A Look at the Current State of the ODI Partner Network in Fairfield County and Northwest Connecticut

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powered by the Housing Collective

Housing
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Executive Summary

Across Western CT, dedicated partners have been working tirelessly for many years to achieve measurable progress toward preventing and ending homelessness. Partners include individuals and organizations from various sectors, such as government agencies, nonprofit organizations, businesses, and community members, committed to ensuring a quick return to safe, stable housing for everyone experiencing homelessness. Together, they are committed to enhancing coordination, collaboration, and alignment to address the complex issues surrounding homelessness. Adopting a Collective Impact model, the partner network continuously seeks to create and strengthen sustainable solutions that address the root causes of homelessness and ensure that every individual, couple, and family in Western CT has access to safe, stable housing.

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The Housing Collective's Opening Doors Initiative (ODI) serves as the backbone for this work and partner network, providing the dedicated staff and administrative support needed to align and coordinate the partners' individual and collective efforts. ODI brings partners together to collectively define, measure, and create a shared regional vision for solving homelessness. It also

aligns resources and efforts to maximize results, builds trust and relationships across organizations, and drives data-driven, continuous improvement efforts. Specifically, this includes continuously assessing, recalibrating, and improving the policies, practices, and protocols that form the operational foundation for the homeless emergency response systems in Fairfield County and Northwest Connecticut.

To that end, in 2023, the Housing Collective's Housing Innovation Lab (HIL) was tasked with assessing opportunities for improvement throughout the Western CT homeless response system. The HIL anonymously surveyed frontline staff, supervisors, and Executive Directors at one hundred and fifty-one participating homeless services organizations that together make up the Opening Doors Fairfield County Continuum of Care (ODFC CoC) and the Northwest Coordinated Access Network (NW CAN), which when combined cover all of Western CT.

The survey, designed collaboratively with representatives from the Opening Doors Initiative leadership, prioritized a number of areas of inquiry:

- What is the current composition of the ODI network? Who makes up our current workforce?

- What are the current partner network sentiments about the population(s) we serve?

- How well does the homeless response system incorporate the voices of people with lived experience of homelessness into its response to homelessness?

- What is the quality of working conditions for frontline staff across both the ODFC CoC and the NW CAN provider networks?

- How does racial and gender equity show up throughout the provider network?

- What are frontline staff and supervisors seeing as trends in the work to prevent and end homelessness?

- What are the workforce's professional development needs throughout the system?

These areas of inquiry were further distilled into three key research questions:

1. **Is ODI sufficiently incorporating the voices of people with lived experience of homelessness?**

2. **How are working conditions for frontline staff throughout the ODI partner network?**

3. **Is ODI achieving equity throughout its partner network?**

The following report summarizes key findings that offer critical insight for ODI and its network of service providers and other partners on where Western CT's homeless response system stands in its commitment to end homelessness through collective impact. It identifies strides made towards system equity as well as calling out gaps in resources and operational processes that must be addressed to achieve systemic equity goals.

Additionally, the report provides organizational members of ODI's provider network valuable context regarding operational practices, allowing them to both consider their organization's actions relative to peers' and to better understand their impact on the larger system in which they operate.

Finally, the HIL has analyzed the baseline information collected in the system wide survey and, working with subject matter experts on national best practices in equity, created actionable recommendations to improve the incorporation of voices of people with lived experience, to prioritize the improvement of staff working conditions and quality of life, and to address equity at both the organizational and systems levels.

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Informed by the data and findings outlined in this report, ODI will work over the coming months to identify and align system resources and supports to operationalize the report recommendations. The Housing Collective will dedicate HIL resources in the years ahead to measure and track long-term progress on collective goals throughout Western CT's homeless response systems and provide tools, training, and support to the ODI partner network that anchor equity in every aspect of the system's work.

Introduction

The Housing Collective's Opening Doors Initiative (ODI) serves as the facilitator and "backbone" for a network of one hundred fifty-one homeless service providers throughout Western CT. Divided among two distinct, federally funded jurisdictions known as (1) Opening Doors Fairfield County Continuum of Care (ODFC CoC) and (2) Northwest CT Coordinated Access Network (NW CAN), these organizations work collectively to end homelessness and ensure stable, affordable housing is available for everyone in the Western Connecticut region. (A full list of the organizations can be found in Appendix A.)

Together, these organizations employ hundreds of frontline staff who provide essential services to people experiencing homelessness in their communities. The Housing Collective's Opening Doors Initiative (ODI) provides systems level coordination for this regional work, including passing through government funding to the entire network as a fiduciary, overseeing consistency of network provider service delivery, and facilitating regular partner convenings of network organizations to ensure that clients are served effectively and efficiently and that systemwide goals and metrics are collectively identified, maintained, and tracked.

Methodology

In collaboration with the Opening Doors Initiative partner network, the Housing Collective's Housing Innovation Lab (HIL) designed an anonymous online questionnaire for distribution among frontline staff, supervisors, and Executive Directors across the homeless service provider network throughout Western CT. This survey was conducted digitally through Google Forms.

The comprehensive survey questionnaire encompassed seven distinct sections designed to help answer the three key research questions identified as collective priorities by ODI partners. Each of the seven survey sections aligns with a priority:

KEY RESEARCH QUESTIONS:

- *Question #1:* Is ODI sufficiently incorporating the voices of people with lived experience of homelessness?

- *Question #2:* How are working conditions for frontline staff throughout the ODI Partner Network?

- *Question #3:* Is ODI achieving equity throughout its partner network?

CORRESPONDING SURVEY SECTIONS:

1. *Demographic information*

2. *Staff relationships with individuals served*

3. *Staff working conditions*

4 *Sense of community within workplace*

5 *Perspectives on leadership, data, and funding*

**6** *The ongoing housing crisis*

7 *Training needs*

The survey was conducted between September 25, 2023 and October 13, 2023, with the ODFC CoC, and between October 11, 2023 and October 20, 2023, with the NW CAN. The survey link was shared through Civic Roundtable, an online platform designed to facilitate discussion, collaboration, and information sharing among members of the network, and in the ODFC Executive Committee Meeting, NW CAN Leadership Meeting, FC CAN Leadership Meeting, and regional Housing Solutions Meetings, which are regularly attended by the target audiences: frontline staff, supervisors, and Executive Directors from the ODI partner network. Recipients were also encouraged to share it within their internal organization and networks. The survey was anonymous, and only the HIL staff analyzed the responses.

The survey was distributed via email to 370 individuals. A total of 146 individuals responded, including 85 frontline staff members, 48 supervisors, and 13 Executive Directors. In the ODFC CoC, the Lab received responses from 118 individuals, including 74 frontline staff members (31% of potential respondents), 35 supervisors (38% of potential respondents), and 9 Executive Directors (50% of potential respondents). In the NW CAN, 40 individuals responded, with 18 staff members (18% of potential respondents), 16 supervisors (50% of potential respondents), and 6 Executive Directors (50% of potential respondents). This data offers valuable insights into the survey's critical dimensions and a solid foundation upon which to build going forward.

The survey results were compared to various public data sets to draw conclusions and inform the recommendations. To analyze the survey results in an appropriate and meaningful context, the HIL project team looked at both statewide and regional demographic data from the following publicly available sources: United States Census Bureau and DataHaven (partner of the National Neighborhood Indicators Partnership learning network coordinated by the Urban Institute.)

In addition, the team reviewed all available demographic data on persons experiencing homelessness to understand how survey respondents compare to the population that they serve.

Demographic Landscape

- ● ODFC CoC
- ● Northwest CAN
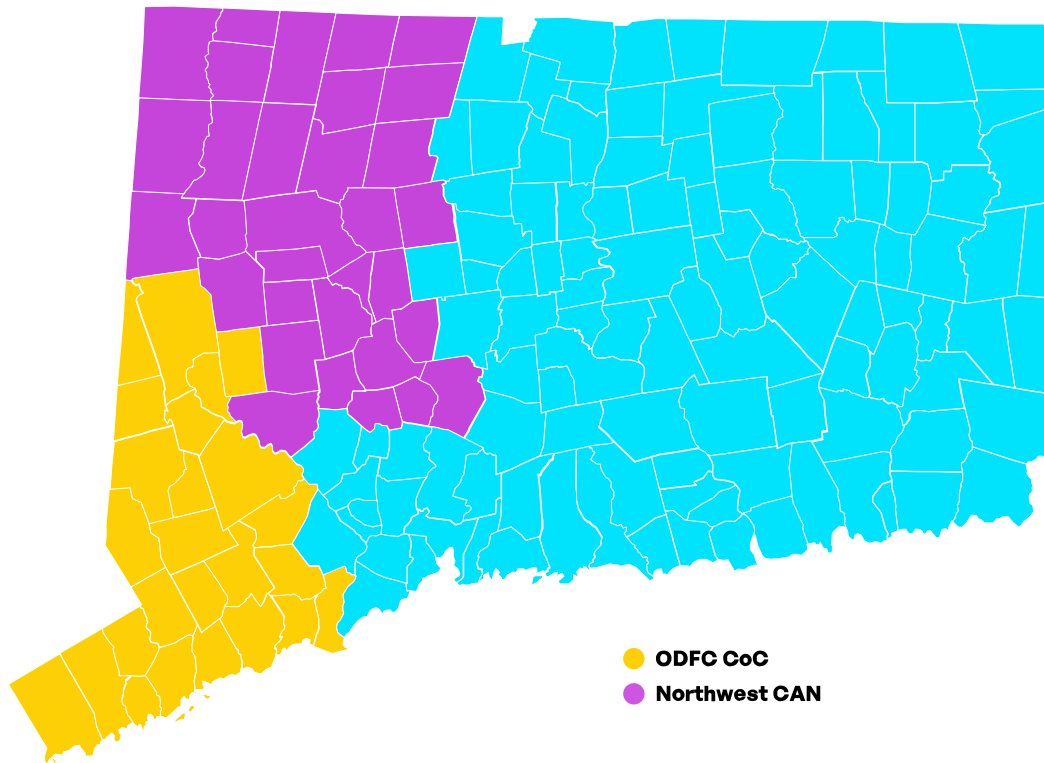
STATEWIDE CONNECTICUT POPULATION DATA

The United States Census Bureau reports that as of July 1st, 2023, Connecticut has a population of 3,617,176 people (Table 0A). The state is 51% female and 78.4% White. 21.4% of the population is Hispanic or Latino, 12.9% is Black, and 5.2% is Asian. Additional racial categories represent less than 4% of the population.[1]

REGIONAL WESTERN CT POPULATION DATA

According to the United States Census Bureau 2020 Decennial Census, there were 957,419 people living in Fairfield County (geographically synonymous with ODFC CoC). Of that combined population, 51% were female, 61% were White, 20% were Hispanic or Latino, 11.1% were Black, and 5.3% were Asian; 50.5% had a bachelor's degree or higher.
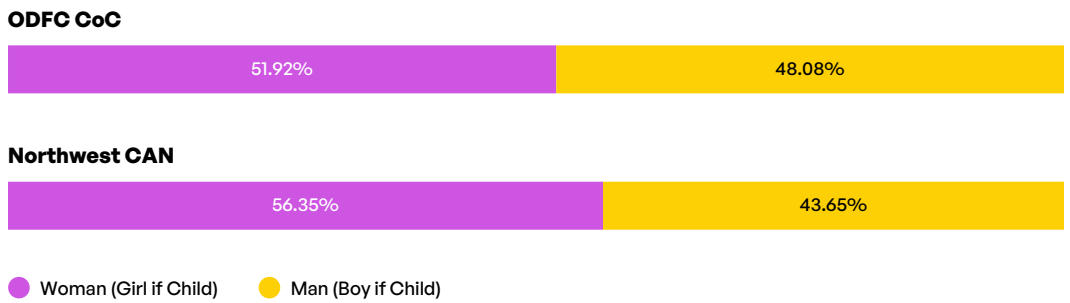
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1   Categories add to more than 100%, indicating that one or more does not represent a single race or ethnicity only.

The NW CAN includes Litchfield County and Greater Waterbury. Litchfield County had a total population of 185,186. 49.9% of the population were female, 84% were White, 7.9% were Hispanic or Latino, 1.6% were Black, and 1.9% were Asian; 38.0% had a bachelor's degree or higher. According to Data Haven, Greater Waterbury had a total population of 339,664 in 2019. 66% were White, 18.0% were Hispanic or Latino, 8.0% were Black, 2.0% were Asian and 5.9% were other races; 33% had a bachelor's degree or higher.

PEOPLE EXPERIENCING HOMELESSNESS POPULATION DATA

On September 26th, 2023[2], 3,177 people were homeless in the state of Connecticut (Table 0B). 691 people were homeless in the geography covered by ODFC CoC and 331 were homeless in the NW CAN, for a combined unhoused population of 1,022. In Fairfield, 51.92% of the population experiencing homelessness were women; in the NW CAN, 56.35% were women (Table 0C.1).

Table 0C.1 Gender Breakdown of People Experiencing Homelessness

ODFC CoC

51.92%	48.08%

Northwest CAN

56.35%	43.65%

● Woman (Girl if Child) ● Man (Boy if Child)

Race and ethnicity data is not available on a CAN-by-CAN basis. However, 32.22% of the total unhoused population in CT on that date were Black, 22.22% were multiracial, 24.4% were White, and 24.28% were Hispanic/Latino (Table 0C.2).

Table 0C.2 Total Unhoused Population in CT by Race

32.22%	22.22%	24.4%	24.28%

● Black or African American ● Multiracial ● White or European ● Hispanic or Latino or Spanish origin of any race
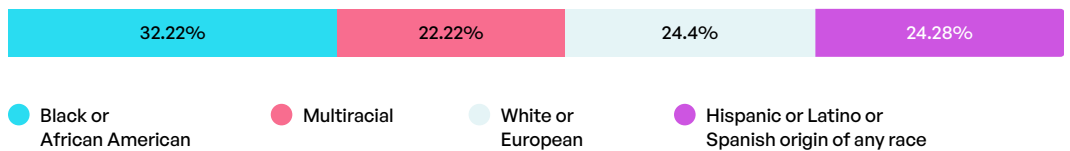
ODI is not yet collecting demographic data on the total ODFC CoC and NW CAN workforce population, so the HIL was unable to definitively state whether

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2 Survey was released in late September to ODFC and early October to NW CAN, which is why this snapshot date was selected.

the participants in the survey are representative of the total system workforce. However, we can compare the results to the state and county-wide trends in both the total and unhoused populations (Tables 0D-0E).

**SYSTEM WIDE DEMOGRAPHIC DATA**

Across the network, female respondents predominated (Tables 0F-0I), comprising 66.7% of all survey participants. This trend was even more pronounced among supervisors, where women constitute 72.9% of respondents. Transgender and nonbinary populations were notably underrepresented among respondents. In ODFC CoC, 1.7% of respondents held transgender identities, and none identified as nonbinary. Notably, all transgender and nonbinary respondents were frontline staff. No respondents in the NW CAN identified as transgender or nonbinary people. Shifting focus to sexual orientation (Table 0J), the majority (79.2%) of survey respondents identified as heterosexual, with smaller percentages identifying as asexual (3.5%), bisexual (4.9%), gay (2.1%), lesbian (1.4%), pansexual (1.4%), and 7.6% choosing not to disclose their preferences.

