



**San Luis Obispo
Countywide 10 Year
Plan to End
Homelessness**

*We envision a future
in which the housing
and comprehensive
services necessary to
remain housed are
available for all,
affording everyone
maximum self-
sufficiency, and the
opportunity to be
productive and
participating
members of our
community*

HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)

Finance and Data Committee Agenda

December 15th 2021, 9 a.m.

Participate by Zoom video call:

[https://us06web.zoom.us/j/89383820220?
pwd=cDNnK3ByNmhrYTh3Ukx6YVYyMENsQT09](https://us06web.zoom.us/j/89383820220?pwd=cDNnK3ByNmhrYTh3Ukx6YVYyMENsQT09)

Or dial in:

+1 253 215 8782

Meeting ID: 893 8382 0220

Passcode: 433750

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
 - 4.1 Discussion Item: Homeless Data Integration System (HDIS) Report
 - 4.2 Discussion Item: HMIS (Homeless Management Information System) Street Outreach Projects – Auto Exit
 - 4.3 Discussion Item: Strategic Action Items
 - 4.4 Discussion Item: Point in Time (PIT) Count 2022 Update
 - 4.5 Discussion Item: HUD (US Department of Housing & Urban Development) CoC (Continuum of Care) Grant Program Collaborative Application Review
 - 4.6 Discussion Item: Veterans 500
 - 4.7 Discussion Item: CalWorks Housing Support Program Update
5. Future Discussion/Report Items

6. Reschedule Next Meeting Date from January 26, 2021

7. Adjournment

**HOMELESS SERVICES OVERSIGHT COUNCIL
HSOC FINANCE AND DATA COMMITTEE MEETING
November 3 2021, 9am-10:30pm**

MEMBERS PRESENT		MEMBERS ABSENT	STAFF & GUESTS
Andrea Montes Alvarado Bill Crewe Carrie Collins Janna Nichols Jeff Al-Mashat Jessica Thomas Shay Stewart Sstoz Tes		Riley Smith	George Solis Jessica Lorange Leon Shordon Russ Francis
AGENDA ITEM			CONCLUSIONS/ACTIONS
1. Call to Order and Introductions	Janna called the meeting to order at 9:05am.		
2. Public Comment			
3. Consent: Approval of Minutes	Russ made a correction: the minutes list the August meeting date rather than the October meeting date.		Shay moved to approve the minutes, with the corrected date, seconded by Janna. The motion passed with all in favor except for Jessica Thomas and Jeff, who abstained due to not being present for the full meeting.
4. Action/Information/Discussion			

<p>4.1 Discussion Item: Data Analysis and Data Quality</p>	<p>George gave some background on the Data Analytics tool that the Finance & Data Committee and HMIS (Homeless Management Information System) staff have used to consider areas where SLO County CoC (Continuum of Care) is strong or needs improvement in its data management. Based on what was discussed previously, County staff are looking at an action plan for improving data quality.</p> <p>Jessica shared that County staff are now taking steps to add programs into HMIS where they are not already entering data. This will improve the CoC's score for the annual HUD (US Department of Housing & Urban Development) CoC grant program.</p> <p>The Committee discussed how beds for DV (Domestic Violence) clients are tracked, as these use a separate database. George shared that DV beds are not considered in the CoC application, so this does not adversely affect our score. In future, the CoC can consider how to use anonymous data from DV agencies to provide a more complete picture of shelter provision in the county. Coordinated Entry is also not tracked through HMIS. County staff will research into other CoCs' benchmarks to see what they are doing as a guide for how SLO County CoC can improve its own data collection and quality.</p>	
<p>4.2 Discussion Item: National Human Services Data Consortium (NHSDC) Conference</p>	<p>Jessica reported on the National Human Services Data Consortium (NHSDC) Conference held in Atlanta in October, which included many data quality sessions and LSA (Longitudinal Systems Analysis) improvement strategies. Many suggestions were similar to what SLO County CoC were already doing and have informed the approach going forward. The conference is a great opportunity to network and share</p>	

