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Bureau of Fire and Rescue

Portland Street Response: Six-Month Evaluation

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Homelessness Research
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Research Team and Acknowledgements

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Cover: PSR Firefighter/ Paramedic Tremaine Clayton in the foreground, PSR Mental Health Crisis Clinician Britt Urban in the background. (Photo courtesy of the City of Portland).

Table of Contents

List of Figures

List of Tables

Executive Summary

Introduction

Overview of the Program

Portland Street Response (PSR) is a new first responder program for non-emergency calls involving people experiencing homelessness or mental health crisis. The program launched on February 16, 2021 in the Lents neighborhood in Portland, OR and operates Monday to Friday from 10 AM to 6 PM. The pilot is coordinated by Portland Fire & Rescue (PF&R), and the founding team consists of a firefighter paramedic, a licensed mental health crisis therapist, and two community health workers. The team is dispatched from the Bureau of Emergency Communications (BOEC) when a caller reports one or more of the following *and* the individual has no known access to weapons and is not displaying physically combative or threatening behavior:

1. A person who is possibly experiencing a mental health crisis, intoxicated, and/or drug affected. This person is either outside or inside of a publicly accessible space such as a business, store, or public lobby.
2. A person who is outside and down, not checked
3. A person who is outside and yelling
4. A person who needs a referral for services but does not have access to a phone

Overview of the Evaluation

PF&R contracted with the Homelessness Research & Action to conduct a program evaluation of Portland Street Response that is guided by three primary purposes:

1. Determine the overall effectiveness of the Portland Street Response pilot program
2. Provide suggestions for program refinement and adaptation throughout the pilot year
3. Provide recommendations for scaling Portland Street Response up citywide by the end of the pilot year

The mixed-methods evaluation is comprehensive, community centered, and includes feedback from a variety of stakeholders and sources, including interviews with unhoused community members and others served by Portland Street Response. This six-month program evaluation report summarizes the findings of our evaluation thus far. However, the evaluation is ongoing and will culminate in a one-year program review at the end of the pilot period in spring 2022.

Program Performance and Outcomes

Call Characteristics

- In the first six months of the Portland Street Response pilot program (February 16, 2021 to August 16, 2021), PSR responded to 383 incidents
- 87% of calls were dispatched by BOEC (46% from 911 calls and 41% from calls to the non-emergency number) and 13% from PSR self-dispatch
- Of the 383 calls for service, 344 (89.8%) were calls traditionally responded to by the Portland Police Bureau (PPB) and 39 (10.2%) were fire and medical calls traditionally responded to by Portland Fire & Rescue (PF&R)
- The average response time was 12 minutes and 47 seconds
- The average on-scene time was 15 minutes and 3 seconds for all calls, and 19 minutes and 20 seconds for calls involving client contact
- 12% of all calls involved co-response with other units (e.g., PPB, PF&R, AMR), while 88% of calls involved no co-response
- PSR staff made 44 referrals to service in their initial contacts with clients in the field, with the majority of these referrals (34) made to PSR community health workers
- PSR initiated 24 transports to hospitals, walk-in clinics, and clients' homes
- 67.1% of client contacts involved someone experiencing homelessness
- 52.6% of all client contacts involved someone with suspected mental health needs
- The most common call outcome (24.8% of all calls) was that the client was evaluated in the field and no further treatment was required
- No PSR calls resulted in client arrests

Outcome Goals

Outcome 1: Reduce the number of calls traditionally responded to by police where no crime is being committed

> We found that the PSR call load represented a 4.6% reduction in total calls that police would have traditionally responded to in the PSR service area and during PSR's hours of operation. Applying this figure out citywide, we estimate that PSR could have responded to 8,528 calls if the program had been operating citywide and 24/7 during the first six months of the pilot period, with potential impact even greater with expanded call criteria.

Outcome 2: Reduce the number of behavioral health and non-emergency calls traditionally responded to by police and fire

> During the pilot's operating hours in the PSR service area, we found that PSR activity represented a 22.5% reduction in PPB response on non-emergency welfare checks, unwanted persons calls, and suspicious persons calls.
>
> During the pilot's operating hours in the PSR service area, we found that PSR activity represented a reduction of 11.6% in PF&R activity on behavioral health calls and illegal burn calls.

Outcome 3: Reduce the number of medically non-life threatening 911 calls that are transported to the emergency department

PSR was able to resolve the vast majority of its calls in the field, with only 14 clients (3.7% of all calls) transported to the hospital for additional care during the pilot period.

Resources and Follow-up

Clients served by Portland Street Response received a variety of resources to address their basic needs, including 60 snacks or food boxes, 30 clothing items, 15 tents, and 10 tents or blankets.

PSR Community health workers worked with a total of 28 clients who were referred to them from the PSR first responders. Over half were Black, Indigenous, or Other People of Color (BIPOC). Community health workers met with their clients an average of 8.25 times each, working with them to make over 125 referrals to service, including 30 housing applications, 21 financial/ benefits referrals, and 14 shelter referrals. Six clients obtained permanent housing as a result of their work with Portland Street Response.

Community Engagement

PSR staff also engaged over 350 community members in outreach and engagement activities during the first six months of the pilot program. These included de-escalation trainings, door-to-door canvassing at businesses and residences to raise awareness about PSR, and helping to lead efforts to keep unhoused people and other community members safe during the record heatwaves of summer 2021.

Stakeholder Feedback

Unhoused Community Members and Others Served by PSR

We worked with the Street Roots Ambassador Program to conduct surveys with 159 unhoused community members living in the Lents neighborhood about their knowledge of and experience with Portland Street Response, as well as their experience with other first responders.

- 41 unhoused community members we spoke with (25.8%) had heard of Portland Street Response and 118 (74.2%) had not.
- 16 of 159 unhoused community members (10.1%) reported specific interactions with Portland Street Response, ranging from meeting them during outreach activities to receiving services from them.
- 67 unhoused community members (42.1%) reported having interacted with other first responders in the last three months, with over half of these interactions (56.7%) being with police.
- Because Portland Street Response is dispatched through 911, it was also important to determine if unhoused people feel safe calling 911 if they or someone else needs help. Over half of those we spoke with (92 people, 57.9%) reported not feeling safe calling 911, with reasons ranging from legal concerns to not trusting police to help them.

We also conducted five interviews with PSR clients about their experience with the program. They described the kind, compassionate, client-centered approach of the team; an appreciation for how the team worked closely with them to reach their goals; and relief that Portland Street Response is now an option for them and for the community.

PSR Staff

We conducted focus groups and individual interviews with PSR staff throughout the first six months of the pilot in order to know how the program is working for them, lessons learned from their experience in the field, and additional resources or support they need to do their jobs effectively. The team discussed a willingness to innovate, take risks, and lead with their vast professional experience in the field. They also discussed wanting to have more flexibility to respond to calls inside residences and calls involving suicide. They noted feeling supported in their roles, though some team members wanted more individual supervision and opportunities to practice with the charting system and data entry. Above all, the team demonstrates deep care for the people they serve and excitement to be able to help shape a program that can help serve the community in such a positive way.

Other First Responders

We conducted focus groups and individual interviews with Portland Police Bureau (PPB) and Portland Fire & Rescue (PF&R) staff to assess their experiences with and general attitudes toward Portland Street Response, and to gauge how the program may ease their workload and provide an additional resource to assist in the field. Both PPB and PF&R suggested that expanded coverage and call types could help increase PSR's impact on their workload. Staff from both agencies also expressed wanting more information about PSR call criteria and seeing a need for greater communication between teams. While staff from PF&R were supportive of co-response with PSR, PPB staff were mixed, with some supportive and some opposed, primarily because they worried this would add to rather than reduce the PPB call load.

General Community Members

We conducted 80 surveys with people living and working in the Lents neighborhood about their knowledge of and experience with Portland Street Response, as well as their experience with other first responders.

- 42 community members we spoke with (52.5%) had heard of Portland Street Response and 38 (47.5%) had not. There were striking racial disparities, with only 27.5% of BIPOC community members having heard of the program compared to 67.5% of White community members.
- 20 of 80 community members (25%) reported specific interactions with Portland Street Response, most typically calling 911 or the non-emergency number to request assistance and meeting the team when they responded in the field.
- Almost half of those we spoke with (37 people, 46.3%) reported not feeling safe calling 911 if they or someone else needed help, with many people discussing concerns about delayed service or non-response, and others being concerned about how calling 911 might negatively impact other community members, especially people of color and people experiencing homelessness.

We also conducted follow-up interviews with 15 community members who had direct experience interacting with Portland Street Response. People described their gratitude for the kind manner in which the PSR team worked with people they responded to and discussed the program as a valuable alternative to police response for people experiencing mental health distress or homelessness. They also suggested that the team do more preemptive outreach and community education and advocated for an expansion of the program citywide.

Recommendations and Conclusions

We are now just past the half-way point of the one-year Portland Street Response pilot program, and as has been the case from the beginning, programmatic data and community voice inform our understanding of how PSR is performing and point to recommendations for program improvement and expansion. Below, we outline these recommendations and provide suggestions for addressing them.

1. Expand Portland Street Response

Our first recommendation is to commit the necessary resources toward the expansion of Portland Street Response to eventually make its services available throughout the city and during all hours of the day. This recommendation is based on analysis of call data as well as feedback from each stakeholder group we interviewed. In addition to expanded geographic scope and operating hours, it is also imperative to expand call criteria to allow the team to respond inside residences and be dispatched on calls involving suicide.

2. Trust the Team to Lead but Provide Them with Ample Support

It is critical that the perspectives and experiences of the PSR team inform all programmatic decisions. They are well-equipped to lead with their vast personal and professional experience in the field. However, given the high rates of burnout and compassion fatigue among first responders, as well as the stress of lifting up a new program that is so highly visible and scrutinized like PSR, it is critical that the team receives ample opportunities for individual clinical supervision to process the stress and secondary trauma they experience in their work. This is particularly important as new staff come on board, especially peer support specialists.

3. Increase Community Outreach and Education

While the PSR team has been diligent about doing preemptive outreach to ensure that the community is well-educated about their services, our surveys and interviews with both unhoused and housed community members suggest that additional outreach and education is needed. We recommend conducting more frequent outreach to camps, residences, and businesses to introduce the team and talk about the program. Flyers and billboards announcing the program as it expands to different parts of the city would provide visible reminders for people to call to request PSR's services.

4. Address 911 Capacity Issues and Provide PSR-Specific Support to Dispatchers

One of the most consistent themes across our community surveys and interviews was that community members are experiencing a great deal of difficulty reaching 911 operators to request service, particularly when calling the non-emergency number. Given these capacity issues, it is important to consider alternative methods for community members to access PSR, such as 311, 988, or a direct line to PSR at the 911 operating center. It is also vital for BOEC to provide regular training and reminders to 911 dispatchers to make sure they are familiar with PSR call criteria and that their process for dispatching calls to PSR becomes as automatic as dispatching police and fire.

