, boards of health, Street Outreach, and the Coordinated Entry system.

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)

MGL 94C.34 prohibits the unlawful possession of controlled substances. Since illicit drugs cannot be used without possessing them, law enforcement is able to intervene for use in public based on that statute. In addition, BoS CoC policy prohibits funded programs from operating drug injection sites or "safe consumption" sites, knowingly distributing drug paraphernalia on or off property under their control, or knowingly permitting the use or distribution of illicit drugs on property under their control. These policies establish clear expectations intended to discourage public illicit drug use and maintain safe environments within CoC-funded programs.

The CoC recognizes that enforcement alone does not address substance use disorders and that interactions with law enforcement can create barriers to engagement for some persons experiencing homelessness. The CoC therefore leverages its relationships among Street Outreach providers, law enforcement, first responders, behavioral health providers, shelters, and other community partners to connect individuals using illicit drugs in public with appropriate treatment, housing, and supportive services. Outreach and multidisciplinary case conferencing provide opportunities to engage individuals, identify treatment and service needs, and connect them to available resources while maintaining public safety.

EOHLC's incident reporting process, implemented in 2024, provides the CoC with data to monitor overdoses and other significant incidents among participants in ESG-, CoC-, and state-funded homelessness programs, including SSO, Street Outreach, shelter, TH, RRH, and PSH. In 2024, programs reported 29 overdoses, including one fatal overdose. In 2025, reported overdoses declined to 12, with no fatalities.

The CoC will leverage beneficial policies by continuing coordination among outreach, providers, first responders, and law enforcement while mitigating potential barriers created by enforcement through service-focused outreach and referrals to behavioral health and substance use treatment. The CoC will use incident data to monitor trends, identify emerging needs, and adjust its response to increase connections to treatment and services while reducing public illicit drug use.

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)

Available state data does not identify whether an overdose, drug-related emergency department visit, or drug-possession offense occurred in a public space. Therefore, the CoC cannot currently quantify public illicit drug use separately from drug use occurring in private residences, vehicles, shelters, housing, or other settings.

The most recent available population-level data show mixed trends. Between 2023 and 2025, substance use-related emergency department visits in the BoS geography increased 1.6%, while substance-related deaths decreased 27.6%. EOHLC also maintains an incident reporting system that, beginning in 2024, tracks overdoses and other significant incidents involving participants in ESG-, CoC-, and state-funded homelessness programs. These include SSO, Street Outreach, shelter, TH, RRH, and PSH. In 2024, programs reported 29 overdoses, including one fatal overdose. In 2025, reported overdoses declined to 12, with no fatalities. During this period, EOHLC strengthened contractual and program requirements related to staff training in overdose prevention, recognition, and first response.

Massachusetts Trial Court data provides an additional indicator of illicit drug activity and law enforcement response, although they cannot identify whether possession occurred in public. Across counties within the BoS geography, illicit drug possession charges increased from 9,825 in 2023 to 11,243 in 2025, a 14.4% increase. Because these charges may result from incidents in public or private settings, the CoC does not use them as a direct measure of public drug use.

Given current data limitations, the CoC supplements quantitative measures with information from Street Outreach providers and other community partners who directly engage persons experiencing homelessness in streets, encampments, and other public spaces. This combination provides the best available assessment of emerging public-space substance use and overdose trends.

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)

MGL Chapter 123, Sec 12 allows the emergency restraint and temporary involuntary hospitalization of individuals who pose a substantial likelihood of serious harm to themselves or others due to mental illness. This process can be initiated by licensed physicians, psychologists, psychiatric nurses, mental health clinical specialists/advanced practice registered nurses and police officers authorizing them to restrain, transport and assess a person for a psychiatric evaluation if there is reason to believe failure to hospitalize creates a serious risk of harm. Length of initial evaluation restraint is three days. Further commitment to hold a patient requires a petition with the district court. Identifying when Section 12 may be appropriate often depends on information from those with regular contact, including Street Outreach workers, shelter staff, case managers, and other direct service providers. CoC-, ESG-, and state-funded programs are required by contract to participate in CoC processes, including intensive interdisciplinary case conferencing for individuals who are especially difficult to serve. These meetings, often facilitated by CoC providers or Coordinated Entry regional navigators, typically include homeless service providers, law enforcement, local boards of health, mental health and substance use treatment providers.

