



## NorCal CoC PIT Committee Meeting

November 18, 2025

9:00 am to 10:00 am

112 East 2<sup>nd</sup> Street, Housing Program Office  
Alturas, CA 96101

**November 18, 2025**

9:00 am to 10:00 am

<https://us02web.zoom.us/j/85460102257?pwd=4eBvtTDoQxb2BGp1Td96siqw14vE0P.1>

Meeting ID: 854 6010 2257

Passcode: 603714

**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**

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

**Shasta County**  
**962 Maraglia Street**  
**Redding, CA 96001**

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

**Sierra County Behavioral Health**  
**706 Mill Street**  
**Loyalton, CA 96118**

### PIT Committee Members

**Maddelyn Bryan,**  
County of Siskiyou, Chair

**Nicole Lamica,**  
County of Lassen,  
Vice-Chair

**Barbara Daughtrey,**  
County of Sierra

**Rebecca Green,**  
County of Del Norte

**Kristen Quade,**  
County of Plumas

**Emilly Clark,**  
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 [cmadison@teachinc.org](mailto:cmadison@teachinc.org) that will be read into the record.

**1. Call to Order/Quorum Established/Introductions**

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

**3. Discussion**

**PIT Count Planning & Admin**

**I. Discuss proposed Schedule of Activities to be presented by Simtech Solutions**



**II. Unsheltered and Sheltered Surveys.** Committee members consider recommending questions to be reviewed at a future meeting TBD.  
**Exhibit A. 2025 Surveys and provide recommendations at a future meeting TBD.**

**III. County Specific Data Collection.** Review 2025 PIT Report Homeless Census & Survey 2025 Executive Summary to consider which questions to include in PIT survey and report data by County.  
**Exhibit B 2025 PIT Report Homeless Census & Survey 2025 Executive Summary (2 pp.)**

**HIC Planning & Admin.**

**IV. HIC County Responsibilities.**

Volunteer Leads and alternates for each County will oversee the PIT Sheltered Count and HIC process. Identify organizations and projects in the NorCal CoC that need to be included in the 2026 HIC, assist with follow-up if needed.

**Exhibit C. See attached list of all organizations and projects that were in the 2025 HIC, separated by city and county (Previously provided)**

**Exhibit D. HIC Project Type Reference Sheet**

**V. Regional Leads for PIT and HIC Count Responsibilities.** Confirming the volunteers identified on 11/6/25.

**Exhibit E Jurisdictional/Regional Lead Responsibilities. (Previously provided)**

**PIT Regional Lead and Alternate and HIC County Lead and Alternate**

Co	PIT Regional/County Lead	PIT Regional/Co Alternate	HIC County Lead	HIC County Alternate
DN	Michael Coats	Rebecca Green		
LS	Nicole Lamica	Grace Poor		
MO	Emilly Clark	Nikki Kates	Nikki Kates	Emilly Clark
PL	Kristen Quade	Ashley Simpson		
SH		Megan Preller	Marci Kennedy	
SI	Barbara Daughtrey	Carey Russell		
SK	Maddelyn Bryan	Sarah Evans		

**VI. PIT Count - HIC Next Steps**

**4. Items for Next Meeting**

**5. Adjournment**

**Approved meeting schedule:**

Regular and Special PIT Committee Meeting Schedule

Thurs. December 4 from 2-3,

Tue. December 16, 9-10,

Tue. January 6, 9-10

Tue. January 20, 9-10

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

**RED FONT = HUD required questions that are needed in order 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.**

## Introduction & Screener

\* Hello, my name is \_\_\_\_\_ and I'm a volunteer for local outreach. We are conducting a survey to better understand homelessness in our community and improve programs. If you participate your responses will be kept confidential. You can choose to skip any question, and your answers will not affect your eligibility for any compensation or services, and the information will not be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 10 minutes of your time? \*

1. Have you already been interviewed today for the Point in Time Count?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes --- STOP)
2. What is your name?	First Name (or Initial): _____ Last Name (or Initial): _____ <input type="checkbox"/> Person prefers not to answer
a. If hesitant, ask “What are your initials?”	Text box

