



**Shasta County Advisory Board Meeting
November 18, 2025, 3:00 PM-5:00 PM
Shasta County Office of Education
1644 Magnolia Ave, Redding, CA 96001**

- 1. Call to Order/Reminder of Brown Act.**
- 2. Introductions/Establish Quorum.**

Voting Members	
<ol style="list-style-type: none"> 1. Abbott, Paul – Shasta Thrive 2. Alvey Rachel- One Safe Place 3. Azare, Collier- Nation’s Finest 4. Chimenti, Joe-Emergent 5. Danielson, Tim - United Way 6. Disney, Jaclyn-NVCSS 7. Howard, Jannamarie-Redding Rancheria 8. Johnson, Crystal – FaithWorks 9. Joyce, Maggie - SCOE 10. Kennedy, Marci – NorCal LSS 	<ol style="list-style-type: none"> 11. Kerr Emily-HHSA 12. Longwell, Wendy – DAC 13. McDuffy, Laura- City of Redding 14. Middleton, Amber – SCHC 15. Preller, Megan – Ready for Life 16. Ray, Major Tammy-Salvation Army 17. Schaefer, Lesha – Pathways/Housing 18. Sevilla, Art – Empire Recovery 19. Watson Stacy-Hill Country 20. Zander, Hollie - CRDC

3. Action Items

A. Approval of Meeting Minutes.

- Board Members will review and approve minutes from the October 14, 2025, meeting (Attachment 1)

B. Membership

Approve Jaclyn Disney, NVCSS voting member (Attachment 2)

4. Public Comments (limited to 3 minutes per speaker)

- Members of the public will have the opportunity to address the Advisory Board on any issue within the jurisdiction of the Advisory Board. Speakers will be limited to three minutes.

5. New Business

Discussion

A. New location for Shasta Advisory Meetings

- a. Shasta County Office of Education -2985 Innsbruck Dr, Redding, CA 96003

B. Review 2025 PIT Survey Questions. Determine whether additional questions are needed and what data should be collected and reported for each county. (Attachment 3& 4)

C. PIT volunteer discussion

D. PIT Sub-Committee Updates (Attachment 5)

- a. Donations & Service-Based Count/Youth-Marci Kennedy
- b. Maps and Camps, Volunteer & Training/Counting US App-Crystal & Melissa
- c. Day of Event-All
- d. HIC & Sheltered

E. NorCal CoC PIT Committee Update

6. Reports.

- A. Executive Board
- B. Administrative Entity T.E.A.C.H
- C. County/City
- D. Strategic Planning AdHoc Update
- E. Member Announcement

7. Discussion Items for Next Meeting

8. Adjournment

Next Meetings:

Advisory Board Meeting: December 9, 2025, 3-5 pm at SCOE 2985 Innsbruck Dr, Redding, CA 96003
Executive Board Regular Meeting December 18, 2025, 1-3, Virtual
AT HOME Meeting TBD



Shasta County Advisory Board of the
NorCal
Continuum of Care™

Shasta County Advisory Board Meeting
October 14, 2025, 3:00pm-5:00pm
Redding City Hall – Community Room
777 Cypress Avenue, Redding, CA 96001

MEETING MINUTES

Voting Members	
1. Abbott, Paul – Shasta Thrive 2. Alvey Rachel- One Safe Place 3. Azare, Collier- Nation’s Finest 4. Chimenti, Joe-Emergent 5. Danielson, Tim - United Way 7. Taiji, Melissa – FaithWorks Alternate 8. Joyce, Maggie - SCOE 9. Kennedy, Marci – NorCal LSS 10. Kerr Emily-HHSA	11. Longwell, Wendy - DAC 12. McDuffey, Laura- City of Redding 13. Middleton, Amber – SCHC 14. Preller, Megan – Ready for Life 15. Ray, Major Tammy-Salvation Army 16. Schaefer, Lesha – Pathways/Housing 20. Zander, Hollie - CRDC

1. **Call to Order**

A meeting of the Shasta Advisory Board was called to order at 3:01 pm by Chair Maggie Joyce. A reminder of the Brown Act was completed.