The CoC leverages this multidisciplinary infrastructure to identify individuals at risk, coordinate appropriate responses, and connect people to behavioral health, substance use, housing, and other services; and provides a mechanism for sharing information among partners, when legally permissible, and developing coordinated safety and service plans.

The CoC recognizes that emergency commitment is an important but limited intervention and that reliance on law enforcement or involuntary treatment can create barriers to trust and ongoing engagement. The CoC mitigates these effects by using Street Outreach and shelter staff as trusted points of contact, using Coordinated Entry and case conferencing to maintain service connections after a crisis intervention.

The CoC's Advancing Recovery by Prohibiting Illicit Drug Enablement policy establishes clear standards for funded projects by prohibiting operation of drug injection or safe consumption sites, knowingly distributing drug paraphernalia, and knowingly permitting the use or distribution of illicit drugs on property under project control.

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 BoS CoC and its funded providers comply with SORNA through MGL Chap 6, Sec 178C through 178P, which govern the Massachusetts Sex Offender Registry Information (SORI) system, including the circumstances under which sex offender information must be accessed and may be disclosed.

As the primary funder of shelter statewide, EOHLC has established requirements through contractual scopes of services, that emergency shelters, day programs and housing programs serving homeless persons may not restrict access to people based on their criminal history except as otherwise permitted by state law, or where a restraining order or the specific conditions of a sex offenders' probation precludes their presence or participation in the program. Where registration with the MA Sex Offender Registry is required by law, EOHLC-funded projects may require compliance with that registration requirement as a condition of program participation.

The CoC leverages these policies by ensuring that providers understand when SORI information may be accessed and shared, incorporate legally required restrictions into housing and service planning, and coordinate with appropriate public safety partners when necessary. The CoC mitigates harmful effects of overly restrictive practices by maintaining access to emergency shelter and housing wherever permitted by law and using Coordinated Entry and case conferencing to identify appropriate placement and services.

Maintaining access to lawful housing and supportive services therefore supports both individual stability and broader community safety while preserving the information-sharing requirements of SORNA and Massachusetts law.

A 2023 peer reviewed study found that unhoused sex offenders released from prison face high general recidivism rates (averaging about 68% within three years), while recidivism for those housed is substantially lower at 3.6%. (Rydberg, J., Huebner, B. M., Grommon, E., & Miller, A. (2023). Investigating the effect of post-release housing mobility on recidivism: Considering individuals convicted of sexual offenses. *Sexual Abuse*, 35(5), 539–567.)

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)

The Executive Office of Housing and Livable Communities (EOHLC) which represents the Collaborative Applicant is the primary funder of homeless outreach statewide using ESG and state resources. It currently supports Street Outreach in Arlington, Framingham, Lawrence, and Somerville. Outreach teams use persistent, relationship-based engagement to connect persons experiencing unsheltered homelessness to shelter, treatment, housing, and supportive services.

The CoC uses its Coordinated Entry (CE) regional structure to extend coverage across its large geography and identify areas not served by dedicated Street Outreach teams. CE Navigators work with Street Outreach teams funded through other sources, connecting them with area providers, facilitating collaboration, and ensuring areas of our CoC geography are covered without duplication of services. CE grant subrecipients are required to have a plan for connecting with all unsheltered households in the region they cover. For two regions, this means employing a mobile navigator who can go out to meet any unsheltered household if they are not in an area that is covered by a Street Outreach team. For another region, they subcontract with satellite site agencies where there are large pockets of homelessness, providing hubs throughout the geography that are easily accessible.

Street Outreach participates in intensive interdisciplinary case conferencing in Lawrence through regularly scheduled by-name list work connecting homeless persons to the resources they need. Those teams include EMS, law enforcement, health and mental health clinics, municipal officials, and often local board of health staff. In the Metro Region, the CE regional navigator convenes Street Outreach providers across multiple agencies monthly to ensure all unsheltered households in the 15-community region are served by a Street Outreach team.

EOHLC also partners with the SAMHSA-funded subrecipient operating PATH outreach statewide, providing an additional outreach resource across the CoC. To address remaining geographic gaps, the FY26 project applications include four new Street Outreach projects targeted to communities currently underserved by outreach.