Survey respondents were racially and ethnically diverse (Table 0K). Black or African American individuals comprised 28.4% of respondents; White or European respondents comprised 35.1% of the total; and 20.3% identified as Hispanic, Latino, or Spanish origin of any race. Additionally, 4.1% of respondents identified as multiracial, 2.0% as American Indians or Alaskan Natives, 1.4% as Asian or Asian American, and 0.7% as Middle Eastern.

Table 0K Distribution by Racial Identity (All responses)
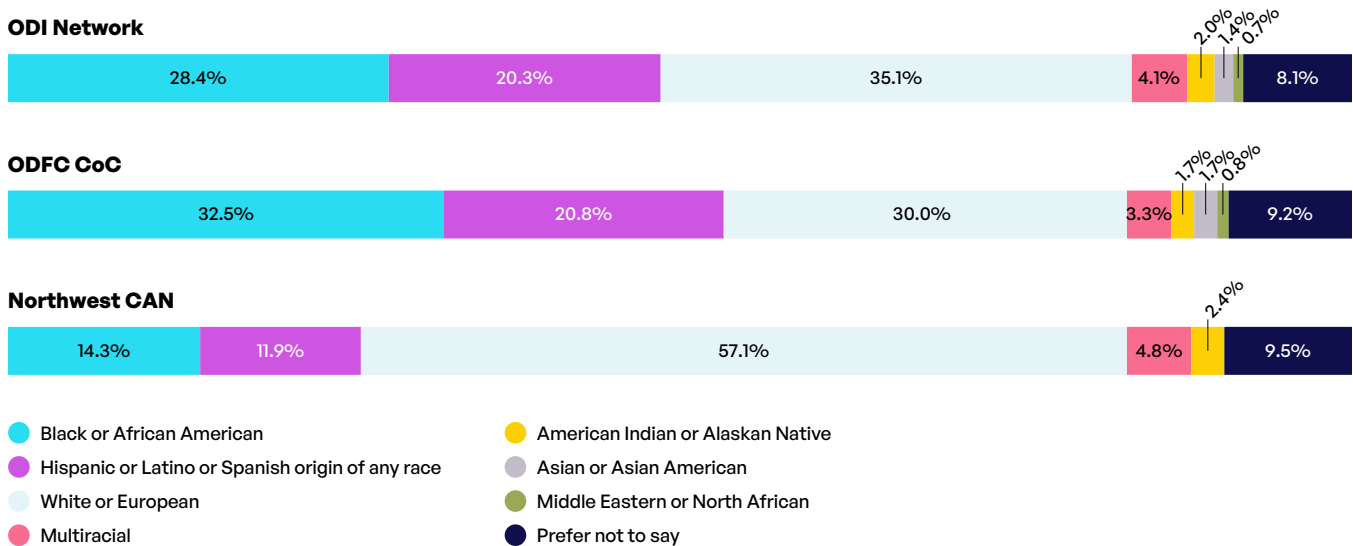
When comparing the racial and ethnic backgrounds of the respondents to the broader Connecticut population, White individuals are underrepresented

among respondents, Black individuals are over-represented, and the Latino population is evenly represented. However, an intriguing observation arises when examining the demographics of individuals receiving services from the respondents. In this context, Blacks appear to be overrepresented among clients, while Whites are overrepresented among survey respondents. Meanwhile, Latinos maintain an even representation in both groups.

Upon examining the respondents' religious affiliations within the ODI network (Table 0L), a predominant identification with Christianity is evident, comprising 64.1% of participants. A significant portion of respondents, 15.9%, do not identify with any specific religion. Additionally, 11% chose not to disclose their religious preferences. The remaining 9% is distributed across various religious affiliations, with Islam accounting for 2.8%, Buddhism at 2.1%, spiritual beliefs at 1.4%, Judaism at 2.1%, and Jehovah's Witnesses at 0.7%.

The survey findings indicate (Table 0M) that a significant majority (88.1%) have attended college, with 66.1% possessing a bachelor's degree or higher. Some variances are noted between ODFC CoC and the NW CAN; in the first, 89% have received some college education, and 68.1% have a bachelor's degree or higher. In the second, 86.2% have received some college education, and 62.1% hold a bachelor's degree or higher.

Is ODI Sufficiently Incorporating the Voices of People with Lived Experience of Homelessness?

To ascertain if the ODI partner network and Western CT's homeless emergency response system is sufficiently incorporating the voices of people with lived experience of homelessness, the HIL surveyed respondents about their relationships with the individuals they serve, their access to support, and their expectations upon entering the system. Additionally, the survey delved into their perspectives on integrating individuals with lived experience of homelessness into initiatives aimed at ending homelessness.

SURVEY RESPONSES & ANALYSIS

When questioned, survey respondents overwhelmingly recognize the value of the voices of people with lived experience in creating innovative solutions to mitigate and end homelessness. As we analyze this segment, it's essential to note that all prevalent data is based on what individuals voluntarily disclosed. In ODFC CoC, a significant majority (90.2%) of frontline staff respondents believe that innovating new homelessness solutions requires input from those experiencing it (Table 1A).

They either emphasized that individuals with lived experience possess valuable insights for innovative solutions or advocated for them as partners in ending homelessness. Despite the overwhelming agreement on the importance of lived experience, a small percentage of frontline staff respondents expressed skepticism. Only 4.2% reported that individuals with lived experience "often lack the knowledge to impact or change the system," and 5.6% believed "it's the system's responsibility to innovate without their input." Among frontline staff respondents in the NW CAN, 100% agreed that to obtain innovative solutions, input from people with lived experience is required or that these individuals should be regarded as partners in the process.

Table 1A **When addressing the incorporation of voices with lived experience, please select the statement you *most strongly agree* with: (Staff responses)**

● Fairfield County CAN   ● Northwest CAN
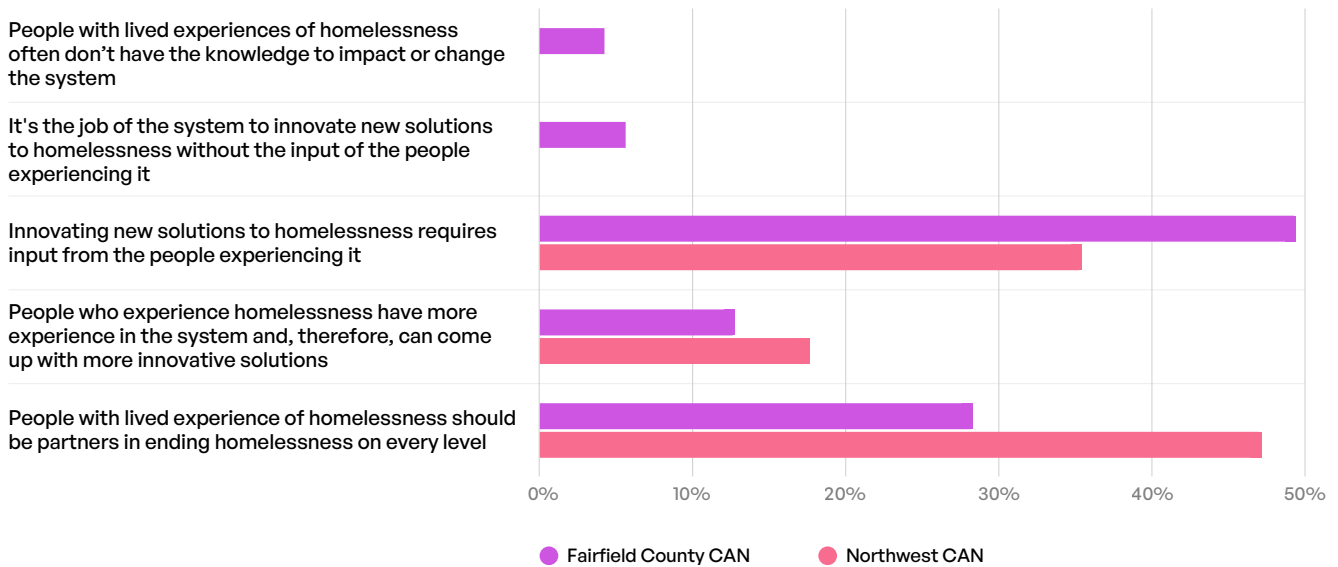
Supervisors in both the ODFC CoC and the NW CAN also expressed a strong focus on incorporating the voice of people with lived experience (Table 1B), with 85.4% of responses supporting this. However, about 12.5% thought these individuals lack the necessary knowledge, and 2.1% believed it's the system's responsibility to find solutions without including the voices of those with lived experience.

Notably, Executive Directors in both the ODFC CoC and the NW CAN unanimously support the inclusion of the voices of people with lived experience (Table 1C).

The data from the ODFC CoC survey reveals a notable gap between the recognition of the importance of including people with lived experience and the actual

The data from the ODFC CoC survey reveals a notable gap between the recognition of the importance of including people with lived experience and the actual implementation of such practices within organizations.

Table 1B When addressing the incorporation of voices with lived experience, please select the statement you *most strongly agree* with: (Supervisors' responses)

People with lived experiences of homelessness often don't have the knowledge to impact or change the system

It's the job of the system to innovate new solutions to homelessness without the input of the people experiencing it

Innovating new solutions to homelessness requires input from the people experiencing it

People who experience homelessness have more experience in the system and, therefore, can come up with more innovative solutions

People with lived experience of homelessness should be partners in ending homelessness on every level

0%   10%   20%   30%   40%   50%

● ODFC CoC   ● Northwest CAN
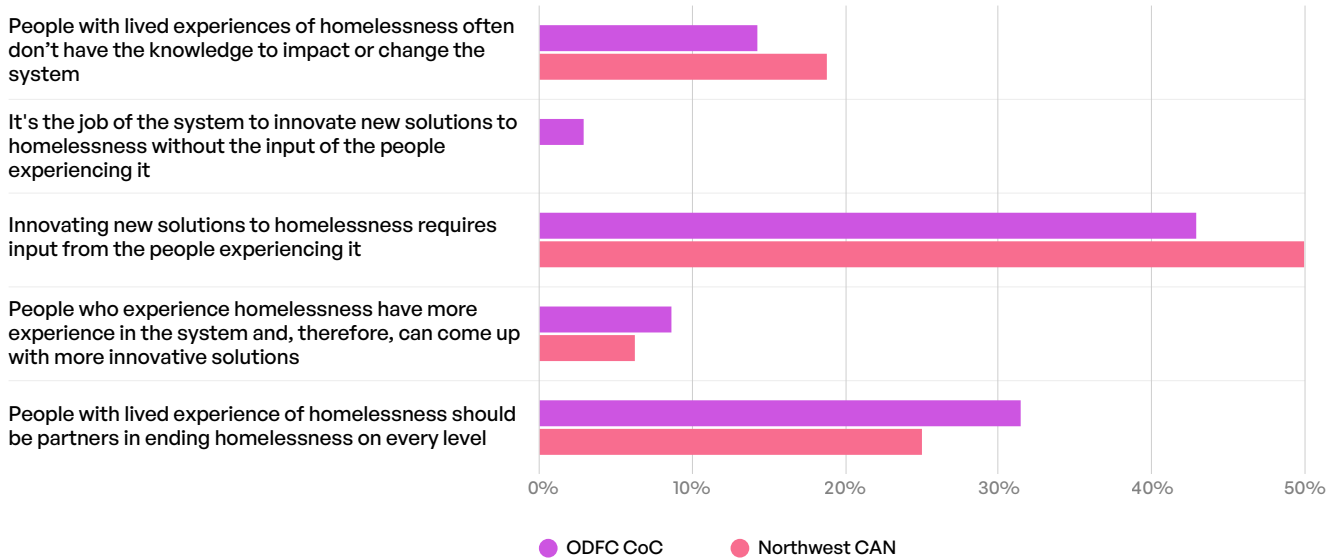
Table 1C When addressing the incorporation of voices with lived experience, please select the statement you *most strongly agree* with: (Executive Directors' responses)

100% of EDs support the inclusion of the voices of people with lived experience.

People with lived experiences of homelessness often don't have the knowledge to impact or change the system

It's the job of the system to innovate new solutions to homelessness without the input of the people experiencing it

Innovating new solutions to homelessness requires input from the people experiencing it

People who experience homelessness have more experience in the system and, therefore, can come up with more innovative solutions

People with lived experience of homelessness should be partners in ending homelessness on every level

0%   10%   20%   30%   40%   50%

● ODFC CoC   ● Northwest CAN

implementation of such practices within organizations. While a significant percentage of Executive Directors (66.7%) reported having at least one person on staff with lived experience, the numbers drop significantly when it comes to including them on the organization's board of directors (22.2%) or having them lead efforts to incorporate additional people with lived experience (11.1%). (Table 1D).

Table 1D **Which of the following statements best describes your organization's work with people with lived experience of homeless services (Executive Directors' responses)**
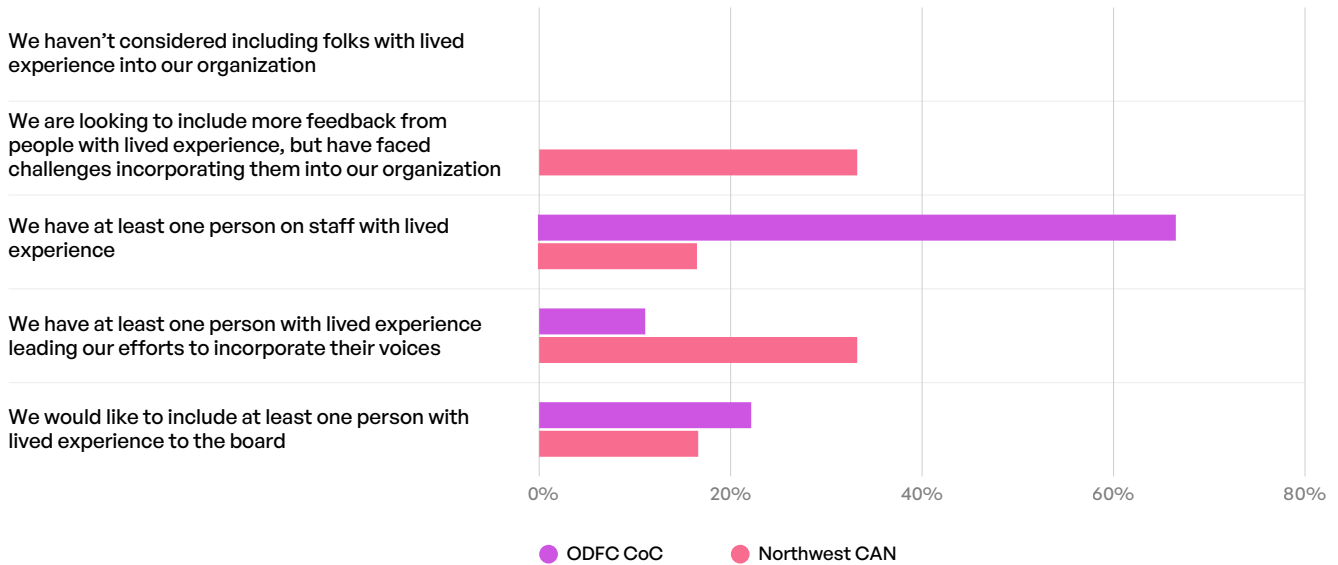
In the NW CAN, the data reveals that there is a split among Executive Directors in their approaches to incorporating voices of lived experience. While 33.3% have someone with lived experience leading their efforts, another 33.3% face challenges in integrating feedback from individuals with lived experience into their organizational dynamics. This suggests a disparity in the implementation of inclusive practices across organizations. Additionally, only 16.7% indicated having staff members with lived experience, with a similar percentage expressing a desire to include them on the board (Table 1D). These results suggest a need for further exploration into the factors influencing the inclusion and leadership of individuals with lived experience within organizations.