	<p>best practices. The conferences, which take place every six months, are no longer offering remote participation. The next conference is scheduled for the end of March in Minneapolis. More details to follow.</p> <p>Following discussion about information shared at the NHSDC Conference, the Committee discussed the potential of moving to an open HMIS, like many other CoCs. Agencies on the call including 5CHC (5Cities Homeless Coalition) and ECHO (El Camino Homeless Organization) agreed this would be beneficial.</p>	
4.3 Discussion Item: Homeless Data Integration System (HDIS) Report	This item was moved to the December meeting.	
4.4 Discussion Item: Point in Time (PIT) Count 2022	<p>George reported that ASR (Applied Survey Research) has been chosen as a vendor for the 2022 PIT Count. ASR has met with the County and service providers to discuss how to carry out the count by virtual deployment. Volunteer recruitment was highlighted as a major challenge. ASR's suggestions are to pay lived experience guides \$20 an hour, to follow public health guidelines on masks and vaccines, conduct training online, and provide incentives for homeless people to complete the survey. The next step will be to share maps and assignments between agencies then fill in the gaps in coverage.</p> <p>The County, agencies and ASR agreed to hold the Count on January 26th, or on January 27th in case of inclement weather on the 26th.</p>	

4.4.1 Action Item: Vote to Approve 26 th January as Date of 2022 PIT Count, and 27 th January as an Alternate Date in Case of Inclement Weather		Jeff moved to approve 26th January as the date of the 2022 PIT Count, and 27th January as an alternate date in case of inclement weather, seconded by Bill. The motion passed with all in favor, none opposed and no abstentions.
4.5 Discussion Item: HEAP (Homeless Emergency Aid Program) Final Report – Project Narratives	George reported that the HEAP (Homeless Emergency Aid Program) grant program ended on June 30 th 2021. Overall this grant program provided around \$4.8 million to local agencies. A final HEAP report was submitted to the State in October. Janna commented that 5CHC have seen a higher proportion of LGBTQ youth than anticipated accessing their HEAP-funded youth program.	
4.6 Discussion Item: HMIS set-up Winter Warming Centers	George shared that County staff have reached out to all agencies which administer warming centers to let them know these projects are set up in HMIS, and are now working to coordinate start dates.	
5. Future Discussion/Report Items	<ul style="list-style-type: none"> • Update on strategic action items • PIT Count planning • CoC Collaborative Application • New homeless veterans initiative 	
6. Next Meeting Date: December 22, 2021	The Committee agreed to meet during the week prior to the scheduled meeting (December 15 th). County staff to reschedule this meeting.	

7. Adjournment	Janna adjourned the meeting at 10:15am.	

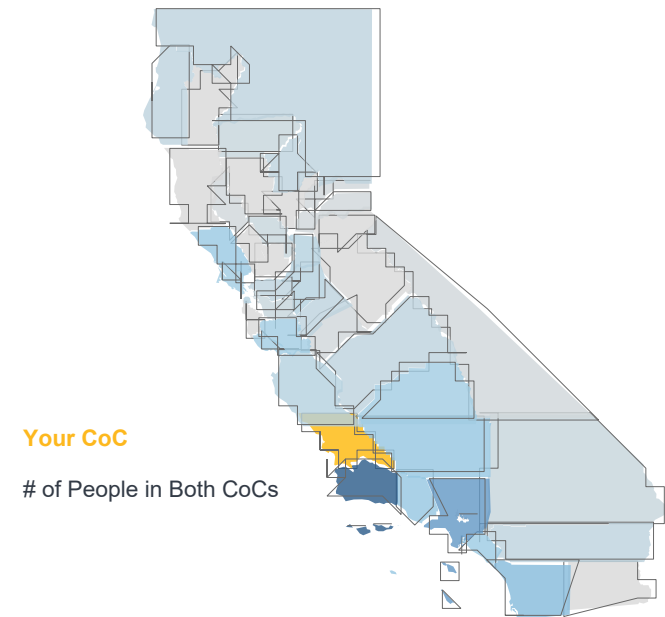
People Who Accessed Services in Multiple Continuums of Care

Select a Start Date
1/1/2020

Select an End Date
12/31/2020

Attachment 4.1

Of the **2,738** people served in CA-614 San Luis Obispo County CoC, **194 (7.1%)** accessed services in at least one other CoC in between **1/1/2020 - 12/31/2020**



Note: To select a comparison CoC and filter the table below, use the "Select a Comparison CoC" drop-down menu below the gray line.