Our CE system gives access to Street Outreach case managers and emergency shelter case managers as primary assessors. Having them directly enter CE assessments enables us to focus on assessing individuals who are not otherwise engaged with services and getting them access to CoC res

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)	No
2.	Early Childhood Providers	No
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
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))	No
2.	School District(s)	No
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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 Executive Office of Housing and Livable Communities (EOHLC) which represents the Collaborative Applicant (Commonwealth of Massachusetts) operates the family shelter system. Every family shelter is contractually required to ensure children are in school. This is also a requirement in all CoC project contracts. They have a joint process with the McKinney Vento Liaison's in their respective communities to identify and assist homeless and at-risk families. Each CoC Service provider must designate staff to ensure that homeless children have access to all educational resources for both pre-school and school-age children. Each designated staff person is required, at minimum, to ensure that children are enrolled in school and connected to the appropriate services within the community; that each family is provided with information in a language they understand, about their rights to assistance from the McKinney-Vento Act as amended by the HEARTH Act. This information should include the rights to: have school-age children enrolled immediately in school; and have children attend their school of origin and receive transportation to and from their school of origin. Each family receives the name and contact information for the district's McKinney-Vento Homeless Liaison, and any assistance needed to contact the Liaison.

The Liaison will work with each family with a school age or preschool age member to ensure students who are homeless, including those with disabilities, have access to resources available through both the Individuals with Disabilities Education Act (IDEA), and McKinney-Vento. The Liaison and CoC project staff must be familiar with the educational resources in the community, particularly those for pre-school age children with disabilities and other special needs children, so that they can access resources such as Healthy Start, Head Start, IDEA, and Early Education and Care. Compliance with this requirement is confirmed when CoC staff conduct their annual monitoring of each project serving households with children. The BoS CoC Written Standards codify this requirement at Section 20.

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)

The Collaborative Applicant coordinates with the DCF, participating public housing authorities (PHAs), and CoC funded and non CoC funded homeless youth providers through the Foster Youth to Independence (FYI) housing voucher program. This initiative supports youth aging out of foster care who are homeless or at risk of homelessness. Three providers in the CoC have active MOUs with DCF. SMOC and Wayside are the two CoC Funded agencies who have active MOUs to provide FYI vouchers and accompanying services within the CoC. LUK is a non CoC funded homeless youth providers whose FYI coverage also extends into the BoS CoC geography. In addition to these three agencies, the FYI network serves 70 BoS CoC communities including Fall River, which recently merged with the BoS CoC. PHAs provide housing vouchers while DCF and homeless youth services providers administer supportive services to help young adults achieve their goals of stability and independence. The CoC also has a formal partnership with DCF as referenced in the MA BoS CoC and ESG Written Standards in section 26 “BoS CoC Reunification”. This section requires that providers connect with DCF anytime they are serving a family with a youth placed in foster care with the goal of reunification. Providers work with DCF and document it in the HMIS system to ensure that the child is included in the household composition so that housing is not a barrier to reunification.

The Youth and Young Adult Housing Coordinator for DCF is a contributing member of the BoS CoC Youth and Young Adult Committee which meets monthly to share best practices, discuss barriers and trends, evaluate YHDP services through the Continuous Quality Improvement (CQI) plan, and push forward other strategic goals in the workplan the group developed to improve outcomes for Youth and Young Adults in the CoC.

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)

Wayside Youth and Family Support is a CoC Funded YHDP provider who also operates an RHY funded Transitional Living Program (TLP) and Basic Center Program (BCP). These programs are operated by Wayside's Tempo Young Adult Resource Center, which is a one stop resource center for young adults focused on achievement, employment, schooling, healthy relationships, and practical skills to reach future goals. The BCP uses outreach, gateway services, screening and assessment, shelter, home-based family stabilization, case management, education and employment support, and aftercare to support unaccompanied youth. The TLP provides scattered site supportive housing along with life-skills programming, clinical counseling, education and employment support, transitional planning, and up to 12 months of aftercare for young adults experiencing homelessness. Many young adult participants and staff members from Tempo's TLP have joined CoC efforts aimed at improving services for young adults such as the BoS CoC Youth and Young Adult Committee, YHDP application processes, Youth Action Board, and YHDP CQI subcommittee. Tempo's RHY funded programs are a great complement to CoC funded services and are strong partners in improving the landscape for young adult services across the CoC.