It's crucial to recognize that inquiring about the inclusion of at least one person with lived experience, as indicated in the survey, represents the minimum requirement, and the aspiration should extend beyond this baseline.

HIL CONCLUSIONS

A high percentage of respondents recognize the value of incorporating voices

of lived experience which highlights a shared understanding within the homeless response system of the importance of inclusive decision-making processes. While the overwhelming majority of respondents support the inclusion of those with lived experience in innovating solutions for homelessness, the presence of dissenting opinions stresses the need for ongoing education and awareness efforts to address potential misconceptions.

While the overwhelming majority of respondents support the inclusion of those with lived experience in innovating solutions for homelessness, the presence of dissenting opinions stresses the need for ongoing education and awareness efforts to address potential misconceptions.

The findings reveal that in the ODFC CoC there's a gap between discourse and action regarding the inclusion of people with lived experience in organizations. While their value is acknowledged, there's a need for concrete practices and policies to ensure their meaningful involvement. The low representation of these individuals on boards of directors suggests a missed opportunity for diverse perspectives. Organizations should reconsider recruitment processes for greater diversity. Similarly, the limited leadership roles for people with lived experience highlight the need for empowerment and fostering leadership opportunities. Overall, the data underscores the necessity of moving beyond token gestures and integrating lived experience voices into decision-making.

The situation is not so different in the NW CAN, where the findings highlight varying levels of commitment among Executive Directors to incorporate voices of lived experience into their organizations. While some have taken steps to involve individuals with lived experience in leadership roles, others face challenges in effectively integrating their feedback. The limited representation of individuals with lived experience on organizational staff and boards further underscores the need for greater inclusivity and diversity in homeless service organizations. Efforts to enhance representation and create more inclusive environments should be prioritized to ensure the voices of those with lived experience are adequately heard and valued in decision-making processes. Addressing this gap will enhance the effectiveness of efforts to end homelessness by ensuring a more comprehensive and diverse range of voices are heard in key strategic discussions.

HIL RECOMMENDATIONS

Ensuring people with lived experience shape decision making is paramount to creating effective and inclusive solutions. The HIL recommends two main actions for this; establish structured feedback mechanisms to ensure continuous input from people with lived experience and explore existing models and best practices where similar processes have been established. The first can be achieved through:

- **Forming inclusive advisory boards or committees**

- **Creating pathways for people with lived experience to join all ODI network agencies internal board committees**

- **Implementing training programs for organizational members that focus on power-sharing and effective collaboration.**

- **Conducting power-building and leadership workshops for people with lived experience.**

These recommendations are discussed in more detail in the Recommendations section at the close of this report.

How Are Working Conditions for Frontline Staff Throughout the ODI Partner Network?

The HIL asked survey respondents about the working conditions for frontline staff at partner agencies in the ODI provider network. Questions included information about their wages, what would make their work more effective, any economic hardships they were facing, unmet training needs, and challenges in their daily work.

SURVEY RESPONSES & ANALYSIS

Delving into the context of staff's wages throughout the ODI provider network gives crucial insights into the economic dynamics that impact frontline essential workers (Table 2A). The study uses Federal Poverty Levels (FPLs)[3] (established benchmarks that define the minimum annual income required for individuals or families to meet essential needs, including housing, utilities, clothing, food, and transportation) as guidelines. These guidelines take into account both household size and the state of residence. In 2023, the FPL was $14,580 for individuals, $24,860 for a family of three, and $35,140 for a family of five. At 300% of the FPL as defined by the Department of Health and Human Services (HHS), the corresponding thresholds were $40,770 for an individual, $69,090 for a family of three, and $97,410 for a family of five. Using the 300% FPL as a threshold recognizes

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3   *Federal Register - Annual Update of the HHS Poverty Guidelines*

that financial strain can persist slightly above the poverty line, ensuring a more inclusive approach to assessing economic well-being and identifying individuals and families needing assistance.

To provide more CT-specific context, the study also assesses system-wide wages in relation to the United Way's nationally recognized Asset Limited, Income Constrained, Employed (ALICE) Report and data, which provides an in-depth and geography-specific analysis of the financial challenges faced by households that may have incomes above the FPL but still struggle to meet basic needs. In Fairfield County (geographically synonymous with ODFC CoC) the 2023 ALICE Report data determines the annual income needed to "Survive" – ALICE Survival Budget – is $35,088 for an individual and $117,396 for a household with two adults, one infant, and one preschooler. In Litchfield County (a great part of the NW CAN,) the 2023 ALICE data determines the annual survival budget to be $31,236 for an individual and $105,756 for a similar family of four household composition. These figures reflect the financial challenges faced by individuals and families who are employed but encounter difficulties in meeting their basic needs due to limited assets and constrained incomes. The ALICE Report provides a nuanced understanding of economic hardships beyond the traditional FPL, contributing valuable regional insights for addressing financial vulnerabilities in communities and in the system wide workforce of the ODI partner network

The Area Median Income (AMI) is a key economic metric used to determine eligibility for various housing and financial assistance programs. It represents the midpoint of household incomes in a specific geographic area, where half the households earn more and half earn less. AMI is calculated annually by the U.S. Department of Housing and Urban Development (HUD) and serves as a reference point for establishing income limits for affordable housing initiatives and other community development efforts. The calculated AMI Limit for Fairfield County (geographically synonymous with ODFC CoC) in 2023 was $142,800 and for Litchfield County (a great part of the NW CAN), $114,700.

When asked to select three options they believe would make their work more effective (Table 2B), over half (60.3% of the ODFC CoC respondents and 56% of the NW CAN respondents) of respondents selected the option "You had better compensation for the work you do." This aligns with the results of the following question, "which of the following have you experienced over the last 1-2 years?" (Table 2C). 57.7% of respondents working in ODFC CoC and 61.1% of respondents in the NW CAN told us that they were struggling to pay bills and/or have increasing debt. 36.6% in ODFC CoC and 55.6% in NW CAN reported "no negative impacts" or being able to "weather it ok." Frontline staff also reported having to take on an additional job (46.5% in ODFC CoC, 16.7% in NW CAN), having to seek food assistance (16.9% in ODFC CoC, 22.2% in NW CAN), or sometimes going hungry or without basic necessities to make ends meet (15.5% in ODFC CoC, 22.2% in NW CAN).

Table 2B Do you think your work would be more effective if: *Choose the three you believe are more relevant.* (Staff responses)

	ODFC CoC	Northwest CAN
You had better compensation for the work you do	61%	57%
You had proper training on services and procedures	45%	50%
You had time to decompress when feeling overwhelmed	37%	29%
You had proper training on de-escalating and managing crisis situations	33%	29%
There were more people on staff	28%	18%
You had time to engage with the people you serve	20%	30%
You felt safe in your work environment	16%	12%
You had the possibility to give the people you serve the ability to make decisions	15%	24%
You were offered regular and designated supervision	8%	18%

● ODFC CoC ● Northwest CAN

Table 2C Which of the following have you experienced over the last 1-2 years? (Staff responses)

	ODFC CoC	Northwest CAN
I'm struggling to pay bills and/or have increasing debt	58%	61%
I or others in my household had to take on an additional job to make ends meet	47%	17%
I've been able to weather it ok	23%	39%
I have been at risk of losing my housing	22%	28%
I have had to seek food assistance	17%	23%
I or others in my household sometimes have gone hungry or done without basic necessities to make ends meet	16%	
No negative impacts	14%	17%
I lost my housing	7%	
I or others in my household frequently have gone hungry or done without basic necessities to make ends meet	1%	
I had to seek shelter services	1%	

● ODFC CoC ● Northwest CAN

In the ODFC CoC, 22.5% of frontline staff respondents reported they had been at risk of losing their housing, 7% lost their housing, and 1.4% had to seek shelter services in the last 1-2 years. While no staff reported losing their housing or seeking shelter services in the NW CAN, 27.8% reported having been at risk of losing their housing. Since this is self-reported data, it is important to remember these results are what people were comfortable with disclosing, even in an anonymous survey. This could indicate that actual figures for staff housing insecurity are much higher.

In the ODFC CoC, 22.5% of respondents reported they had been at risk of losing their housing, 7% lost their housing, and 1.4% had to seek shelter services in the last 1-2 years.

Table 2D Which category below includes your current household income? (Staff responses)
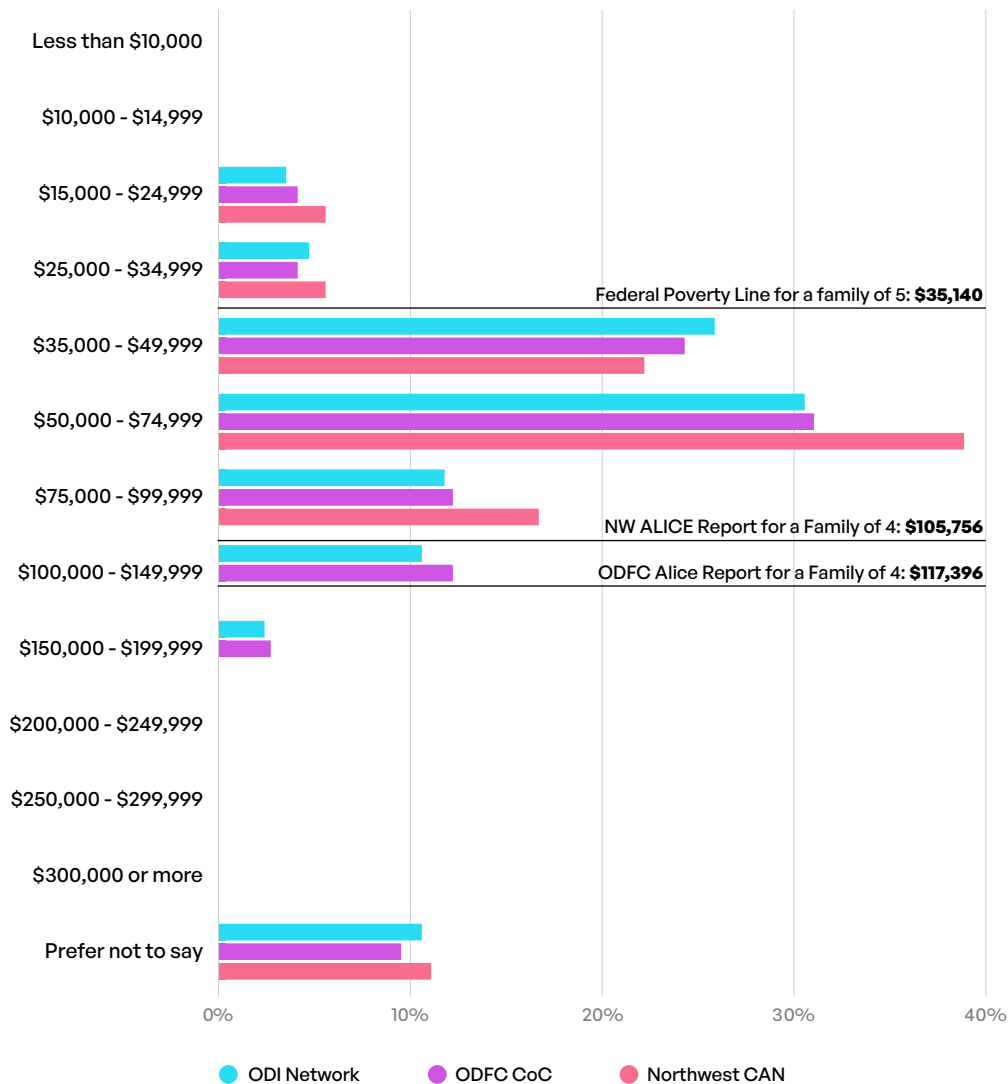
Most frontline staff respondents (64.7%) reported having an annual household income of less than $75,000.00 a year (Table 2D). 8.2% of respondents reported a household income at or below the ALICE Report's 2023 Household Survival budget for a single individual. 75.7% of ODFC CoC respondents had an income below the Area Median Income for Fairfield County and the ALICE Report 2023 Household Survival budget for a four-person household. In the NW CAN, no staff members reported an income above the ALICE report's 2023 survival budget for a four-person household in Litchfield County. Only 11.2% of respondents reported an income above the Area Median Income for Litchfield County. 5.6% of respondents live below the federal poverty level for a single individual.

While wages are important, staff also pointed to other support and resources they needed to do their job. 43.8% of the ODI network respondents said that they thought their work would be more effective if they had proper training on services and procedures, and 28.8% said they would be more effective with proper training on de-escalating and managing crisis situations.

We compared respondents' feelings about the onboarding training offered compared to ongoing training in order to understand why respondents feel that proper training would make their work more effective (Tables 2E and 2G). While most respondents reported that both the onboarding and ongoing training was "good," 14.6% reported that their onboarding training was lacking and left them feeling unprepared. Even more concerning, 11.0% reported that they had no onboarding training before beginning their work. Comparatively, only 6.1% reported that the ongoing training was lacking.

Supervisors were even more likely to have received no onboarding training - 24.4% reported that they were not given any training, and 51.1% said that they were given some training but mostly learned on the job (Table 2F). This is despite most supervisors (46.5%) moving into their position from a frontline staff position at their current organization - i.e., moving into a supervisory role without prior supervisory experience (Table 2H).

When asked how often respondents felt overwhelmed at work in the last week, just under a quarter of respondents did not feel overwhelmed at all (Table 2I). 23.5% said they "rarely" felt overwhelmed, and another 29.4% said they felt overwhelmed on a few occasions. About 22.3% were overwhelmed "almost daily" or "every day." Approximately 3% chose not to answer.

Frontline staff perception of the client's circumstances reveal a myriad of challenges that likely increase demand and intensity of work for staff (Table 2J and 2K). Frontline staff and supervisors reported a perceived increase in clients with mental health needs and problematic substance use. 70% of staff in both regions reported clients with mental health needs increasing in severity. 64.7% of respondents in the Northwest CAN and 51.8% of respondents in the ODFC CoC reported that substance use was increasing in severity. 61.5% of Executive

Directors state that it's a daily occurrence for their organizations to provide services to people whose needs exceed what the system can offer, and 46.2% say it's a daily occurrence for their organizations to engage with people who need more resources than the CAN is able to provide. It is important to note that these staff, supervisor, and ED reports are not representative of which of these experiences clients are reporting.

