Before Starting the CoC Application

In order to be considered for YHSI or YHDP funding, applicants must submit the Youth Homelessness Consolidated Application.

To be considered for YHDP funding, you must also submit the following in order for us to consider your YHDP Consolidated Application complete:

1. the YHDP Priority Listing, and
2. all the project applications for the YHDP funding in your community.

As the Applicant for the Youth Homelessness Consolidated Application, you are responsible for reviewing the following:

1. The FY 2024 & FY 2025 Youth Homelessness Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 & FY 2025 Youth Homelessness 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, if applying for YHDP funding.
5. The application to ensure all documentation, including attachments, are provided.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, “You Must Upload an Attachment to the 4B. Attachments Screen.” Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD’s funding determination.

We must be able to read the date and time on attachments requiring system-generated dates and times, e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time.

1A. Application Type

1. Community Name	YHDP- ACCH-HSPB-SNC Multi-CoC
2. Type of Submission:	YHDP

3. Certify that the applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."	X

This is a required certification to receive funding under the FY2024 and FY2025 Youth Homelessness NOFO (See section III.D and V.A of the NOFO).

General Criteria- Youth Leadership

1a. Describe how the youth with lived experience were involved with the development of this application.

(2,000 characters)

Youth with lived experience were actively involved throughout the development of this application through the Upstate New York Regional Youth Action Board (YAB). Five YAB members helped draft and revise narrative responses, ensuring the application reflected the priorities, perspectives, and experiences of youth who have experienced homelessness. They also reviewed and revised the local project rank and review tool to identify the qualities they believed were most important in youth-serving projects. Furthermore, the scoring criteria awarded points to projects that demonstrated meaningful youth involvement in project design, established systems for incorporating ongoing youth feedback, and included youth leadership roles in project implementation. In addition, Youth Action Board members served as reviewers during the local project application process, helping evaluate proposals and inform funding recommendations. Through these activities, youth with lived experience played a meaningful role in shaping both this application and the local project selection process.

1b. Did at least two youth with lived experience meaningfully participate in the development of this application.	Yes

2a. Describe how young people with lived experience will be involved in the project design, implementation, and operation of YHDP projects.

(2,000 characters)

Youth w/ lived experience were actively involved in the design of YHDP projects & held meaningful leadership & decision-making roles throughout planning. Projects engaged youth through listening sessions, roundtables, interviews, Youth Advisory Boards/Councils, & project-specific planning efforts. These conversations informed project type, housing models, & supportive services. Youth emphasized the need for small shared-housing models, life skills, transport. assistance, mental health services, employment support, lived-experience peer staff & housing prioritizing privacy, personal space & safety. If awarded, youth will continue to hold leadership & decision-making roles throughout project implementation. Several agencies will engage youth through existing Youth Advisory Boards/Councils, while another will establish a YHDP-specific Youth Advisory Committee. These groups will regularly review program rules, participant handbooks, support service agreements, life skills programming, & permanent housing transition supports. Youth will recommend improvements, & agencies will document recommendations & resulting program changes as part of continuous quality improvement. Youth will also serve on mediation boards, participate in staff interviews, lead peer outreach & serve as Youth Peer Advocates / Certified Recovery Peer Advocates. will co-design life skills workshops, educational programming, recreational activities, & recovery programming to ensure services remain relevant & responsive. Feedback will be gathered through community meetings, listening sessions, focus groups, surveys, staff discussions, & individual planning meetings. In these roles, youth will use their lived experience to inform outreach, peer mentoring, recovery activities, participant engagement, & program implementation. Through these opportunities, youth will remain active partners in project design, implementation, & continuous improvement, ensuring YHDP projects remain youth-driven & responsive.

General Criteria- Community Connections

1. How will your community will use funds awarded through this NOFO to address the social and emotional well-being of youth, including incorporating a strengths-based approach, positive youth development, and trauma-informed care.

(1,500 characters)

Funds awarded through this NOFO will support a comprehensive approach to youth social and emotional well-being that integrates Positive Youth Development (PYD), strengths-based practices, and Trauma-Informed Care (TIC). Projects will focus on creating safe, supportive environments where youth can build confidence, relationships, and resilience. Through strengths-based case management and Motivational Interviewing, youth will identify personal goals and develop individualized plans related to housing, education, employment, and wellness. Youth leadership opportunities, including participation on advisory boards and peer support roles, will promote empowerment, skill development, and community engagement. Positive relationships with case managers, peer staff, and supportive networks will foster social connection and belonging. Staff trained in TIC, Therapeutic Crisis Intervention, and Motivational Interviewing will ensure services emphasize safety, trust, collaboration, choice, and empowerment while minimizing re-traumatization.

2. Describe one strategy that emphasizes the development of self-sufficiency, personal responsibility, resilience-building, and character development while acknowledging the impact of difficult life experiences on youth development.
(1,500 characters)

One key strategy is strengths-based case management paired with independent living skills development. Many youth experiencing homelessness have faced trauma, family conflict, or housing instability that can disrupt healthy development and limit opportunities to build life skills. Using Motivational Interviewing and youth-driven goal planning, case managers help youth identify strengths, set achievable goals, and build confidence in their ability to succeed. Independent living skills training focuses on budgeting, meal preparation, housekeeping, conflict resolution, tenancy responsibilities, and healthy communication. Education and employment supports further strengthen economic self-sufficiency and housing stability. As youth gain skills and achieve goals, they develop personal responsibility, problem-solving abilities, resilience, and self-confidence. This trauma-informed strategy acknowledges the impact of difficult life experiences while empowering youth to navigate adulthood successfully and achieve long-term stability.