## Demographic Questions

3. What is your gender? (select all that apply)	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
a. If Different Identity, please specify	Text box
4. What is your sex?	<input type="checkbox"/> Female <input type="checkbox"/> Male
5. What is your date of birth?	(mm/dd/yyyy) ____ / ____ / ____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
a. If refused to answer date of birth, ask “How old are you?”	Numeric Box
b. If refused to answer age, “What age range do you fall into?”	<input type="checkbox"/> <5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+

6. What is your race? (select all that apply)	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous (Specify Tribe (optional): _____) <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
7. Is this the first time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
8. How long have you been homeless this time? Only include time you spent staying in shelters and/or on the streets.	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more
9. How many months did you stay in shelters or on the streets over the past 3 years?	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more
10. How many separate times in the past 3 years have lived in a shelter, on the streets, or in a car?	<input type="checkbox"/> Fewer than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person prefers not to answer
11. How long in months have you been in this community?	<input type="checkbox"/> 0 to 3 months <input type="checkbox"/> 4 to 6 months <input type="checkbox"/> 7 to 11 months <input type="checkbox"/> 12 to 23 months <input type="checkbox"/> 24 to 35 months <input type="checkbox"/> 36 months or more
12. Do you remember the address where you were living when you became homeless this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
a. If yes	Street: _____ City: _____ State: _____ Zip: _____

## Sensitive Questions - (Skip for individuals under 18)

\*Next, I'm going to read you a list of "yes-no" questions about different situations you may be facing. The information you choose to share on these next questions will help our community better understand the specific services and resources that people in our community need.

Again, this survey is confidential, and your answers will not affect your eligibility for services or programs. And we can skip any question you don't feel comfortable answering. \*

13. Do you have a Substance Use Disorder?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol and Drug use disorders <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer

14. Do you have a Chronic Health Condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
15. Do you have a Mental Health Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
16. Do you have a Physical Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
17. Do you have a Developmental Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
18. Do you receive disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
19. Are you living with HIV or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
20. Are you currently experiencing homelessness due to fleeing domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
21. Before age 18, were you ever placed in a foster home or a group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
22. Are you a veteran? (served in the US Armed Forces OR been called into duty as a member of the National Guard or as a Reservist)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer

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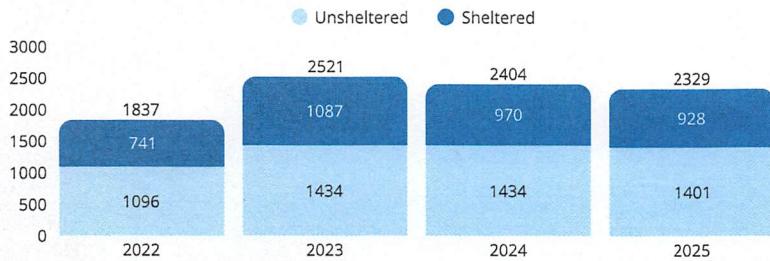
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22. Are you a veteran? (served in the US Armed Forces OR been called into duty as a member of the National Guard or as a Reservist)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer

