



NorCal CoC PIT Committee Meeting
October 15, 2024
11:00 am to 12:00 pm

Plumas Crisis Intervention & Resource Center
591 W. Main St.
Quincy, CA 95971

Teleconference locations:

Del Norte County Health and Human Services
880 Northcrest Drive
Crescent City, CA 95531

Lassen County Health and Social Services
1445 Paul Bunyan, Suite C
Susanville, CA 96130

Teach I.N.C
112 E 2nd Street
Alturas, CA 96101

Plumas County
PCIRC
591 W. Main Street
Quincy, CA 95971

Shasta County
962 Maraglia Street
Redding, CA 96001

Siskiyou Builders Exchange
2121 Fairlane Rd
Yreka, CA 96097

Siskiyou County
Social Services
818 S. Main St.
Yreka, CA 96097

Sierra County Behavioral Health
706 Mill Street
Loyalton, CA 96118

PIT Committee Members

Duane Kegg,
County of Siskiyou, Chair

Grace Poor,
County of Lassen,
Vice-Chair

Barbara Daughtrey,
County of Sierra

Rebecca Green,
County of Del Norte

Kristen Quade
County of Plumas

Carol Madison,
County of Modoc

Megan Preller,
County of Shasta



To Address the Board: Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. You may submit your public comment via email to norcalcoc@co.shasta.ca.us that will be read into the record.

- 1. Call to Order/Quorum Established/Introductions**
- 2. Public Comments (limited to 3 mins. per comment)**
- 3. Action Items**
 - I. Approval of Meeting Minutes from September (Attachment A)**
- 4. Discussion Items**

Item #	Description & Notes	Responsibility	Open/Closed
I.	2024 PIT/HIC status update- Final Count	Tim Danielson / Amanda Johnson	Open
II.	Alternate Contact Update	All	Open
III.	Draft Survey Forms Update & Review/Comment Process Details: <i>Draft Unsheltered Point In Time Survey (Attachment B)</i> <i>Draft Sheltered Point In Time Survey (Attachment C)</i>	Ryan Bonk	Open
IV.	Project Schedule Status, Update, & Next Steps	Ryan Bonk	Open
V.	Open Action Item Log	Ryan Bonk	Open

- 5. Discussion Items for Next Meeting**
- 6. Adjournment**

**Next Regular PIT Committee Meeting
November 19, 2024
11 am – 12 pm**



ATTACHMENT A

To Address the Board: Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. You may submit your public comment via email to norcalcoc@co.shasta.ca.us that will be read into the record.

1. Call to Order/Quorum Established/Introductions

Ryan Bonk, PIT Administrator, called the meeting to order at 11:05 AM. A quorum was established.

Present Members: Duane Kegg, Grace Poor, Barbara Daughtrey, Rebecca Green, Kristen Quade

Alternate Members: Lesha Schaefer

Participants/public attendees: Cathy Rahmeyer, Joanne Johnson. Maddelyn Bryan, Ryan Bonk

2. Public Comments (limited to 3 mins. per comment)

None.

3. Action Items

I. Approval of Meeting Minutes from August (Attachment A)

Kristen Quade motioned to approve the minutes from August 20, 2024. Barbara Daughtrey seconded. A roll call vote was taken. The motion passed unanimously.

4. Discussion Items

I.

Topic	Responsible Party	Status
2024 PIT/HIC status update- Final Count	Tim Danielson / Amanda Johnson	Open

09/17/2024 Notes:

- a. RB noted that meeting invite list needs to be updated on his end to ensure all responsible parties are included
- b. RB to request update on final count timeline and report via email
- c. Will provide the response at next scheduled meeting

II.

Topic	Responsible Party	Status
Request alternate contact list from Committee Members	All	Open



ATTACHMENT A

09/17/2024 Notes:

- a. RB requested alternate contacts be sent via email Will provide the response at next scheduled meeting

III.

Topic	Responsible Party	Status
Review HUD guidelines and existing PIT forms	Ryan Bonk / Cathy Rahmeyer	Open

09/17/2024 Notes:

- a. RB/CR will continue review the 2024 HUD guidelines to ascertain conformity between guidelines and PIT forms

IV.

Topic	Responsible Party	Status
Explore methods for counting subpopulations that were previously overlooked such as those staying in motel rooms paid by churches	Ryan Bonk / Cathy Rahmeyer	Open

09/17/2024 Notes:

- a. RB/CR will continue review the 2024 HUD guidelines to ascertain conformity between guidelines and PIT forms
- b. CR stated guidelines will be incorporated into the training packets provided to staff performing the PIT count

V.