3. Describe at least two strategies your community will implement to promote economic independence and prevent long-term dependency on social services.

(1,500 characters)

Our community will implement the strategies below to promote economic independence & prevent dependency on social services. 1. Independent Living Skills: Projects will build the skills needed to maintain housing & live independently, incl. cooking, cleaning, budgeting, paying bills, tenant readiness, conflict resolution, & roommate skills. Shared housing allows youth to practice these skills in a supportive environment, building confidence & responsibility needed for permanent housing. These experiences prepare youth to maintain housing & navigate living arrangements after program exit, preventing returns to homelessness & dependency on social services. 2. Education & Employment: Through individualized case management, projects will support youth in obtaining HSE diplomas, enrolling in vocational training, college, or workforce development programs, & participating in job readiness & employment services. Transportation assistance, incl. driver's license assistance, will support youth in accessing education & employment. Education & employment will increase earned income, develop career pathways, & promote economic independence. 3. Recovery & Housing Stability: Projects will integrate recovery, behavioral health, & housing stabilization services to support employment & independent living. Youth will receive individualized case management, recovery support, & peer mentoring, helping them maintain employment, housing, & independence while reducing reliance on crisis services.

4a. How will you build connections between at-risk youth and school, life skills training, and job attainment skills?

(1,500 characters)

YHDP funds will connect at-risk youth to school, life-skills training & job-attainment skills through individualized case management, service planning, direct instruction, transportation & community partnerships. TH projects will use non-disability-related service participation agreements covering case management, life skills, education services, and/or job training. Staff will help youth earn HSE/GED diplomas; enroll in college, vocational training or workforce development; and create individualized education, employment and independent-living plans. Life-skills instruction will include budgeting/financial literacy, cooking, meal planning, cleaning, household management, tenant readiness, savings planning, conflict resolution & public transportation. Job-readiness activities will include vocational exploration, resume writing, interview practice, job-search coaching, & professional certifications. Connections will include CAPTAIN’s Money Matters, Getting Ahead/Staying Ahead, Job Assist & HSE support; educational institutions and workforce agencies; and St. Catherine’s partnerships with the SEAT Center, Schenectady Youth Bureau and local Department of Labor. Funds will support case management/independent-living staff, bus passes, computers/technology and training/certification fees. Parenting youth will receive childcare coordination to reduce obstacles to participation.

4b. How will you build connections between at-risk youth and employment opportunities?

(1,500 characters)

YHDP funds will connect youth to employment opportunities through individualized employment plans, job coaching, transportation, and direct partnerships with workforce agencies. Case managers and independent-living staff will help youth identify career goals, explore occupations, complete applications and prepare for interviews, then connect them to workforce training, certification pathways, paid apprenticeships and employment placement. St. Catherine's will partner with the SEAT Center, Schenectady Youth Bureau, local labor programs and Department of Labor; LaSalle will coordinate with workforce development agencies and provide vocational exploration and job coaching; and CAPTAIN will connect youth to Job Assist, Money Matters, Getting Ahead/Staying Ahead and Volunteer Income Tax Assistance. CARES' parenting-youth project will coordinate employment services, childcare and transportation so young parents can participate in work and workforce programs. Funds will cover case-management and employment-support staff, bus passes/transportation, computers and technology, participant employment costs, and training/certification fees. Projects will monitor employment participation, job placement, earned income, and progress toward youth-defined career goals.

General Criteria- Building Safe Communities

1. Demonstrate, by providing evidence, that the project applicant cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless youth.

(1,500 characters)

The Community Applicant (ACCH, HSPB, and SNC CoCs) works w/ local governments, law enforcement, outreach providers, behavioral health agencies & community partners to connect youth experiencing homelessness to appropriate services while supporting community efforts related to encampments, shelter access, public safety, substance use, and information sharing in accordance with SORNA. Each CoC includes representatives from local government and law enforcement on its governing board, ensuring coordination between homeless response systems, public safety agencies, and community leaders.

Collaboration is further demonstrated through coordinated street outreach efforts involving providers, hospitals, EMS, behavioral health agencies, and law enforcement. In ACCH, Joseph's House & Shelter, St. Catherine's Center for Children, and RSS partner with Albany Medical Center, EMS, law enforcement, and the Albany County Department of Mental Health, supported by the Albany Navigates Housing/Health Care initiative. In HSPB, Safe, Inc., Bethesda House, RSS, Ellis Hospital, EMS, the Schenectady Police Department, and SCAP work together to identify and engage unsheltered youth and connect them to housing and supportive services. In SNC, Shelters of Saratoga, CAPTAIN CHS, RISE, Healing Springs, Open Door Mission, and RSS coordinate with Saratoga County Mental Health, law enforcement, and other providers through a regional "No Wrong Door" approach to outreach, referrals, and case conferencing.