CA-603 Santa Maria/Santa Barbara County CoC	72
CA-600 Los Angeles City & County CoC	35
CA-601 San Diego City & County CoC	17
CA-611 Oxnard, San Buenaventura/Ventura County..	10
CA-604 Bakersfield/Kern County CoC	10
CA-606 Long Beach CoC	x
CA-504 Santa Rosa, Petaluma/Sonoma County CoC	x
CA-602 Santa Ana, Anaheim/Orange County CoC	x
CA-513 Visalia/Kings, Tulare Counties CoC	x
CA-508 Watsonville/Santa Cruz City & County CoC	x
CA-507 Marin County CoC	x
CA-500 San Jose/Santa Clara City & County CoC	x
CA-511 Stockton/San Joaquin County CoC	x

Detailed Comparison

Select a Comparison CoC
CA-600 Los Angeles City & County CoC

Of the **2,738** people served in CA-614 San Luis Obispo County CoC, **35** people (or **1.3%**) were also served in CA-600 Los Angeles City & County CoC

Matrix Depicting Services Accessed

Click number to filter demographics table (below). Press the Esc key to cancel.



		CA-614 San Luis Obispo County CoC				
		SO	ES/SH	RRH	DS	CE/CA
CA-600 Los Angeles City & County CoC	SO	x	x	x	10	x
	ES/SH	x	x		10	x
	TH		x		x	x
	RRH	x	x	x	x	x
	SSO	x	x		x	x
	Other	x			x	

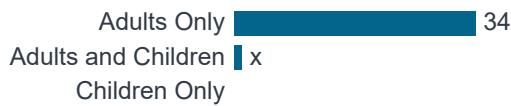
Key:

Homelessness Prevention (HP); Street Outreach (SO); Emergency Shelter/Safe Haven (ES/SH); Transitional Housing (TH); Rapid Rehousing (RRH); Permanent Supportive Housing (PSH); Other Permanent Housing (OPH); Services Only (SSO); Day Shelter (DS); Coordinated Entry/Coordinated Assessment (CE/CA); Other.

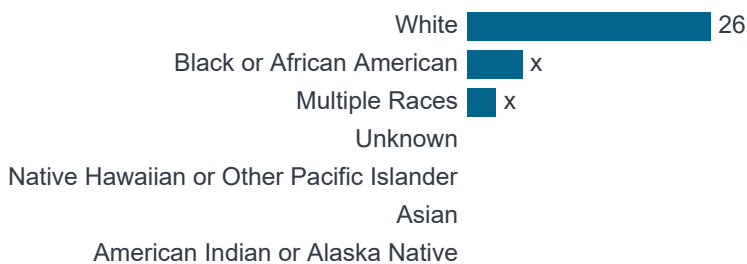
Demographics and Household Characteristics

About the **35** People who accessed services in both
CA-614 San Luis Obispo County CoC: **All Services**
CA-600 Los Angeles City & County CoC: **All Services**

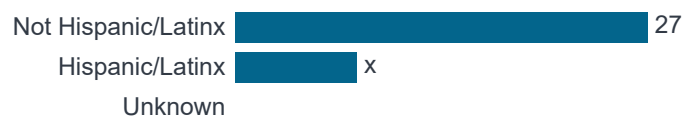
People by Household Type

**10**identified as **veterans****17**were identified as **chronically homeless**

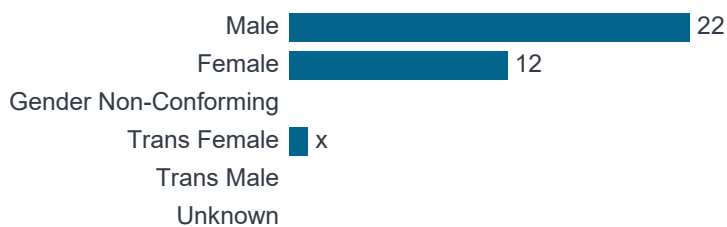
Race



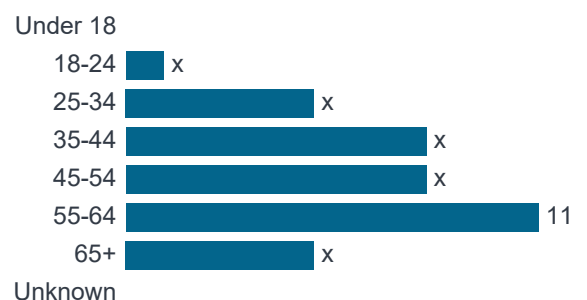
Ethnicity



Gender



Age



information and list of CoCs with area people accessing services and information from the information data (2019 at the time of release). Nevada County became an independent CoC (separated from the Placer/Nevada Counties CoC) in 2019. To get information about people accessing services in Nevada County area prior to 2019, please select Placer County CoC as the comparison CoC. Attachment 4.1