# NORCAL

## HOMELESS CENSUS & SURVEY 2025 EXECUTIVE SUMMARY



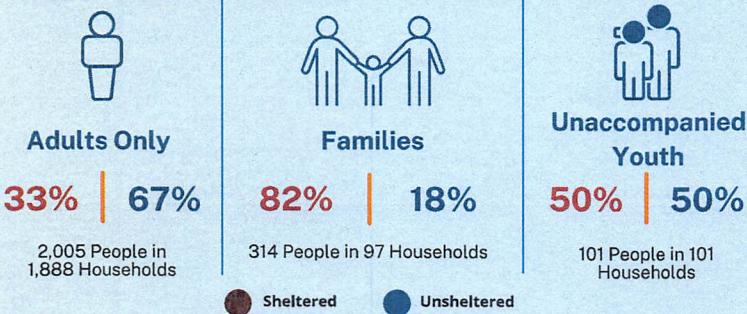
### POINT IN TIME COUNT TRENDS



### UNSHIELTERED SLEEPING LOCATIONS



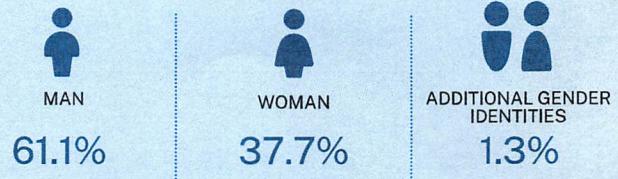
### HOUSEHOLD BREAKDOWN



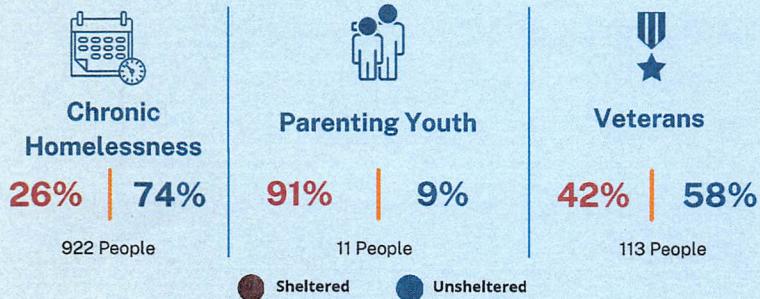
### SHELTERED/UNSHIELTERED POPULATION



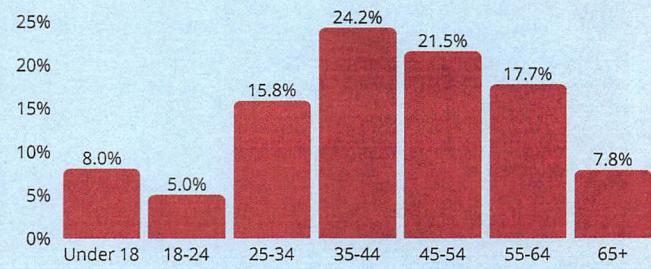
### GENDER IDENTITIES



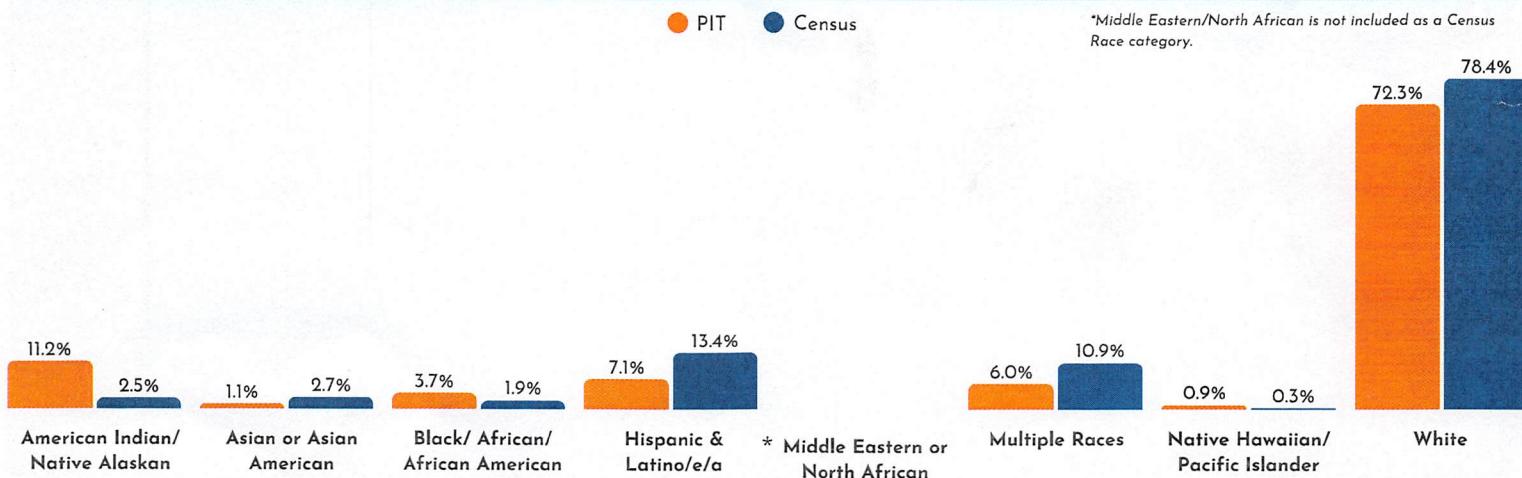
### SELECT POPULATION LOCATIONS



### AGE RANGES



### RACE IDENTITIES COMPARED TO GENERAL POPULATION



# COMPARISON BY COUNTY

The breakdown of people experiencing homelessness by county can be found in the table below. These include the total homeless population for the given county, and then broken down by shelter status. Next to each count is the percent of the total for the entire NorCal community it represents.

County Name	Total Homeless	Percent of Total	Sheltered Total	Percent Sheltered	Unsheltered Total	Percent Unsheltered
Del Norte	482	20.7%	25	3%	457	33%
Lassen	124	5.3%	80	9%	44	3%
Modoc	25	1.1%	11	1%	14	1%
Plumas	108	4.6%	18	2%	90	6%
Shasta	1082	46.5%	628	68%	454	32%
Sierra	15	0.6%	0	0%	15	1%
Siskiyou	493	21.2%	166	18%	327	23%