Table 2I How often in the last week did you feel overwhelmed by a situation at work? (Staff responses)

ODI Network

20.0%	23.5%	29.4%	17.6%	4.7%	3.5%

1.2%

ODFC CoC

23.0%	21.6%	31.1%	17.6%	4.1%

2.7%

Northwest CAN

5.6%	27.8%	27.8%	16.7%	11.1%	5.6%	5.6%

● Not at all ● Rarely ● On a few occasions ● Almost daily ● Every day ● I'm not sure ● I prefer not to answer
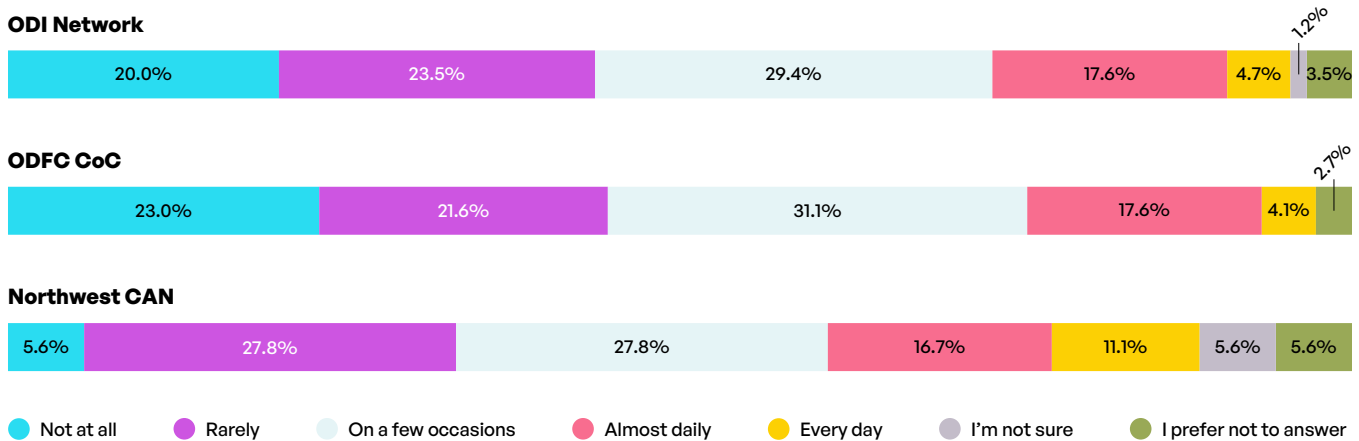
Exacerbating these challenges is the housing affordability crisis. Frontline staff, supervisors, and Executive Directors alike indicated that the work of supporting and successfully housing clients is getting more difficult (Tables 2L and 2M). 84% of frontline staff in the ODFC CoC and 82.4% of frontline staff in the NW CAN have seen a lack of affordable housing grow in number and 77% in both regions have seen it grow in severity. 47.1% of frontline staff and 68.6% of supervisors reported that finding affordable housing that accepts subsidies / housing vouchers was difficult, and 17.1% of frontline staff said it was impossible to find. Unsubsidized but affordable housing, also known as Naturally Occurring Affordable Housing or NOAH, was ranked as the most challenging to find by frontline staff and supervisors: 38% of frontline staff and 60% of supervisors reported that finding NOAH was difficult, and 36.6% of frontline staff and 20% of supervisors said NOAH was impossible to find. Finally, 42.9% of frontline staff and 62.9% of supervisors reported that finding subsidized housing was difficult, and 28.6% of staff and 5.7% of supervisors said subsidized housing was impossible to find. Clients who are housed are also not remaining housed; supervisors indicated that they are seeing frontline staff interact with individuals who re-enter the system after being housed frequently (25.7%) or very frequently (25.7%) (Table 2N).

Table 2L Can you rate the ease of finding the following housing types for the people you serve? (Staff responses)

Table 2M Can you rate the ease of finding the following housing types for the people you serve? (Supervisors' responses)

Table 2L.1 Housing that accepts vouchers – TBV, private landlords, Section 8

Table 2M.1 Housing that accepts vouchers – TBV, private landlords, Section 8
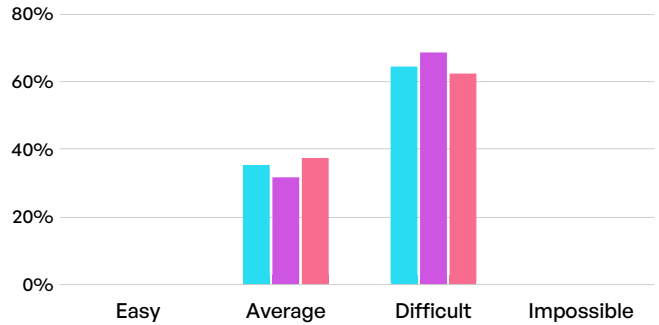
Table 2L.2 Unsubsidized but affordable housing*
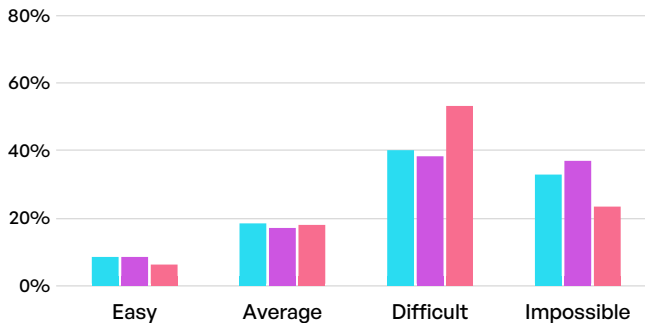
Table 2M.2 Unsubsidized but affordable housing*
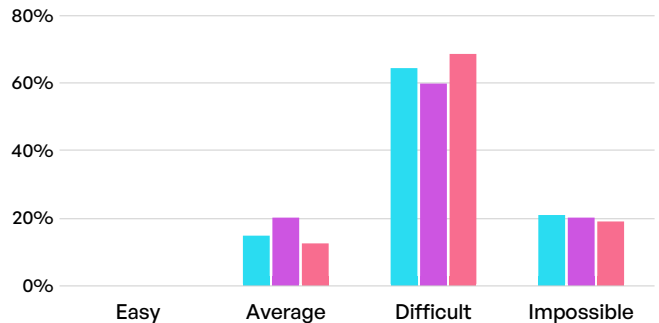
Table 2L.3 Subsidized housing: Public Housing, LIHTC, PBV**
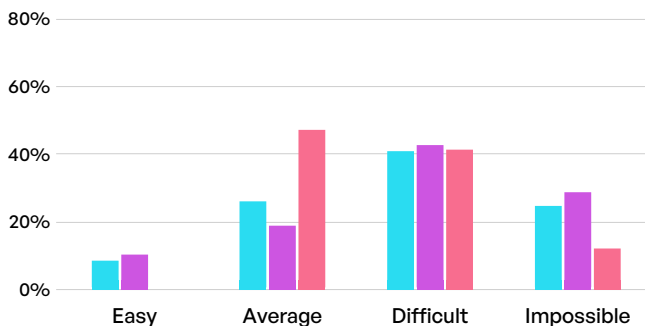
Table 2M.3 Subsidized housing: Public Housing, LIHTC, PBV**
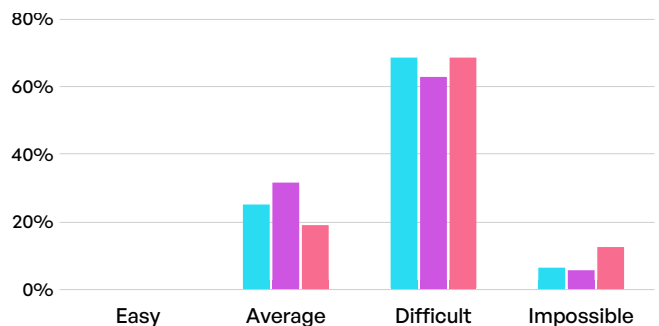
● ODI Network   ● ODFC CoC   ● Northwest CAN

*   Properties that are made available to lower-income households at less than market value.
**   Housing that is owned and/or managed by the government to provide housing to low-income families.

Table 2N **How often do your staff members encounter people experiencing homelessness who were previously housed but have lost their housing due to the housing crisis? (Supervisors' responses)**

51.4% of supervisors see clients return frequently or very frequently to the system after being housed.
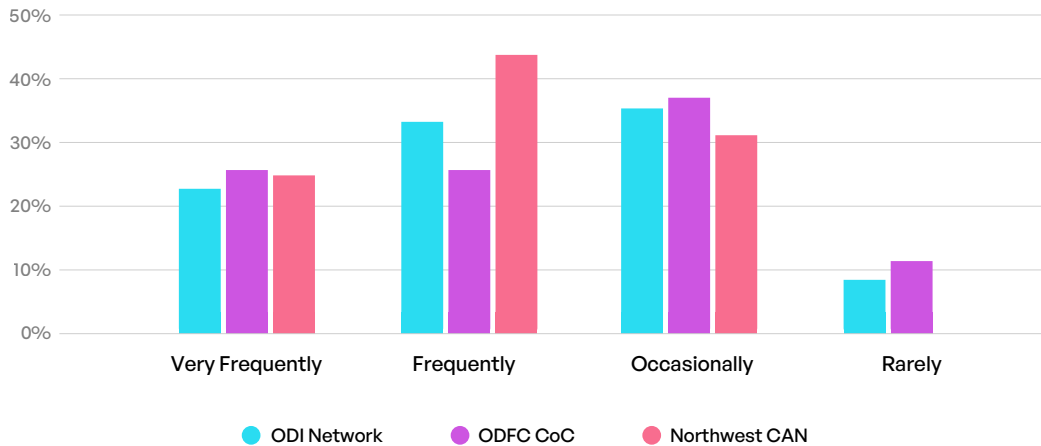
- ODI Network
- ODFC CoC
- Northwest CAN

Table 2O **What do you think the average job satisfaction is in the ODI network? (Staff responses)**

29.4% of frontline staff in the Northwest are uncertain about the average job satisfaction in the network.

- ODI Network
- ODFC CoC
- Northwest CAN
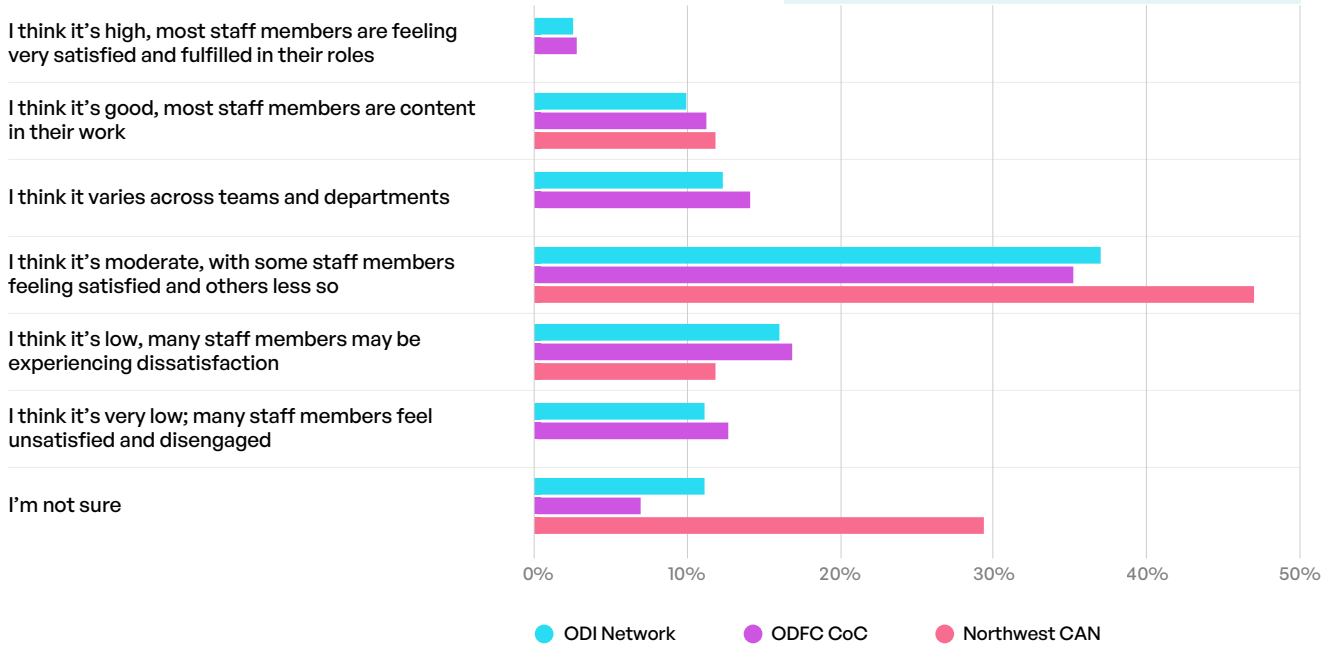
The HIL looked to see if these concerns were impacting job satisfaction across the ODI network (Table 2O). The majority of respondents (37%) believe the average job satisfaction in the ODFC CoC is moderate, with "some staff feeling satisfied and others less so." However, 27.1% believe it is "low" or "very low," compared to only 12% who think it is "good" or "high."

Nevertheless, when asked about their own job performance (not satisfaction), frontline staff were very confident (Table 2P). 25.9% believe they are doing an "excellent" job and 51.9% believe they are doing a good job. The majority of frontline staff are also satisfied with their supervisors; 50.6% said that supervisors "will support staff when asked" and 37% said supervisors "are attentive to staff's needs and step in when necessary" (Table 2Q). However, a minority of frontline staff (9.9%) did respond that supervisors "are frequently too busy to support staff."

With these concerns about salary, challenging client situations, and unpreparedness, it is not surprising that 29.1% of supervisors reported a high or very high perceived turnover rate in their organization and another 27.1% reported a moderate turnover rate (Table 2R).

HIL CONCLUSIONS

The results of this section show that many ODI staff feel too underpaid, unprepared, and overwhelmed to perform their jobs effectively. When the HIL analyzed respondents' reported income, it became clear frontline staff is extremely underpaid across the network, which has led to them experiencing housing instability and the risk of homelessness themselves. The results showed that frontline staff are not making enough money to survive, let alone thrive, in the communities where they work.

The data also shows that many frontline staff lack the support needed to feel confident in their roles when working with clients. Survey respondents overwhelmingly expressed a need for increased onboarding, ongoing training, and particularly training and support for transitioning into supervisory roles, which is currently lacking across ODI. When onboarding and ongoing professional development fail to meet the needs of frontline staff, they feel overwhelmed and unprepared, struggling to understand their roles and responsibilities. Furthermore, frontline staff reported a lack of necessary training for transitioning into supervisory roles, resulting in a lack of skills and confidence to navigate their new roles effectively. This leads to issues with communication, conflict resolution, and decision-making, ultimately decreasing team morale and productivity, and increasing turnover. Undertrained and

> **Frontline staff is extremely underpaid across the network, which has led to them experiencing housing instability and the risk of homelessness themselves. The results showed that frontline staff are not making enough money to survive, let alone thrive, in the communities where they work.**

undersupported staff lead to decreased job satisfaction and performance, higher turnover rates, loss of continuity of care, and a decrease in network impact.