Note: ".Full Download - Accessing Multiple CoCs" and ".Full Download - Summary Accessing Multiple CoCs" are the recommended data download option.



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People and Households
Accessing ServicesCharacteristics of
People Accessing
Services**People and Households Accessing Services in
CA-614 during 1/1/2020 - 12/31/2020**Select a Start Date
1/1/2020Select a End Date
12/31/2020**2,738**

Total People

1,957

Total Households

Number of People and Households Accessing Services by Project Type*Select project type to view numbers by organization*

	People	# of Households by Type			
		Adult Only	Child Only	Adult with Children	Unknown
Coordinated Entry	376.0	356.0	x	x	0.0
Day Shelter	960.0	848.0	x	29.0	0.0
Emergency Shelter	826.0	681.0	x	41.0	0.0
Homelessness Prevention	232.0	35.0	x	52.0	0.0
Permanent Supportive Housing	142.0	124.0	0.0	x	0.0
PH - Housing with Services (no disability required for entry)	33.0	30.0	x	x	0.0
Rapid Re-Housing	977.0	143.0	x	269.0	x
Services Only	37.0	34.0	0.0	x	0.0
Street Outreach	296.0	259.0	0.0	10.0	0.0
Transitional Housing	x	x	0.0	0.0	0.0

Source: HDIS

Subpopulation counts (e.g. people across project types) will not add up to total counts (e.g. total people). People and households may access multiple services across different project types.

Note: "Full Download - People and Households Accessing Services" is the recommended data download option.

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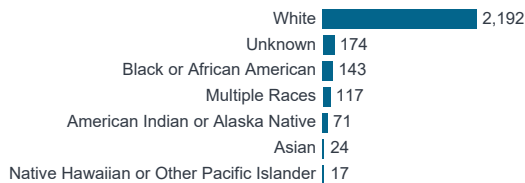
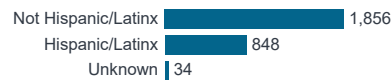
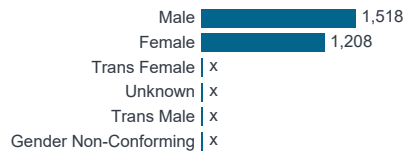
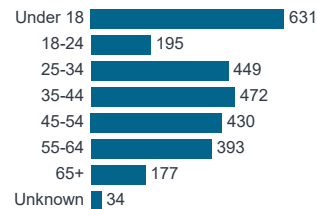
People and Households
Accessing ServicesCharacteristics of
People Accessing
Services**Characteristics of People Accessing
Services in CA-614**Select a Start Date
1/1/2020Select an End Date
12/31/2020Select Household Type(s)
AllSelect Project Type(s)
All

Date Range: 1/1/2020 - 12/31/2020

Household Type(s): All

Project Type(s): All

If no data appears, then filter criteria is too restrictive

2,738 people accessing services reflected the following characteristics:**Race****Ethnicity****Gender****Age****9.4%**identified as **veterans**

195 of 2,076 adults

32.7%were identified as **chronically
homeless**685 of 2,092 adults and heads
of households**26.2%**reported having experienced
domestic violence

717 of 2,738 people

Health Conditions**35.4%** of people self identified as having **at least
one disabling condition and/or health condition**

969 of 2,738 people

Number of people who self-identified as having the following
health conditions

Source: HDIS

Disabling condition is a HUD universal data element asked of all people who enter the system. Specific conditions (e.g. physical disability) are common data elements, which are not always requested of people who enter the system. Interpret the specific health conditions with caution; these numbers are likely under-representations of the true number of individuals with each specific condition in your system. Per HUD standards, veteran status is determined only for adults; chronically homeless status is determined for adults and heads of households; domestic violence and disabling condition statuses are determined for all people.