2. **Introductions/Establish Quorum**

Quorum was established, and the meeting was called to order.

3. **Approval Meeting Minutes**

Lesha Schaefer made the motion to approve the meeting minutes of September 9, 2025, after correcting the date of the minutes to reflect September 9, 2025. Amber Middleton seconded the motion. All in favor.

4. **Public Comments**

Amber Middleton announced Rob Young’s retirement Shasta Community Health Center on November 19, 2025, patient BBQ.

5. **New Business:**

Presentations-

Teddy Pierce and Luisa presented about the Pathways/MISI collaboration, announced a new hire to begin October 20, 2025, gave updates on the transition, training courses, and how to get the link to the trainings.

Troy Payne and Justin Bond gave a presentation on updates VSO and Our Heros Dreams. VSO is the Centralized HUB for outreach and 1st point of contact. The stand-down was cancelled, but VSO is putting on a one-day resource fair for Veterans and family/friends are welcomed to attend. Not just for homeless. Have up to 75 providers and looking to make it an annual event. Our Hero's Dreams has a 4-phase system and need partners in the community to help get them off the street into housing. For them discharged status does not matter.

Action-

- A. Elect a new Shasta Advisory Secretary and Alternate. Hollie Zander is resigning effective October 15, 2025.

Lesha Schaefer made a motion to approve Melissa Taiji as new secretary and Jeanette as her alternate; Amber Middleton seconded the motion. All in favor.

Discussion-

- A. New Location for the Shasta Advisory Board Meetings- Amber Middleton will check at SCHC, the county will look into the Boggs, neither can be full-time.
- B. PIT Sub-Committee Updates- Sub-Committees have been assigned:
 - Day of Event- All members
 - Training and Maps-Crystal/Melissa
 - HIC and Shelter-Marci
 - Donations and Services-Sarah

6. Reports

- A. TEACH- PIT/HIC training launching October 21, 2025, HHAP 6 application being worked on and need everyone's feedback within 30 days, and additional emails being sent out for other funding sources.
- B. Executive Board- Major Tammy Ray recapped the meeting and passed out a handout.
- C. County/City – County presented a presentation over RFP/RFIs that have available.
- D. NorCal CoC PIT Committee-Already did update
- E. Strategic Planning AdHoc Update- Next Veteran Meeting October 27, 2025, if anyone wants to attend.
- F. Member Announcement- Tim Danielson announced 211 and CES live. Rachel Alvey announced Domestic Violence event on October 23, 2025.

7. Discussion for next meeting- None

- 8. The meeting was adjourned at 5:06 pm.



Name Jaclyn Disney County Shasta
Phone 530-592-5245 Title Regional Housing Development Director
Email jdisney@nvcss.org

Agency Name (If Applicable) Northern Valley Catholic Social Services

Membership request: ☒ Voting Member ☐ Voting Member Alternate ☐ Participant

Voting member please identify an alternate (If Applicable) Erna Freideberg

Please Select the Category that best defines you or your agency type. What service area, jurisdiction or special population do you represent? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Local Government Staff/Officials | <input checked="" type="checkbox"/> Youth Advocates |
| <input type="checkbox"/> CDBGHOME/ESG Entitlement Jurisdiction | <input type="checkbox"/> School Administrators/Homeless Liaisons |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> CoC Funded Victim Service Providers |
| <input type="checkbox"/> Local Jail(s) | <input type="checkbox"/> Non-CoC Funded Victim Service Providers |
| <input type="checkbox"/> Hospital(s) | <input type="checkbox"/> Domestic Violence Advocates |
| <input type="checkbox"/> EMT/Crisis Response Team(s) | <input type="checkbox"/> Street Outreach Team(s) |
| <input checked="" type="checkbox"/> Mental Health Service Organizations | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender (LGBT) |
| <input type="checkbox"/> Substance Abuse Service Organizations | Advocates |
| <input checked="" type="checkbox"/> Affordable Housing Developer(s) | <input type="checkbox"/> LGBT Service Organizations |
| <input type="checkbox"/> Disability Advocates | <input type="checkbox"/> Agencies that serve survivors of human trafficking |
| <input type="checkbox"/> Public Housing Authorities | <input type="checkbox"/> Other homeless subpopulation advocates |
| <input type="checkbox"/> CoC Funded Youth Homeless Org. | <input checked="" type="checkbox"/> Homeless or Formerly Homeless Persons |
| <input type="checkbox"/> Non-CoC Funded Youth Homeless Org. | <input checked="" type="checkbox"/> Emergency shelter |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Veteran service providers and advocates |
| | <input type="checkbox"/> Locality taskforce representatives |