2. Identify local laws, policies, or other practices that help or hinder the project applicant's ability to advance the objectives below and provide a plan explaining how the project applicant will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why. Include qualitative and quantitative details in your response.

2a. Quickly clears tents and encampments on public property and connects youth who are camping in public with appropriate services. In your response, describe the current status of tents and encampments in the geographic area.

(1,500 characters)

The 2026 PIT Count identified 140 unsheltered individuals across the 3-CoC's, including 10 youth under age 25. Due to outreach teams monitoring outdoor locations & responding to reports of tents or youth sleeping in public spaces it is uncommon for large encampments to form. Saratoga Springs enacted an ordinance prohibiting camping & sleeping on public property, including sidewalks, street medians, parking garages/lots & gazebos. To reduce harmful effects of enforcement, the community will leverage RISE Housing & Support Services' Community Outreach Court, which connects people charged w/ nonviolent offenses to services & may allow charges to be resolved. In Albany, parks are monitored by the Department of General Services & close at 11pm. Schenectady City parks close before 11 p.m., preventing encampments. Across all geographic areas, Outreach teams (Albany Navigates, Safe Inc, CAPTAIN, WAIT House) conduct daily shifts to monitor, identify and resolve concerns related to tents & encampments. Teams learn about youth living outdoors through the community, law enforcement, & government agencies. In collaboration w/ DSS & youth shelters, outreach teams engage youth, connect them to safer housing alternatives, intensive case management & transportation assistance for relocation. Teams remain in contact w/ law enforcement & local government to support swift resolution while maintaining youth engagement & connection to services.

2b. Decrease the public use of illicit drugs and quickly connect homeless youth who are using illicit drugs in public with appropriate services and/or law enforcement. In your responses, describe the current status of overdoses and illicit drug use in public spaces in the geographic area.

(1,500 characters)

According to the CDC, the overdose deaths reported during December 2024-November 2025 stated that Albany County reported 45 overdose deaths, Schenectady County had 45, & Saratoga County had 11. In 2025, Saratoga County's Substance Use & Surveillance Dashboard reported 162 overdoses for individuals 0-17 years of age and 303 for individuals 18-29 years of age. In Albany & Schenectady, alcohol & synthetic cannabis are the top causes of nonfatal overdoses. Due to Albany and Schenectady being urban geographic areas, there is more public illicit drug use versus the rural areas of Saratoga. Street Outreach teams conduct daily shifts throughout the geographic areas, maintaining a presence in the community, including at hotspot locations that youth may hang out at such as local parks, malls, drop-in centers & gas stations. This steady presence in the community helps to decrease the public use of illicit drugs & enables staff to quickly connect youth who are using illicit drugs with services. Staff receive training in overdose response, including the use of Narcan & collaboration with emergency medical services to provide immediate intervention & ongoing wraparound support. Albany County's Mobile Outreach, Treatment & Overdose Response (MOTOR) Program provides referrals, support, education & linkage to treatment & recovery services to individuals. In Schenectady County Catholic Charities provides this same level of services as well as Healing Springs in Saratoga County.

2c. Utilize standards that address homeless youth who are a danger to themselves or others (e.g., involuntary commitment).

(1,500 characters)

Staff are trained in Youth and Teen Mental Health First Aid through the New York State Office of Mental Health, equipping them to recognize warning signs, engage youth in crisis, offer support & connect them to mental health and substance use services. Team members carry resources and referral information to assist youth who may pose a danger to themselves or others and are trained to quickly assess situations and coordinate responses with EMS, Mobile Crisis teams & local law enforcement as needed. Under NY Mental Hygiene Law §9.41, authorized police/peace officers may take a person into custody and direct removal to an authorized hospital or Comprehensive Psychiatric Emergency Program when the person appears mentally ill and is behaving in a manner likely to result in serious harm to self or others (Involuntary Commitment). Under §9.58, a physician/qualified mental health professional on an approved Mobile Crisis Outreach Team may remove or direct removal to an authorized hospital under the same standard. These partnerships help ensure timely intervention, stabilization, public safety & connection to appropriate services. Street Outreach teams provide ongoing case management and care coordination to reduce service disruptions and maintain provider engagement. By connecting behavioral health, housing & supportive service partners, outreach staff support long-term stability, housing access & continued behavioral health support.

2d. Comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA).

(1,500 characters)

Agencies comprehensively share information, including local information in accordance with the Sex Offender Registry and Notification Act (SORNA) to ensure compliance with requirements of the federal and state confidentiality laws. When legally appropriate staff utilize available public registry information to inform decisions regarding the safety, planning and supervision or services provided. During assessments, individuals are asked to disclose any Sex Offender Registry (SOR) status, and this information is documented when identified. If an individual with SOR status reports being new to the community, staff coordinate notification of the individual's change in location with local law enforcement and, when applicable, the law enforcement agency in the jurisdiction from which the individual relocated. This process helps ensure compliance with applicable requirements while supporting access to appropriate services and housing resources. Staff ensure that all collaborating agencies and service providers are informed of an individual's status, as appropriate, and referrals are made only to programs that can serve individuals with SOR status.

The project applicant should maintain records reflecting the analysis performed in response to these rating criteria.