5. Educate First Responders on Co-Response and Collaboration

It is important to educate other first responders about Portland Street Response to facilitate collaboration in the field when needed and to redirect calls that are more appropriate for PSR to respond to. Across the board, responders felt a lack of understanding regarding the purpose of PSR and when to call them to request support. The PSR team has taken steps to address this by creating information cards about PSR and attending some roll calls with PPB and PF&R. It is equally important for other first responders to take the time to learn about PSR and attend PSR trainings pertaining to harm reduction and de-escalation. Finally, while increased communication between responders is needed, it is important for PSR to retain a focus on reducing the presence of police and firefighters on behavioral health and non-emergency calls and only use co-response when absolutely necessary.

6. Keep Portland Street Response Housed within Portland Fire & Rescue

Being housed within Portland Fire & Rescue legitimizes Portland Street Response as a core part of the City's first responder system, provides an infrastructure that is directly connected to 911, and fulfills the important mission of remaining a separate response from police. It may also allow PSR to expand response to some higher acuity calls requiring lights and sirens.

7. Address Gaps that Prevent PSR from Connecting Clients to Resources

Gaps in the local system of care make it difficult for PSR staff to assist clients beyond their initial response. The gaps most commonly reported by the team were in permanent housing, temporary shelter, sub-acute mental health care, and sobering centers. Some upcoming City and County programs may help, as will continued collaboration with mutual aid and advocacy groups.

8. Refine Data Procedures and Revisit Outcome Measures

In order to make sure that the full impact of Portland Street Response can be accurately tracked and documented, it is important to continue refining data collection, charting procedures, and outcome measures. It is important to build a data dictionary with clear

definitions and instructions, and to provide ample opportunities to practice using the charting system. We also recommend engaging in a process of revisiting outcome measures with community stakeholder to determine if outcome goals have changed based on lessons learned in the first six months of the pilot.

9. Advance Racial Equity

Portland Street Response can play a powerful role in promoting racial justice, but it is critical to know more about the clients the program serves in order to address any disparities in PSR's service delivery. Collecting data on client race whenever possible is a necessary starting point. We also recommend intentional outreach to communities of color and culturally specific providers given evidence from our surveys that BIPOC community members are much less familiar with PSR than White community members.

Based on the findings of our program evaluation, we feel very optimistic about the future of Portland Street Response and believe it is well on its way to becoming a citywide solution to responding to 911 and non-emergency calls involving unhoused people and people experiencing mental health crisis. We look forward to continuing to support the program during the second six months of the pilot.

The Portland Street Response team engaging in community outreach in Lents in advance of their launch. (Photo courtesy of the City of Portland).

Introduction

Overview of the Portland Street Response Program

Background and Purpose

Following a report from *The Oregonian* that revealed that 52% of all arrests in 2017 were people identified as homeless (Woolington & Lewis, 2018), Portland advocates called for a new model of emergency response for 911 calls involving unhoused community members and people experiencing mental or behavioral health crisis. In Spring 2019, the street newspaper and advocacy group *Street Roots* outlined a plan for a program called Portland Street Response (PSR), which was modeled after CAHOOTS in Eugene, OR (Green, 2019). Based on this advocacy effort, Portland City Council allocated $500,000 toward developing and implementing the PSR pilot program in June 2019. City Commissioner Jo Ann Hardesty was charged with overseeing the pilot program, and work groups representing a variety of stakeholders (e.g., service providers, advocates, and elected officials) spent months designing the program and soliciting input from stakeholders, most importantly from people with lived experience of homelessness and mental health distress (Townley, Sand, & Kindschuh, 2019). The final project implementation plan was presented to and approved unanimously by Portland City Council in November 2019.

Portland Street Response was scheduled to launch in Spring 2020 but was delayed due to the COVID-19 pandemic. Following the police killings of George Floyd and Breonna Taylor, and the resulting public outcry for police reform, Commissioner Hardesty led City Council in shifting $15 million from the police bureau to programs and initiatives like Portland Street Response, which was allocated $4.8 million to expand from one team to multiple teams operating in different parts of the city. The program launched in the Lents Neighborhood on February 16, 2021, with plans to expand citywide by the end of the one-year pilot period.

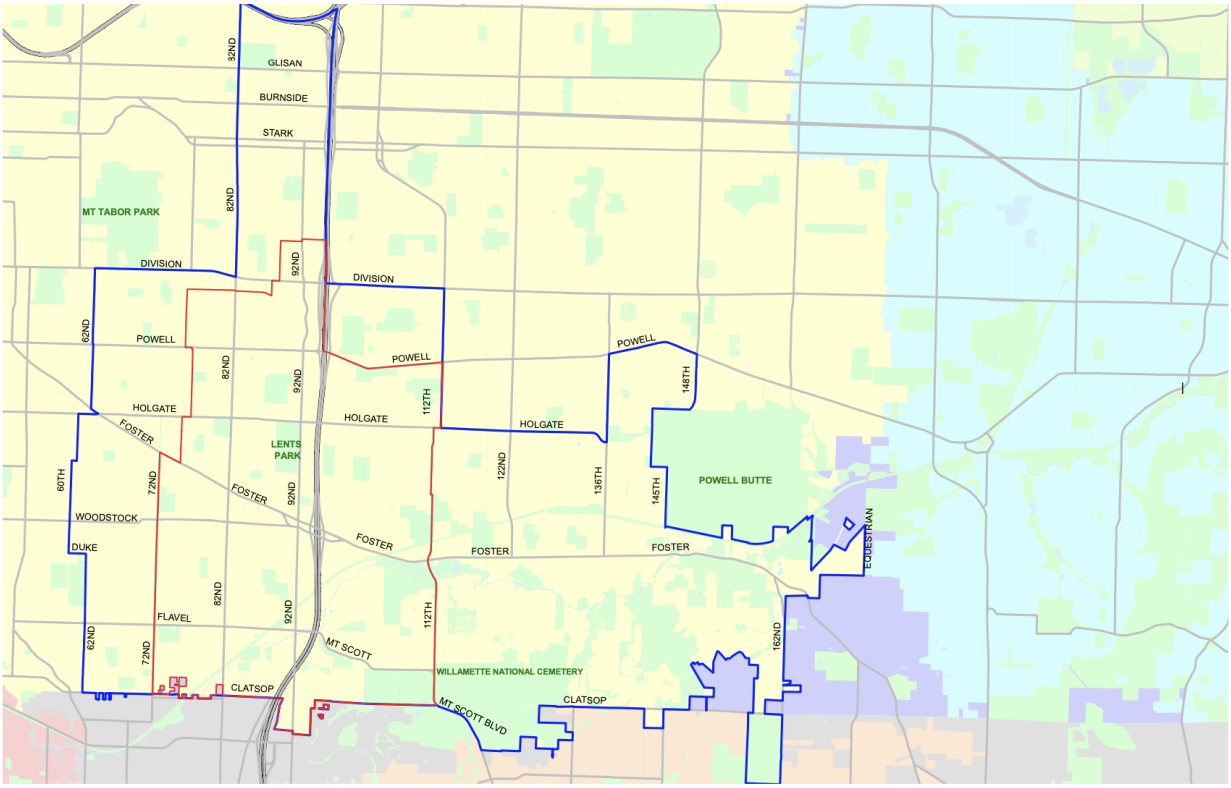
The Team

Portland Street Response began with one founding team of four that includes a firefighter paramedic, a licensed mental health crisis therapist, and two community health workers. The team brings together a variety of relevant professional and personal experiences, including first responder work in the Portland Metro area for 20+ years, mental health crisis response, international public health work in Latin America and Africa, and work in various social services focused on housing and homelessness. The team is quite diverse, with two people of color, three women, one man, one immigrant, and two team members who are fluent in languages other than English. Rounding out the core PSR team are a program manager with over a decade of experience as a licensed therapist and clinical supervisor, and a communications manager who has worked with the City of Portland for over 10 years.

Service Area and Call Criteria

The pilot started in the Lents neighborhood, which was designated as the first pilot location because it is not supported with many existing resources and services and because the volume of calls relevant to PSR's work is outpacing the growth of calls in other parts of the city. The pilot expanded its boundaries to the greater Lents area on April 1, 2021 to better align with Portland Police Districts and expand the geographic reach of the program (See Figure 1).

Figure 1. Map of Original (Red) and New (Blue) Portland Street Response Program Boundaries



The pilot is coordinated by Portland Fire & Rescue to provide infrastructure that is connected to the current 911 system but separate from police. Community members in the service area can call 911 or the non-emergency number, both of which operate out of the Bureau of Emergency Communications (BOEC). Dispatchers have a list of questions they ask to determine which responder is most appropriate to send: Police, Fire, Portland Street Response, or American Medical Response (AMR) ambulance service. During the pilot period, PSR is dispatched if the call is within their service location, within their working hours of Monday to Friday from 10 AM to 6 PM (with newly dispatched calls stopping at 5 to allow time for existing calls to be completed by 6), and when a caller reports one or more of the following:

1. A person who is possibly experiencing a mental health crisis, intoxicated, and/or drug affected. This person is either outside or inside of a publicly accessible space such as a business, store, or public lobby.
2. A person who is outside and down, not checked

3. A person who is outside and yelling
4. A person who needs a referral for services but does not have access to a phone

The call must meet the above criteria- AND:

- There are no weapons seen
- The person is not in traffic or obstructing traffic
- The person is not violent toward other
- The person is not suicidal
- The person is not inside of a private residence

The Portland Street Response team on their first day of service- February 16, 2021. (Photo courtesy of the City of Portland).

Overview of the Portland Street Response Evaluation

Purpose and Methodology

This program evaluation is guided by three primary purposes:

1. Determine the overall effectiveness of the Portland Street Response pilot program
2. Provide suggestions for program refinement and adaptation throughout the pilot year
3. Provide recommendations for scaling Portland Street Response up citywide by the end of the pilot year

The evaluation utilizes a mixed-methods research design incorporating both quantitative and qualitative components to triangulate findings and craft recommendations. Our approach infuses elements of *outcome evaluation*, which attempts to determine the effect that a program has on participants based on target goals or outcomes; and *developmental evaluation*, which seeks to develop innovative social change initiatives in complex, uncertain environments (Patton, 2011). Developmental evaluation encourages close collaboration between program partners and the evaluation team, allowing for real-time feedback and ongoing program development and refinement. Below, we will outline the specific outcome goals, measures, and data sources that guided this program evaluation and which will be the focus of the remainder of the report.