2025 HIC - NorCal CoC				Exh "C"11/6/25 PIT Com Mtg				
Organization Name	VictimService Provider	Project Name	Project Type	HMIS Participating?	City	County	Total Beds	
Modoc County Mental Health	No	MCMH Full Service Partnership Emergency Shelter (ES) Inventory Only	Emergency Shelter	N	Alturas	Modoc	1	
Modoc County Social Services (Agency)	No	Bringing Families Home Emergency Shelter (ES)	Emergency Shelter	Y	Alturas	Modoc	2	
Modoc County Social Services (Agency)	No	MCSS Bringing Families Home Rapid Rehousing(RRH)	Rapid Rehousing	N	Alturas	Modoc	0	
TEACH Modoc County (Agency)	No	BHBH Transitional Housing (TH)	Transitional Housing	N	Alturas	Modoc	1	
TEACH Modoc County (Agency)	No	Sexual Assault Transitional House (Inventory Only)	Transitional Housing	N	Alturas	Modoc	6	
TEACH Modoc County (Agency)	No	TEACH BHBH-Emergency Shelter (ES)	Emergency Shelter	Y	Alturas	Modoc	6	
TEACH Modoc County (Agency)	No	TEACH Domestic Violence Emergency Shelter (Inventory)	Emergency Shelter	N	Alturas	Modoc	12	
TEACH Modoc County (Agency)	No	TEACH HDAP Emergency Shelter (ES)	Emergency Shelter	Y	Alturas	Modoc	1	
TEACH Modoc County (Agency)	No	TEACH HDAP Rapid ReHousing (RRH)	Rapid Rehousing	Y	Alturas	Modoc	5	
TEACH Modoc County (Agency)	No	TEACH HSP Rapid ReHousing (RRH)	Rapid Rehousing	Y	Alturas	Modoc	25	
Del Norte Health and Human Services (Agency)	No	DNHHS-BHBH Interim Housing/Shelter (ES)	Emergency Shelter	Y	Crescent City	Del Norte	10	
Del Norte Mission Possible (Agency)	No	DNMP Mission Possible Home Transitional Housing (TH)	Transitional Housing	Y	Crescent City	Del Norte	6	
Tolowa DEE-Nae Nation	No	Tolowa DEE-Nae Nation Emergency Shelter	Emergency Shelter	N	Crescent City	Del Norte	1	
Yurok Tribe	No	Yurok Transitional House	Transitional Housing	N	Crescent City	Del Norte	1	
Environmental Alternatives Family Services (Agency)	No	EAFS Plumas Commons Lawrence (TH)	Transitional Housing	Y	Quincy	Plumas	4	
Environmental Alternatives Family Services (Agency)	No	EAFS Plumas Commons- Mill Creek (TH)	Transitional Housing	Y	Quincy	Plumas	6	
Environmental Alternatives Family Services (Agency)	No	EAFS Plumas Commons- Pine St (TH)	Transitional Housing	N	Quincy	Plumas	2	
Plumas County Behavioral Health (Agency)	No	PCBH MHSA Outreach/Engagement (ES)	Emergency Shelter	Y	Quincy	Plumas	1	
Plumas Crisis Intervention Resource Center (Agency)	No	PCIRC Bringing Families Home RapidReHousing(RRH)	Rapid Rehousing	Y	Quincy	Plumas	1	
Plumas Crisis Intervention Resource Center (Agency)	No	PCIRC CalWorks Housing Rapid Rehousing(RRH)	Rapid Rehousing	Y	Quincy	Plumas	66	