YHDP Criteria- Community Coordination

1. Describe how the YHDP community applicant or partner organizations work with Public Housing Agencies (PHAs) or other affordable housing providers in the community.

(1,500 characters)

The YHDP community applicants work close w/ Public Housing Agencies & affordable housing prov. to connect youth experiencing homelessness or transitioning from foster care (FC) to permanent housing & support. In Saratoga North County (SNC) WAIT House contracts w/ Warren & Washington Counties through the OCFS Supportive Services Prog, providing housing nav., case management & support to youth that exit FC. This partnership provides youth assistance securing & maintaining housing while working toward education, employment & independent goals. Saratoga North Country utilizes Foster Youth to Independence (FYI) vouchers to expand housing opportunities for eligible youth. WAIT House works w/ Glens Falls Housing Auth. to connect youth exiting FC to FYI vouchers & support services. In Albany County, St. Catherine's Center for Children operates Michaels House & partners with Albany Housing Auth. to utilize FYI Vouchers to serve youth aging out of the FC system. In Schenectady County, Safe Inc partners w/ Mohawk Opps Enhanced Youth Adult Program. This program offers housing & services for youth ages 18 to 26, transitioning to adulthood with a diagnosed serious mental illness. Participants receive individualized, community based support that includes assistance obtaining employment, pursuing education, securing ID, managing finances & maintaining safe/ stable housing. These partnerships help youth achieve long-term housing stability and self-sufficiency.

2. Describe how the YHDP community applicant or partner organizations will work with long-term residential care facilities or permanent supportive housing providers to ensure assistance for youth experiencing homelessness with a disability that is expected to indefinitely prevent independent living or self-sufficiency.

(1,500 characters)

The YHDP Community Applicant and partners will connect youth with significant disabilities to appropriate housing and supportive services through collaboration with housing, behavioral health, and disability service providers. Through Coordinated Entry, youth with high support needs are assessed, prioritized, and connected to appropriate housing interventions. Case Managers will assist eligible youth w/ Single Point of Access (SPOA) apps. & referrals to supportive housing, Health Homes & other BH services. For youth with intellectual and developmental disabilities, providers will partner with OPWDD to connect them to residential, employment, respite, and community-based support. Engagement w/ OPWDD & disability service providers will support adult transitions & housing stability. Case managers will assist youth in obtaining disability documentation and applying for Supplemental Security Income (SSI), Medicaid, SNAP, and other benefits that support housing stability and access to care. Case review and cross-system collaboration among housing providers, behavioral health agencies, disability service organizations, schools, OPWDD providers, and permanent supportive housing programs will ensure continuity of care and service delivery. Through Coordinated Entry, SPOA referrals, benefits assistance, OPWDD coordination, and case management, youth with significant disabilities will be connected to permanent housing, services, and supports that strengthen stability and well-being.

3. Describe how the YHDP community applicant or partner organizations work with education providers in the community.

(1,500 characters)

The YHDP Comm. App. & partner orgs. collaborate closely with school districts and McKinney-Vento liaisons to identify & support youth & young adults experiencing homelessness. In SNC, WAIT House, CAPTAIN, and Warren-Washington Housing collaborate with school districts through McKinney-Vento meetings to identify and support students experiencing homelessness through coordinated referrals and services. The Community Applicant collaborates with education providers, workforce development organizations, and libraries on initiatives such as the Youth Homelessness Survey and the Point-in-Time Count. This initiative collected data on youth at risk of or experiencing homelessness based on the Mckinney Vento definition. The Community Applicant partners with school districts, youth-serving organizations, and afterschool programs to recruit Youth Action Board members and facilitate youth focus groups through the Youth Homelessness Systems Improvement Grant. In Warren County, NY, youth have been engaged & participate in their own YAB to provide input on community needs. School Resource Officers, McKinney Vento, BOCES & community providers work together to identify students experiencing homelessness & connect them to appropriate housing and resources. These collaborative efforts strengthen the community's ability to identify homeless youth, improve service coordination & ensure youth remain connected to education while working toward housing stability.

4. Describe what strategies your community implements to identify and assist youth experiencing or at risk of experiencing any form of trafficking, sexual exploitation or similar traumatic experiences.

(1,500 characters)

Our community implements strategies to identify & assist youth experiencing or at risk of trafficking or sexual exploitation via anti-trafficking progs, street outreach (SO), Coordinated Entry (CE) & collab. with Victim Service Providers (VSP) & state coalitions. Safe Inc. of Schenectady uses NYS OTDA funding for intensive case management (CM), referrals & community partner training to improve youth identification. Saratoga counties CAPTAIN's Safe Harbour Program & SO team provides CM, stable housing & safety planning. WAIT House partners with Warren County Safe Harbor to help youth ages 13-21 fleeing trafficking via counseling, CM & training for schools & first responders. Wellspring provides free, confidential 24/7 hotlines, emergency resources, housing aid & prevention progs. CE & Outreach: Albany's Equinox (local VSP) leads a parallel DV CE system to safely & confidentially connect survivors to housing. The YHSI initiative is building a youth-specific CE system with screening questions for trafficking risks. Trauma-informed SO teams across the 3 CoCs build relationships to identify at-risk youth & connect them to housing, behavioral health & specialized VSPs. Applicants partner with NYS CADV and NYS CASA to support survivor-centered policies. Victim service providers serve in leadership roles across all three CoCs, including Equinox, Unity House, YWCA of NENY, Safe Inc., Wellspring, CAPTAIN, and WAIT House through CoC board and advisory board participation.