Outcome Goals

The following outcome goals were determined collectively by program partners with feedback from community stakeholders:

1. Reduce the number of calls traditionally responded to by police where no crime is being committed
2. Reduce the number of behavioral health and non-emergency calls traditionally responded to by police and fire
3. Reduce the number of medically non-life threatening 911 calls that are transported to the emergency department

Key Performance Measures and Operational Metrics

The following performance measures and operational metrics help us know how Portland Street Response is performing and also help to address the outcome goals listed above:

1. Monthly call volume
2. Average response time
3. Average time on scene
4. 90th percentile response time
5. Percent of calls that result in co-response
6. Percent of calls related to mental health
7. Percent of calls involving both drug or alcohol use and mental health
8. Percent of calls involving an unhoused person
9. Percent of calls that result in AMR or other transport
10. Number of referrals made to outside agencies for assistance

Feedback from Key Stakeholders

A central purpose of this program evaluation was to solicit feedback from a variety of stakeholders regarding their knowledge of and experiences with Portland Street Response. This provides invaluable information about how the program is serving the community and ways we can improve the program to better meet their needs. The following four stakeholder groups were engaged in ongoing research throughout the pilot period:

1. Unhoused community members and others served by PSR
2. PSR staff
3. Other first responders
4. General community members living or working in the PSR service area

Data Sources

A variety of data sources informed this program evaluation. These will be described in more detail throughout the report but are presented here to provide a sense of the number and range of data sources that informed our findings and recommendations:

- 159 surveys with unhoused community members conducted in collaboration with the Street Roots Ambassador program
- Five PSR client interviews
- One PSR staff focus group and eight individuals interviews with PSR staff
- Two focus groups and one interview with a total of eight PPB staff members
- One focus group and one interview with a total of three PF&R staff members
- 80 surveys with general community members living or working in the PSR service area
- 14 follow-up interviews with general community members living or working in the PSR service area
- Surveys of job satisfaction, burnout, and compassion fatigue collected from PSR and PF&R staff
- Review of aggregated data from PSR charting system with all identifying information removed
- Review of PSR field notes with all identifying information removed
- Review of BOEC call text for dispatched PSR calls with all identifying information removed
- Review of a PSR data dashboard maintained by PSR staff
- Review of a PSR data dashboard maintained by BOEC staff
- Review of data summaries provided by PPB and PF&R analysts
- Data pertaining to PSR social media analytics
- One ride-along with PSR staff
- One sit-along with BOEC dispatchers
- Notes taken at weekly meetings with staff from PSR and BOEC
- Notes taken at bi-weekly (now bi-monthly) meetings with staff from PSR, BOEC, PPB, and Project Respond
- Regular conversations with the PSR program manager and other program partners
- Consultation with staff from other alternative first responder programs across the country (e.g., Denver STAR).

Program Performance and Outcomes

The founding Portland Street Response Team, clockwise from upper left: Community Health Worker Heather Middleton, Mental Health Crisis Clinician Britt Urban, Firefighter/ Paramedic Tremaine Clayton, and Community Health Worker Haika Mushi. (Photo Courtesy of City of Portland).

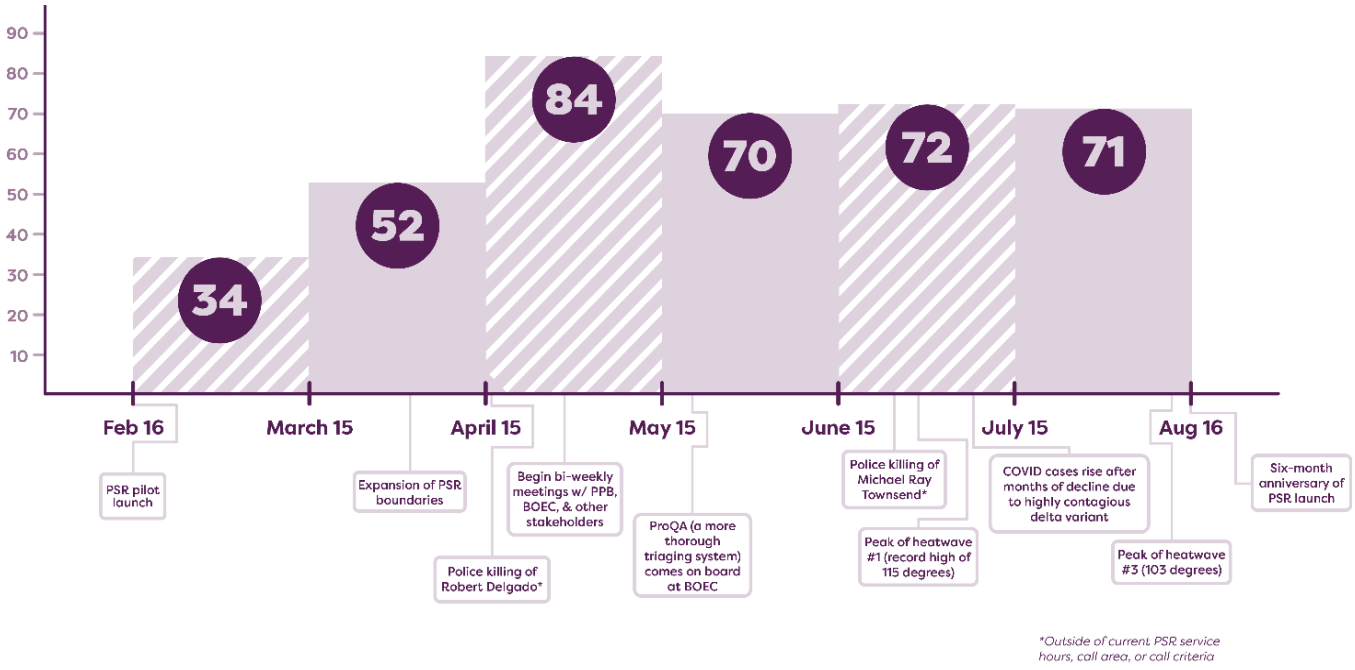
PSR Call Characteristics

Call Volume and Origin

In the first six months of the Portland Street Response pilot program (February 16, 2021 to August 16, 2021), PSR responded to 383 incidents, or approximately 15 calls per week and 3 calls per shift. In total, 87% of calls were dispatched by the Bureau of Emergency Communications (46% from 911 calls and 41% from calls to the non-emergency number), and 13% from PSR self-dispatching to incidents they observed in the field or learned about from other first responders.

Figure 2 presents a timeline of monthly call volume[1] and significant events during the first six month of the Portland Street Response pilot program. This provides context both for programmatic changes that impacted call volume (e.g., expansion of PSR boundaries) as well as events that illustrate the critical need for the program (e.g., two police killings of people experiencing mental health distress during the pilot period).

Figure 2. Timeline of monthly call volume and significant events during the first six months of the Portland Street Response pilot program

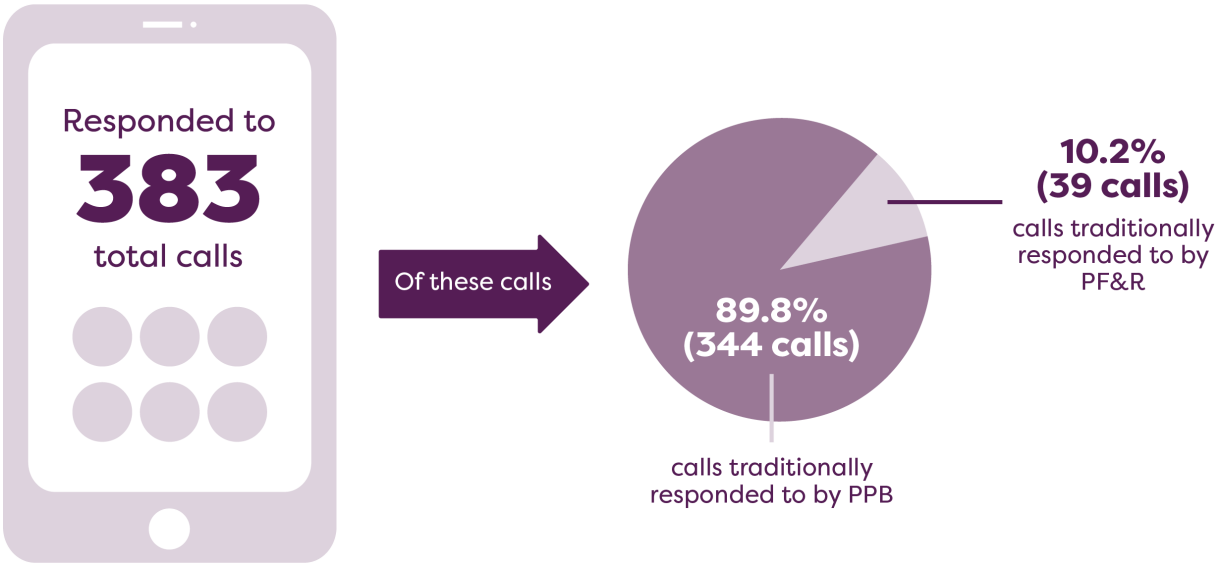


[1] Here and elsewhere, our numbers may differ from those on the Portland Street Response data dashboard due to differences in time intervals (our evaluation corresponds to the first six months of the program, while the dashboard is updated weekly) and because we consulted multiple sources (e.g., data from the PSR charting system, BOEC's PSR dashboard, field notes, interviews) to arrive at our numbers.

Call Type

Of the 383 calls, 344 (89.8%) were calls traditionally responded to by the Portland Police Bureau (PPB), and 39 (10.2%) were fire and medical calls traditionally responded to by Portland Fire & Rescue (PF&R) (see Figure 3). We will discuss these call types in more detail below.

Figure 3. Number of PSR Calls by Original Responder Type



Calls Traditionally Responded to by PPB

The 344 calls traditionally responded to by PPB are ones that are now coded as Portland Street Response (PSR) calls based on meeting the call criteria outlined earlier in the report. This is an important distinction, both to reinforce and institutionalize the idea that these are no longer calls that require a police presence, and also to designate Portland Street Response as a new and distinct branch of the City's first responder system. However, in this early stage of the program, it is also helpful to understand the primary types of calls that PSR is diverting away from police. Therefore, we reviewed the initial text of calls that came in to BOEC and were dispatched to PSR and coded them according to the primary police call types that PSR was intended to reduce—welfare checks, unwanted persons calls, and suspicious persons calls. Based on our coding, we found the following distribution of these three call types in the PSR call load: 74.7% welfare checks, 16.6% unwanted persons calls, 5.8% suspicious persons calls, and 2.9% that we were unable to determine based on the available call text. Thus, the majority of calls that PSR is currently diverting from police involve welfare checks, followed by unwanted persons and suspicious persons calls.

Calls Traditionally Responded to by PF&R

While the vast majority of calls that PSR responded to are ones that PPB would have previously been dispatched to, the fact that PSR is located within the Fire Bureau also allows them to respond to PF&R calls that meet PSR call criteria. The 39 calls in this category represent both fire and medical calls, with the two most common types being behavioral health issues (9 calls,

23.1%) and calls involving illegal burns (8 calls, 20.5% of calls in this category). Other calls ranged from health-related concerns that arose during the course of PSR's work (e.g., heat exposure and breathing problems) to police requests for medical assistance that were dispatched to PSR.

Response Time and On-scene Time

During the first six months of operation, the average response time for Portland Street Response, which is the amount of time it takes the team to arrive to the scene of an incident, was 12 minutes and 47 seconds. The 90th percentile response time was 21 minutes and 59 seconds, meaning that 90% of the time, PSR responds within 21 minutes and 59 seconds.