Please provide the mission statement of the agency/organization, for individuals, explain your interest in joining the CoC NVCSS Mission is to Inspire Hope and Transform Lives for the communities and individuals that it serves

Describe the agencies/organization's or personal experience working to end homelessness:

NVCSS operates a 32-bed Low Barrier Shelter in Siskiyou County as well as a 15-unit Pallet shelter. It is actively involved in housing development in the Shasta region, developing permanent housing for MHSA clients and vulnerable populations.

What does the agency/organization or individual hope to contribute and gain by being a members of the (CoC)? : Engage in meaningful partnership with agencies serving vulnerable and special needs populations in this region.

Jaclyn K. Disney

Digitally signed by Jaclyn K. Disney
Date: 2025.10.10 16:09:20 -07'00'

Statement of Commitment: By my signature below, if nominated and elected to the Continuum of Care Advisory Board, I understand that I will attend, with frequency, the Advisory Board Meetings, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely. I may revoke my membership at any time, and acknowledge my membership may be revoked for cause, if I am not adhering to the NorCal CoC Governance Charter.

Signature: Jaclyn K. Disney (Electronic Signature in the field above)

Date: 10/10/25

For additional information please see the Governance Charter and Membership Policy at
https://www.co.shasta.ca.us/index/housing_index/continuum-of-care-advisory-board-meetings

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 <u>this time</u>? 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

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 <u>this time</u>? 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

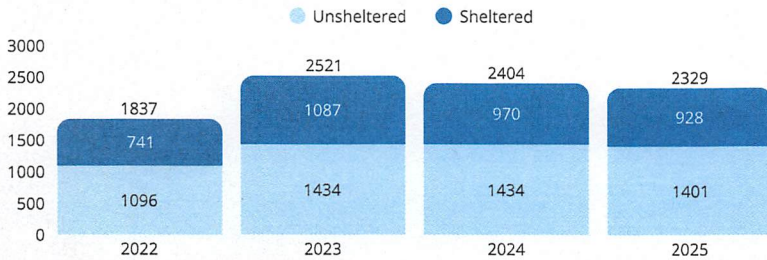
14. Do you have a Chronic Health Condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?	<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