Respondents' feedback also indicates that the number and severity of challenges facing clients have increased, leading to new and increased expectations for staff. This data highlights a troubling reality: our state's systems and structures are leaving staff underprepared to meet the rising challenges of their work. This leaves respondents facing new and complex challenges even as they struggle with dire financial situations and threats of homelessness themselves.

HIL RECOMMENDATIONS

The Housing Innovation Lab recommends taking two actions to address the issues raised by the survey: increasing staff well-being within the ODI network, and co-creating an ODI network training model to support shared knowledge and skills. These can be achieved by:

- **Increasing staff wages across the network.**

- **Conducting a network-wide wage analysis to determine gaps and patterns.**

- **Consulting with HR and employment lawyers.**

- **Identifying additional non-pay strategies to enhance staff well-being and decrease agency turnover.**

- **Ensure staff have access to the Online Training Resource Hub available through the Housing Collective website.**

- **Creating a clear onboarding "ladder" for the most common roles in our network that can be customized to each organization's unique needs and existing infrastructure.**

- **Ensure training opportunities are made available to all applicable staff, without additional barriers, such as cost or accessibility.**

These recommendations are discussed in more detail in the Recommendations for recalibration and improvements section at the end of this report.

Is ODI Achieving Equity Throughout Its Partner Network?

The HIL asked respondents about their opinions on how race interacts with the work they do in ending homelessness, how effective their organizations' DEIB efforts are, and examined their reported income from a gender and racial lens.

Table 3A Do you believe that a person's race or ethnicity affects their opportunities when they're being served by the system? (Staff responses)

ODI Network

38.1%	31.0%	31.0%

ODFC CoC

34.2%	32.9%	32.9%

Northwest CAN

58.8%	23.5%	17.6%

● Yes   ● No   ● Maybe
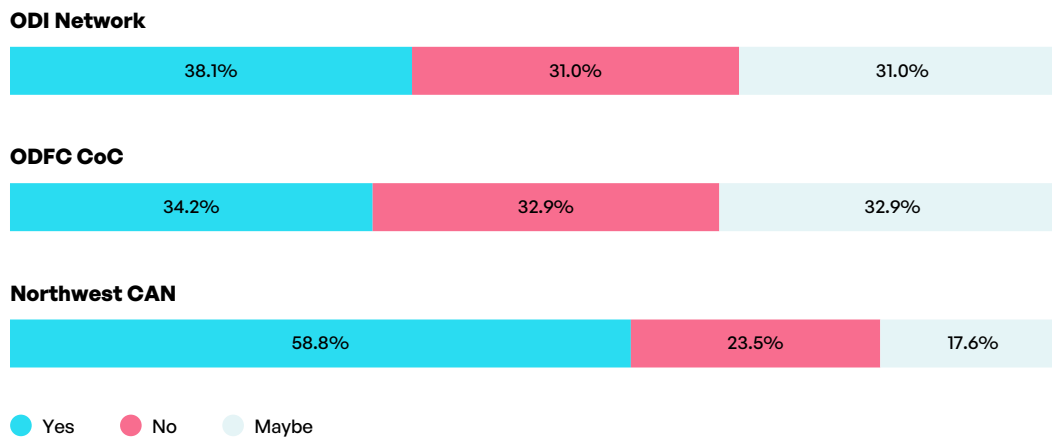
SURVEY RESPONSES & ANALYSIS

When assessing the frontline staff's awareness of racial disparities in opportunities within the Western CT homeless response systems, the results reveal a mixed outlook (Table 3A). Approximately 38.1% of frontline staff members believe race does impact access to opportunities in their system. They cite reasons such as

negative institutional systems, personal observations, racial bias, prioritization, broad systemic oppression, and a belief that race can indeed play a significant role in accessing services and resources. 31% of frontline staff members do not perceive racial disparities as a significant factor affecting opportunities within the homeless system. Some reasons cited by respondents include the belief that race is a non-issue, a focus on individual determination, a lack of personal experience in witnessing these disparities, or a more optimistic view that individuals can overcome such barriers. Finally, 31% of frontline staff members remain uncertain about how racial identity impacts access to opportunity within the homeless response system in Connecticut.

When the racial and ethnic identity of the frontline staff respondents is considered, we found relative evenness in their responses (Table 3B). 23.1% of Black respondents think race might play a role, 34.6% believe it does not, and 38.5% believe it does. Hispanic respondents were evenly split (33.3% each) among the three responses. White respondents had the lowest share of respondents who do not believe that race plays a role (20%), with 40% believing it does play a role and 40% unsure. 66.7% of respondents who do not identify as solely Black, Latino, or White do not believe race plays a role, and 33.3% believe it does.

Table 3B Distribution by race of "Do you believe that a person's race or ethnicity affects their opportunities when they're being served by the system?" (Staff responses)
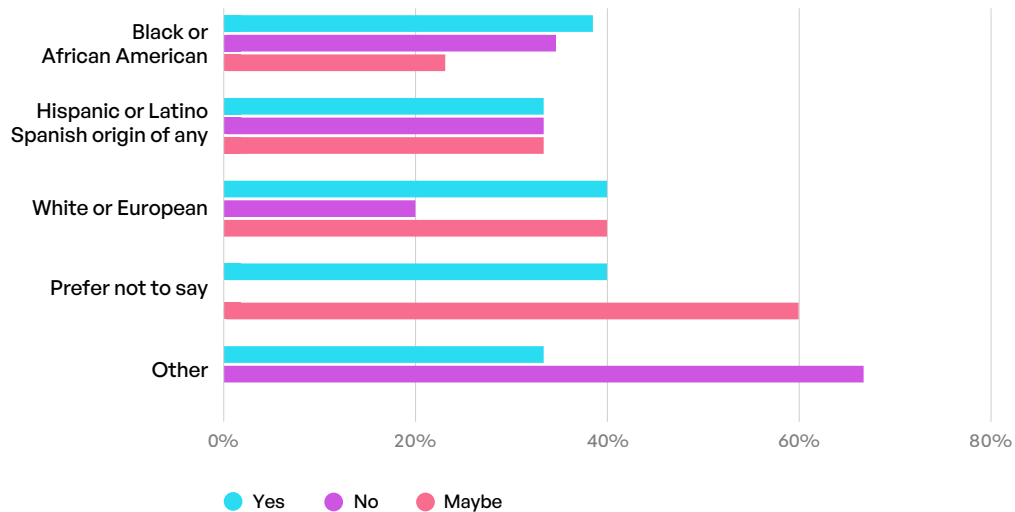
When asked why they selected the response they chose, the frontline staff offered comments that presented a much more nuanced picture of their understanding of race and the homeless response system. Most frontline staff who selected "no" seemed to be operating based on an interpersonal or individual understanding of racism - i.e., racism that occurs between individuals, or "the

beliefs, attitudes, and actions of individuals that support or perpetuate racism." (Wijeysinghe, Griffin, & Love, 1997). Many respondents who selected "no" noted that they have never seen race impact any of their own clients, or they pointed out that discrimination in these programs "can lead to legal action." Some said that "color or race" doesn't matter as much as personality or that "poverty, substance addiction, low economic status, and mental illness can affect anyone."

"I believe that color or race doesn't matter it's your personality that count[s at the end] of the day."

"I notice when I have a client who is white or appears white they are able to access services a little more smoothly and with less questioning."

Those who responded "yes," however, discussed the impacts of race on a systemic level, as "the complex interactions of large-scale societal systems, practices, ideologies, and programs that produce and perpetuate inequities for racial minorities." (Gee & Ford, 2011)[4]. They mentioned "negative institutional systems" or a sense that white clients can access services "a little more smoothly."

Table 3C **What are the biggest issues you see in our homeless system related to racial equity?** *(Choose the three you believe are most relevant.)* **(Staff responses)**

ODFC CoC   Northwest CAN

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4   https://fitchburgstate.libguides.com/c.php?g=1046516&p=7602969
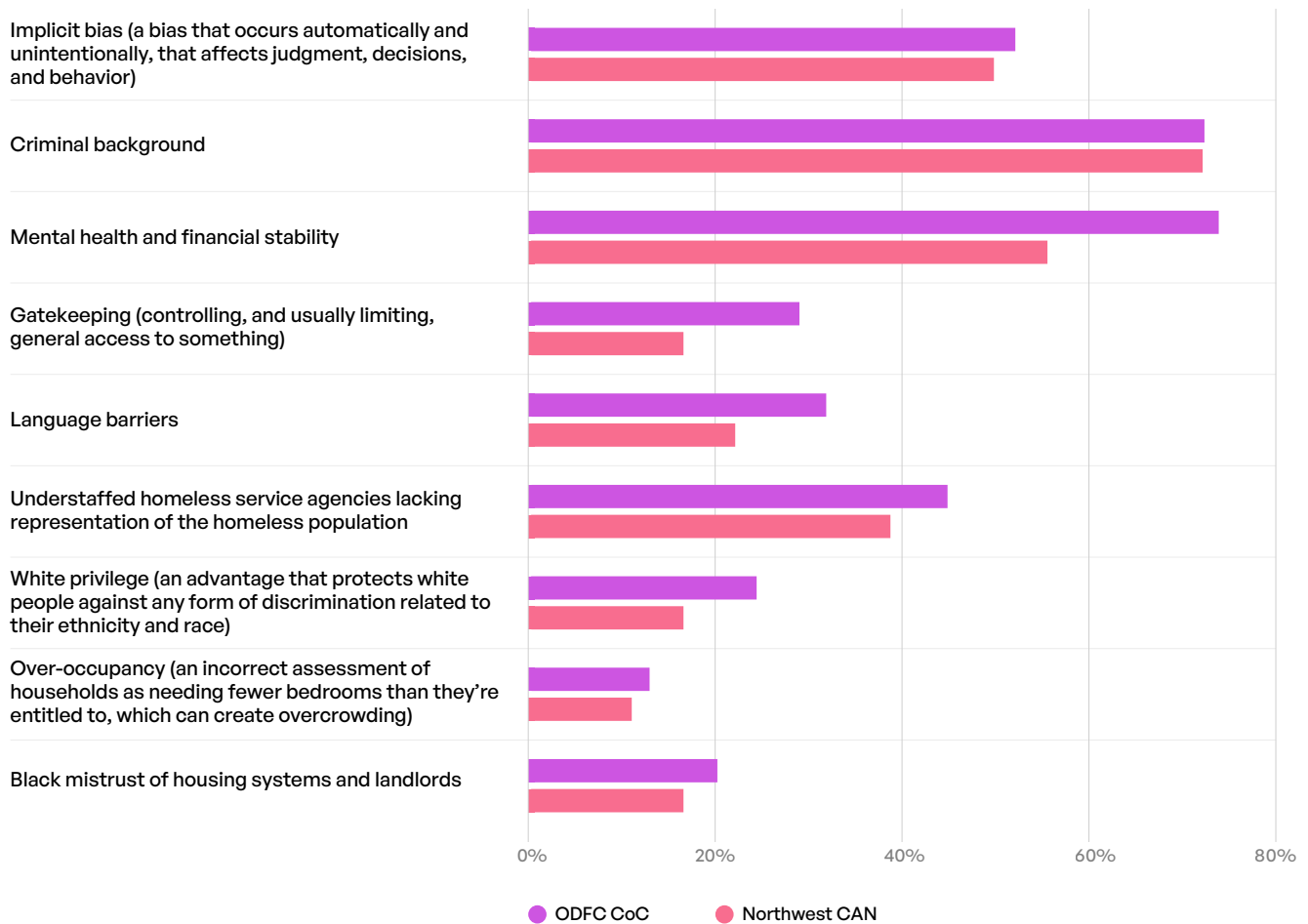
An individual-focused understanding of the impacts of racism in the network was also present when frontline staff were asked what they saw as the biggest issues related to racial equity (Table 3C). 72% of frontline staff selected mental health and financial stability. 69% selected criminal background. Tied for third place were implicit bias and understaffed agencies lacking representation of the homeless population, with 46.6% of respondents selecting these options.

This survey also assessed how the network's workforce feels about their organization's efforts to advance Diversity, Equity, Inclusion, and Belonging (DEIB) (Tables 3D, 3E, and 3F). Frontline staff, supervisors, and Executive Directors were asked to rank their organization's efforts from one to five, with one being poor and 5 being outstanding, across five areas:

- Active engagement to achieve awareness of the organization's diversity and inclusion policies **(average rating 3.8)**

- Training on unconscious bias or diversity and inclusion **(average rating 3.5)**

- Active search to value diverse perspectives during decision-making **(average rating 3.5)**

- Building employee resource groups or affinity groups that support underrated communities **(average rating 3.4)**

- Inclusive practices to accommodate diverse needs (e.g., religious observances, parental leave) **(average rating 3.6)**

- Fair and equitable treatment, access, and opportunity **(average rating 3.7)**

- The overall satisfaction average across all five categories was a **rating of 3.6**

Table 3G **What is your racial identity?**

Black or African American	Hispanic or Latino or Spanish origin of any race	White or European	Other	Prefer Not to Say
29.1%	21.6%	31.3%	9.0%	9.0%

Table 3J **Racial Breakdown of Staff with Household Income of under $50k**

Black or African American	Hispanic or Latino or Spanish origin of any race	White or European	Other	Prefer Not to Say
35.5%	29.0%	22.6%	9.7%	3.2%

Table 3I **Racial Breakdown of Staff with Household Income between $50 and $100k**

Black or African American	Hispanic or Latino or Spanish origin of any race	White or European	Other	Prefer Not to Say
31.0%	17.2%	36.2%	10.3%	5.2%
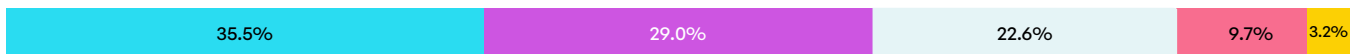
Table 3H **Racial Breakdown of Staff with Household Income of over $100k**

Black or African American	Hispanic or Latino or Spanish origin of any race	White or European	Other	Prefer Not to Say
21.4%	32.1%	35.7%	3.6%	7.1%

Legend:
- ● Black or African American
- ● Hispanic or Latino or Spanish origin of any race
- ● White or European
- ● Other
- ● Prefer Not to Say

When examining income in the ODI partner network, we see inequities across racial and gender lines (Tables 3G, 3H, 3I, and 3J). Black employees (both frontline staff and supervisors) comprised 29% of the respondents surveyed, but only 20% of Black employees earn more than $100,000 annually. They were also overrepresented in the bottom pay range, with 35% of Black employees making less than $50,000 annually. However, White employees made up 31% of respondents, but 36% of White employees made more than $100,000 annually. Interestingly, Hispanic/Latino respondents represented 21% of survey respondents and were overrepresented in both the top and bottom income brackets, with 32% of Latino respondents earning more than $100,000 and 29% earning less than $50,000 a year.

Table 3K What is your gender identity?

27.8%	67.7%

Table 3N Gender Identity of Staff with Household Income below $50k

29.0%	67.7%

Table 3M Gender Identity of Staff with Household Income between $50 and $100k

20.4%	74.1%

Table 3L Gender Identity of Staff with Household Income above $100k

39.3%	57.1%

🔴 Man   🟡 Woman

Even starker disparity was seen across gender for supervisors and frontline staff (Tables 3K, 3L, 3M, and 3N). Men made up 27% of the respondents, but 39% of male respondents made more than $100,000 a year. Women comprised 68% of respondents, but only 57% of female employees earned more than $100,000 annually. Women are exactly proportional when looking at employees making less than $50,000 (68%), but men are slightly overrepresented in this category, with 29% making less than $50,000.