The average on-scene time, which is the time it takes for PSR staff to resolve the call, was 15 minutes and 3 seconds for all calls, and 19 minutes and 20 seconds for calls involving client contact. This latter figure is comparable to similar alternative response programs (e.g., the Denver STAR program which reported on-scene time of 24 minutes and 39 seconds).

Co-Response

While the vast majority of PSR calls (88%) required no co-response, 46 calls (12% of all PSR calls) involved co-response with other units (e.g., PPB, PF&R, AMR) (see Figure 4). PSR requested assistance from another unit in 27 of these calls, while 13 calls involved other units requesting assistance from PSR (see Table 1). Finally, six calls involved BOEC co-dispatching PSR with another unit.

In addition to these co-responses, there were also numerous instances in which other responders transferred calls or requested that PSR take a call instead of them. PPB requested or transferred 30 calls to PSR, and PF&R transferred 5 calls.

Figure 4. Percentage of PSR Calls Involving Co-response

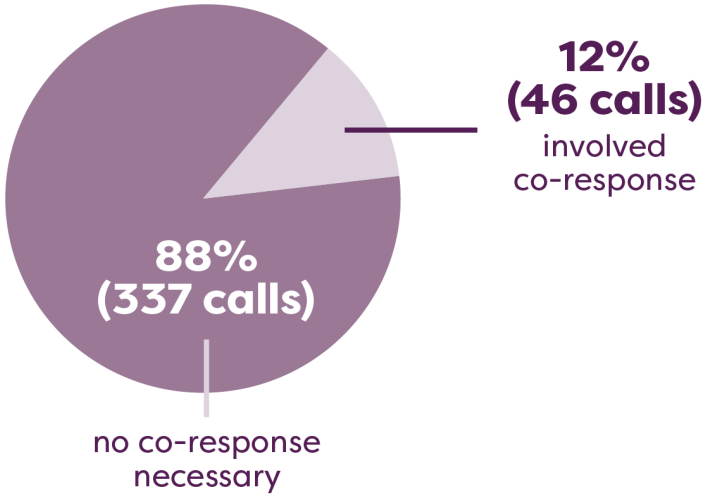


Table 1. PSR Co-Response

Responder	Responder was Requested by PSR	Responder Requested PSR
PPB	6	10
AMR	11	2
PPB and PF&R	-	1
PPB & AMR	2	-
Project Respond	4	-
Other (e.g., Street Roots Ambassadors)	4	-

Client Outcomes

The most common outcome of the calls that PSR was dispatched to was that a client was evaluated in the field and no further treatment was required (95 calls, 24.8% of all calls). Around one third of calls were cancelled prior to arrival on scene or when a client could not be located, and thus resulted in no client contact. This reflects the difficult nature of the calls PSR responds to. In many cases, others have called to request service for the person they believe is in crisis, and this person may not wish to interact with first responders, or may have moved away from the initial location. This finding is similar to figures reported by the Denver STAR program (around one quarter of calls in their first year of service resulted in no client contact) and for PPB calls in the PSR service area for welfare checks, unwanted persons, and suspicious persons (police were unable to locate clients in 20% of these calls during the pilot period). See Table 2 for a full list of client outcomes. It is important to note that no PSR calls resulted in client arrests, and thus no individuals were introduced to the criminal justice system as a result of their contact with PSR.

Table 2. PSR Client Outcomes

Outcome	Number of calls	Percent of all calls
Client evaluated, no treatment required	95	24.8%
Cancelled (no client found)	94	24.5%
Client refused evaluation/treatment	62	16.2%
Assist	31	8.1%
Cancelled (prior to arrival on scene)	23	6%
Client treated by PSR and released (per protocol)	21	5.5%
Cancelled (no client contact)	19	5%
Client treated by PSR, transferred care to ambulance	14	3.7%
Client treated by PSR, refused transport	5	1.3%
Client evaluated, refused treatment and transport	3	0.8%
Standby- no service or support provided	3	0.8%
Unknown outcome	13	3.4%

Client Characteristics

Of the PSR calls involving client contact, 157 (67.1%) involved someone experiencing homelessness; 123 (52.6%) involved someone with suspected mental health needs (see Figures 5 and 6); 90 (38.4%) with suspected needs related to drug or alcohol use; and 73 (31.2%) with suspected co-occurring (i.e., mental health and substance use) needs. Further, 133 calls (56.8%) involved someone with unmet basic needs, 8 (3.4%) with chronic health needs, and 10 (4.3%) with acute health needs. It is important to note that these numbers are likely underreported because the team does not always have enough information about the client to document these needs with certainty. They tend to be conservative about assigning these labels to avoid further assumptions or stigmatization regarding homelessness and mental health/ substance use distress.

Staff reported a roughly even distribution of clients who were men and women, and an average age of 40. Data regarding gender should be interpreted with extreme caution given that staff are not able to collect this information from all people. Further, because people are often in crisis and unable to respond for themselves, it is often an assumption based on the clients' appearance and may not reflect the person's actual gender identity.

Figure 5. Client Contacts Involving Someone Experiencing Homelessness

67.1%

of client contacts involved someone experiencing homelessness

Figure 6. Client Contacts Involving Someone with Suspected Mental Health Needs

52.6%

of client contacts involved someone with suspected mental health needs

Referrals and Transports

PSR made a total of 44 referrals to service in their initial contacts with clients in the field. The most common referral type (34 referrals) was to PSR community health workers for follow-up assistance with housing, health service referral, etc. There were an additional five medical referrals (e.g., to services provided by Portland Street Medicine) and five behavioral health referrals (e.g., referral to the Cascadia Behavioral Healthcare urgent walk-in clinic).

PSR initiated a total of 24 transports to hospitals, walk-in clinics, and clients' homes. While PSR was able to treat the vast majority of clients in the field, 14 clients had to be transferred to AMR for transport to the hospital (see Figure 7). Of these 14 hospitalizations, nine were for mental or behavioral health reasons, and five were for medical reasons. Taxi transport was provided in five additional cases. PSR transported three clients directly to health services or clients' homes and coordinated with family members to provide transport for two clients.

Figure 7. Number of Clients Transported to the Hospital

Outcome Goals

The information presented above allows us to address the three primary Portland Street Response outcome goals.

Outcome 1: Reduce the number of calls traditionally responded to by police where no crime is being committed

The clearest and most pressing goal guiding the implementation of Portland Street Response was to reduce police interactions with people who have not committed a crime. In order to understand the reduction in police response that occurred because of Portland Street Response, we can compare PSR's call volume with PPB's call volume in the same service area and during the same operating hours. Of the 344 PSR calls that would have traditionally been responded to by police, 317 occurred within the PSR service area, while the remaining 27 were either just outside the service area or were requests for assistance from first responders in other parts of the city. The 317 calls within the PSR service area will be the focus of this analysis.

During the pilot program's operating hours, PPB responded to 6,623 incidents in the PSR service area. Adding both the 6,623 PPB and 317 PSR call loads together makes the entire call volume for the service area 6,940. The 317 PSR calls represent a 4.6% reduction in calls traditionally responded to by police in the PSR service area and during PSR's hours of operation (see Figure 8).

Figure 8. Reduction in Calls Dispatched to PPB in the PSR Service Area During the PSR Pilot Period

Applying this 4.6% reduction to the total number of police incidents in the PSR service area over the last six months (21,971 incidents) shows that PSR could have responded to 1,011 calls if they were operating 24 hours a day, seven days a week. If we expand that figure out across the city where PPB responded to 185,412 calls during the first six months of the pilot, we estimate that PSR could have responded to at least 8,528 calls if the program had been operating citywide and 24/7.

Outcome 2: Reduce the number of behavioral health and non-emergency calls traditionally responded to by police and fire

Similar to Outcome 1, another priority was to reduce police and firefighter response to calls involving behavioral health and non-emergency issues. While the analysis above involves reduction in *total* police call volume, we will focus here on specific types of police and fire calls that are most typical of the behavioral health and non-emergency calls that PSR responds to.

For police, we will focus on welfare checks, unwanted persons calls, and suspicious persons calls that are not coded as emergency calls and which do not involve weapons. In total, PPB responded to 1,090 incidents involving these three call types during the pilot program's operating hours in the PSR service area. Adding both the 1,090 PPB and 317 PSR call loads together makes the entire call volume for these call types 1,407. The 317 PSR calls represent a 22.5% reduction in PPB activity on non-emergency welfare checks, unwanted persons calls, and suspicious person calls.

For fire, we will focus on the two categories of PF&R calls that PSR is most commonly dispatched to: illegal burns and behavioral health calls that do not involve weapons. During the pilot program's operating hours in the PSR service area, there were a total of 152 of these types of calls for service, and PSR was dispatched on 17 of them. This represents a reduction of 11.6% in PF&R activity on behavioral health calls and illegal burn calls.

Outcome 3: Reduce the number of medically non-life threatening 911 calls that are transported to the emergency department

As reported previously, 14 calls (3.7% of all PSR calls) resulted in clients needing to be transported to hospitals for additional treatment. The vast majority of PSR calls were resolved in the field, with no need to transport people to the hospital for additional service. The team provided wound care, checked vital signs, administered medication (e.g., Narcan and Alprazolam), and helped to de-escalate mental health crisis so the client received the care they needed but did not have to engage in high-cost emergency services.

As PSR expands, the impact of the program on emergency department utilization will become clearer, but this initial rate of 3.7% of PSR calls is substantially lower than the rate of PF&R calls that resulted in transport to the hospital during the pilot period, which was 16.8% of all PF&R calls, and 14.1% of PF&R calls involving unhoused people. For another point of comparison, we looked at similar alternative first responder programs across the United States and noted that the PSR hospital transport rate is comparable to the Denver Star program's rate of 2.4%.

Resources and Follow-up

Resources Provided

PSR staff provided 65 water bottles, 60 snacks or food boxes, 30 clothing items, 15 tents, and 10 blankets or sleeping bags to help clients address their basic needs. Community health workers also provided or helped clients access hygiene products, cell phones, solar battery chargers, bus tickets, hotel vouchers, gift cards and wheelchairs.

Community Health Worker Follow-up Visits

The community health worker component of Portland Street Response is a true innovation that sets it apart from CAHOOTS and other alternative first responder programs. During the first six months of the pilot, PSR community health workers worked with a total of 28 clients who were referred to them from the PSR first responders. These clients were quite diverse, ranging in age from 11 to 65, with an average age of 41; 61% were men and 39% women; and over half were Black, Indigenous, or other people of color (BIPOC). Eight clients (28.6%) identified their race or ethnicity to be Black, eight (28.6%) White, four (14.3%) Hispanic or Latino, two (7.1%) Native Hawaiian or Pacific Islander, one (3.6%) Native American, and five (17.9%) unknown race.

Community health workers met with clients between one and 36 times, with an average of 8.25 contacts per client. Meetings occurred in person, over phone, and via email and involved a variety of activities, including helping clients complete applications for housing and benefits; life skills training, including helping clients prepare for and transition into housing; emotional support; and going with clients to health care visits. Their work required persistence, patience, and compassion. They reported over 40 instances of not being able to locate or connect with a client for a scheduled appointment; 15 instances of clients declining needed services; and numerous visits involving clients expressing anger and frustration regarding the lack of available services. Despite these challenges, there were many clear and tangible successful outcomes.