5. Describe what resources in your community, either currently operating or being planned under this or the CoC NOFO, are available to assist youth with substance use disorders.

(1,500 characters)

The community offers a range of substance use recovery supports for youth, including recovery centers, peer support, family navigation, treatment programs, and recovery housing. Recovery centers operated by Second Chance Opportunities, Healing Springs, and Hoping & Healing Community Center provide community-based recovery support and connections to services. Family Support Navigators and Peer Engagement Specialists offer individualized support, resource navigation, and peer-based mentorship to youth/ families accessing substance use disorder treatment/ recovery services. These programs are available through the Addictions Care Center of Albany and serve surrounding communities. Additional resources, including The Prevention Council, Albany County's MOTOR Team, and Catholic Charities, provide services in Albany and Saratoga Counties. Youth needing a higher level of care can access inpatient/outpatient treatment through providers such as St. Peter's Addiction Recovery Center, Conifer Park, Hope House, New Choices, Fusion Recovery Center, and Baywood. Some providers also offer supportive housing for individuals in recovery, including Hope House, St. Peter's Addiction Recovery Center, The Next Step, New Choices, RISE Housing & Support Services, and Peter Young Housing. In Albany, Second Chance Opps operates a recovery residence for youth ages 18 to 24 that provides housing assistance, peer support, life-skills coaching, and education and employment supports.

6a. Describe how your community provides services and connects youth to resources for substance use including crisis response services.

(1,500 characters)

The community provides services and connects youth to resources for substance use, including crisis response services through Northern Rivers Mobile Crisis which covers Albany, Schenectady, Saratoga, Warren, and Washington Counties. Additionally, a 24-hour hotline is available for immediate resources through the Coordinated Opioid and Stimulant Treatment (COAST) Hotline. Youth can call the New York HOPEline to be connected immediately to substance use resources in their community. Youth that are in crisis and seeking in-person resources can be seen at the Ellis Medicine's The Family Room for immediate treatment and support services. Albany County's MOTOR Team can provide in-person support in the community and provide referrals to varying levels of services. Through the CoC's, youth that are seeking community, peer, and social supports for recovery services can attend programming at The Addictions Care Center of Albany, The Prevention Council Healing Springs, Catholic Charities, and Hope & Healing Recovery Community Center.

6b. Describe how your community provides services and connects youth to appropriate resources for mental health conditions, including crisis response services and mental health providers with expertise in treating youth.

(1,500 characters)

The community provides direct connection and services to youth experiencing mental health crises through Norther Rivers Mobile Crisis which covers Albany, Schenectady, Saratoga, Warren, and Washington Counties. Ellis Hospital's Family Room offers immediate, walk-in support for youth aged 5 to 17 and their families. Licensed social workers provide assessments, crisis intervention, referrals, and connections to social support and community-based services without requiring an appointment. Inpatient psychiatric services can be accessed at Ellis Hospital and Four Winds Saratoga. Children and Family Treatment and Support Services (CFTSS) which include crisis intervention, community psychiatric support and treatment, psychosocial rehabilitative services, family peer support, and youth peer advocacy and training can be accessed throughout the counties. Programs including WAIT House, CAPTAIN Youth and Family Services, Lasalle School and St. Catherine's provide these services. In addition, youth are connected to 24/7 crisis support services, including the New York State 988 Suicide & Crisis Lifeline and the Crisis Text Line, ensuring immediate access to behavioral health and crisis intervention resources.

7a. Describe a plan to promote participation in supportive services within YHDP housing projects.

(1,500 characters)

All proposed TH projects will require residents to sign non-disability-related supportive service participation agreements. Agreements will cover case management (CM), housing/self-sufficiency planning, independent living & life skills, budgeting, edu./employment planning, tenant readiness, conflict resolution, savings, & permanent housing planning.Mental health treatment, outpatient health services, or other disability-related services will not be conditions of housing.To promote participation, staff will develop individualized plans w/ youth based on their goals & needs; review progress through regular CM meetings; provide hands-on life-skills, edu., & job-readiness activities; & use house meetings, youth feedback, transportation assist., & referrals to remove obstacles. Participation & progress will be documented, & services adjusted as needs change. Multiple projects require substance abuse treatment as a condition of participation in the program. CAPTAIN Youth Bridge to Independence will operate substance-free TH & require residents w/ a diagnosed or professionally assessed substance-use disorder to participate in treatment at the frequency recommended by a qualified licensed provider. SAFE inc.'s, Safe Transitions requires substance-use treatment as a condition of continued participation for participants with SUD.WAIT House's FORGE is a nonresidential, recovery-focused SSO project that requires treatment participation b/c substance-use treatment is central to its model.