NORCAL

HOMELESS CENSUS & SURVEY 2025 EXECUTIVE SUMMARY

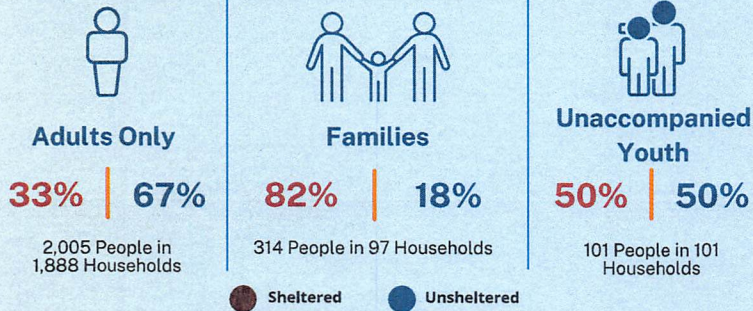
POINT IN TIME COUNT TRENDS



UNSHELTERED SLEEPING LOCATIONS



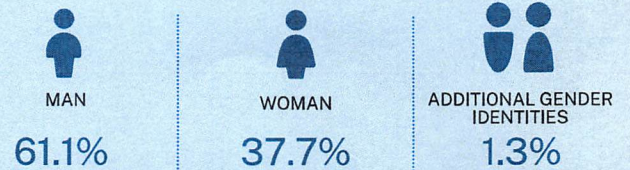
HOUSEHOLD BREAKDOWN



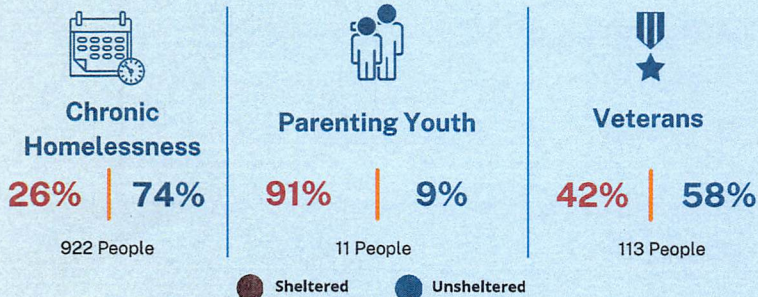
SHELTERED/UNSHELTERED POPULATION



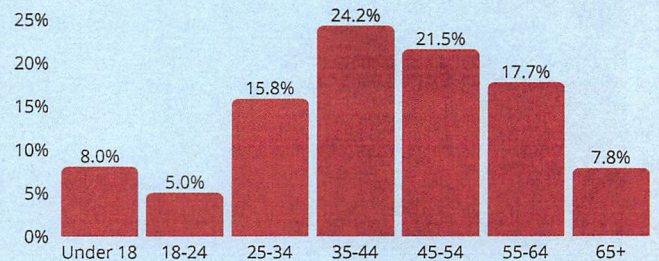
GENDER IDENTITIES



SELECT POPULATION LOCATIONS



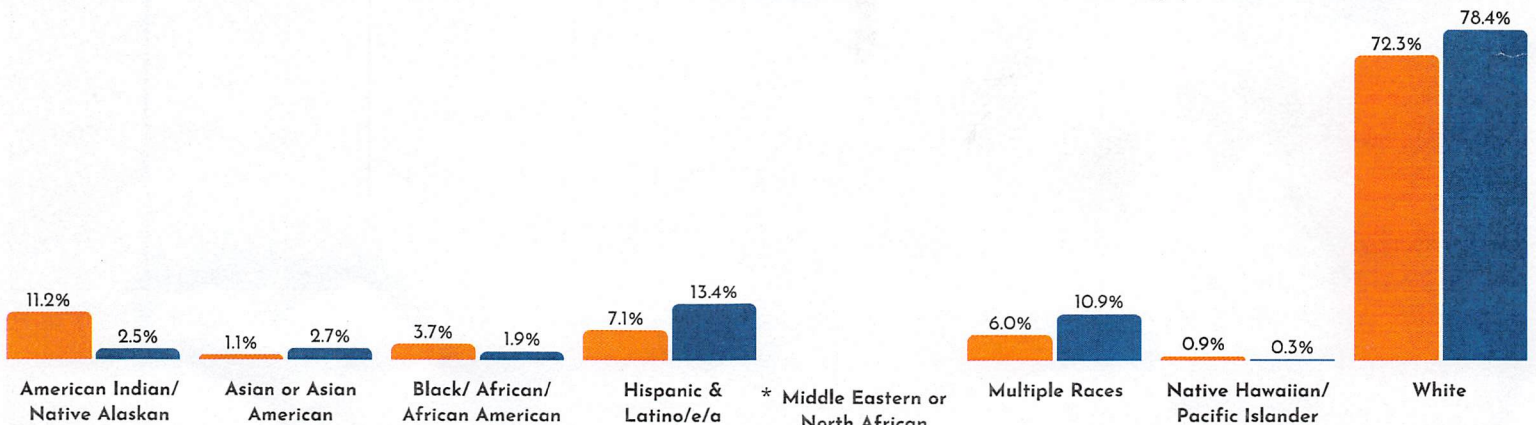
AGE RANGES



RACE IDENTITIES COMPARED TO GENERAL POPULATION

● PIT ● Census

*Middle Eastern/North African is not included as a Census Race category.



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%

2026 POINT IN TIME COUNT