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)

Community Teamwork Inc. (CTI) operates a joint TH-RRH program for pregnant and parenting 18-24-year-olds who are experiencing homelessness, with their children, in the BoS CoC. The CTI YHDP Pregnant and Parenting (P&P) program offers rental assistance, scattered-site housing, case management, and family support. The BoS CoC recognizes that transitioning to TH will strengthen the housing component while keeping the full complement of supportive services and resources described below in place.

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)

CTI's YHDP P&P program helps pregnant and parenting young adults improve income and pay rent through multiple avenues. Case managers use CTI's workforce development supports to help their clients. Case managers meet at least monthly with clients to work on increasing household incomes, maximizing public benefits, and increasing economic stability through job training and education programs. They assess the family's needs in terms of education, employment, benefits, and income and facilitate warm handoffs to CTI and other community programs.

CTI's youth services programs refer participants directly to YouthBuild, which is a workforce development program for young adults aged 18-24 that has a hospitality / culinary track as well as a construction track. Program participants receive industry recognized credentials which are crucial in obtaining employment in the respective fields. Participants can also use these credentials to enroll in community college programs to further their learning before or while joining the workforce. Eligible participants also have access to CTI's Secure Jobs program. CTI has an MOU with MassHire and Greater Lowell Career Center. They also have established relationships and referral tracks with Career Technical Education Programs in Lowell and Lawrence.

In addition to this program, participants have access to internships through Spindle City, the Lowell National Park Service, the City of Lowell, and the Parks Department. CTI also has a Financial Education Center that provides financial education, credit repair services, and one-on-one financial coaching. Together, these services provide a strong foundation for participants to increase their household income, pay rent, and transition out of the program with stable finances and lifelong skills to further their careers.

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)

CTI's YHDP P&P program for pregnant and parenting youth leverages funding from mainstream family service systems to supplement its CoC funded contract. The DPH Massachusetts Pregnant and Parenting Teen initiative (MPPTI) funds case management, flexible family support and stabilizations assistance, and leasing costs. CTI uses eligible MPPTI services and expenditures as match for this contract, formally braiding state family service funding with their CoC project. MPPTI funds are used to account for needs not already covered by CoC funds including basic needs, housing supplies, rent or utilities, diapers, food, clothing, car seats, strollers, cribs, and other baby items.

During the intake process, CTI does a comprehensive assessment of each family's needs including what benefits they already receive and what they may be eligible for. Staff then connect those eligible for assistance with DTA administered Transitional Aid to Families with Dependent Children (TAFDC) which is Massachusetts' principal TANF program. They also connect eligible participants to SNAP, WIC, and other resources. Case management staff work with participants throughout the benefits process to help fill out applications, follow up on benefit status, attend appointments, and allow participants to use CTI youth services as a reliable mailing address to receive all their documentation. TAFDC is used to provide cash assistance for household needs, SNAP is used for food costs, and WIC supports nutritional assistance, health education, lactation support, and referrals. These mainstream family service supports allow CoC funded projects to be used to focus on stable housing while young parents use other benefits and funding to meet their ancillary needs of food, transportation, baby supplies, utility and other stabilization needs.

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)

CTI's YHDP P&P program for pregnant and parenting youth combines CoC funded transitional housing, rental assistance, and housing focused case management with childcare, parenting support, pregnancy-related, child healthcare, and education supports. During the intake process, CTI staff conduct a comprehensive assessment of each family's needs and refer eligible participants to the many programs and resources they are affiliated with to ensure they have a complete system of wraparound supports. This program is supported with funding from MPPTI. MPPTI funds are used for whole family care planning, flexible assistance, and leasing costs for participants via match funds. Case managers develop a family care plan that uses flexible funding to address non duplicative needs such as housing supplies, baby supplies, and other stabilization needs. Childcare and education needs are addressed through Coordinated Family and Community Engagement services, Early Head Start center, home-based programming, Early Learning, Family Child Care, and school aged vouchers. For employment and education supports young parents can receive warm handoffs to YouthBuild and other community employment and education programming. Parenting support includes individualized case management and the Ages and Stages Questionnaire (ASQ-3), which helps parents understand their children's development and determine which follow up resources and services may be appropriate. CTI's partnership with the Lowell Community Health Center helps connect families to prenatal, postpartum, pediatric, dental, reproductive, behavioral health, and substance use disorder services. Multilingual providers, virtual care, and a mobile health unit are also available to program participants through this partnership.