Topic	Responsible Party	Status
Update on feedback provided from committee on previous /PIT counts via Google Form sent to committee members on 08/27/2024	Ryan Bonk	Open

09/17/2024 Notes:

- a. Responses received from multiple committee members
- b. Training availability and cohesion is a common feedback note
- c. PIT Admin provided overview on how training will be conducted to ensure cohesion across all parties involved
- d. Noted that the form is still open for feedback

ATTACHMENT A

VI.

Topic	Responsible Party	Status
Project Schedule Status, Update, and Next Steps	Ryan Bonk	Open

09/17/2024 Notes:

- a. Ryan Bonk provided a project schedule update to the team
- b. Emphasis on formatting and drafting survey forms to match HUD requirements with the goal to provide these to the committee to review prior to next meeting
- c. Align the approval of the survey forms with the Executive Committee meeting so that timelines can be held
- d. Training brochures will then be created to be distributed to the committee members for review
- e. Detailed importance of beginning the Counting Us App modifications and testing to fit project schedule
- f. Lesha Schaefer inquired if Ryan Bonk was going to be the point person for conversations with the application team. Confirmed.
- g. Discussion on previous issues that occurred with the application on the day of the count and how to mitigate these challenges.
- h. Lesha Schaefer spoke on the Applications committee from previous years. Lesha Schaefer and Ryan Bonk confirmed they will schedule a separate discussion to dive into these details.

Action Item: RB to schedule time to discuss

- i. Maddelyn Bryan expressed challenges of “projects” being setup correctly in the application. Discussion on how to mitigate this challenge between application and HMIS.

Action Item: RB to review analysis of projects performed by committee during final count

- j. Discussion on using paper forms as a backup to mitigate inconsistencies in the app and encouraging redundancy
- k. Discussion on using the app in areas with limited cell service, volunteers with limited technical skills, etc.
- l. Rebecca Green asked if Del Norte specific addendum questions could be added to the application

Action Item: RB to confirm with application developer

- m. Discussion on providing incentives for participation in the survey.

Action Item: RB/CR to develop a strategy



ATTACHMENT A

5. Open Action Item Log

Item #	Description	Responsibility	Open/Closed
I.	Counting Us Application Committee Review RB to coordinate with LS to meet to discuss	RB/LS	Open
II.	Projects Analysis - RB to review project list provided in final report - Align with application	RB	Open
III.	Del Norte Apps Request RB to confirm if unique items can be included under specific county visibility with applications team	RB	Open
IV.	Participation Incentives RB & CR to explore options for providing incentives to survey participants	RB/CR	Open

6. Discussion Items for Next Meeting

Item #	Description & Notes	Responsibility	Open/Closed
VI.	2024 PIT/HIC status update- Final Count	Tim Danielson / Amanda Johnson	Open
VII.	Alternate Contact Update	All	Open
VIII.	Draft Survey Forms Review & Update	Ryan Bonk	Open
IX.	Project Schedule Status, Update, and Next Steps	Ryan Bonk	Open
X.	Open Action Item Log	Ryan Bonk	Open

7. Adjournment

Lesha Schaefer motioned to adjourn at 11:43 AM. Duane Kegg seconded. A roll call vote was taken. The motion passed unanimously.

Next Regular PIT Committee Meeting
October 15, 2024
11 am – 12

ATTACHMENT B

 	Form #:	F-4001
	Form Name:	Unsheltered Point In Time Survey
	Revision:	A
	Revision Date:	10/10/2024

This Survey Template is designed to mirror the base “Sheltered Survey” within the Counting Us app. The questions are color coded as noted below.

RED FONT = HUD required questions that are needed to produce the HUD Point in Time report.

PURPLE FONT = These are commonly asked research questions that can be removed without impacting any reporting or conditional logic.

BLACK FONT = Supporting questions designed to help improve the integrity of the data.

YELLOW FONT = Community custom questions.

Volunteer Data	
Surveyor Name:	
Date:	
Time:	
Location (Cross streets, encampment, or other specific location):	
County:	☐ Del Norte ☐ Lassen ☐ Modoc ☐ Plumas ☐ Shasta ☐ Sierra ☐ Siskiyou
Project Type:	Counting Us Application: Matches the projects that have been entered into the “Projects” tab of the Command Center
Organization	Counting Us Application: Matches the projects that have been entered into the “Projects” tab of the Command Center
Project	Counting Us Application: Matches the projects that have been entered into the “Projects” tab of the Command Center



Form #:	F-4001
Form Name:	Unsheltered Point In Time Survey
Revision:	A
Revision Date:	10/10/2024

Introduction & Screener

"Hi, my name is _____, and I'm a volunteer with local outreach. We are doing a short survey to learn more about homelessness in our community so we can improve services. Your answers will be private and will not affect any help you are getting. You can skip any question you do not want to answer. It will take about 10 minutes—would you be willing to help?"