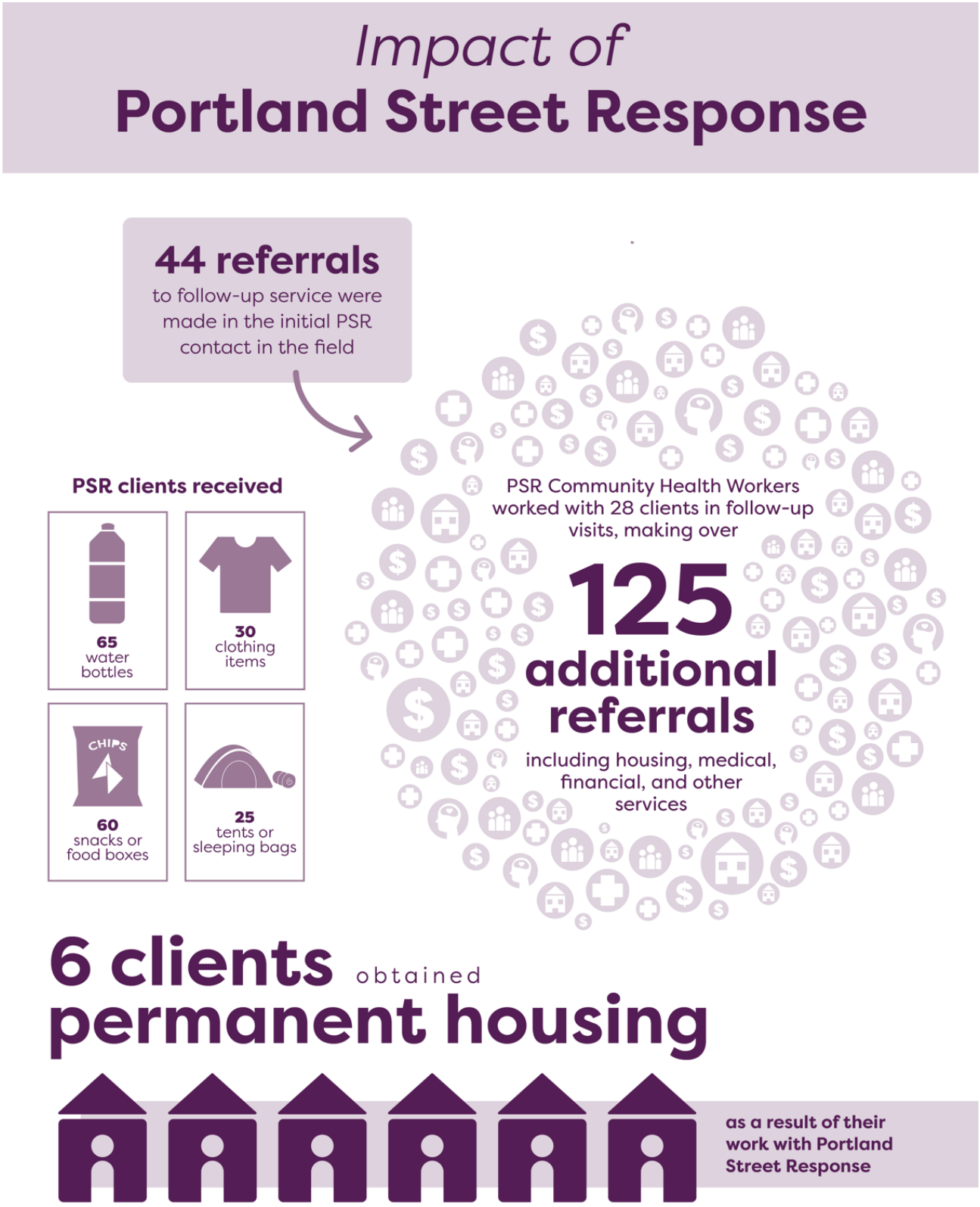
Community Health Worker Referrals

Over the course of their work with clients, PSR community health workers made over 125 referrals to service. These included 30 housing applications and referrals, 21 financial/ benefits referrals, 14 shelter referrals, 13 client advocacy service referrals, 11 medical referrals, 10 pet support referrals, and a variety of other referrals, including ID replacement, culturally specific services, and rental or moving support. Community health workers helped clients reconnect with pre-existing supports and also develop new connections with service providers. Their work involved over 50 consultations with other services providers, advocacy groups, and human service agencies to help clients get connected to resources and services.

Most notably, six clients were able to obtain permanent housing as a result of their work with Portland Street Response, including some who had been homeless for 20 years or more.

See Figure 9 for a graphic representing these powerful impacts of Portland Street Response

Figure 9. Impact of Portland Street Response



Community Engagement

Community Engagement and Outreach Activities

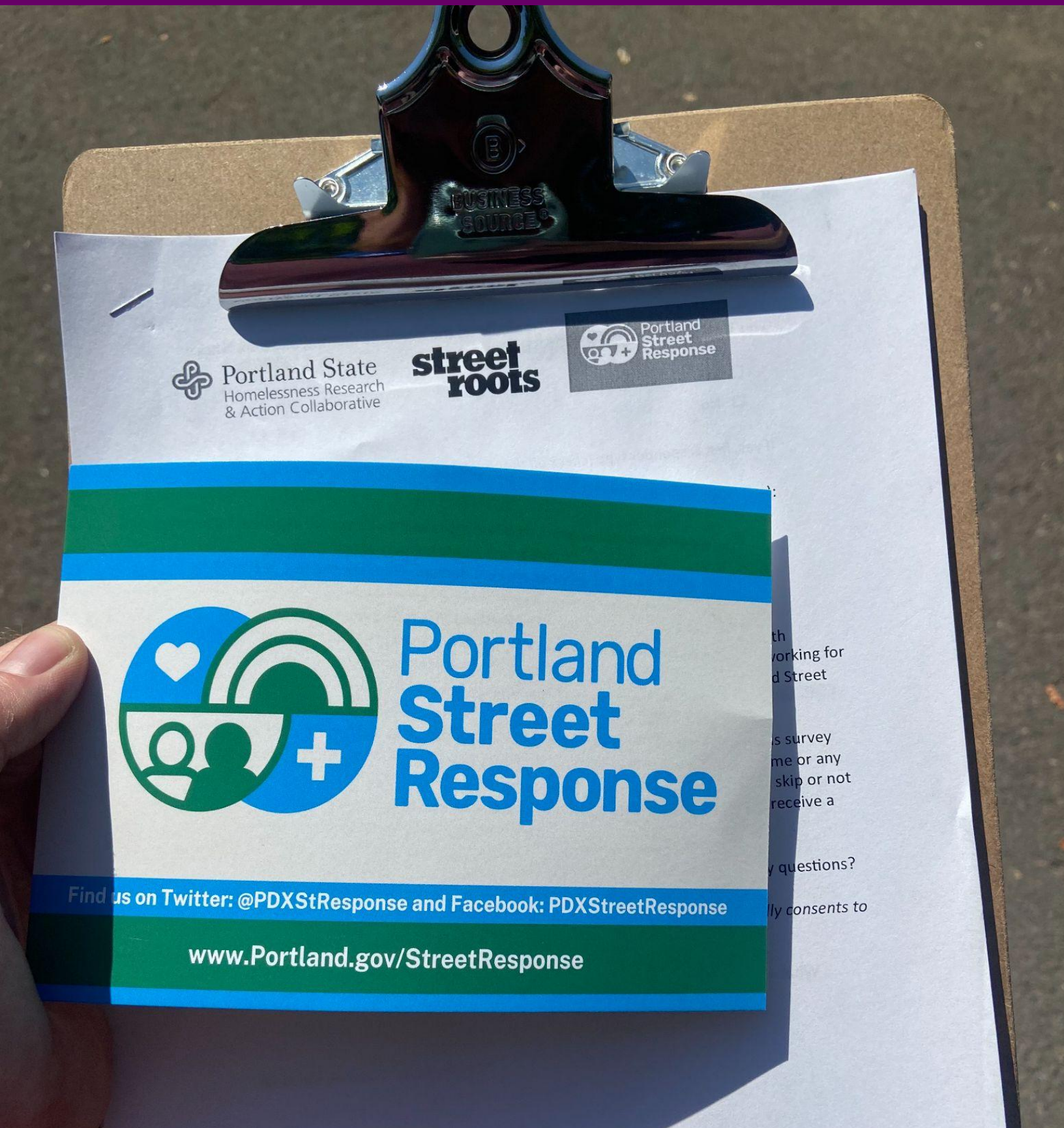
In addition to their work responding in the field and conducting follow-up visits with clients, Portland Street Response also engaged over 350 community members in outreach and engagement activities during the first six months of the pilot program. These included de-escalation trainings to OHSU clinical staff and other community members; door to door canvasing at businesses and residences to raise awareness about PSR; and participation in community events and festivals, such as the Lents Community Cleanup on May 21, 2021 and the Reclaim Oregon Event on July 10, 2021. They also helped lead the effort to keep unhoused and other community members safe during the record heatwaves of summer 2021—setting up a cooling station in Lents Park and bringing water, ice, and other resources to campers along the Springwater Trail. These activities helped PSR develop a strong presence and trust with a wide range of community members, as we will discuss further later in the report.

Portland Street Response Community Health Worker Haika Mushi and Portland Fire & Rescue Deputy Fire Marshal Michael Silva distribute water to unhoused individuals during a Portland heat wave. (Photo courtesy of City of Portland).

Social Media

Portland Street Response also has a very active social media presence which contributes to its ability to engage and inform the community. The program currently has 4,930 followers on Twitter and 2,465 page likes on Facebook. One of the most common ways to assess social media performance and reach is the Twitter *engagement rate*. This is the percentage of people who see an account's posts and engage with them. It is calculated by dividing *total engagements* (the number of times people engaged with a tweet by commenting on it, liking it, retweeting it, or clicking on it) by *total Impressions* (the total number of times a tweet was loaded in a Twitter feed) and multiplying this number by 100. The average engagement rate for the Portland Street Response Twitter account over the six-month pilot period was 3.9%. According to *The Online Advertising Guide*, an engagement rate of 0.5% is considered to be a good rate, and anything above 1% is considered to be great. Only around a quarter of Twitter users report an engagement rate over 2%, suggesting that Portland Street Response is excelling at reaching an audience of interested and invested community members with their social media content.

Stakeholder Feedback



Unhoused Community Members and Others Served by Portland Street Response

Unhoused Community Members: Methodology

We collaborated with the Street Roots ambassador program to develop a survey asking questions about experiences calling 911 and interacting with first responders, knowledge of, attitudes, and interactions with the Portland Street Response program, and demographic information. All ambassadors received research ethics training and training in how to use the survey prior to beginning the interviews.