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 BoS CoC partners with Veteran serving organizations through a monthly Veterans Committee. The Coordinated Entry Specialist at VA Bedford co-chairs that meeting. An Outreach Social Worker from VA Boston participates. Both those VA employees work closely with CE Regional Navigators in the CoC, acting as entry points into the VA for homeless Veterans and weighing in on how to coordinate supports for homeless Vets. The CE Lead on the BoS CoC team attends VA Bedford's biweekly One Team meetings.

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
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
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6. Fills service gaps for veterans?	Yes
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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)

Identify at least one partnership your CoC has with victim service providers, state DV 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 DV, dating violence, sexual assault, and stalking.

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)

BoS CoC/EOHLC partners with the MA Department of Correction and United Teen Equality Center (UTEC) to prevent homelessness among young adults leaving state correctional facilities. UTEC provides in-facility outreach, mentorship, post-release supports, and transitional housing for those who would otherwise enter homelessness. The housing program serves up to 14 people at a time. Last year, 20 people were served; of six leavers, four exited to permanent housing, and 100% gained employment income.

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)

Eliot Community Services has a project serving 37 individuals with complex medical and/or behavioral health conditions in a master leased building specifically rehabilitated for this population, which are high utilizers of the healthcare system. This project partners with United Health to provide some of the services needed.

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)

Emmaus, Inc. has a successful project called Emerson Street, which specifically serves elderly people with disabilities. They connect these residents with needed services to ensure they can sustain their housing independently. 88% of their current residents are 55+ with extensive mental health history and were chronically homeless prior to entry.

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)

In the BoS CoC, the majority of the PSH projects prioritize the chronically homeless. Three examples of these projects are Action Inc's Welcome Home project, Somerville Homelessness Coalition's Turn the Key (TTK) project, and Eliot Community Human Service's Home and Healthy in Haverhill (HHH) Project.

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)

While several projects provide on-site behavioral healthcare for the chronically homeless, below are the highlighted responses:

Welcome Home has onsite behavioral health care[GC54.1]. They have an LMHC, whose office is located out of the shelter, and the LMHC is available to meet with clients. If clients would prefer, she also does in-home therapy and telehealth- based on the client's preference. The LMHC attends the weekly program meeting for Welcome Home, where she can receive referrals from case managers in addition to providing case managers with advice on situations. The LMHC also provides referrals to other care providers, such as medication management or if the client needs a medication prescriber. The LMHC also ensures, to the extent the client consents, care coordination among other providers, particularly Behavioral Health professionals.

Turn the Key (TTK) has case managers who visit clients at their apartments on a weekly basis offering support in variety of areas, including mainstream benefit applications and recertifications, employment and continuing education support, and life skills training. In addition to standard Case Manager support, the PSH team has a LCSW on staff who provides clinical level support to clients with severe mental illness. This clinician carries a caseload of their most complex clients and offers additional consultative support to the other case managers on the team and their clients when they are in crisis.

Home and Healthy in Haverhill (HHH) provides onsite behavioral healthcare to all tenants in the program. Tenants are provided with support provided by the Behavioral Health Division at Eliot, who have [GC55.1][BK55.2]office space in the building to provide ongoing support. Tenants receive ongoing individual therapy, medication management and access to onsite groups. Since behavioral health supports are provided onsite, tenants meet their providers before moving in to complete the behavioral health intake process. This process includes a full biopsychosocial assessment and the acquisition of past behavioral health records and treatment planning. Tenants are involved in identifying treatment goals with their provider during these assessments. Onsite providers are part of the HHH team, regularly participating in staff meetings with the program's housing team.

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)

While several projects have policies and processes for assessing when program participants need a higher level of care, below are three highlighted examples.

At Welcome Home, any client who fluctuates from baseline is assessed for a higher level of care and during the regular staff visits which may result in securing additional in-home supports, medication management, visiting nurses, adaptive devices to ensure safety in their unit, or more frequent home visits/check ins by their case manager. In some cases, clients are screened for skilled nursing facilities or long-term care. Clients needing support with active substance use, receive help seeking out detox or other treatment they need. For mental health challenges, CSS, TSS, and crisis, staff discuss options with clients to get extra support.