Note: ".Full Download - Characteristics of People Accessing Services" is the recommended data download option.

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Entries and Housing Outcomes

Exit Destinations

Types of Entries and Housing Outcomes for CA-614

 Select a Calendar Year
2020

 Select a Household Type
All

Prior Experience of Homelessness for People in All Households Who Entered During 2020

People Without a Prior Record of Homelessness in California

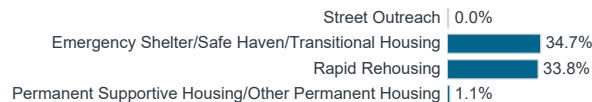
People who entered CA-614 during 2020 with no prior record of homelessness anywhere in the state within the previous 24 months

69.6%

of people who entered had no prior record of homelessness

743 of **1,068** people

Percent of people who entered with no prior record of homelessness by first service group accessed in CA-614



People Returning to Homelessness after Exiting to Permanent Housing from any California CoC

People who entered CA-614 during 2020 within 6, 12, and 24 months after exiting to permanent housing from any CoC in the state

2.2% of people entering returned to homelessness within **6 months**

3.2% of people entering returned to homelessness within **12 months**

5.1% of people entering returned to homelessness within **24 months**

Successful Housing Outcomes for People in All Households in CA-614 during 2020 in:

Street Outreach

52.0% placed successfully

13 of 25 people who exited to Street Outreach

Emergency Shelter/Safe Haven/Transitional Housing

13.5% exited to permanent housing

71 of 524 people who exited ES/SH/TH

Rapid Rehousing

83.0% exited to permanent housing

239 of 288 people who exited RRH

Permanent Supportive Housing/Other Permanent Housing: Those Without a Move In Date

62.5% exited to permanent housing

20 of 32 people who exited PSH/OPH without a move-in date

Permanent Supportive Housing/Other Permanent Housing: Those With a Move In Date

83.1% exited to or retained permanent housing

49 of 59 people in PSH/OPH with move-in date who exited or remained in the project

Source: HDIS

In order to accurately calculate the number of people with no prior record of homelessness and the number of people returning to homelessness after exiting to permanent housing based on the previous 24 months, data for this dashboard are only available beginning in 2018.

Abbreviations: Emergency Shelter/Safe Haven/Transitional Housing (ES/SH/TH); Rapid Rehousing (RRH); Permanent Supportive Housing/Other Permanent Housing, including Housing Only and Housing with Services (PSH/OPH); Permanent Housing (PH)

Note: "Full Download - Entries and Housing Outcomes Successful Exits" and "Full Download - Entries and Housing Outcomes Returns" are the recommended data download options.


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Entries and Housing Outcomes

Exit Destinations

Exit Destinations of People Accessing Services in CA-614

 Select a Start Date
1/1/2020

 Select an End Date
12/31/2020

 Select a Household Type
Multiple values

 Select a Project Type
All

 Select an Organization Name
All

Date Range: **1/1/2020 - 12/31/2020**
 Household Type(s): **Adults With Children & Child Only**
 Project Type(s): **All**
 Organization(s): **All**

409

 people exited **CA-614**

Number of People Exited by Destination Category

Select destination category to view detailed list of destinations contained within


Source: HDIS

Note: ".Full Download - Exit Destinations" is the recommended data download option.


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Services Only	37.0	34.0	x	x	x
Street Outreach	296.0	259.0	x	10.0	x
Transitional Housing	x	x	x	x	x

Source: HDIS

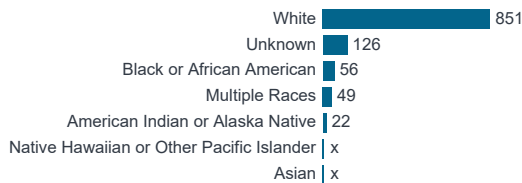
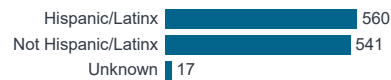
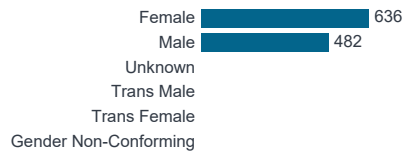
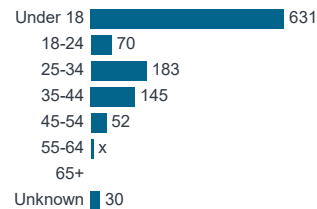
Subpopulation counts (e.g. people across project types) will not add up to total counts (e.g. total people). People and households may access multiple services across different project types.