HIL CONCLUSIONS

The results of this section show that staff in the ODI Network are divided about whether a client's race or ethnicity affects their access to opportunities when they are being served by the system. These results demonstrate ODI's efforts to increase the awareness of racial inequities in the homeless response system have

not fully reached approximately two-thirds of ODI staff. The diversity of responses in this area, coupled with the overrepresentation of African Americans experiencing homelessness in CT and the Western CT region specifically, indicates frontline staff across the ODI network would benefit from capacity building that helps them (i) understand how race and racism shapes social institutions and (ii) identifying overt and covert ways the ODI network "provides and denies access, safety, resources, and power to people experiencing homelessness based on race categories" (Center for Racial Justice in Education).

These results demonstrate ODI's efforts to increase the awareness of racial inequities in the homeless response system have not fully reached approximately two-thirds of ODI staff.

Staff see mental health and financial stability, criminal backgrounds, implicit bias, and underrepresentation in staff to be the largest concerns related to race equity. Their responses suggest they understand there is a link between racial equity and factors that lead to and complicate homelessness. These responses suggest frontline staff of the ODI partner network understand the impacts of race to be largely the result of interpersonal dynamics, overt actions, or an issue of fairness rather than a structural or institutional consequence. This reminds us of the importance of staff having a system framing of racism to understand client experiences and needs. The intentional and often invisible systems of racism "produces and reproduces race-based inequities" (Center for Racial Justice in Education) in our social institutions. As such, we know racism exists even in the homeless response system and impacts access to opportunity. Ensuring staff in the ODI network have a strong strategic race analysis. This involves a clear understanding of how race intersects with diverse systems, policies, and practices, ultimately perpetuating disparities, inequalities, and injustices. Such clarity is essential to effectively eliminate race-based inequities, safeguarding the well-being of our clients.

Overall, staff are satisfied with the network's efforts to improve diversity, equity, inclusion, and belonging (DEIB). However, an analysis of reported income shows pay disparity concerns across racial and gender categories in the ODI network.

Overall, staff are satisfied with the network's efforts to improve diversity, equity, inclusion, and belonging (DEIB). However, an analysis of reported income shows pay disparity concerns across racial and gender categories in the ODI network.

HIL RECOMMENDATIONS

Further inquiry is needed with ODI network staff to understand their awareness regarding racial equity. Doing so may shed light on why they understand racial equity to be a factor in mental health and the other named areas but do not believe overwhelmingly that race impacts access to opportunity in the homeless response system. To achieve this the HIL recommends the following:

- **Incorporate strategic equity analyses to improve our individual and collective work.**

- **Recommit to DEIB workgroups at the COC and Community levels using the Innovation Lab's disparities assessment[5] of the ODI network's front-entry and housing solutions/placement work to inform areas of focus.**

- **Ensure people with lived experience are elevated as thought partners and content experts in co-creating solutions to housing affordability and homelessness.**

- **Create affinity groups to build relational connections, discuss challenges, and build DEIB competencies.**

- **Develop a strategy for DEIB, with special attention given to racial equity strategies and outcomes.**

- **Conduct a pay equity analysis across the ODI network, paying close attention to disparities along race and gender lines.**

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5   In the Disparities Assessment we include an environmental scan, an assessment of the entries, the outcomes, and the overall system to identify the gaps in service provision and to understand which demographic groups may be disproportionally affected.

The Way Forward: HIL Recommendations for Recalibration and System Improvement

The ODI partner network throughout Western CT, has identified shared goals for the future including ending homelessness, incorporating voices of people with lived expertise, and creating more racially equitable homeless response systems in both the ODFC CoC and the NW CAN. This report is a significant first step in better understanding how to reach those goals. By offering data driven insights into the current state of system equity, along with identifying gaps in resources and operational processes throughout both ODFC CoC and NW CAN, the ODI network survey can help to inform critical improvements at both the provider organization and homeless response systems levels throughout Western CT.

By offering data driven insights into the current state of system equity, along with identifying gaps in resources and operational processes throughout both ODFC CoC and NW CAN, the ODI network survey can help to inform critical improvements at both the provider organization and homeless response systems levels throughout Western CT.

ODI strives to be a network that includes people currently experiencing homelessness in the work of ending homelessness. But we see that many organizations are struggling to bring people with lived experience onto their staff and boards.

ODI strives to be a network where staff are able to live and work securely in the communities they serve without fearing that they will also need to access the services they provide. But we can see that most staff are living paycheck to paycheck, one crisis away from financial peril.

ODI strives to be a network where new staff feel prepared to serve clients no matter their circumstances. But we can see that most staff feel their onboarding training left them with questions about how to do their job in the face of client circumstances that are growing more frequent and challenging.

ODI strives to be a network that works to end systemic racism that impacts our clients, our staff, and our communities. But we see division and resistance to understanding the impact race plays in our clients' lives, and inequality in pay across gender and race lines.

These challenges, while complex, are not insurmountable. The Housing Innovation Lab proposes the following preliminary action steps for improvement at both the organizational and systems levels:

① Ensure people with lived experience shape decision making

- Establish structured feedback mechanisms to ensure input from people with lived experience is actively sought, valued, and incorporated into decision-making processes.

    - Form advisory boards or committees comprising organizational leaders, staff, and people with lived experiences to address challenges and shape policies jointly.

    - Create pathways for people with lived experience to join all ODI network agencies internal board committees with a specific timeframe for execution.

    - Implement training programs for organizational board members, staff, and volunteers who will be working with people with lived experience that focuses on power-sharing and effective collaboration.

    - Conduct power-building and leadership workshops for people with lived experience to leverage their expertise and build their skills for effective collaboration.

- Explore existing models and best practices where similar processes have been successfully implemented.

2 **Increase staff well-being within the ODI network**

- First, staff wages must be increased across the network. While there are some systemic solutions that we will discuss, we encourage organizational leaders to conduct a pay equity audit and evaluate their budgets. If an employee earns a salary below the federal poverty line ($33,975.00) in your organization, their salary must be increased. No systemic solution will improve staff conditions as quickly and effectively.

- At a system level, a network-wide wage analysis could help determine gaps and patterns. This could be used to provide more detailed information to legislators when requesting more funding for staff, as well as help us determine where pay inequities exist and how we can improve them. We recommend creating a workgroup to conduct this analysis and present solutions to the network.

- We also recommend consultations with HR and employment lawyers to get the facts about increasing wages to ease partner organizations' concerns about accidental inequalities that could be created.

- Identify additional non-pay strategies to enhance staff well-being and decrease agency turnover.

3 Co-create an ODI network training model to support shared knowledge and skills

- Ensure staff are aware of and have access to the Online Training Resource Hub available through the Housing Collective website.

- Create a clear onboarding "ladder" for the most common roles in our network that can be customized to each organization's unique needs and existing infrastructure. We recommend all onboarding include content about DEIB, with special attention given to racial equity based on statewide data showing residents of color are disproportionately experiencing homelessness.

- Ensure training opportunities are made available to all applicable staff, without additional barriers, such as cost or accessibility.

4 **Incorporate strategic equity analyses to improve our individual and collective work**

- Recommit to DEIB workgroups at the COC and Community levels using the Innovation Lab's disparities assessment[6] of the ODI network's front-entry and housing solutions/placement work to inform areas of focus.

- Ensure people with lived experience are elevated as thought partners and content experts in co-creating solutions to housing affordability and homelessness

- Create affinity groups to build relational connections, discuss challenges, and build DEIB competencies.

- Develop a strategy for DEIB, with special attention given to racial equity strategies and outcomes.

- Conduct a pay equity analysis across the ODI network, paying close attention to disparities along race and gender lines.

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6   In the Disparities Assessment we include an environmental scan, an assessment of the entries, the outcomes, and the overall system to identify the gaps in service provision and to understand which demographic groups may be disproportionately affected.

Next Steps

The work that the ODI partner network does in Western CT each and every day has never been more vital as the region, the state and the nation confront an increasing crisis of homelessness. We must take steps to ensure our work is able to sustainably meet those challenges and continue to serve the most vulnerable members of our community.

Informed by the data and findings outlined in this report, ODI will work over the coming months to identify and align system resources and supports to operationalize the report recommendations. The Housing Collective will dedicate HIL resources in the years ahead to measure and track long-term progress on collective goals throughout Western CT's homeless response systems and provide tools, training, and support to the ODI partner network that anchor equity in every aspect of the systems work.

Appendix A

List of Participating Agencies

OPENING DOORS FAIRFIELD COUNTY ORGANIZATIONAL PARTNERS

The Alliance
Ability Beyond (Danbury)
Advanced Behavioral Health [ABH]
APEX Community Care, Inc.
Alpha Community Services YMCA
All Our Kin
Alternative in Community [Forensic Health Services]
AmeriCares Free Clinics
Association of Religious Communities
Beacon Health Options [formerly Value Options]
Bridge House
Bridgeport Hospital
Bridgeport Police Department
Bridgeport Rescue Mission
Career Resources, Inc.
Catholic Charities of Fairfield County
Center for Family Justice
Center for Sexual Assault Crisis Counseling & Education, The
Charter Oak Communities [Stamford]
Chemical Abuse Services Agency [CASA]
City of Bridgeport - Social Services Department
City Center of Danbury
City of Danbury Health and Human Services/Emergency Shelter
City of Greenwich - Social Services Department
City of Norwalk - Human Relations Department
City of Stamford - Social Services Department
Communities4Action
Community Action Agency of Western CT
Community Health Center of Danbury
Community Health Network of CT
Connecticut Counseling Center
Connecticut Housing Coalition
Connecticut Legal Services
Connection, Inc., The
Council of Churches of Greater Bridgeport
CT Bureau of Rehabilitation Services
CT Coalition to End Homelessness
CT Community of Addiction Recovery [CCAR]
CT Dept. of Children & Family Services
CT Dept. of Corrections
CT Dept of Housing
CT Dept. of Judicial Services
CT Dept. of Mental Health & Addiction Services [DMHAS]
CT Dept. of Social Services
CT Fair Housing Center
CT Hospital Association
CT Institute for Communities [Danbury]
CT Juvenile Justice Alliance
CT Renaissance
CT Young Adult Services/DMHAS
Danbury Hospital (Nuvance Health)
Danbury Housing Authority
Danbury Office of Probation
Danbury Police Department
Domestic Violence Crisis Center
Dorothy Day Hospitality Center [Danbury] -
Emerge Inc.
F.S. DuBois Center/DMHAS
Family & Children's Aid [Danbury]
Family and Children's Agency
Family Centers, Inc.

Fairfield County's Community Foundation
Franklin Street Health Center [Stamford]
Greater Danbury Community Health Center
Greenwich Hospital
Greenwich Housing Authority
Greenwich Police Department
Greenwoods Counseling Referrals
Homes for the Brave [Bridgeport]
Homes with Hope [Westport]
Human Services Council
iiCONN
Inspirica, Inc.
Kennedy Center, The
Kids in Crisis
Laurel House
Liberation Programs
Lifebridge
Malta House
Melville Charitable Trust
Mental Health Assn. of CT
MidFairfield AIDS Project
Midwestern CT Council on Alcoholism
CT Housing Partners
New Neighborhoods, Inc.
New Covenant Center
New Reach, Inc.
Norwalk Community Health Center
Norwalk Hospital
Norwalk Housing Authority
Norwalk Police Department
Northwest Regional Mental Health Board
Off the Streets Ministry
Open Access CT
Open Doors
Operation Hope [Fairfield]
Optimus Healthcare
Pacific House
Park City Communities [Bridgeport]
Partnership for Strong Communities
Pathways, Inc.
Person2Person
Project Longevity
Prospect House/Recovery Network of Programs [Bridgeport]
Silver Source - Senior Services of Stamford
Southwest Community Health Center
Southwest Community Mental Health Services
Southwest Regional Mental Health Board
Stamford Hospital
Stamford Police Department
St. Joseph Parenting Center [Stamford]
St. Vincent's Behavioral Health/Residential Services
St. Vincent's Hospital
The Housing Collective
The Center for Empowerment and Education
WorkPlace, Inc.
Triangle Community Center
United Way of Coastal & Western CT
U.S. Dept. of Housing & Urban Development
U.S. Dept. of Veterans Affairs
Western CT Health Network
Western Connecticut Mental Health Network [WCMHN]

NORTHWEST CAN PROVIDERS

Brian Gibbons Homeless Outreach
CHD
Chrysalis Center
City of Torrington
City of Waterbury
City of Winsted
EdAdvance
FISH
Greater Waterbury Workforce Investment Board
Hartford Health Care
McCall Behavioral Health Network
Mental Health Connecticut
New Opportunities, Inc
Northwest Council of Governments
Northwest CT Community Foundation

NW CT YMCA
PrimeTime House
Project SAGE
Safe Haven of Greater Waterbury
St. Mary's Hospital
St. Vincent DePaul Mission of Waterbury
Staywell
Susan B. Anthony
The Gathering Place
The Salvation Army
United Way of Greater Waterbury
Waterbury Hospital
Waterbury Housing Authority
Waterbury Youth Services

Appendix B

Detailed Data Tables

Table 0A Statewide Connecticut and Regional Western CT Population Data

United States Census Bureau QuickFacts and DataHaven Facts				
Fact	**Fairfield County**	**Northwest Connecticut**		**Connecticut**
		Litchfield County	**Greater Waterbury**	
Population estimates, July 1, 2023, (V2023)	NA	NA	NA	3,617,176
Population 2020 Decennial Census	957,419	185,186	NA	3,605,944
Population in 2019			339,664	
Female persons, percent	51.00%	49.90%	NA	51.00%
White alone, percent	61.00%	84.00%	66.00%	78.40%
Black or African American alone, percent	11.10%	1.60%	8.00%	12.90%
American Indian and Alaska Native alone, percent	NA	NA	<1.00%	0.70%
Asian alone, percent	5.30%	1.90%	2.00%	5.20%
Native Hawaiian and Other Pacific Islander alone, percent	NA	NA	NA	0.10%
Two or More Races, percent	NA	NA	NA	2.70%
Hispanic or Latino, percent	20.00%	7.90%	18.00%	21.40%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	50.50%	38.00%	33.00%	46.00%
Median household income* (not seasonally adjusted), 2018-2022	$100,703	$84,689	$42,401	$140,844
Per capita income in past 12 months* (not seasonally adjusted), 2018-2022	$125,185	$79,947	$28,723	$550,793
Persons in poverty, percent	13.10%	7.80%	11.00%	9.80%