Plumas Crisis Intervention Resource Center (Agency)	No	PCIRC NS BSCC (ES)	Emergency Shelter	Y	Quincy	Plumas	1	
Plumas Crisis Intervention Resource Center (Agency)	No	PCIRC NS CCP (ES)	Emergency Shelter	Y	Quincy	Plumas	1	
City of Redding Housing Authority (Agency)	No	CORHA EHV (PH)	Other Permanent Housing	Y	Redding	Shasta	91	
City of Redding Housing Authority (Agency)	No	CORHA - VASH (PH)	Permanent Supportive Housing	Y	Redding	Shasta	101	
FaithWorks (Agency)	No	FW Francis Court (TH)	Transitional Housing	Y	Redding	Shasta	60	
FaithWorks (Agency)	No	FW House of Cornelius (TH)	Transitional Housing	Y	Redding	Shasta	10	
Good News Rescue Mission (Agency)	No	GNRM Emergency Shelter (ES) Inventory Only	Emergency Shelter	N	Redding	Shasta	330	
Health and Human Services Agency - HHSA (Agency)	No	HHSA HDAP (ES)	Emergency Shelter	Y	Redding	Shasta	2	
Health and Human Services Agency - HHSA (Agency)	No	HHSA HDAP (RRH)	Rapid Rehousing	Y	Redding	Shasta	3	
Health and Human Services Agency - HHSA (Agency)	No	HHSA Home Safe Program (ES)	Emergency Shelter	N	Redding	Shasta	2	
Health and Human Services Agency - HHSA (Agency)	No	HHSA Housing Support Program (ES)	Emergency Shelter	Y	Redding	Shasta	43	
Lutheran Social Services of No Calif (Agency)	No	LSS ACTS TAY Transitional Housing (TH)	Transitional Housing	Y	Redding	Shasta	11	
Nations Finest (Agency)	No	NF VRC Park Marina (TH) (Inventory)	Transitional Housing	N	Redding	Shasta	12	
Nations Finest (Agency)	No	NF VRC SSVF (RRH)	Rapid Rehousing	Y	Redding	Shasta	0	
New Life Discovery Project (Agency)	No	NLDP Emergency Shelter (ES) Inventory Only	Emergency Shelter	N	Redding	Shasta	184	
No Boundaries (Agency)	No	Jayson's House (ES)	Emergency Shelter	Y	Redding	Shasta	67	
One Safe Place (Agency)	Yes	OSP Domestic Violence Shelter (ES)	Emergency Shelter	C	Redding	Shasta	16	
One Safe Place (Agency)	Yes	OSP Transitional Housing (TH)	Transitional Housing	C	redding	Shasta	30	
Pathways to Housing (Agency)	No	PTH Respite Emergency Shelter (ES)	Emergency Shelter	Y	Redding	Shasta	15	
Pathways to Housing (Agency)	No	PTH STPH (ES)	Emergency Shelter	Y	Redding	Shasta	8	
Ready for Life Host Homes (Agency)	No	RFL HHAP- Host Homes TH	Transitional Housing	Y	Redding	Shasta	8	
Shasta Community Health Center (Agency)	No	SCHC- HHIP Emergency Shelter (ES)	Emergency Shelter	Y	Redding	Shasta	1	
Shasta Community Health Center (Agency)	No	SCHC HOPE Medical Respite Emergency Shelter(ES)	Emergency Shelter	Y	Redding	Shasta	6	