Note: "Full Download - People and Households Accessing Services" is the recommended data download option.

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People and Households
Accessing ServicesCharacteristics of
People Accessing
Services**Characteristics of People Accessing
Services in CA-614**Select a Start Date
1/1/2020Select a End Date
12/31/2020Select Household Type(s)
Multiple valuesSelect Project Type(s)
AllDate Range: **1/1/2020 - 12/31/2020**Household Type(s): **Adults With Children & Child Only**Project Type(s): **All**

If no data appears, then filter criteria is too restrictive

1,118 people accessing services reflected the following characteristics:**Race****Ethnicity****Gender****Age****3.9%**identified as **veterans**

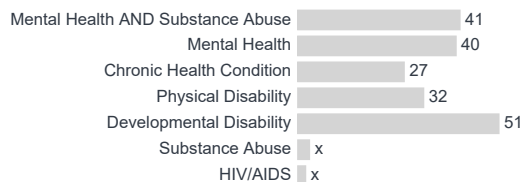
18 of 459 adults

4.8%were identified as **chronically
homeless**23 of 476 adults and heads of
households**15.1%**reported having experienced
domestic violence

169 of 1,118 people

Health Conditions**9.7%** of people self identified as having **at least one
disabling condition and/or health condition**

109 of 1,118 people

Number of people who self-identified as having the following
health conditions

Source: HDIS

Disabling condition is a HUD universal data element asked of all people who enter the system. Specific conditions (e.g. physical disability) are common data elements, which are not always requested of people who enter the system. Interpret the specific health conditions with caution; these numbers are likely under-representations of the true number of individuals with each specific condition in your system. Per HUD standards, veteran status is determined only for adults; chronically homeless status is determined for adults and heads of households; domestic violence and disabling condition statuses are determined for all people.

Note: ".Full Download - Characteristics of People Accessing Services" is the recommended data download option.

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Safety Considerations for Counting During COVID-19

The Housing Inventory Count (HIC) and Point-in-Time (PIT) count are essential data points for understanding the resources available to people experiencing homelessness compared to the number and characteristics of people experiencing homelessness. PIT counts are a critical way of interacting with people experiencing homelessness, often including service engagement or provision of needed supplies, and understanding the scope of the issue so that Continuums of Care (CoCs) can strategically plan on how to end homelessness in their communities.

HUD is committed to maintaining safety. Conducting the PIT counts requires coordinating a lot of people. During a pandemic, the gathering and intermixing of many people presents a risk of spreading the virus. However, this risk of virus spread can be minimized. Homelessness and health challenges are connected, with many health conditions caused or worsened by the lack of housing. The following safety guidance strikes a balance between the need to maintain safety while collecting sufficient data to make life-saving decisions about serving people experiencing homelessness. CoCs can take the following steps to minimize the risk of spreading COVID-19 while conducting their counts.

Vaccination Status for People Conducting the Count: CoCs should encourage all people involved in counting to be fully vaccinated to participate in the PIT count. A CoC can choose to allow people to count who are not fully vaccinated but should follow the health precautions outlined below, as well as other safety procedures like wearing a mask and adhering to social distancing.

Health precautions: To prevent the risk of spreading COVID-19, CoCs should recommend that any volunteer be tested for COVID-19 prior to participation in the count no more than 7 days prior. If you need help coordinating testing for volunteers, consider reaching out to your local health department. CoCs should recommend that volunteers stay home if they are experiencing symptoms of COVID-19 (please see the CDC page on [COVID-19 symptoms](#)). CoCs should encourage volunteers to stay home if they have any symptoms and plan for volunteer absences. CoCs should also recommend volunteers observe for symptoms for up to 14 days after the count and consider getting tested for COVID-19. Many states and communities have created contact tracing applications so that people understand who they have come in contact within the event they, or someone they interacted with, tested positive for COVID-19. CoCs should consider requiring or at least suggesting that enumerators download that application if one is available in the jurisdiction they are counting in.