For HHH, during the ongoing assessment and treatment planning process, providers regularly assess the level of treatment provided onsite. Treatment providers and housing staff onsite meet to discuss the necessity of obtaining a higher level of care for a tenant as appropriate. If a tenant's mental health functions cause behaviors that may put a tenant's housing at risk, housing staff and behavioral health treatment providers meet with the tenant to provide referrals to a higher level of care as medically necessary. When a tenant's behavior creates a disruption for staff and other tenants, the team meets with the tenant to provide additional support and outside referrals as necessary. Eliot maintains a positive referral relationship with providers along the behavioral health continuum.

TTK has found that with consistent wraparound supports, it is clear when a client requires a higher level of care than can offered in an independent living program. In those situations, a client is likely already being offered twice weekly Case Management meetings, support from our PSH clinician and support from external providers. When it is determined that they are still unable to maintain independent housing either due to lease violations, substance use or severe mental illness, the team seeks additional supports and housing options for the client. They work closely with detox and residential facilities, nursing homes that accept Medicare and DMH who can move clients into group home living situations when appropriate.

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)

While several projects have policies and processes for assessing when program participants are ready to move on, below are three highlighted examples:

Welcome Home: During each quarterly Individual Service Plan (ISP) review with clients, case managers check in on how clients have been functioning in the program and determine in collaboration with the client if they are in a position to move on from the program. Case managers work with clients to apply for other housing options that they continue to be eligible for, however many have long waitlists and clients are often still unable to afford market-rate rent. ISPs are reviewed by an LICSW who provides feedback to case manager to ensure they are supporting clients' goals and needs.

HHH: As part of the treatment planning process and work with their housing case manager, tenants are regularly assessed for readiness for more independent living and for the ability to move to unsupported or less supported housing options. This assessment is ongoing and part of the regular conversations between staff and tenants. Tenants are connected to workforce development opportunities based on their ability to participate and based on the availability of programming.

TTK: When clients are no longer in need of the intensive wraparound case management supports that we offer, they identify clients as individuals who would succeed in fully independent housing. These are clients who identify tasks and goals that need to be completed and accomplish those tasks with very little or no direct intervention from their Case Manager. These clients have typically dropped down to monthly "check-in" meetings and do not seek out nor desire additional support. They explore a variety of housing options keeping in mind the client's income level and their ability to earn additional income (i.e. are they able to work full time, are they disabled and unable to work, etc.). From there, they evaluate potential housing opportunities and support clients in applying. Clients then "move on" to fully independent market rate rentals, affordable housing rentals, subsidized public housing, and affordable inclusionary housing.

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).	Yes
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.	09/25/2026
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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.	09/25/2026
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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?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/13/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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.	09/23/2026
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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)

The BoS CoC Reallocation Policy and Written Standards require the CoC to actively review the performance, utilization, fiscal management, and continued need of existing CoC-funded projects to identify opportunities for reallocation. It monitors projects throughout the grant period using performance and outcome data, regulatory compliance, monthly vacancy/utilization reports, and grant expenditures and spend-down rates. These measures identify persistent vacancies, underutilization, chronic underspending, performance concerns, and other indicators that resources may be used more effectively.

For FY26, the CoC used this monitoring to conduct a portfolio-wide reallocation review. The CoC worked directly with subrecipients, combining objective performance and fiscal data with their operational knowledge of project feasibility and participant needs. This collaborative process helped determine where performance could be improved and where full or partial reallocation would increase the efficiency and performance of the remaining portfolio. Through this process, the CoC identified and reallocated funding from existing projects. As part of the portfolio review, the CoC established a reduction in PSH funding and worked with subrecipients to determine how to implement it strategically. The CoC and subrecipients concentrated reductions in projects identified through the review as lower-performing, underutilized, less feasible, or otherwise appropriate for reallocation, including fully reallocating a project to preserve stronger or more viable projects. The CoC also determined that existing RRH projects would transition to TH based on FY26 priorities and system needs.

Reallocated funds have been used to support a new TH or SSO project subject to competition. This process redirected resources toward projects positioned to demonstrate stronger performance and alignment with current needs rather than treating renewal funding as automatic. Ongoing performance, fiscal, and compliance monitoring also supports responsible stewardship of federal funds and identification of potential fraud, waste, or abuse.