Shasta Community Health Center (Agency)	No	SCHC Short-Term Post Hospital Emergency Shelter (ES)	Emergency Shelter	Y	Redding	Shasta	47
Shasta Community Health Center (Agency)	No	SCHC-ERF Emergency Shelter (ES)	Emergency Shelter	Y	Redding	Shasta	21
St. James	No	GoodWater Crossing (ES)	Emergency Shelter	Y	Redding	Shasta	5
United Way of Northern California (Agency)	No	UWNC South Market Street Micro Shelter (ES)	Emergency Shelter	Y	Redding	Shasta	8
Crossroad Ministries	No	CRM Emergency Shelter	Emergency Shelter	N	Susanville	Lassen	39
Crossroad Ministries	No	CRM Grace Gables Transitional Housing (TH) - Inventory Only	Transitional Housing	N	Susanville	Lassen	9
Crossroad Ministries	No	CRM Hill House Transitional Housing (TH) - Inventory Only	Transitional Housing	N	Susanville	Lassen	6
Crossroad Ministries	No	CRM Philemon House Transitional Housing (TH) - Inventory Only	Transitional Housing	N	Susanville	Lassen	6
Lassen County Health and Social Services (Agency)	No	LCHSS - BHBH Emergency Shelter (ES)	Emergency Shelter	Y	Susanville	Lassen	3
Lassen County Health and Social Services (Agency)	No	LCHSS Bringing Families Home RapidRehousing (RRH)	Rapid Rehousing	Y	Susanville	Lassen	9
Lassen County Health and Social Services (Agency)	No	LCHSS HomeSafe RapidRehousing (RRH)	Rapid Rehousing	Y	Susanville	Lassen	2
Lassen County Health and Social Services (Agency)	No	LCHSS Lassen Works FAST Rapid Rehousing (RRH) Inventory Only	Rapid Rehousing	N	Susanville	Lassen	7
Lassen County Health and Social Services (Agency)	No	LCHSS Lassen Works THA Emergency Shelter (ES) Inventory Only	Emergency Shelter	N	Susanville	Lassen	2
Lassen County Health and Social Services (Agency)	No	LCHSS LW HDAP Emergency Shelter (ES)	Emergency Shelter	Y	Susanville	Lassen	8
Lassen County Health and Social Services (Agency)	No	LCHSS LW HSP Emergency Shelter (ES)	Emergency Shelter	Y	Susanville	Lassen	24
Lassen County Health and Social Services (Agency)	No	LCHSS LW HSP Rapid Rehousing (RRH)	Rapid Rehousing	Y	Susanville	Lassen	4
Lassen County Health and Social Services (Agency)	No	LCHSS Whole Person Care Emergency Shelter (ES)	Emergency Shelter	Y	Susanville	Lassen	1
Lassen County Health and Social Services (Agency)	No	LCSA HHAP4 Emergency Shelter (ES)	Emergency Shelter	Y	Susanville	Lassen	10
Lassen Family Services (Agency)	No	LFS Emergency Shelter (Inventory Only)	Emergency Shelter	N	Susanville	Lassen	23
Lassen Family Services (Agency)	No	LFS Transitional Housing (TH) Inventory Only	Emergency Shelter	N	Susanville	Lassen	22
Lassen Family Services (Agency)	No	LFS XD Housing Project (RRH) Inventory Only	Rapid Rehousing	N	Susanville	Lassen	7