Over the course of four days (July 13 to July 16, 2021), teams of five ambassadors and the lead evaluator canvassed areas with high PSR call volume and areas ambassadors identified in previous outreach. We approached people in tents, sidewalks, parks, and other common spaces and asked if they would be willing to speak with us[2]. We engaged in a conversation about their experience with first responders, whether they had heard of PSR, any experiences interacting with PSR, and general recommendations for the program. While some individuals we approached were busy doing other things or not interested or able to speak with us, the vast majority of those we approached were willing to speak with us and appreciative of the opportunity to inform the Portland Street Response program evaluation.

In total, we surveyed 159 individuals. Surveys lasted five to 30 minutes, with an average length of 10 minutes. Responses were recorded with pen and pencil on paper copies of the survey. Participants were compensated for their time with a $10 Visa gift card. We also brought water bottles and postcards describing the program and how to contact PSR. Surveys were hand-entered into SPSS statistical software prior to analysis. A combination of quantitative analysis and qualitative content analysis were used to analyze data.

Unhoused Community Members: Sample Description

Among the unhoused community members we spoke with about the program, the length of time they had experienced homelessness ranged from two days to 30 years, with an average of five years. Most people (113, 71.1%) reported sleeping outside in a tent over the last week. Twenty-two people (13.8%) reported sleeping most often in a car or other motor vehicle; six (3.8%) in a hotel or motel; six (3.8%) outside without a tent; five (3.1%) in a house or apartment with a friend or family member; four (2.5%) in an abandoned building, and three (1.9%) at a transit stop.

The demographic characteristics of the unhoused people we spoke with were very similar to those reported in the most recent Point-in-Time count for Multnomah County. The average age of the people we spoke with was 39, ranging from 21 to 66. Most people identified their race or

[2] Please note, these interviews occurred during a period in which COVID rates had dropped substantially, immediately prior to the heightened risk brought on by the Delta variant

ethnicity as White (102, 64.2%), with 19 (11.9%) identifying as Black; 12 (7.5%) as Latino; nine (5.7%) as Asian; eight (5%) Native American; three (1.9%) Native Hawaiian or Pacific Islander; and six (3.8%) identifying as Multiracial. When asked how they describe their gender, 100 people (62.9%) reported identifying as men, 58 (36.5%) as women, and one (0.6%) as agender. Eleven people (6.9%) identified as LGBTQIA; 56 (35.2%) reported having a physical disability or chronic illness; 68 (42.8%) reported having a mental illness; 12 (7.5%) were veterans; 32 (20.1%) were parents to children under the age of 18, although most were separated from their children; and nine people (5.7%) reported that English was not their primary language.

Unhoused Community Members: Findings

Experience with Other First Responders

We began the surveys by asking about general experience with first responders. This information helps us know how PSR can continue to develop and improve based on what is working well with other first responders, and also how we can make sure not to perpetuate unhelpful or harmful practices. When asked if they have had any experiences with first responders in the past three months, 67 people (42.1%) answered affirmatively, and 92 (57.9%) said they had not. For the 67 people who had interacted with first responders in the past three months, over half (38 people, 56.7%) reported interactions with police; 19 (28.4%) with EMTs or paramedics; seven (10.4%) with fire fighters; two (3%) with mental health crisis responders; and one with park rangers.

Among those who reported recent interactions with first responders, 26 (38.8%) reported positive aspects of the experience and 35 (52.2%) reported negative aspects, with the remaining 9% providing neutral responses. The majority of positive comments (57.7%) were attributed to EMTs and paramedics, while the vast majority of negative comments (77.1%) were attributed to police. Positive experiences with first responders included EMTs saving their lives or the lives of their friends; mental health crisis responders being calm and reassuring; firefighters putting out fires at camps; and park rangers warning people of large mowers coming to cut grass along the Springwater Trail. Negative experiences included being arrested or tased; police tearing up peoples' camps and taking their belongings; and police not showing up when needed.

Across all responder categories, individuals noted feeling that they were being judged negatively for being unhoused. For example, one person said the following about their experience with paramedics: "Difficulty communicating with them because they just assumed it was drug related because I'm houseless. They're supposed to be saving a life, not judging a life." Similarly, another person said, "Police profile homeless and assume we're dirty, thieves, druggies. They don't believe us."

Safety Calling 911

Since Portland Street Response is dispatched through 911, it was also important to determine if unhoused people feel safe calling 911 if they or someone else needs help. Over half of those

we spoke with (92 people, 57.9%) reported not feeling safe calling 911 (see Figure 10). When asked why they feel this way, the most common reason given was not trusting police to help. For example, one person said, “Lots of reasons—cops’ lack of ability to judge the situation. Cops aren’t compassionate.” Another said, “Don’t call police. It’s hit or miss about whether they even respond. They mistreat people with addiction. It’s an illness and should be treated as such.” A number of people also said that they don’t think calling 911 helps and can in fact do more harm than good. One person said, “I’ve seen too many times where they hurt more than help,” while another said, “Because in my experience, more harm can come from the call than help to the situation overall.” Related to this, people noted safety concerns, with several people expressing concerns about being shot by police: “You never know what will happen with the cops these days. You never know when they might bring out a gun.”

Figure 10. Feelings of Safety Calling 911 Among Unhoused Community Members

57.9% of **unhoused** community members surveyed reported not feeling safe calling 911 if they or someone else needs help

People reported judgmental treatment being a common reason they will not call 911. One person said, “We’re a burden to them. They treat us badly if they find out we’re homeless.” Yet another said they don’t call 911 for help because “I’m not in the right income class or living in the right neighborhood.”

People also reported not calling 911 because of legal concerns. For example, one person said, “Because I don’t want to go to jail, and that possibility is always in my mind when calling 911.” Similarly, another said, “I’m scared of being arrested. I might have warrants or something, and they’ll take me in.” Another said, “If you call for help, they’ll turn it around and make it like you had something to do with it and it’s your fault.” In addition to legal concerns, numerous people complained about delayed service when they have called 911 in the past. One person said, “Oregon is the only place I’ve called 911 and been put on hold. Scary if you’re being attacked.” Another said, “It takes too long for them to show up if you need an ambulance for someone.”

These concerns have led to many people developing an attitude of wanting to just take care of their problems themselves rather than relying on first responders: “I just deal with stuff myself. I don’t need their help, and I don’t want to get myself or others in trouble.” People also expressed

that they don't call 911 because "I don't want to be a snitch" and "I feel safer with the help we already have among us our here."

Given evidence that communities of color have more negative interactions with first responders and lower levels of trust (for example, one national survey found that only 36% of Black Americans trust their local police compared to 77% of White Americans; Jensen, 2021), it was important to conduct additional analyses focused on the relationship between race and feeling safe calling 911. Similar to previous surveys, we found that Black people felt the least safe calling 911 (68.4% said they did not feel safe calling 911 compared to 57.9% of respondents in the total sample). Native Hawaiians or Pacific Islanders and people who identified as Multiracial reported similarly low levels of safety (66.7% reported not feeling safe), followed by Native Americans (62.5%), White people (63%), Latinos (50%), and Asians (44.4%) (see Table 3).

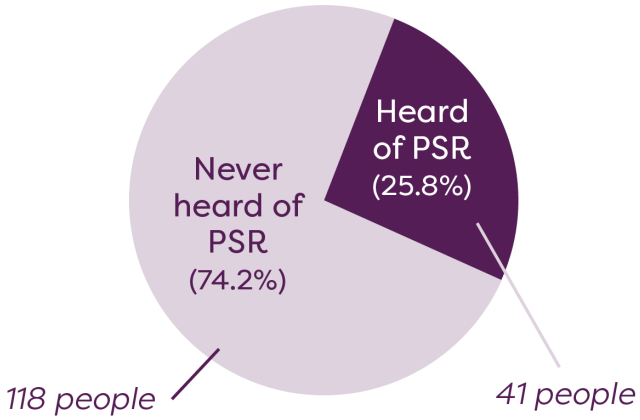
Table 3. Safety Calling 911 by Unhoused Community Member Race/Ethnicity

	BIPOC						White	Total
Feel Safe Calling 911	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	5 (55.6%)	6 (31.6%)	6 (50%)	3 (37.5%)	1 (33.3%)	2 (33.3%)	44 (43.1%)	67 (42.1%)
No	4 (44.4%)	13 (68.4%)	6 (50%)	5 (62.5%)	2 (66.7%)	4 (66.7%)	58 (56.9%)	92 (57.9%)

Knowledge of Portland Street Response

After asking about experiences with other first responders and with calling 911, we asked if individuals had heard of the City's new Portland Street Response program. Forty-one unhoused community members we spoke with (25.8%) had heard of the program and 118 (74.2%) had not (See Figure 11). We then asked the 41 people who had heard of the program what they knew about it and how they felt about it. Ten people said they learned about the program from outreach activities by the PSR team. For example, one person said, "They come out and give emergency supplies." Six people learned about PSR from news and social media (e.g., "I read about it in the paper that they'd be handling some calls, trying to get us more help."). Others learned from friends (e.g., "A friend told me about it; it's based on CAHOOTS in Eugene") or expressed general awareness without naming a specific source.

Figure 11. Knowledge of Portland Street Response Among Unhoused Community Members



Around half of unhoused people who knew of the program described it as an alternative to police. For example, one person said, “It’s a mental health professional and firefighter who respond to low concern emergency situations rather than police.” Another said, “They come out and help instead of having cops. They keep people from getting arrested.” Four people knew of PSR as a program that helps people in mental health crisis (e.g., “It’s more suitable and trauma-informed for mental health”), while ten understood PSR as a program aimed at helping people experiencing homelessness. For example, one person said, “They come out and make things better for the residentially challenged.” Another described the program as “meant to help homeless people rather than hurt them.”

When asked how they felt about Portland Street Response, the vast majority of those who were aware of the program expressed general positive attitudes about it (e.g., “Love them, want to see more of them”; and “It’s cool to have it available out here”). Others noted specific types of help they feel the program can provide, particularly related to mental health: “People are dealing with intense mental issues out here and need help” and “I like it because police are not equipped to deal with mental health problems.” Others noted specific support for the program, such as “I think it’s a great model but needs more resources and publicity” and “It’s very positive. I’ve wanted that program here for a long time.” Only two of the 41 people who knew about the program expressed concerns or complaints, with one being concerned about the team’s safety (“You have to be very clear on the situation. Violence people are violence. If you send people who aren’t armed, you’re asking for trouble”) and the other being disappointed that the team had not followed up with them (“They were nice and promised to bring stuff but didn’t”).

When we examined rates of awareness of Portland Street Response by race, we found that White people were slightly more likely to have heard of it than people of color (29.4% compared to 19.3%) (see Figure 12). Among BIPOC, Native Americans were least likely to have heard of PSR (0%), followed by Black people (15.8%), people who identified as multiracial (83.3%), Asians (22.2%), Latinos (33.3%), and Native Hawaiian or Pacific Islanders (33.3%) (see Table 4).