Personal Protective Equipment (PPE): CoCs should ask all volunteers to bring masks and wear them for the duration of the count and other volunteer efforts. CoCs should be prepared to provide masks to all volunteers as well as hand sanitizer. HUD recommends that all volunteers conducting the count bring masks to provide to those they are interviewing. Depending on the level of community transmission of COVID-19, CoCs should consider whether to also provide gloves, face shields, N95 masks, or other PPE. CoCs will have to work with their local public health authority to ensure they provide adequate PPE for conducting a safe count. For more information, refer to the CDC presentation regarding [PPE](#).

Social distancing: CoCs will need to conduct counts in compliance with social distancing principles which recommends remaining at least 6 feet apart. CoCs should create small counting teams, with only



two or three volunteers per team. These teams should maintain at least six feet from one another other as well as people experiencing homelessness.

Volunteers: Conducting unsheltered PIT counts in many CoCs requires a large number of volunteers. Many CoCs have historically relied on volunteers that are 55 and older as well as post-secondary students, who are less likely to participate due to the COVID-19. HUD discourages CoCs from using volunteers that are at high risk of contracting COVID-19, including persons age 65 or older, to physically count. If your CoC has people that want to volunteer but are in a high-risk group, HUD encourages you to determine if there are other ways to use their services that minimize their exposure (e.g., entering data from surveys collected), or to politely decline their assistance this year. Also, many colleges and universities are allowing virtual learning which is limiting the number of students in communities that would ordinarily participate in the counts. CoCs can still reach out to their local colleges and universities to see if there is a way to mobilize students that are studying virtually. Communities are encouraged to engage their volunteer bases, taking into consideration those groups that are considered higher risk populations. Remote trainings and physical distancing may mean new volunteers may express interest in participating.

Homeless Service Provider Staff: Many homeless service providers are understaffed and have maximized their current staff capacity. Many CoCs will likely rely on homeless service provider staff to serve as enumerators. Homeless service providers could partner to coordinate multi-day counts, leveraging the work they are already doing with unsheltered populations to understand where people were sleeping on the night of the count.

Remote PIT Count Training: To limit social interactions, HUD recommends that CoCs maximize use of remote training options. This allows volunteers to train on the own time, at their own pace, and in their own space. However, it increases the likelihood that volunteers will be distracted and not fully absorb the material. To increase the effectiveness of remote training options HUD recommends CoCs:

1. *Keep the training short.* A short training that focuses on safely identifying people experiencing homelessness, minimizing contact, and how to submit the collected data is recommended.
2. *Include a short quiz.* The quiz should be short (no more than 5 questions) and not be difficult. The CoC should give the volunteer the correct answers, with an explanation for why the answer was correct, and allow a volunteer to take the quiz unlimited times.
3. *Provide a point of contact.* The CoC should provide a point of contact who can answer questions about how and where to count.

Partnerships: CoCs should work closely with public health and health care partners to conduct the PIT count. Partnering with Health Care for the Homeless providers and the local public health authority will give CoCs needed insight about safely conducting the unsheltered PIT count and may provide additional access to health resources to conduct the count.

Sampling: HUD encourages CoCs to use sampling to conduct their counts. Prior to the count, CoCs will need to identify areas that have different homeless population densities and group them accordingly (these groups are referred to as strata). This may be as simple as high-density areas and low-density



areas or may include gradations of density. HUD recommends that CoCs work with statistical experts (e.g. university staff) to develop, implement, and analyze the count. For more information about how to implement a sample approach CoCs can review [How to Use Sampling within a CoC to Conduct an Unsheltered PIT Count](#).

Mobile Counting Applications: For the past several years, several CoCs have used mobile technology to complete their unsheltered PIT counts. The mobile technology has allowed greater planning using GIS to regularly update where people are sleeping. Mobile technology requires less physical interaction with other people. CoCs that use mobile technology do not need to distribute printed maps or surveys to volunteers. Rather, volunteers can download the mobile application at home on their personal device and use that for the count. Mobile applications generally have a resource section that volunteers can use as a refresher on how to safely and accurately count. Mobile applications often allow quick feedback for CoCs to determine if data are complete.