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)	The Partnership Center, Ltd.
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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)

This year, the BoS CoC HMIS vendor developed a web-based app for unsheltered PIT volunteers to use. Having the web-based app built within the HMIS system allowed the CoC to easily pull in existing HMIS information for households that were encountered. For example, if someone encountered provided PII but didn't want to answer all survey questions, the CoC was able to pull in HMIS information from other enrollments to get valuable demographic data. The CoC believes those changes resulted in more accurate numbers for the additional population statistics. The CoC saw an increase in adults with substance use disorder (+27), survivors of DV (+16), and chronically homeless individuals (+28). This is likely because of the success in utilizing existing HMIS data. In addition, moving away from paper forms to immediate real-time data entry meant making the CoC's PIT count more efficient by eliminating user error and mistakes that are more likely to happen with paper forms, and making the count more convenient for those conducting it. Tools like these are another step that will continue to increase participation across the CoC.

The CoC continues to build and improve PIT count training. This year, staff from the HMIS vendor helped lead a session about how to use the new web-based app for the night of the PIT. There was an increase in participation from communities again this year. There was an increase of four communities from last year that completed surveys on the night of the PIT. Lastly, there was new participation from law enforcement professionals as well as community members that don't work for homeless providers but wanted to lead efforts for the unsheltered PIT in their communities.

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)

Over the course of the year starting January 1, 2025 and ending December 31, 2025, the BoS CoC had a total of 38 total encampments with a PIT count in January 2025 of 502 unsheltered persons. The BoS CoC addressed this issue with three strategies: 1. Outreach efforts were integrated into a variety of systems including Coordinated Entry, municipal intensive interdisciplinary case conferencing meetings, and coordinated efforts around addressing encampments. 2. Partnership with state agency partners including DPH, DCR, DOT and the Massachusetts police to bring continuum resources to bear at the same time our partners were working to address camps. 3. Increasing emergency shelter and warming center capacity to improve the chances that unsheltered persons seeking shelter could access it.

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.	38
2. Enter the reduction in the number of encampments during your evaluation period.	16

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.	460
2. Enter the reduction in the number of people in encampments during your evaluation period.	396

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)

Not Applicable

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)

EOHLC, the state agency representing the Collaborative Applicant and the primary funder of homeless services in Massachusetts, has made intentional investments to reduce first-time homelessness for individuals and families in partnership with CoC and ESG members and leadership. Targeted investments in prevention, expanded shelter and rehousing resources, and strong system coordination have helped more families avoid homelessness and quickly access stable, permanent housing. These results demonstrate the effectiveness of Massachusetts' approach and the critical role of local and state leadership in reducing family homelessness.

For households without children, EOHLC has aligned state resources to quickly triage people presenting for shelter and divert them from homelessness. Four of the CoC's largest shelters serving households without children receive flexible diversion resources that can address specific crises precipitating homelessness, including short-term financial assistance or transportation to another community when reunification with family or friends provides a safe housing alternative. These shelters diverted 574 people in the last fiscal year. EOHLC funds Residential Assistance for Families in Transition (RAFT) to help individuals and families address housing crises before becoming homeless providing flexible financial assistance for needs such as rental arrears and utilities. RAFT served 47,000 households in FY26.

Additionally, EOHLC funds Housing Consumer Education Centers (HCECs), which serve as regional access points for housing counseling and homelessness prevention resources, helping households navigate programs such as RAFT, eviction-prevention resources, legal assistance, and connect to other housing stabilization supports.

Specifically for households with children, EOHLC also funds family diversion services, which help families experiencing a housing crisis identify alternatives to entering shelter. EOHLC is also currently implementing FY27 Upstream Diversion Pilots to intervene even earlier, connecting households with flexible funds before they reach the point of shelter entry.

The BoS CoC used these strategies to reduce first-time homelessness as reflected in Metric 5.2. The Fall River CoC, which merged with us this year, experienced increases in Metric 5.2. Through the merger with the BoS and increased use of the strategies above, we will work to reduce those numbers moving forward.

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)

In several BoS communities, including Haverhill, Gloucester, Lowell, Lawrence, and Salem, outreach staff and CE navigators participate in regularly scheduled, intensive interdisciplinary by-name list case conferencing including EMS, law enforcement, behavioral health providers, municipal officials, and local boards of health. Partners coordinate around individual needs and barriers, identify appropriate interventions, and connect persons experiencing unsheltered homelessness to Coordinated Entry, housing opportunities, treatment, and other CoC and community services.