Figure 12. Knowledge of PSR Among BIPOC Unhoused Community Members

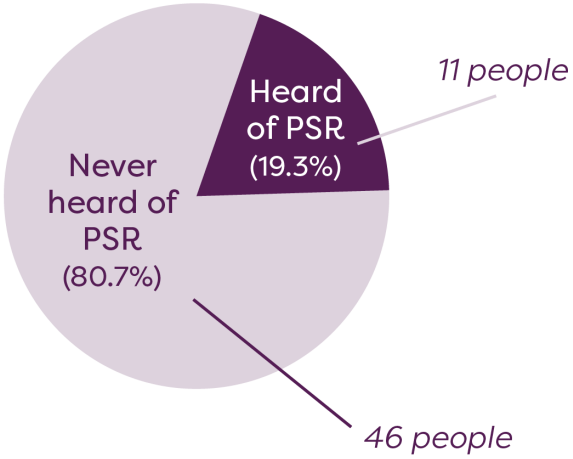


Table 4. Knowledge of PSR by Unhoused Community Member Race/Ethnicity

Knowledge of PSR	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	2 (22.2%)	3 (15.8%)	4 (33.3%)	0 (0%)	1 (33.3%)	1 (16.7%)	30 (29.4%)	41 (25.8%)
No	7 (77.8%)	16 (84.2%)	8 (66.7%)	8 (100%)	2 (66.7%)	5 (83.3%)	72 (70.6%)	118 (74.2%)

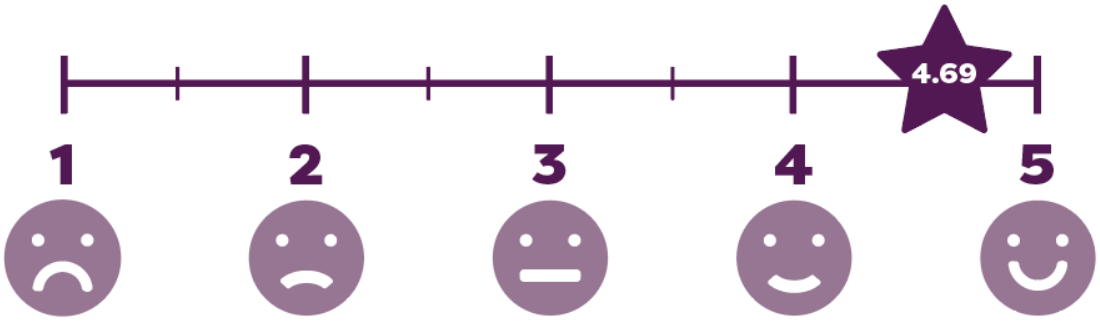
Interactions with Portland Street Response

Only sixteen of the 159 unhoused community members we spoke with (10.1%) reported having any specific interactions with Portland Street Response. Nine of the 16 met PSR when they did outreach to their camp; three met them when they were called to help a friend or partner; two when someone called PSR to request help for them; and two met PSR when they set up a cooling station at Lents Park during the heatwave in June 2021.

When asked to rate their overall experience with Portland Street Response on a scale of one (worst) to five (best), scores ranged from 4 to 5, with an average of 4.69 (see Figure 13). When asked what went well about the experience, people discussed the PSR team as being friendly and supportive (e.g., “They were friendly, treated me like a human being;” “They were loving and talked with my friend who needed help”). They also talked about how the team helped them or their friends who were in crisis (e.g., “They helped us when we needed them the most;” “They put medicine on a wound, gave me food and water, and asked if I needed anything else”; “My friend lived because of them.”). People also described a variety of resources that the team

provided, including food and water, clothing, first aid, hygiene products, backpacks, blankets, tents, housing assistance, listening, and compassion.

Figure 13. Satisfaction with Portland Street Response among Unhoused Community Members who have Interacted with the Program



When asked what did not go well about the experience, only two people provided responses, with one saying that the team did not follow up with resources they said they would provide, and another wishing that they had a direct number to call to get support rather than having to call 911. When asked how the team could support them better, people mentioned more follow up, keeping in closer contact, and adding more people to the team.

Finally, when we asked how their experience with Portland Street Response was different from their experience with other first responders, the most common answer was that they were treated with compassion and as human beings, which echoes the most common recommendation we heard when we interviewed unhoused community members to develop the program. One person said, “They treated us with such compassion and helped us when others have not.” Another said, “They treated us like humans. They were friendly and didn’t come in with the attitude.” Several people noted that they appreciate the non-judgement and “down to earth” attitude that the PSR team brings: “They are patient, not demanding or aggressive” and “They are real with you. They treated me like we’re friends.” Others noted the unique role that Portland Street Response can play compared to other responders. One person said, “You guys in PSR help with some things that other responders just can’t, which I really like.” Another was so appreciative that their friend was able to be treated at their camp:

> *“He didn’t have to get transported to the emergency room. They helped him right where he was at.”*

Value of PSR and Recommendations

We ended the surveys by asking unhoused people what they see as the value of Portland Street Response for the community, and also if they have recommendations for the program. When discussing the value of the program, numerous people reinforced the importance of Portland Street Response being an alternative to a police response for incidents involving mental health crisis and homelessness. One person said,

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"It's a buffer between people and police—a way for people to feel safe about calling for help."

Similarly, another person said, "It's beneficial because people won't have to live in fear so much. Fear is crippling. People should be able to get the help they need. People need help and shouldn't be afraid to ask for it." A number of people talked about the importance of resources and service connection, particularly for people dealing with mental health challenges. One person said:

> "It's like CAHOOTS. So much value. It's not just for the first response. It's also about the follow-up and wrap-around support. People with mental illness need people with a mental health background to know how to help them."
>
> Another said, "People get lost out here. They need resources."

Several people also noted the positive impact PSR can have on increasing safety and reducing arrests: "This program has a high value—reduce crime and prison overcrowding. Connecting people to service is so important." Similarly, another said, "There would be a huge decrease in crime and mental health issues if people got the support they needed." People noted that the positive treatment the Portland Street Response provides is a huge benefit to unhoused people and people in crisis. For example, one person said, "It will help in a big way by sending people out that care and have time to listen to my needs and give me a hand up." Another described the value of the program simply but eloquently: "Less conflict, less victimization, more peaceful."

Recommendations for the program clustered around increased outreach, specific services and resources to provide, suggestions of ways to engage unhoused people, and general recommendations for city resources to help unhoused people. A number of people encouraged the PSR team to continue doing outreach and follow-up, bringing flyers and information about how people can contact them. Specific resources that people requested were more hygiene products, first aid kids, instant cooling packs, and naloxone. Several people noted the importance of listening to people's needs and meeting them where they are at: "Don't make people jump through hoops. People have to leave camps to get services. That's our biggest problems. The programs should bring services out to us." Another said, "There is crime and mental health issues because there aren't enough services available for people. It should start with meeting with a case worker. Don't diagnosis them. Listen and find out what they need."

Finally, in addition to recommendations more specific to Portland Street response, a number of people advocated for increased support for the city for services addressing the basic needs of people who are living unhoused, including hygiene stations, portable restrooms, dumpsters, trash service, needle exchange, and housing. As one unhoused person stated, "If someone would come out and collect the trash, we would happily work with them. We just need the basics. The basic things that housed people take for granted are so hard for us."

PSR Clients: Methodology

In addition to the survey approach described above, we also interviewed five clients served by the PSR program who were referred to us from PSR staff after they confirmed that their clients were willing to be interviewed. These interviews occurred at peoples' camps/homes or over the phone, depending on their preference. The interviews ranged from 30 minutes to over an hour. We asked them the same questions as those described above and also provided ample time for them to describe their experiences with the program. Responses were recorded with pen and pencil on paper copies of the survey, along with additional notes taken during the interviews. Participants were compensated for their time with a $10 Visa gift card. A combination of quantitative analysis and qualitative content analysis were used to analyze data.

PSR Clients: Sample Description

Among the five PSR clients we spoke with, the average length of time they were homeless ranged from three months to 20 years, with a mean of five years. Two clients (40%) reported sleeping at an apartment over the last week, while three clients (60%) had slept outside in tents. The average age of the clients we spoke with was 41, ranging from 22 to 65. Three clients (60%) identified their race as White, one (20%) identified as Black, and one (20%) Native Hawaiian or Pacific Islander. Three clients (60%) identified as women and two (40%) as men.

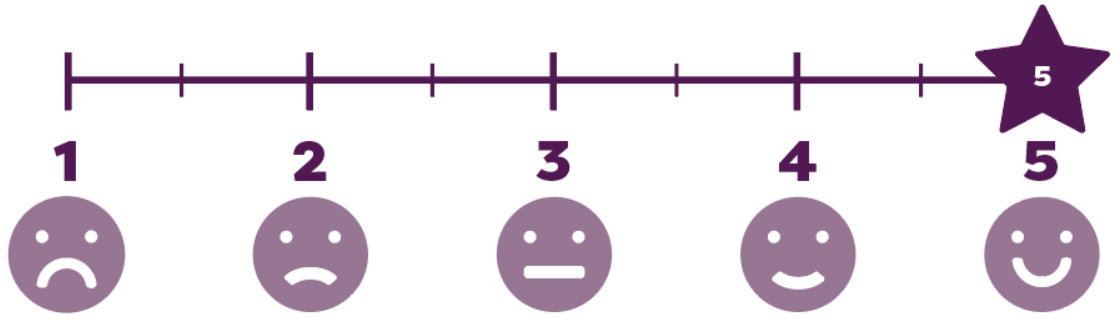
PSR Clients: Findings

Experience with PSR

The five PSR clients we spoke with reported very positive experiences with the program, each awarding the team a perfect five out of five when asked to rate the program on a scale of one to five (see Figure 14). One client stated:

> "The first time I get evicted, I think it's the end of the world. I have no place to go. As soon as they talked to me, and they explained to be everything, they tell me they will try to help, it's 100% for me. It's 100% for me, for sure. I really, really appreciate it. And I know that my life is going on now."

Figure 14. Satisfaction with PSR among PSR Clients



Kind, Compassionate, Client-centered Approach

Clients described the kind, compassionate treatment they received from the PSR community health workers. They appreciated that the team worked hard to meet them where they are at. One client also noted that the ability to work with someone who spoke the same language as her was particularly helpful.

> "She's exactly what I needed. I'm doing all that I know how to do. I'm institutionalized from being homeless for so long. I have social anxiety, and I only know how to do what I'm told. She's been making appointments for me, and I'm getting into housing. She treated me as an individual and with dignity. She's been a real life-saver."

> "They see us face-to-face. Other programs are only by phone, and I need face-to-face. They understood and sympathized with my situation. They were calm and treated me well."

> "It was very good to be able to have someone who speaks my language. Everything went really great with her."

Collaborative Goal Setting and Decision Making

Clients discussed appreciating how the team worked closely with them to reach their goals, explaining what they were doing and making them feel included in the decision-making process.