7b. Will all transitional housing projects (excluding residential housing) included in the priority listing have a supportive services participation agreement with residents?	Yes
7c. Is at least one project included in the priority listing designed to provide substance abuse treatment and require participation in substance abuse treatment services as a condition of continued participation in the program?	Yes
8. Are at least 20% of the total YHDP funds requested on the priority listing, excluding funds from planning and HMIS grants, allocated to supportive services costs.	Yes

9a. Describe how projects included on the YHDP priority listing serves specific youth subpopulations (i.e., pregnant or parenting youth, domestic violence survivors, youth with substance use disorder.)

(1,500 characters)

Four projects on the YHDP priority listing provide specialized services to specific youth subpopulations. 1. Pregnant/Parenting Youth: CARES' TH project is dedicated to pregnant/parenting youth & their children. Eight units will pair housing-focused case management w/ parenting support, childcare coordination, education/employment assistance, healthcare/behavioral health connections, & services promoting family well-being & housing stability. 2. Youth w/ Substance Use Disorders (SUD): WAIT House's FORGE prioritizes youth w/ SUD through counseling by a Credentialed Alcoholism & Substance Abuse Counselor, recovery coaching by a Certified Recovery Peer Advocate, Youth Peer Advocates, relapse-prevention education, behavioral health coordination, & housing navigation. CAPTAIN Youth Bridge to Independence provides substance-free TH, structured recovery expectations, treatment for residents w/ an assessed SUD, & connections to treatment/recovery providers. 3. Youth Aging Out of Foster Care: St. Catherine's prioritizes youth aging out of foster care, who may have experienced trauma & placement changes, limiting opportunities to develop independent-living skills. Its shared-apartment TH model provides private bedrooms, mobile case management, budgeting, household management & conflict-resolution skills, job/school supports, savings & credit building, & permanent-housing transition planning which bridges this gap.

9b. Do at least three projects provide a preference for housing or services to subpopulations who need the specialized supportive services that are provided in the housing (e.g., substance abuse treatment, domestic violence services)	Yes

10a. Describe your community's system for identifying eligible youth participants and referring them to the appropriate services.

(1,500 characters)

The Community Applicants' system for identifying eligible youth participants and ensuring timely access to services is centered on the Coordinated Entry (CE) process. Youth are screened and assessed using a standardized CE assessment tool designed to identify housing instability, service needs, and eligibility for available interventions. The assessment process helps determine the most appropriate housing and supportive service referrals, ensuring youth are connected to resources that best meet their unique needs, support housing stability, and support long-term well-being. The Community Applicants will develop a youth-specific Coordinated Entry (CE) assessment tool to better identify specific populations and better connect them to appropriate housing and supportive services.

10b. Discuss how screening and assessment tools identify the following special populations:

Special Population	
Pregnant and Parenting Youth	Pregnant and Parenting youth. As part of the screening process, youth will be asked whether pregnancy or parenting has contributed to their housing instability and whether they are responsible for caring for children or other dependents under age 18. These targeted questions will help identify youth whose housing challenges are related to pregnancy, parenting responsibilities, family size, overcrowding, or caregiving obligations. Youth identified through the assessment will be referred to appropriate housing interventions and family-centered services, including childcare resources, parenting support, healthcare, benefits assistance, and programs designed to support family stability and long-term housing success.
System-involved youth (including juvenile justice and child welfare)	Youth exiting foster care and other systems of care- As part of the assessment, youth will be asked: Have you ever been in the foster care system and have you ever had to flee or been forced to leave (kicked out of) the home of a parent, caregiver, foster parent, family member, romantic partner, or other person you were staying w/. These questions will help identify youth who have experienced foster care involvement, family conflict, placement disruptions, or housing instability. Youth identified through the assessment will be connected to appropriate housing, supportive services, family mediation when safe and appropriate, foster care transition resources, education and employment support, and permanent housing opportunities.
Exploited or trafficked youth	Labor or Sexually Exploited or Trafficked Youth (youth who may be experiencing or are at risk of labor trafficking, sexual exploitation, or unsafe housing arrangements. As part of the assessment, youth will be asked: Have sexual assault, stalking, or human trafficking contributed to your homelessness, have you ever felt like you had to engage in a sexual activity in exchange for a place to stay or continued housing and Is your current housing dependent on another person allowing you to stay there on a temporary or uncertain basis. These questions will help identify youth experiencing exploitation, coercion, survival sex, couch surfing, or other forms of unstable housing. Youth identified through the assessment will be referred to appropriate housing interventions, victim service providers, anti-trafficking programs, behavioral health services, and other specialized supports.
Youth in need of substance abuse or mental health services	Youth in need of substance abuse or mental health services- Screening questions will assess behavioral health needs, substance use concerns, crisis history, and current service connections. Youth identified through the assessment will be referred to appropriate behavioral health, treatment, recovery, crisis response, and supportive housing resources. By incorporating these questions into the CE process, the community will improve early identification of needs and ensure youth are connected to services that support recovery, housing stability, and long-term well-being.

11. Describe at least one strategy the community uses to encourage reunification whenever it is safe and possible, including family counseling and mediation services.