1. **Did you sleep in a place not meant for human habitation last night? (Examples: street, car, park, abandoned building, etc.)**

☐ Yes

☐ No **(If No > End Survey)**

☐ No Sheltered Survey Required **(If No End Survey > Move to Sheltered Survey)**

2. **If no, ask where did you sleep?**

Examples of responses that would result in a "No>End Survey":

Motel/hotel (paid w/own funds)

Jail or prison

In a place you are going to be evicted w/in 2 weeks

House or apartment rented or owned

With a friend or family in their home

Treatment Program

Hospital

Examples of responses that are "Sheltered" and would result in a "No > Move to Sheltered Survey":

Motel/hotel (paid with a voucher)

Emergency Shelter

Transitional Housing

3. **Are you willing to participate in a brief survey?**

☐ Yes

☐ No **(If No > End Survey)**

4. **Have you already taken this survey this week?**

☐ Yes **(If Yes > End Survey)**

☐ No

5. **What is your name?**

First Name (or Initial): _____

Last Name (or Initial): _____

☐ Person prefers not to answer

a. **If hesitant, ask "What are your initials?"**

Text box

ATTACHMENT B

 	Form #:	F-4001
	Form Name:	Unsheltered Point In Time Survey
	Revision:	A
	Revision Date:	10/10/2024

Basic Demographics	
1. How old are you?	☐ Under 18 ☐ 18–24 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65+
2. What is your gender?	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Non-conforming ☐ Prefer not to say
3. Are you Hispanic or Latino?	☐ Yes ☐ No ☐ Prefer not to say
4. What is your race? (Select all that apply)	☐ White ☐ Black or African American ☐ Asian ☐ Native American or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Other: _____

Household Composition:	
1. Are you currently staying with a spouse, partner, or family members?	☐ Yes ☐ No
2. If yes, how many people are you staying with (including yourself)?	☐ 1 (Alone) ☐ 2 ☐ 3 ☐ 4 ☐ 5+
3. Do you have children under 18 with you?	☐ Yes If Yes, how many children: _____ ☐ No

 	Form #:	F-4001
	Form Name:	Unsheltered Point In Time Survey
	Revision:	A
	Revision Date:	10/10/2024

Homelessness History:

1. How long have you been homeless this time?	☐ Less than 1 month ☐ 1–3 months ☐ 4–6 months ☐ 7–12 months ☐ More than 12 months
2. How many times have you been homeless in the past 3 years?	☐ This is the first time ☐ 2–3 times ☐ 4 or more times

Chronic Homelessness:

1. Have you been continuously homeless for a year or more?	☐ Yes ☐ No
2. Have you experienced at least four episodes of homelessness in the past three years that total to a year or more?	☐ Yes ☐ No

Veteran Status:

1. Have you ever served in the U.S. Armed Forces?	☐ Yes ☐ No
Surveyor Note: Qualification means served on active duty in the Army, Navy, Marine Corps, Air Force, Coast Guard, or the National Guard or Reserves.	

Health Conditions:

1. Do you have any of the following conditions that limit your ability to work or live independently? (Select all that apply)	☐ Physical disability ☐ Mental health condition ☐ Substance use disorder ☐ Developmental disability ☐ HIV/AIDS ☐ None of the above ☐ Prefer not to answer
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 	Form #:	F-4001
	Form Name:	Unsheltered Point In Time Survey
	Revision:	A
	Revision Date:	10/10/2024

Youth and Family Specific:

1. Are you a youth under 25 years old who is unaccompanied (without a parent or guardian)?	☐ Yes ☐ No
2. Are you a parent or guardian with children under the age of 18?	☐ Yes ☐ No

General:

1. What was the main reason for your homelessness?	☐ Job loss ☐ Eviction ☐ Family conflict/domestic violence ☐ Substance use ☐ Mental health issues ☐ Other: _____
2. Where did you live before becoming homeless	☐ Same city/town ☐ Different city/town in California ☐ Out of state
3. Do you have access to resources like food stamps or Medicaid?	☐ Yes ☐ No ☐ Prefer not to answer
4. Do you need help connecting with services (e.g., shelter, housing assistance, healthcare)?	☐ Yes ☐ No

Closing Statement

"Thank you very much for your time today."

Provide the respondent with any additional references to programs or services available that may assist the respondent with their specific situation.

ATTACHMENT C

 	Form #:	F-4002
	Form Name:	Sheltered Point In Time (PIT) Survey
	Revision:	A
	Revision Date:	10/10/2024

This Survey Template is designed to mirror the base “Sheltered Survey” within the Counting Us app. The questions are color coded as noted below.

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YELLOW FONT = Community custom questions.