Table 0B BNL v2 Summary — September 26, 2023

ALL HOUSEHOLDS		All Age HoH							
		Statewide	**Central**	**Eastern**	**Fairfield**	**Hartford**	**MMW**	**New Haven**	**Northwest**
1a	# Active HH	3177	262	393	691	690	169	641	331
1b	# Active People	3796	283	489	834	773	211	811	395
1c	# Active Children	482	12	80	106	60	27	150	47
1d	# HH Active Unsheltered	531	79	78	110	68	11	117	68
1e	# HH Added in Past 7 Days	99	14	10	14	21	2	26	12
1f	# HH Inactive Next 7 Days	70	0	6	7	6	2	47	2
1g	Avg. Days Active	196	98	172	229	150	162	180	373
2a	Chronic (Verified)	50	0	1	0	11	3	34	1
2b	Dedicated Plus (Verified)	7	0	1	1	1	0	4	0
2c	Documents Need Review	1340	124	125	351	255	95	203	187
2d	Not Chronic (Verified)	112	11	1	0	44	9	46	1
2e	Unknown	1668	127	265	339	379	62	354	142
3a	# HH Housed Exit Past 90 Days	591	41	66	138	109	21	128	86
3b	Rapid Rehousing (RRH)	155	6	21	42	27	1	38	19
3c	Permanent Supportive Housing (PSH)	64	5	11	11	14	8	10	5
3d	Housing Authority (Subsidy Only)	33	1	2	9	12	0	5	4
3e	Self (self-paid)	228	19	19	60	35	6	61	27
3f	Self (friend/family)	106	10	13	14	20	6	14	29
3g	Other	5	0	0	2	1	0	0	2

Table 0C CT CAN Data Appointment Dashboard — Demographics — September 2023

Table 0C.1 Gender Breakdown of People Experiencing Homelessness in CT

Location	Woman (Girl if Child)	Man (Boy if Child)
Central CT	57.93%	41.46%
Eastern	56.63%	42.77%
Fairfield	51.92%	48.08%
Greater Hartford	51.41%	47.98%
Greater New Haven	57.19%	41.90%
MMW	50.00%	48.65%
Northwest	56.35%	43.65%
Grand Total	54.00%	45.44%

Table 0C.2 Race Breakdown of People Experiencing Homelessness in CT

	American Indian or Alaskan Native	Asian	Black or African American or African	Multi-racial	Native Hawaian or Pacific Islander	White	Data Not Collected	Hispanic/ Latina/e/o	Grand Total
Data Not Collected				1.85%			98.15%		100.00%
Hispanic/ Latina/e/o				73.14%				26.86%	100.00%
Non-Hispanic/ Non-Latina/e/o	1.09%	0.82%	54.45%	4.26%	0.27%	39.11%			100.00%
Grand Total	0.68%	0.51%	33.78%	26.07%	0.17%	24.27%	5.97%	8.56%	100.00%

Table 0D Comparison of Gender Identity Across Connecticut State, Fairfield County, and the Northwest: Total Population, People who are Unhoused, and Survey Respondents — September 2023

Distribution by Gender Identity								
	Connecticut State		Fairfield County			Northwest		
Option	Total	Unhoused	Total	Unhoused	Respondents	Total	Unhoused	Respondents
Man	49%	45.44%	49%	48.08%	25.20%	50.10%	43.65%	49%
Woman	51%	51.59%	51.92%	51.92%	69.70%	49.90%	56.35%	51%
Transgender		0.39%			1.70%			
Prefer not to say					3.40%		7.10%	

Table 0E Comparison of Race and Ethnicity Across Connecticut State, Fairfield County, and Northwest: Total Population, Unhoused, and Survey Respondents - September 2023

Distribution by Race and Ethnicity								
	Connecticut State		Fairfield County			Northwest		
Option	Total	Unhoused	Total	Unhoused	Respondents	Total	Unhoused	Respondents
Black or African American	12.90%	32.22%	11.10%		32.50%	5.74%		14.30%
Hispanic or Latino	21.40%		20%		20.80%	14.43%		11.90%
White or European	78.40%		61%		30.00%	72.35%		57.10%
Multiracial		22.22%			3.30%			4.80%
American Indian or Alaskan Native					1.70%			2.40%
Asian or Asian American	5.20%		5.30%		1.70%	4.40%		
Middle Eastern or North African					0.80%			
Prefer not to say					9.20%			9.50%

Table 0F Distribution by Gender Identity (All responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Man	28.60%	25.20%	38.10%
Woman	66.70%	69.70%	54.80%
Transgender	1.40%	1.70%	
Prefer not to say	3.40%	3.40%	7.10%

Table 0G Distribution by Gender Identity (Staff responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Man	28.60%	27.40%	27.80%
Woman	63.10%	64.40%	55.60%
Transgender	2.40%	2.70%	
Prefer not to say	6.00%	5.50%	16.70%

Table 0H Distribution by Gender Identity (Supervisor responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Man	27.10%	20.00%	43.80%
Woman	72.90%	80.00%	56.30%
Transgender			
Prefer not to say			

Table 0I Distribution by Gender Identity (Executive Directors' responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Man	30.80%	22.20%	50.00%
Woman	69.20%	77.80%	50.00%
Transgender			
Prefer not to say			

Table 0J Distribution by Sexual Orientation (All responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Heterosexual	79.20%	77.60%	81.00%
Asexual	3.50%	4.30%	4.80%
Bisexual	4.90%	5.20%	4.80%
Gay	2.10%	0.90%	4.80%
Lesbian	1.40%	1.70%	
Pansexual	1.40%	1.70%	
Prefer not to say	7.60%	8.60%	4.80%

Table 0K Distribution by Racial Identity (All responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Black or African American	28.40%	32.50%	14.30%
Hispanic or Latino	20.30%	20.80%	11.90%
White or European	35.10%	30.00%	57.10%
Multiracial	4.10%	3.30%	4.80%
American Indian or Alaskan Native	2.00%	1.70%	2.40%
Asian or Asian American	1.40%	1.70%	
Middle Eastern or North African	0.70%	0.80%	
Prefer not to say	8.10%	9.20%	9.50%

Table 0L What is your religion or religious philosophy? (All responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Christianity	64.10%	65.80%	57.10%
Islam	2.80%	2.60%	2.40%
Buddhism	2.10%	1.70%	2.40%
Spiritual	1.40%	0.90%	2.40%
Judaism	2.10%	2.60%	4.80%
Jehova Witness	0.70%	0.90%	
Does not identify with a religion	15.90%	13.70%	23.80%
Prefer not to say	11.00%	12.00%	7.10%

Table 0M What is the highest degree or level of school you have completed? (All responses)

OPTION	ODI Network	ODFC CoC	Northwest CAN
Regular high school diploma	6.40%	6.60%	6.90%
GED or alternative credential	1.80%		6.90%
Some college credit, without a degree	22.00%	20.90%	24.10%
Associate's degree	11.00%	11.00%	6.90%
Bachelor's degree	27.50%	29.70%	24.10%
Proffesional degree beyond Bachelor's degree	1.80%	2.20%	6.90%
Master's degree	22.90%	23.10%	20.70%
Doctorate degree	2.80%	2.20%	3.40%
Prefer not to say	3.70%	4.40%	

SECTION 1: INCORPORATING THE VOICES OF PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

Table 1A **When addressing the incorporation of voices with lived experience, please select the statement you *most strongly agree* with: (Staff responses)**

OPTION	ODFC CoC	Northwest CAN
People with lived experiences of homelessness often don't have the knowledge to impact or change in the system	4.20%	
It's the job of the system to innovate new solutions to homelessness without the input of the people experiencing it	5.60%	
Innovating new solutions to homelessness requires input from the people experiencing it	49.30%	35.30%
People who experience homelessness have more experience in the system and, therefore, can come up with more innovative solutions	12.70%	17.60%
People with lived experience of homelessness should be partners in ending homelessness on every level	28.20%	47.10%

Table 1B **When addressing the incorporation of voices with lived experience, please select the statement you most strongly agree with: (Supervisors' responses)**

OPTION	ODI Network	ODFC CoC	Northwest CAN
People with lived experiences of homelessness often don't have the knowledge to impact or change in the system	12.50%	14.30%	18.80%
It's the job of the system to innovate new solutions to homelessness without the input of the people experiencing it	2.10%	2.90%	
Innovating new solutions to homelessness requires input from the people experiencing it	45.80%	42.90%	50.00%
People who experience homelessness have more experience in the system and, therefore, can come up with more innovative solutions	8.30%	8.60%	6.30%
People with lived experience of homelessness should be partners in ending homelessness on every level	31.30%	31.40%	25.00%

Table 1C When addressing the incorporation of voices with lived experience, please select the statement you most strongly agree with: (Executive Directors' responses)

OPTION	ODFC CoC	Northwest CAN
People with lived experiences of homelessness often don't have the knowledge to impact or change in the system		
It's the job of the system to innovate new solutions to homelessness without the input of the people experiencing it		
Innovating new solutions to homelessness requires input from the people experiencing it	44.40%	50.00%
People who experience homelessness have more experience in the system and, therefore, can come up with more innovative solutions	11.10%	
People with lived experience of homelessness should be partners in ending homelessness on every level	44.40%	50.00%

Table 1D Which of the following statements best describes your organization's work with people with lived experience of homeless services

OPTION	ODI Network	ODFC CoC	Northwest CAN
We haven't considered including folks with lived experience into our organization			
We are looking to include more feedback from people with lived experience, but have faced challenges incorporating them into our organization	15.40%		33.30%
We have at least one person on staff with lived experience	46.20%	66.70%	16.70%
We have at least one person with lived experience leading our efforts to incorporate their voices	15.40%	11.10%	33.30%
We would like to include at least one person with lived experience to the board	23.10%	22.20%	16.70%

SECTION 2: WORKING CONDITIONS ACROSS THE ODI NETWORK

Table 2A Comparison of 2023 Federal Poverty Level (FPL), ALICE Survival Budget, and Area Median Income (AMI) for Fairfield and Litchfield Counties

		Connecticut State	
Federal Poverty Levels	Individuals	$14,580	
	Family of three	$24,860	
	Family of five	$35,140	
300% of the Federal Poverty Levels	Individuals	$40,770	
	Family of three	$69,090	
	Family of five	$97,410	
		ODFC CoC	**Litchfield County**
ALICE Survival Budget	Individual	$35,088	$31,236
	Family (2 adults, one infant, and one preschooler)	$117,396	$105,756
Area Median Income		$142,800	$114,700

Table 2B Do you think your work would be more effective if: *Choose the three you believe are more relevant.* (Staff responses)

OPTION	ODFC CoC	Northwest CAN
You had better compensation for the work you do	60.30%	56%
You had proper training on services and procedures	44.10%	50%
You had time to decompress when feeling overwhelmed	35.30%	28%
You had proper training on de-escalating and managing crisis situations	30.90%	28%
There were more people on staff	26.50%	17%
You had time to engage with the people you serve	19.10%	28%
You felt safe in your work environment	14.70%	11%
You had the possibility to give the people you serve the ability to make decisions	13.20%	22%
You were offered regular and designated supervision	7.40%	17%

Table 2C **Which of the following have you experienced over the last 1-2 years? (Staff responses)**

OPTION	ODFC CoC	Northwest CAN
I'm struggling to pay bills and/or have increasing debt	57.70%	61.10%
I or others in my household had to take on an additional job to make ends meet	46.50%	16.70%
I've been able to weather it ok	22.50%	38.90%
I have been at risk of losing my housing	21.10%	27.80%
I have had to seek food assistance	16.90%	22.20%
I or others in my household sometimes have gone hungry or done without basic necessities to make ends meet	15.50%	0%
No negative impacts	14.10%	16.70%
I lost my housing	7%	0%
I or others in my household frequently have gone hungry or done without basic necessities to make ends meet	1.40%	0%
I had to seek shelter services	1.40%	0%

Table 2D **Which category below includes your current household income? (Staff responses)**

OPTION	ODI Network	ODFC CoC	NW CAN
Less than $10,000	0	0	0
$10,000 - $14,999	0	0	0
$15,000 - $24,999	3.50%	4.10%	5.60%
$25,000 - $34,999	4.70%	4.10%	5.60%
$35,000 - $49,999	25.90%	24.30%	22.20%
$50,000 - $74,999	30.60%	31.10%	38.90%
$75,000 - $99,999	11.80%	12.20%	16.70%
$100,000 - $149,999	10.60%	12.20%	0
$150,000 - $199,999	2.40%	2.70%	0
$200,000 - $249,999	0	0	0
$250,000 - $299,999	0	0	0
$300,000 or more	0	0	0
Prefer not to say	10.60%	9.50%	11.10%

Table 2E Are you satisfied with the onboarding training you received? (Staff Responses)

OPTION	ODI Network	ODFC CoC	NW CAN
Excellent	6.10%	7%	5.60%
Good	43.90%	40.80%	61.10%
Fair - leftover questions	24.40%	23.90%	22.20%
Lacking - feel unprepared	14.60%	16.90%	0
No onboarding training	11.00%	11.30%	11.10%

Table 2F Are you satisfied with the onboarding training you received? (Supervisor Responses)

OPTION	ODI Network	ODFC CoC	NW CAN
I was not given any training before starting my job	24.40%	25%	26.70%
The training was comprehensive and set me up for success in my new role	17.80%	15.60%	20%
The training was great in some areas but left out key things I have had to deal with in my role	6.70%	9.40%	6.70%
Training was provided, but I mostly learned on the job	51.10%	50%	46.70%

Table 2G Are you satisfied with the ongoing training and professional development you receive? (Staff Responses)

OPTION	ODI Network	ODFC CoC	NW CAN
It's excellent	4.90%	5.60%	0%
It's good	47.60%	46.50%	44.40%
It's fair	41.50%	40.90%	55.60%
It's lacking	6.10%	7.00%	0%

Table 2H Which of these options most closely reflects your job immediately prior to your current work? (Supervisors' responses)

OPTION	ODI Network	ODFC CoC	NW CAN
College Student	2.30%	3.30%	6.70%
Frontline staff at a different organization	9.30%	6.70%	13.30%
Frontline staff at my current organization	46.50%	50%	33.30%
Supervisor at a different organization	23.30%	20%	33.30%
Supervisor for a different program at the same organization	16.30%	20%	6.70%
Owner Operator (Director of Services)	2.30%	0%	6.70%

Table 2I How often in the last week did you feel overwhelmed by a situation at work? (Staff responses)

OPTION	ODI Network	ODFC CoC	NW CAN
Not at all	20%	23%	5.60%
Rarely	23.50%	21.60%	27.80%
On a few occasions	29.40%	31.10%	27.80%
Almost daily	17.60%	17.60%	16.70%
Every day	4.70%	4.10%	11.10%
I'm not sure	1.20%	0	5.60%
I prefer not to answer	3.50%	2.70%	5.60%

Table 2J Which of the following client circumstances have you seen grow in number (more people experiencing it) or severity over the past 12 months? (Staff responses)

	Increase in Number		Increase in Severity	
OPTION	ODFC CoC	NW CAN	ODFC CoC	NW CAN
People with mental health needs	75%	70.60%	69.90%	70.60%
People struggling with the effects of trauma	45.80%	52.90%	36.10%	41.20%
People with complex needs	55.60%	47.10%	43.40%	41.20%
People with problematic substance use	56.90%	70.60%	51.80%	64.70%
People who have experienced domestic abuse	33.30%	35.30%	25.30%	29.40%
Lack of affordable housing	84.70%	82.40%	77.10%	76.50%