(1,500 characters)

The Community prioritizes family reunification & preservation when safe & appropriate. Providers recognize that building family connections is a key strategy for preventing & ending youth homelessness. Providers incorporate family engagement, counseling & mediation to support housing stability & family preservation. In SNC CoC, WAIT House prioritizes family reunification in all progs. Through emergency shelter, transitional living & outreach progs., staff work w/ youth & families to address conflict, improve communication & identify safe reunification if appropriate. In ACCH's St. Catherine's Center for Children (SCCC) supports family preservation by contracting w/ Albany County Prevention. Services & operate aftercare progs. Projects provide clinical support, CM, parenting support & family counseling to strengthen family stability, prevent family separation & maintain stable home environments. SCCC Stronger Together program promotes family preservation through prevention services. The community also uses mediation services through partnerships w/ Mediation Matters, serving Albany, Schenectady, Saratoga, Warren & Washington Counties. Mediation helps youth, parents & guardians resolve conflicts, improve communication & develop solutions before instability occurs. These coordinated services ensure that family reunification & preservation are considered first-line interventions whenever they can be safely achieved & are determined to be in the best interest of the youth.

12. Describe how projects included on the YHDP priority listing were selected for this application.

(1,500 characters)

The Community Applicant conducted a fair & open process to recruit & select projects for inclusion on the FY24/FY25 YHDP Priority Listing. Following HUD's release of the NOFO, the funding opportunity was broadly advertised through CARES of NY press releases to the Times Union (Albany & Schenectady Counties), Saratogian (Saratoga, Warren, Washington & Hamilton Counties), publication on the CARES website, outreach to local County Websites, distribution to municipalities, CoC Board members & CoC membership networks across all three Continuums of Care, Civic Roundtable & community partner networks were notified to ensure all eligible organizations were aware of the opportunity. The Collaborative Applicant CARES of NY also engaged the Regional Advisory Board on Youth Homelessness (RABYH), which includes youth-serving organizations, system partners, and individuals w/ lived experience of homelessness. Eligible organizations were provided equal access to application materials, deadlines, and technical assistance. Applications were reviewed using standardized criteria that assessed community needs, project design, alignment w/ YHDP goals, organizational capacity, and anticipated outcomes. Final project rankings were based on objective scoring and community priorities established through stakeholder engagement and approved through Continuum governance process. This approach ensured transparency, fairness, and community participation in developing the YHDP Priority Listing.

YHDP Criteria- System Planning & Data

1. Is the application from an eligible previously awarded YHDP community? No

1a. Describe at least one youth-focused intervention that is not currently operating in the community that the community wishes to pursue OR one intervention that could be improved and capacity increased.

(1,500 Characters)

The community seeks to expand a youth-focused intervention: developmentally appropriate TH paired with transition-to-adulthood supports for youth ages 18–24. The 2025 HIC identified only 8 youth-focused TH beds in Albany and 12 in Saratoga-North Country, with no comparable youth-specific TH in Schenectady. This limited capacity exists despite 328 youth ages 18–24 accessing emergency shelter in 2025. Expanded TH would provide safe, time-limited housing with intensive case management, independent-living and financial-literacy training, education/employment support, behavioral health coordination, permanent connections and individualized transition planning. Existing programs show promising results: 9 of 13 Wait House TLP leavers (69.23%) exited to permanent housing, compared with 40% of child/youth households CoC-wide in Saratoga-North Country. At Equinox UFA, 3 of 5 leavers (60%) exited to permanent housing, compared with 33% CoC-wide in Albany; Schenectady's rate was 19%. Youth feedback also emphasized discomfort in adult shelters and a preference for youth-specific housing.

1b. What data did you use to identify this intervention?

(1,000 Characters)

The community used the 2025 HIC to assess the geographic distribution and capacity of youth-dedicated TH beds; HMIS-derived YHSI Youth Housing Program Data to identify the number and ages of youth using emergency shelter and compare ES with TH use; project APRs for 10/1/24–9/30/25 to examine exits from Equinox UFA and Wait House TLP; and Stella performance data to compare each project's permanent-housing exits with CoC-wide outcomes for child/youth households. Qualitative data came from the YHSI Youth Survey, YAB discussions, and applicant focus groups/listening sessions. Youth described discomfort in adult or congregate shelter settings and emphasized private space, trusted adults, life-skills support, employment assistance and youth-specific housing. Together, the data showed insufficient and unevenly distributed TH capacity and promising outcomes from the limited youth-focused TH currently available.

1c. What barriers currently prevent you from implementing or improving the intervention?

(1,500 Characters)

Current capacity is limited by the significant start-up and ongoing resources required to operate youth-specific TH. Providers must secure suitable units in locations near jobs, education, transportation and community services, then fund leasing, utilities, furnishings, maintenance, insurance and household supplies. The model also requires qualified youth-focused staff to provide intensive case management, independent-living instruction, crisis response, and, depending on the setting and youth served, evening, weekend or 24-hour supervision. Additional resources are needed for transportation, technology, employment/education costs and housing-transition assistance. Expansion also depends on sustained partnerships with behavioral health, child welfare, education, workforce and permanent-housing providers so youth receive coordinated supports and have safe destinations when TH ends. Without dedicated, sustainable funding for both housing and services, agencies cannot create enough beds, maintain appropriate staffing or expand the intervention into areas with limited capacity such as Schenectady County.