Volunteer Data

Surveyor Name:	
Date:	
Time:	
Location (Cross streets, encampment, or other specific location):	
County:	☐ Del Norte ☐ Lassen ☐ Modoc ☐ Plumas ☐ Shasta ☐ Sierra ☐ Siskiyou
Project Type:	Counting Us Application: Matches the projects that have been entered into the “Projects” tab of the Command Center
Organization	Counting Us Application: Matches the projects that have been entered into the “Projects” tab of the Command Center
Project	Counting Us Application: Matches the projects that have been entered into the “Projects” tab of the Command Center

 	Form #:	F-4002
	Form Name:	Sheltered Point In Time (PIT) Survey
	Revision:	A
	Revision Date:	10/10/2024

Introduction & Screener

"Hi, my name is _____, and I'm a volunteer with local outreach. We are doing a short survey to learn more about homelessness in our community so we can improve services. Your answers will be private and will not affect any help you are getting. You can skip any question you do not want to answer. It will take about 10 minutes—would you be willing to help?"

1. Did you stay in this shelter/facility last night? 2. If no, ask where did you sleep? Shelter/Facility Definitions: Motel/hotel (paid with a voucher) Emergency Shelter Transitional Housing	☐ Yes ☐ No (If No > End Survey) ☐ No Unsheltered Survey Required (If No End Survey > Move to Unsheltered Survey when applicable)
3. Are you willing to participate in a brief survey?	☐ Yes ☐ No (If No > End Survey)
4. Have you already taken this survey this week?	☐ Yes (If Yes > End Survey) ☐ No
5. What is your name?	First Name (or Initial): _____ Last Name (or Initial): _____ ☐ Person prefers not to answer
a. If hesitant, ask "What are your initials?"	Text box

ATTACHMENT C

 	Form #:	F-4002
	Form Name:	Sheltered Point In Time (PIT) Survey
	Revision:	A
	Revision Date:	10/10/2024

Basic Demographics	
1. How old are you?	☐ Under 18 ☐ 18–24 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65+
2. What is your gender?	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Non-conforming ☐ Prefer not to say
3. Are you Hispanic or Latino?	☐ Yes ☐ No ☐ Prefer not to say
4. What is your race? (Select all that apply)	☐ White ☐ Black or African American ☐ Asian ☐ Native American or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Other: _____

Household Composition:	
1. Are you currently staying with a spouse, partner, or family members?	☐ Yes ☐ No
2. If yes, how many people are you staying with (including yourself)?	☐ 1 (Alone) ☐ 2 ☐ 3 ☐ 4 ☐ 5+
3. Do you have children under 18 with you?	☐ Yes If Yes, how many children: _____ ☐ No

ATTACHMENT C

 	Form #:	F-4002
	Form Name:	Sheltered Point In Time (PIT) Survey
	Revision:	A
	Revision Date:	10/10/2024

Homelessness History:

1. How long have you been homeless this time?	☐ Less than 1 month ☐ 1–3 months ☐ 4–6 months ☐ 7–12 months ☐ More than 12 months
2. How many times have you been homeless in the past 3 years?	☐ This is the first time ☐ 2–3 times ☐ 4 or more times

Chronic Homelessness:

1. Have you been continuously homeless for a year or more?	☐ Yes ☐ No
2. Have you experienced at least four episodes of homelessness in the past three years that total to a year or more?	☐ Yes ☐ No

Veteran Status:

1. Have you ever served in the U.S. Armed Forces? Surveyor Note: Qualification means served on active duty in the Army, Navy, Marine Corps, Air Force, Coast Guard, or the National Guard or Reserves.	☐ Yes ☐ No
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Health Conditions:

1. Do you have any of the following conditions that limit your ability to work or live independently? (Select all that apply)	☐ Physical disability ☐ Mental health condition ☐ Substance use disorder ☐ Developmental disability ☐ HIV/AIDS ☐ None of the above ☐ Prefer not to answer
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ATTACHMENT C

 	Form #:	F-4002
	Form Name:	Sheltered Point In Time (PIT) Survey
	Revision:	A
	Revision Date:	10/10/2024

Youth and Family Specific:	
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2. Are you a parent or guardian with children under the age of 18?	☐ Yes ☐ No

General:	
1. What was the main reason for your homelessness?	☐ Job loss ☐ Eviction ☐ Family conflict/domestic violence ☐ Substance use ☐ Mental health issues ☐ Other: _____
2. Where did you live before becoming homeless	☐ Same city/town ☐ Different city/town in California ☐ Out of state
3. Do you have access to resources like food stamps or Medicaid?	☐ Yes ☐ No ☐ Prefer not to answer
4. Do you need help connecting with services (e.g., shelter, housing assistance, healthcare)?	☐ Yes ☐ No

Closing Statement
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