Susanville Indian Rancheria	No	SIR Tribal HDAP Emergency Shelter (ES)	Emergency Shelter	N	Susanville	Lassen	1
Siskiyou County Health and Human Services (Agency)	No	Siskiyou CHHS Housing Support Program (ES)	Emergency Shelter	Y	Yreka	Siskiyou	53
Siskiyou Community Resource Collaborative (Agency)	No	SisCRC HEAP Rental Assistance (RRH)	Rapid Rehousing	Y	Yreka	Siskiyou	0
Siskiyou County Health and Human Services (Agency)	No	CalWorks THA	Emergency Shelter	N	Yreka	Siskiyou	2
Siskiyou County Health and Human Services (Agency)	No	Siskiyou CHHS Housing Support Program (RRH)	Rapid Rehousing	Y	Yreka	Siskiyou	30
Siskiyou County Health and Human Services (Agency)	No	Siskiyou Diversion Interim Housing (Inventory Only)	Emergency Shelter	N	Yreka	Siskiyou	6
Siskiyou County Health and Human Services (Agency)	No	Siskiyou MHSA-FSP Birch/Hestia/Other Rental Assistance (Inventory Only)	Rapid Rehousing	N	Yreka	Siskiyou	18
Siskiyou County Health and Human Services (Agency)	No	Siskiyou MHSA-FSP Emergency Shelter/Motel Vouchers (Inventory Only)	Emergency Shelter	N	Yreka	Siskiyou	18
Siskiyou County Health and Human Services (Agency)	No	Siskiyou County CalWORKs FSP (ES)	Emergency Shelter	Y	Yreka	Siskiyou	28
Siskiyou County Health and Human Services (Agency)	No	Siskiyou County HDAP (ES)	Emergency Shelter	N	Yreka	Siskiyou	2
Siskiyou County Health and Human Services (Agency)	No	Siskiyou County HDAP (RRH)	Rapid Rehousing	N	Yreka	Siskiyou	2
Siskiyou County Health and Human Services (Agency)	No	Siskiyou Crossroads (PSH)	Permanent Supportive Housing	Y	Yreka	Siskiyou	32
Siskiyou County Health and Human Services (Agency)	No	Siskiyou HHAP-3 (RRH)	Rapid Rehousing	Y	Yreka	Siskiyou	1
Siskiyou County Health and Human Services (Agency)	No	Siskiyou HHAP-3 Emergency Shelter	Emergency Shelter	Y	Yreka	Siskiyou	8
Siskiyou County Health and Human Services (Agency)	No	Siskiyou HHSA Home Safe (RRH)	Rapid Rehousing	N	Yreka	Siskiyou	1
Siskiyou Domestic Violence	Yes	Siskiyou Domestic Violence Emergency Shelter	Emergency Shelter	C	Yreka	Siskiyou	17
Siskiyou Karuk Tribe Housing Authority (Agency)	No	Slater Fire Non-Congregate Emerg. Shelter/Trailers (ES)	Emergency Shelter	N	Yreka	Siskiyou	40
Youth Empowerment Siskiyou (Agency)	No	Becky's Place Youth Shelter (ES)	Emergency Shelter	N	Yreka	Siskiyou	10
City of Redding Housing Authority (Agency)	No	CORHA Other Permanent Housing (OPH)	Other Permanent Housing	Y			48
Del Norte Health and Human Services (Agency)	No	DNHHS HDAP Emergency Shelter (ES)	Emergency Shelter	Y			4
Del Norte Health and Human Services (Agency)	No	DNHHS HHIP Rapid ReHousing (RRH)	Rapid Rehousing	Y			0
Del Norte Health and Human Services (Agency)	No	DNHHS HomeSafe Emergency Shelter (ES)	Emergency Shelter	Y			4