2. Demonstrate how the CoC has used data to develop a strategy to prevent and end youth homelessness.

(2,000 Characters)

The community used YHSI Report (HMIS data), the YHSI Youth Survey, Youth PIT & McKinney-Vento data to identify service gaps and shape its strategy: 1. Transition-Age Services: Youth under 18 had stronger housing outcomes, with 47.5% exiting to permanent housing and 7.5% to homelessness. In contrast, ages 18–24 comprised 75% of unaccompanied youth served, but only 22.44% exited to permanent housing, while 37.82% exited to homelessness and 34.29% to temporary housing. Youth feedback also described discomfort and safety concerns in adult shelters. These findings support expanding developmentally appropriate TH and youth-specific services for ages 18–24. 2. Specialized Subpopulation Services: HMIS recorded 204 unaccompanied youth with mental health diagnoses (about 47%); 29.49% exited to homelessness and 35.9% to temporary housing. Among 44 youth with substance use disorders, 26.47% exited to homelessness and 32.35% to temporary housing. The Youth Survey found 38.1% had experienced foster care; of the 6 who aged out, 5 (83.3%) reported no discharge plan. This data informed recovery-focused, behavioral health and foster-care transition supports. 3. Independent Living: High rates of homeless and temporary exits reinforced the need for life-skills training, education/employment supports, financial literacy, savings, housing navigation and transition planning to reduce returns to homelessness and build long-term self-sufficiency.

3. Describe what strategies and data sources your community will use to measure self-sufficiency and stability outcomes including

Long-term stability/no recidivism and safe and stable housing; (may include longer-term residential treatment centers or facilities)	The community will use HMIS to measure long-term housing stability, safe exits and returns to homelessness. Following HUD System Performance Measure 2 methodology, the CARES Data Team will identify youth who return to the homeless response system after exiting to permanent housing. Safe and stable outcomes will also include exits to permanent housing or, when appropriate, longer-term residential treatment. HMIS admission, housing move-in, annual assessment and exit data will be used to examine time to housing, destination at exit, housing retention and returns to homelessness. Annual KPIs will be established from historical performance and reviewed by project, subpopulation and CoC. Findings will be used to identify disparities, assess project effectiveness and adjust housing, case-management and transition-planning strategies.
Education, employment, and income and career growth;	The community will use HMIS and HUD Annual Performance Report measures to track education, employment, income and career growth from intake through annual assessment and discharge. Education measures will include secondary/post-secondary enrollment and completion, with the primary outcome being the percentage of youth who exit with a post-secondary credential. Income will be measured through APR Questions 19a1 and 19a2, including total and earned income at annual assessment or exit. Career growth will be measured through employment status, job retention, training/credential completion and increases in earned income. KPIs will include the percentage of youth with increased total income, increased earned income and completed education/training milestones. Trends will be reviewed by project and subpopulation to guide service improvements.
Permanent social connections; and	Permanent connections will be measured through a standardized participant assessment completed at intake, annually and at exit, supplemented by case-management records, participant surveys and Youth Action Board feedback. Measures will include whether youth identify at least one reliable adult for advice or emotional support; the strength and consistency of connections with family, mentors, peers, schools, employers and community groups; and whether those connections remain in place at exit. The community will track the percentage of youth who establish or strengthen at least one positive, ongoing connection and review results by project and subpopulation. Findings will guide family-engagement, mentoring, peer-support and community-connection strategies.
Social and emotional well-being.	The community will measure social & emotional well-being by adopting the Youth Thrive Survey, a standardized youth self-report tool administered at intake, annually & exit, supplemented by program records and participant feedback. Measures will assess resilience, stress management, emotional regulation, hope and self-efficacy. With the youth's knowledge and participation, staff may use results to identify strengths, discuss areas for growth and incorporate related goals or referrals into service planning. Aggregate, de-identified results will measure change over time and identify disparities by project and subpopulation. Program records will track behavioral health/recovery referrals, successful connections, engagement and continuity of care. The YHSI Youth Survey will supplement these data by gathering feedback on how programs support social & emotional well-being. Findings will guide trauma-informed, youth-driven service improvements.

YHDP Criteria- Rural

Does the geographic area covered by the application meet the rural definition found in Appendix I Of the Youth Homelessness NOFO?	No

Policy Initiative Preference Points

2. Is the geographic area of the YHDP within an Opportunity Zone? No

2a. On the attachments screen, upload a form HUD-2996, Certification for Opportunity Zone Preference Points on the Attachments screen.

3. Provide the policy or statement the community applicant has in place to ensure that all housing projects submitted by the YHDP Community Applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction".
(Maximum 2000 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Application for Federal Assistance (SF-424)	No		
3) HUD Applicant Recipient Disclosure Report (HUD-2880)	No		
4) Applicant and Recipient Assurances and Certifications (HUD-424B)	No		
5) Disclosure of Lobbying Activies (SF-LLL)	No		
6) Lobbying Form	No		
7) Drug-Free Workplace (HUD 500-70)	No		
8) Tribal Consent	No		
9) Other	No		

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. Application Type	08/03/2026
General- Community Connections	08/05/2026
General- Safe Communities	08/03/2026
YHDP- Community Coordination	08/05/2026
YHDP- System Planning & Data	08/05/2026
YHDP- Rural	08/03/2026
Policy Initiative Preference Points	Please Complete
Attachments	No Input Required
Submission Summary	No Input Required