



NorCal CoC PIT Committee Meeting

November 6, 2025

2:00 pm to 3:00 pm

112 East 2nd Street, Housing Program Office
Alturas, CA 96101

November 6, 2025

2:00 pm to 3:00 pm

<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 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

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 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:

Approve Use of Volunteers or Agency Staff for the 2026 PIT Unsheltered and Sheltered Count.

Review, discuss options and approve the use of volunteers or use of Agency staff for 2026 Point-In-Time Unsheltered and Sheltered Count.

January 26, 2026 is approved PIT count date, January 27, 2026 approved for Day of Count.

4. Discussion

PIT Count Planning & Admin

- I. **Review Surveys, Unsheltered and Sheltered and recommend additional questions or revisions**
Exhibit A. See attached 2025 Surveys and provide recommendations at the meeting to be discussed
- II. **County Specific Data Collection. Identify recommended questions to add to the survey to be able to report data for each county within the NorCal CoC.**
- III. **Assign PIT Count Responsibilities – Need One Regional Lead and Alternate for each County**
Exhibit B Jurisdictional/Regional Lead Responsibilities.

HIC Planning & Admin.

"The HIC is an annual, point-in-time inventory of all beds and units within a Continuum of Care (CoC) dedicated to serving people experiencing homelessness, including emergency shelters, transitional housing, rapid re-housing, safe havens, and permanent supportive housing. Conducted alongside the Point-in-Time (PIT) count, the HIC captures the capacity of the local homeless response system by documenting available housing resources on a single designated night in January. We will collect and verify data from participating agencies—from HMIS when possible—and submit it to HUD via the Homelessness Data Exchange (HDX). This process ensures accurate reporting for federal compliance, informs funding decisions, and helps communities identify gaps in housing inventory to improve strategies for ending homelessness."

IV. Assign HIC County Responsibilities.

Assign a HIC Volunteer and alternate for each County to oversee the process to identify organizations and projects in the NorCal CoC that we need to include 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.

V. Identify 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				
LS				
MO				
PL				
SH				
SI				
SK				

VI. Develop timeline and meeting schedule:

PIT Committee Meeting

November 18, 9-10,
December 16, 9-10,
January 20, 9-10

Proposed additional meetings

Thurs. December 4 from 2-3,
Tues. January 6, 9-10



VII. PIT Count HIC Next Steps

5. Items for Next Meeting

6. Adjournment

Next Regular PIT Committee Meeting
November 18, 2025
9 am – 10 am

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. Where are you sleeping on the night of the Count? (If an option in bold is selected, continue with the survey)	<input type="checkbox"/> Abandoned building <input type="checkbox"/> Jail <input type="checkbox"/> Vehicle / Boat / RV <input type="checkbox"/> Motel/Hotel paid for by agency <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Outdoor encampment <input type="checkbox"/> Treatment program <input type="checkbox"/> Hospital <input type="checkbox"/> w/ friend or family (couch surfing) <input type="checkbox"/> In a place being evicted from <input type="checkbox"/> Other: _____
3. 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	
4. 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
5. 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/e/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. What is your relationship to Head of Household?	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Non-relative
8. 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
9. 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
10. 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
11. 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

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. *

12. 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
13. 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
14. 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
15. 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
16. 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
17. 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

18. 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
19. Are you currently fleeing domestic violence, dating violence, sexual assault or stalking situation?	<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 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

Community Questions

1. Do you have a felony conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
2. Have you ever been denied housing because of criminal conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Person Doesn't Know <input type="checkbox"/> Person prefers not to answer
3. Did you ever live in foster care 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
4. If yes, what age did you exit?	<input type="checkbox"/> Under 15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> Over 18 years
5. What is the primary reason of homelessness? Choose only one.	<input type="checkbox"/> Child/Elder Abuse/Neglect <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Lack of job skills <input type="checkbox"/> Drug abuse <input type="checkbox"/> Family break up <input type="checkbox"/> Fire <input type="checkbox"/> Natural Disaster <input type="checkbox"/> COVID-19 <input type="checkbox"/> Incarceration <input type="checkbox"/> Mental Health <input type="checkbox"/> Stranded Traveler <input type="checkbox"/> Medical Issues <input type="checkbox"/> Relocation <input type="checkbox"/> Eviction <input type="checkbox"/> Overcrowded <input type="checkbox"/> Loss of employment <input type="checkbox"/> Illness <input type="checkbox"/> Sudden loss of income <input type="checkbox"/> Gender identification <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Person doesn't know <input type="checkbox"/> Person refuses <input type="checkbox"/> Other: _____
6. What brought you to this county?	<input type="checkbox"/> Grew up here <input type="checkbox"/> Family here <input type="checkbox"/> Good social services <input type="checkbox"/> Affordable housing <input type="checkbox"/> Friends here <input type="checkbox"/> Other reason
7. How long have you lived in this county?	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to a year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Refused <input type="checkbox"/> Other
8. Did you experience homelessness as a child?	<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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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.

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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

Jurisdictional/Regional Lead Responsibilities

- 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.

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