# Project Type Reference Sheet

Exhibit D

Project Type	Definition
Emergency Shelter (ES) (Requires Shelter Survey)	A facility that offers temporary shelter to people experiencing homelessness without requiring leases or occupancy agreements; some supportive services may be available.
Transitional Housing (TH) (Requires Shelter Survey)	Temporary housing for program participants with signed leases or occupancy agreements, intended to transition individuals to permanent housing within 24 months, unless a longer period is approved by HUD.
Safe Haven (SH) (Requires Shelter Survey)	Specialized, low demand housing for people with severe mental illness who have been unable or unwilling to participate in traditional housing or supportive services. These projects must be open 24 hours a day.
Rapid Re-Housing (RRH)	Permanent housing projects that provide short- or medium-term rental assistance and supportive services (up to 24 months). Participants must hold a lease.
Permanent Supportive Housing (PSH)	These projects provide long-term leasing or rental assistance and voluntary supportive services for households with at least one member who has a disability and meets HUD's definition of chronic homelessness.
Other Permanent Housing (OPH)	Long-term housing for people who are experiencing homelessness. This housing does not have disability requirements and may or may not include services.

The definitions above are based on federal regulations, and on guidance published on [hudexchange.info](http://hudexchange.info).

- All Project Types above are included in the annual Housing Inventory.
- HUD classifies Emergency Shelter, Transitional Housing, and Safe Haven facilities as shelters, so they are included in the homeless Point in Time count.

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## *Jurisdictional/Regional Lead Responsibilities*

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- 1. Support the identification of areas where people experiencing homelessness are commonly found.**
  - a. Recruit various local experts, including outreach staff, service providers, law enforcement, etc., and encourage them to register for an account using the region's Volunteer Registration Portal. Links to most of the portals can be found [here](#). Note: If your community's portal is not displayed, and it is ready to be shared, please contact support to request for it to be added.
  - b. During the planning stage of the count, community participants may submit [Known Location Surveys](#) to identify the locations where Persons Experiencing Homelessness (PEH) are known to be residing. This information is used by Administrators during the Coverage Planning to ensure that sufficient volunteers are allocated for high-density areas. A quick video with details on this step can be found [here](#).
- 2. Support the Recruitment of Volunteers.**
  - a. To facilitate this critical aspect of a successful count, Simtech offers packages for support with [marketing the PIT and recruiting volunteers](#). The messaging should guide volunteers to the region's Volunteer Registration Portal.
  - b. The [Volunteer Registration Portal](#) will be customized by the CoC Count Administrators to meet local needs and share details of the count. Volunteers will be asked to create a profile with their contact information and key details that will help Jurisdictional Leads create well-balanced count teams. The volunteer registration portal automatically registers the volunteer with an account for Counting Us.
- 3. Plan survey coverage and assign count teams to coverage areas.**
  - a. Within the Regional Command Center, Jurisdictional Leads can create Count Teams and designate the coverage areas for these teams.
  - b. The Jurisdictional Lead can work with the list of volunteers who registered through the Volunteer Registration Portal to [create well-balanced Count Teams](#).
- 4. Set expectations and share relevant information with volunteers**  
Jurisdictional leads should be prepared to answer the questions outlined below that surveyors may have. Much of this can be addressed within the customizable Welcome Email.
  - a. When is the count?
  - b. How do I sign up for the count and select where I am willing to count?
  - c. How do I use the app?

- d. Who is my Regional Count administrator?
- e. How do I contact my Regional Count administrator?
- f. Who is my Count Team leader?
- g. Where do I go?
- h. Who am I meeting with?
- i. Are there incentives such as gift cards or care kits that I need to pick up? If yes, where do I get them?
- j. How do I get help if I have questions during the count?
- k. What do I do when I am done canvassing my area?
- l. How much time should I reserve for participating in the count?

## 5. Logistics & Supplies Management

- a. The leader will manage logistics, or recruit assistance for someone else to take on this role, to gather and distribute supplies. Supplies may include “getting started” flyers to walk through the usage of the app, print-friendly coverage maps, care kits, and gift cards.
- b. Collaborate with local organizations and for-profits to solicit items for the care kits.
- c. Arrange for transportation, if needed, for volunteers to cover designated areas.
- d. Establish communication channels among volunteers and teams with the aid of the tools found within the Command Center.

## 6. Provide local support to volunteers and Team Leads before and during the count.

Simtech provides a variety of support materials to help ensure volunteers and team leaders know how to use the Counting Us app, including “train-the-trainer” webinars, a [video training series](#), a [support page](#), [FAQs](#), as well as a [Guide to Getting Started with the Counting Us app\\*](#). Jurisdictional leads who need additional assistance can also get help from Simtech’s [virtual help desk](#).

\*NOTE: Regions that sign up for the Volunteer Registration Portal will be provided with their own unique “Getting Started” flyer that will contain a QR code to direct volunteers to the region’s registration portal. To request your flyer, please [contact support](#).

## 7. Monitor the count results in real-time for integrity

During the Count, Administrators and Regional Administrators monitor the incoming survey results to verify the integrity of the data and ensure its accuracy. [Quality control](#) measures are implemented to [identify and rectify inconsistencies](#).

## 8. Assist in post-count data clean-up efforts, including outreach to surveyors.