For shelters serving households without children, EOHLC has increased monitoring length-of-stay and works directly with shelters to address lengthy stays. EOHLC provides technical assistance and problem-solving to identify barriers to exits and improve housing-focused practices and may develop corrective action plans for shelters that continue to struggle with length of stay without an identified cause. Providers work with participants to identify housing barriers, obtain documentation and benefits, conduct housing search, and connect to rental assistance and permanent housing.

The Emergency Assistance Family Shelter system has a statutory six-month length-of-stay policy, with limited extensions for families who meet specific health and safety criteria or have imminent placement in housing. EOHLC also funds HomeBASE, a state-funded rapid rehousing program that provides flexible financial assistance and stabilization services to help eligible homeless families with costs such as deposits, rent, utilities, and moving expenses, enabling families to move from shelter into housing more quickly.

The CoC monitors system and project-level performance, including length of time homeless, to identify barriers, target technical assistance, and improve the speed with which households move from homelessness to permanent housing[KB62.1]. The CoC is an active partner in the MA Interagency Housing and Homelessness External Advisory Council, whose work is grounded in preventing and ultimately ending homelessness. This Council is chaired by the Lieutenant Governor and is comprised of 30 stakeholders (legislators, advocates, persons with lived experience, providers, and more). Along with the initiatives described here, this partnership has been vital to addressing the rise in homelessness and average of length of stay reflected in Metric 1.2, and we anticipate a reduction in the next SPM submission.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	40.03%
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Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC HMIS Lead generated an aggregate report that included all PSH, TH, and RRH projects utilizing HMIS for the 12-month period of 1/1/2025 to 12/31/2025. The data used was from APR question 23c Exit Destination, all three project types were included, producing one aggregate report. During the reporting period, there were 805 leavers, 48 of whom the APR excludes from the destination calculation. Of those remaining, 303 exited to permanent housing situations that were unsubsidized (53 to "Staying or living with family, permanent tenure," 14 to "Staying or living with friends, permanent tenure," 233 to "Rental by client, no ongoing housing subsidy," and 3 to "Owned by client, no ongoing housing subsidy"). The percentage that exited to unsubsidized permanent destinations was 40.03%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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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	3,380	114	3,294	94.27%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	225	107	163	49.00%
4. Rapid Re-Housing (RRH) beds	192	92	284	100.00%
5. Permanent Supportive Housing (PSH) beds	2,639	32	2,470	93.59%
6. Other Permanent Housing (OPH) beds	1,080	34	995	89.30%

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)

Only Transitional Housing is below the coverage threshold; because the HMIS Lead is at different stages with the non-participating providers, separate responses will be given.

1) Lazarus House has a combined 83 non-participating beds. They are a faith-based provider that has historically been strongly opposed to HMIS participating due to client privacy concerns. Due to the CoC's continued yearly follow-up, Lazarus House has agreed to begin using HMIS. Their Executive Director has signed the HMIS Participation legal agreement.

A Veterans services provider, Volunteers of America, has 24 TH beds in our CoC. They already participate in HMIS via uploads for their SSVF projects and the omission of the TH project was an oversight. We will work with them immediately and expect that to be successful and expeditious.

Due to the recent merger with MA-515, the CoC now has an additional 24-bed TH project that is operated by the Fall River Housing Authority. The CoC's HMIS Lead will contact the HA to request HMIS participation

2. Lazarus House: HMIS staff are scheduling meetings to get them into HMIS. Our HMIS on-boarding process will be followed; once their questions about the New Project forms are answered they will be guided through completing them, end user account setup, and training.

Volunteers of America: There is confusion within their organization regarding participating via data uploads – they were under the impression that their data was being uploaded to our data warehouse. The HMIS Lead will continue conversations and set up a meeting to get clarity on where exactly VoA data is being shared to and guide them through the process of data sharing to the Massachusetts HMIS data warehouse.

Fall River Housing Authority: The HMIS Lead will contact FRHA to get additional information to ensure that the TH project meets the criteria to be considered TH by the CoC. Once confirmed, we will ensure they understand that participation is free, as HMIS licenses are paid for by the CoC, and ask about potential concerns that could be ameliorated.

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