Table 2K Which of the following client circumstances have you seen grow in number (more people experiencing it) or severity over the past 12 months? (Supervisor responses)

	Increase in Number		Increase in Severity	
	Select all that apply.		Select all that apply.	
OPTION	ODFC CoC	NW CAN	ODFC CoC	NW CAN
People with mental health needs	85.70%	93.80%	80%	87.50%
People struggling with the effects of trauma	54.30%	37.50%	34.30%	25%
People with complex needs	62.90%	56.30%	60%	62.50%
People with problematic substance use	65.70%	87.50%	60%	75%
People who have experienced domestic abuse	11.40%	43.80%	8.60%	37.50%

Table 2L Can you rate the ease of finding the following housing types for the people you serve? (Staff responses)

OPTION	Housing that accepts vouchers - TBV, private landlords, Section 8			Unsubsidized but affordable housing*			Subsidized housing: Public Housing, LIHTC, PBV**		
	ODI	FC	NW	ODI	FC	NW	ODI	FC	NW
Easy	13.60%	14.30%	5.90%	8.50%	8.50%	5.90%	8.60%	10%	0
Average	24.70%	21.40%	29.40%	18.30%	16.90%	17.70%	25.90%	18.60%	47.10%
Difficult	46.90%	47.10%	52.90%	40.20%	38%	52.90%	40.70%	42.90%	41.20%
Impossible	14.80%	17.10%	11.80%	32.90%	36.60%	23.50%	24.70%	28.60%	11.80%

Table 2M Can you rate the ease of finding the following housing types for the people you serve? (Supervisors' responses)

OPTION	Housing that accepts vouchers - TBV, private landlords, Section 8			Unsubsidized but affordable housing*			Subsidized housing: Public Housing, LIHTC, PBV**		
	ODI	FC	NW	ODI	FC	NW	ODI	FC	NW
Easy	13.60%	14.30%	5.90%	8.50%	8.50%	5.90%	8.60%	10%	0
Average	24.70%	21.40%	29.40%	18.30%	16.90%	17.70%	25.90%	18.60%	47.10%
Difficult	46.90%	47.10%	52.90%	40.20%	38%	52.90%	40.70%	42.90%	41.20%
Impossible	14.80%	17.10%	11.80%	32.90%	36.60%	23.50%	24.70%	28.60%	11.80%

* Properties that are made available to lower-income households at less than market value.

** Housing that is owned and/or managed by the government to provide housing to low-income families.

Table 2N How often do your staff members encounter people experiencing homelessness who were previously housed but have lost their housing due to the housing crisis? (Supervisors' responses)

OPTION	ODI	ODFC CoC	NW CAN
Very Frequently	22.90%	25.70%	25%
Frequently	33.30%	25.70%	43.80%
Occasionally	35.40%	37.10%	31.30%
Rarely	8.30%	11.40%	0%

Table 2O What do you think the average job satisfaction is in the ODI network? (Staff responses)

OPTION	ODI Network	ODFC CoC	NW CAN
I think it's high, most staff members are feeling very satisfied and fulfilled in their roles	2.50%	2.80%	0%
I think it's good, most staff members are content in their work	9.90%	11.30%	11.80%
I think it varies across teams and departments	12.30%	14.10%	
I think it's moderate, with some staff members feeling satisfied and others less so	37.00%	35.20%	47.10%
I think it's low, many staff members may be experiencing dissatisfaction	16.00%	16.90%	11.80%
I think it's very low; many staff members feel unsatisfied and disengaged	11.10%	12.70%	0%
I'm not sure	11.10%	7.00%	29.40%

Table 2P How confident do you feel about your current job performance? (Staff responses)

OPTION	ODI Network	ODFC CoC	NW CAN
I feel like I'm doing a really bad job	6.20%	7.10%	
I feel like my performance is not the best	3.70%	4.30%	
I'm doing a fair job	7.40%	5.70%	11.10%
I'm doing a good job	51.90%	48.60%	77.80%
I'm doing my job with excellence	25.90%	28.60%	5.60%
I don't get feedback so I don't know if I'm doing a good job or not	4.90%	5.70%	5.60%

Table 2Q With which of these statements do you most strongly agree? (Staff responses)

OPTION	ODI Network	ODFC CoC	NW CAN
My supervisors are attentive to my needs and workflow and will step in to support me when I am overwhelmed	37.00%	34.30%	38.90%
My supervisors will support me if I ask them for help	50.60%	51.40%	55.60%
My supervisors are frequently too busy to support me with my own work	9.90%	11.40%	0%
My supervisors don't know or care what I do during the day	2.50%	2.90%	5.60%

Table 2R What is your perception of the turnover rate within your organization in the last year? (Supervisors' responses)

OPTION	ODI Network	ODFC CoC	NW CAN
It varies across teams and departments	6.30%	8.60%	0
Very low, very few staff members have left	20.80%	22.90%	18.80%
Low, a small number of staff members have left	16.70%	20%	6.30%
Moderate, an average number of staff members have left	27.10%	22.90%	43.80%
High, a significant number of staff members have left	20.80%	20%	18.80%
Very high, a substantial number of staff members have left	8.30%	5.70%	12.50%

SECTION 3: EQUITY IN THE ODI NETWORK

Table 3A Do you believe that a person's race or ethnicity affects their opportunities when they're being served by the system? (Staff responses)

OPTION	ODI Network	ODFC CoC	NW CAN
Yes	38.10%	34.20%	58.80%
No	31.00%	32.90%	23.50%
Maybe	31.00%	32.90%	17.60%

Table 3B Distribution by race of "Do you believe that a person's race or ethnicity affects their opportunities when they're being served by the system?" (Staff responses)

OPTION	Yes	No	Maybe
Black or African American	38.50%	34.60%	23.10%
Hispanic or Latino or Spanish origin of any race	33.30%	33.30%	33.30%
Other	33.30%	66.70%	0%
Prefer not to say	40%	0%	60%
White or European	40%	20%	40%

Table 3C What are the biggest issues you see in our homeless system related to racial equity? (Choose the three you believe are most relevant.) (Staff responses)

OPTION	ODFC CoC	NW CAN
Implicit bias (a bias that occurs automatically and unintentionally, that affects judgment, decisions, and behavior)	52.20%	50%
Criminal background	72.50%	72.20%
Mental health and financial stability	73.90%	55.60%
Gatekeeping (controlling, and usually limiting, general access to something)	29.00%	16.70%
Language barriers	31.90%	22.20%
Understaffed homeless service agencies lacking representation of the homeless population	44.90%	38.90%
White privilege (an advantage that protects white people against any form of discrimination related to their ethnicity and race)	24.60%	16.70%
Over-occupancy (an incorrect assessment of households as needing fewer bedrooms than they're entitled to, which can create overcrowding)	13%	11.10%
Black mistrust of housing systems and landlords	20.30%	16.70%

OPTIONS	RATING	ODI Network	ODFC CoC	NW CAN
Active engagement to achieve awareness of the organization's diversity and inclusion policies	1 = Poor	2.50%	2.90%	0
	2 = Unsatisfactory	6.25%	7.10%	0
	3 = Satisfactory	26.30%	25.70%	35.30%
	4 = Very Satisfactory	40.00%	38.60%	41.20%
	5 = Outstanding	25.00%	25.70%	25.50%
Training on unconscious bias or diversity and inclusion	1 = Poor	3.80%	4.40%	0
	2 = Unsatisfactory	10.10%	11.60%	0
	3 = Satisfactory	35.40%	34.80%	35.30%
	4 = Very Satisfactory	30.40%	28.99%	41.20%
	5 = Outstanding	20.30%	20.30%	23.50%
Active search to value diverse perspectives during decision-making	1 = Poor	2.50%	2.90%	0%
	2 = Unsatisfactory	10.1%3	11.60%	5.90%
	3 = Satisfactory	39.20%	39.10%	35.30%
	4 = Very Satisfactory	31.70%	30.40%	35.30%
	5 = Outstanding	16.50%	15.90%	23.50%
Building employee resource groups or affinity groups that support underrated communities	1 = Poor	3.80%	4.40%	0%
	2 = Unsatisfactory	13.90%	14.50%	17.60%
	3 = Satisfactory	31.70%	31.90%	23.50%
	4 = Very Satisfactory	36.70%	36.20%	35.30%
	5 = Outstanding	13.90%	13.00%	23.50%
Inclusive practices to accommodate diverse needs (e.g., religious observances, parental leave)	1 = Poor	1.30%	1.50%	0
	2 = Unsatisfactory	8.90%	10.10%	0
	3 = Satisfactory	38%	39.10%	41.20%
	4 = Very Satisfactory	32.90%	31.90%	35.30%
	5 = Outstanding	19%	17.40%	23.50%
Fair and equitable treatment, access, and opportunity	1 = Poor	5.10%	5.80%	0
	2 = Unsatisfactory	5.10%	5.80%	0
	3 = Satisfactory	34.20%	34.80%	29.40%
	4 = Very Satisfactory	34.20%	31.90%	41.20%
	5 = Outstanding	21.50%	21.70%	29.40%

Table 3E Rate your organization's actions regarding the service of Diversity, Equity, Inclusion, and Belonging (Supervisors' responses)

OPTIONS	RATING	ODI Network	ODFC CoC	NW CAN
Active engagement to achieve awareness of the organization's diversity and inclusion policies	1 = Poor	0	0	0
	2 = Unsatisfactory	8.50%	5.90%	12.50%
	3 = Satisfactory	29.80%	35.30%	12.50%
	4 = Very Satisfactory	27.70%	26.50%	31.30%
	5 = Outstanding	34.00%	32.40%	43.80%
Training on unconscious bias or diversity and inclusion	1 = Poor	2.10%	2.90%	0
	2 = Unsatisfactory	14.90%	11.80%	18.80%
	3 = Satisfactory	29.80%	38.20%	6.30%
	4 = Very Satisfactory	34.00%	32.40%	43.80%
	5 = Outstanding	19.10%	14.70%	31.30%
Active search to value diverse perspectives during decision-making	1 = Poor	0	0	0
	2 = Unsatisfactory	10.40%	8.60%	12.50%
	3 = Satisfactory	37.50%	45.70%	12.50%
	4 = Very Satisfactory	29.20%	25.70%	37.50%
	5 = Outstanding	22.90%	20%	37.50%
Building employee resource groups or affinity groups that support underrated communities	1 = Poor	0	0	0
	2 = Unsatisfactory	19.10%	20.60%	12.50%
	3 = Satisfactory	27.70%	29.40%	18.80%
	4 = Very Satisfactory	36.20%	35.30%	43.80%
	5 = Outstanding	17%	14.70%	25%
Inclusive practices to accommodate diverse needs (e.g., religious observances, parental leave)	1 = Poor	0	0	0
	2 = Unsatisfactory	8.50%	8.80%	6.30%
	3 = Satisfactory	29.80%	35.30%	12.50%
	4 = Very Satisfactory	38.30%	32.40%	56.30%
	5 = Outstanding	23.40%	23.50%	25%
Fair and equitable treatment, access, and opportunity	1 = Poor	0	0	0
	2 = Unsatisfactory	4.30%	5.90%	0
	3 = Satisfactory	34%	38.20%	18.80%
	4 = Very Satisfactory	34%	29.40%	43.80%
	5 = Outstanding	27.70%	26.50%	37.50%

Table 3F Rate your organization's actions regarding the service of Diversity, Equity, Inclusion, and Belonging (Executive Directors' responses)

OPTIONS	RATING	ODI Network	ODFC CoC	NW CAN
Active engagement to achieve awareness of the organization's diversity and inclusion policies	1 = Poor	0	0	0
	2 = Unsatisfactory	8.30%	0	16.70%
	3 = Satisfactory	50%	50%	50%
	4 = Very Satisfactory	25%	37.50%	16.70%
	5 = Outstanding	16.70%	12.50%	16.70%
Training on unconscious bias or diversity and inclusion	1 = Poor	0	0	0
	2 = Unsatisfactory	8.30%	0	16.70%
	3 = Satisfactory	50%	50%	50%
	4 = Very Satisfactory	41.70%	50%	33.30%
	5 = Outstanding	0	0	0
Active search to value diverse perspectives during decision-making	1 = Poor	8.30%	0	16.70%
	2 = Unsatisfactory	0	0	0
	3 = Satisfactory	50%	50%	66.70%
	4 = Very Satisfactory	33.30%	37.50%	16.70%
	5 = Outstanding	8.30%	12.50%	0
Building employee resource groups or affinity groups that support underrated communities	1 = Poor	8.30%	0	16.70%
	2 = Unsatisfactory	33.30%	50%	16.70%
	3 = Satisfactory	41.70%	37.50%	50%
	4 = Very Satisfactory	16.70%	12.50%	16.70%
	5 = Outstanding	0	0	0
Inclusive practices to accommodate diverse needs (e.g., religious observances, parental leave)	1 = Poor	8.30%	0	16.70%
	2 = Unsatisfactory	0	0	0
	3 = Satisfactory	33.30%	25%	33.30%
	4 = Very Satisfactory	50%	62.50%	50%
	5 = Outstanding	8.30%	12.50%	0
Fair and equitable treatment, access, and opportunity	1 = Poor	0	0	0
	2 = Unsatisfactory	8.30%	0	16.70%
	3 = Satisfactory	25%	25%	16.70%
	4 = Very Satisfactory	33.30%	25%	50%
	5 = Outstanding	33.30%	50%	16.70%

Table 3G What is your racial identity?

OPTION	ODI Network (Supervisors & Staff)
Black or African American	29.10%
Hispanic or Latino or Spanish origin of any race	21.60%
Other	9%
Prefer Not to Say	9%
White or European	31.30%

Table 3H Racial Breakdown of Staff with Household Income of over $100k

OPTION	ODI Network (Supervisors & Staff)
Black or African American	21.40%
Hispanic or Latino or Spanish origin of any race	32.10%
Other	3.60%
Prefer Not to Say	7.10%
White or European	35.70%

Table 3I Racial Breakdown of Staff with Household Income between $50 and $100k

OPTION	ODI Network (Supervisors & Staff)
Black or African American	31%
Hispanic or Latino or Spanish origin of any race	17.20%
Other	10.30%
Prefer Not to Say	5.20%
White or European	36.20%

Table 3J Racial Breakdown of Staff with Household Income of under $50k

OPTION	ODI Network (Supervisors & Staff)
Black or African American	35.50%
Hispanic or Latino or Spanish origin of any race	29%
Other	9.70%
Prefer Not to Say	3.20%
White or European	22.60%

Table 3K What is your gender identity?

OPTION	ODI Network (Supervisors & Staff)
Man	27.80%
Woman	67.70%

Table 3L Gender Identity of Staff with Household Income above $100k

OPTION	ODI Network (Supervisors & Staff)
Man	39.30%
Woman	57.10%

Table 3M Gender Identity of Staff with Household Income between $50 and $100k

OPTION	ODI Network (Supervisors & Staff)
Man	20.40%
Woman	74.10%

Table 3N Gender Identity of Staff with Household Income below $50k

OPTION	ODI Network (Supervisors & Staff)
Man	29%
Woman	67.70%