> "They tell me they will try to help me, and they asked me what is my goal, and I tell them I need a place to stay. And they helped. They talked to me. They really, really helped. When they talked to me, they explain me what they are going to do. And it made me feel good. It made me feel better. The time I was evicted out, I tried to sleep in my car. I have no family around here. I tried to go sleep in my car, but they talked to me, and they helped me a lot. They gave me a sense this is not the end of my life. There's another way to be."

> "I'm tired of being out here. I want to be closer to the water. I met people downtown, and I want to be closer to them. She sat down and did paperwork with me. Things I couldn't have done alone. I wouldn't have been able to get into housing without her. No way."

Connection to Housing and Other Resources

Clients described receiving a variety of resources from the community health workers, including food boxes, housing and health service referrals, clothing, first aid, tents, hand warmers, pet care, and motel vouchers.

> "They provided blankets, shoes to wear. It was very cold, and I'm appreciative of that. I got housing because of their help. The other thing that was really good is I got connected to Haika. The PSR team was able to come see me in my housing and help me get set up."

> "Haika and Heather got me the apartment, and I'm very thankful for those two. As soon as I get in there, I call Heather, I call Haika, and I said, 'Thank you very much for helping me. I never forget. Thank you guys for helping like you do for me.' I got my stuff out of the old house and got an apartment for me and my two friends. If they didn't help me, we would've been homeless."

Comparison with Other First Responders

Clients spoke of how different their experience with Portland Street Response was compared to other first responders they had interacted with.

> "It was way less restraining. Police are rude—tell you what to do. You can't treat people with animosity because then they'll defy it—like an authority figure. I have PTSD, and that doesn't work for me."

> "Oh my gosh, such a big difference! They are different. The police and firefighter, they come up and make me hurry up. And I said, 'Can you give me time because I'm a sick lady. I cannot walk fast. And I use my walker. And can you give me time so I can grab something?' They tried to hurry up everything. 'Hurry. Hurry. Hurry.' But Haika and Heather, they come and don't say nothing about hurry up. They talk nicely. They treat me really good."

They also described feeling relieved that calling Portland Street Response is now an option for them.

"I don't worry anymore. I can say I need Portland Street Response, and I know it won't be the police showing up."

Value of Portland Street Response for self and others

The five clients we interviewed spoke glowingly about Portland Street Response, describing its value for both themselves, as well as people in their social networks and the broader community.

> "The team has helped me. I want it to continue helping people, and not end with me. It should be expanded to help more people. Without it, I wouldn't be where I am."

> "I was telling a friend how I got into housing. It took 20 years, but I did it. I told him about Portland Street Response, and he wants to get connected. He wants to get his kids back."

> "From the first time I know of this response, I explain to people that this program can help. Most people don't know about this program, but I explain to them about the program and all the good things they are doing for us."

"They should put more money into the program. I guarantee it brings the crime rate down. People don't freak out and start fights out here anymore because they're helping us."

PSR Staff

PSR Staff: Methodology

We have been in close connection with PSR staff throughout the pilot in order to know how the program is working for them, lessons learned from their experience in the field, and additional resources or support they need to do their job effectively. In addition to attending weekly meetings with PSR and BOEC staff, we conducted a focus group with all four staff one month after program launch and two individual interviews with each team member in May 2021 (middle of the first six-month evaluation) and August 2021 (end of the first six-month evaluation). We also conducted additional follow-up interviews with staff to clarify our understanding of information they shared with us as earlier interviews. The lead evaluator also conducted a ride-along with the PSR team in July 2021 to observe first-hand how the program is operating in the field.

Finally, we administered the Professional Quality of Life Scale (ProQOL) to assess job satisfaction, burnout, and compassion fatigue as it relates to their work as a helper (Stamm, 2009). The scale measures both the positive and negative aspects of helping those who experience trauma and suffering, including *compassion satisfaction* (i.e., pleasure derived from being able to help others) and *compassion fatigue*. Compassion fatigue breaks down further into *burnout*, which includes exhaustion, anger, and depression as a result of work as a helper; and *secondary traumatic stress*, or negative feelings driven by exposure to traumatically stressful events while on the job. The scale asks respondents to answer 30 questions pertaining to negative and positive aspects of their job on a scale of 1=never to 5=very often. Items are them summed into three subscales pertaining to compassion satisfaction, burnout, and secondary traumatic stress. To collect the survey information, we sent anonymous Qualtrics survey links to all PSR staff via email at two time points—one on April 28, 2021 after the pilot had been in the field for a month and a half; and another on July 7, 2021, after the pilot had been in the field for almost five months. All four PSR staff completed the survey each time.

PSR Staff: ProQOL Findings

See Appendix A for individual items and mean scores at each survey time point. For the first ProQOL survey, the average scores on the Compassion Satisfaction subscale among the four PSR staff ranged from 37 to 49, with a mean of 43.5 out of a possible 50 points. This indicates ‘high’ compassion satisfaction. The average scores on the Burnout scale ranged from 12 to 22, with an average of 19 out of 50. This indicates ‘low’ burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 18 to 25, with a mean of 21.9. This indicates ‘low’ secondary traumatic stress for the team as a whole, although two members’ individual scores indicated ‘moderate’ secondary traumatic stress.

For the second ProQOL survey, the average scores on the Compassion Satisfaction subscale among the four PSR staff ranged from 37 to 50, with a mean of 43.25 out of a possible 50 points. This indicates ‘high’ compassion satisfaction for the team as a whole. The average

scores on the Burnout scale ranged from 16 to 27, with mean of 22 out of 50. This indicates 'low' burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 13 to 24, with a mean of 19.5 out of 50. This indicates 'low' secondary traumatic stress.

Scores were remarkably consistent and positive across both surveys, suggesting that the team derives a great deal of professional satisfaction from their work and has positive feelings about their ability to be effective while also maintaining healthy professional boundaries. One area with slightly higher scores on the second survey was in burnout, which is not surprising given the high stress nature of this work. It will be important for the team to continue receiving strong support and supervision, as well as the ability to engage in self-care and work-life balance to ensure their continued success and well-being.

PSR Staff: Focus Group and Interview Findings

Strengths of the Team

Along with the strong team chemistry and diversity of skills and experiences that we discussed earlier, this team brings a true willingness to innovate and a strong risk tolerance—all characteristics that have helped the team, and the program, be so successful in their work.

A Willingness to Innovate

In the first focus group, when we asked the team to reflect on the first month and what excited them most about doing this work, multiple team members noted that the ability to help build a program from the ground up—indeed, to play a pivotal role in the first significant update to the City's first responder system since the late 1800s—was one of their favorite aspects of the job, and what drew them to seek employment in the program. One team member said, "For me, just being able to shape a program that can really impact the clients we serve in a positive way." Another agreed, saying, "Yeah—the opportunity to build this from the ground up. I feel like that's really the most favorite thing about this program."

They also discussed the need to be nimble and adapt their approach to meet the complex needs and experiences of those they serve. Each member of the team has a clear vision of what their role on the team should be, and how this helps to address a unique programmatic need. In particular, the community health worker roles evolved with the needs of the program. At our first focus group, two gaps were identified in the areas of case management and community outreach—gaps which were then filled by the community health workers while also performing the more traditional duties of this job.

> "But there's such a deeper level. I mean, we would really need to take on case management services because we need somebody who can work with folks one-on-one to look at what their barriers were that are keeping them out of housing—looking at the holistic picture of how we can help this person be more stable so they don't lose their housing again."

> "We should look into preventative measures—meaning doing outreach and training just to prevent from any crisis to happen… I feel like our program could do some sort of trainings—outreach, community engagement, hear feedback from the community about what safety means to them in their community, doing trainings like that. Making sure people are aware of all these resources that are out there and also how to utilize them."

And while the first responder roles (i.e., the firefighter paramedic and the mental health crisis clinician) were more set in stone at program launch, they too continued to find ways to innovate these roles and look forward to continuing to expand and adapt their contributions to the program and to the community.

> "I talked to her [the PSR program manager] about taking on a supervisory role at some point, more on the clinical side then administrative…providing clinical supervision to the lower-level clinicians… And then I've been doing these de-escalation trainings, and I really love training, so I wanted to make sure that I can continue to do that as we grow."

Risk Tolerance and the Ability to Lead by Experience

In addition to their willingness to innovate, the team also leads by their vast professional experience in the field. This gives them keen insight into the types of calls they feel are most appropriate for PSR to respond to, and the level of risk they are willing to accept in order to provide service to as many people, in as many different contexts, as possible. It also leads to understandable frustration when the team does not feel as if they have an adequate voice in the decision-making process pertaining to the call types they respond to.

> "I think in a perfect world, we wouldn't have to jump through all these hoops and all these layers of bureaucracy… I had no idea it was going to be this difficult to move forward with the program. It feels like it's way slower than I had anticipated to make any changes."

> "If we focus on who we hired and not just what the label is, but the actual experience that we bring to it, that is being brought to the table, we could be more successful if they let us go on the calls for the people we have experience with."

In particular, the team believes strongly that they should be responding to calls in residences and calls involving people who may be suicidal, and/or who may need inpatient psychiatric hospitalization. As one staff member said when discussing their frustration with how difficult it has been to change programmatic policies pertaining to these two calls types:

> "It would be nice to be able to go into residences without having to get the police union approval…I was kind of anticipating having a lot more choice in that, and so it is a little frustrating to be told, 'You have to do it this way,' because I mean, there were plenty of times where some of us on the team have gone into homes in previous jobs without always knowing the full situation. We still recognize the need to gather a lot of information about safety, and weapons, and history of violence, and all that kind of stuff

> to know whether we should go in or not. So, I think we feel more comfortable going into homes or going on certain types of calls because of our past experience than I think maybe the public or police might realize."
>
> "One thing I think we need to be going on, and I know there's some barriers right now to being able to do this, is people who are suicidal… we're the better resource for a call like that… I mean, that's what I did at my last job all the time is met with people who were suicidal. So, I just think that would be a very important next thing to add on…. It makes no sense that we're not going on calls like that."

A Wrap-Around Approach

While the community seems to have a good understanding of the first responder side of the Portland Street Response work, the follow-up service that the community health workers provide following crisis calls is often left out of the conversation about the program, yet it is a responsible for many of the largest programmatic impacts and successes. As the community health workers described it:

> "What I tell folks is that I do the aftercare services, the response after the crisis, or follow-up services once the crisis is over… I work with people on what their goals are, and what barriers they have and just really what they want to do next. How they could be more stable where they're at, and then look at the next steps."
>
> "I thought it was a good idea, having an alternative approach for folks who are houseless, for folks who have mental health issues. I think they needed a different approach. And also having a community health worker be like a support system—follow up and connect these people to resources… somebody else who would actually call the resources, or maybe even take that person to the resource and make sure this person gets the resources that they need… a wrap-around support."

Their work has resulted in people obtaining permanent housing, accessing temporary shelter, applying for benefits programs like SSI and SNAP. Perhaps most important, their work can help prevent individuals from reaching a state of crisis that requires intervention from a first responder.

> "I'm just thinking more the holistic picture of how we can be more preventative and help people not to get back in the system, and learn tools, and skills, and all of that stuff that can help prevent a future crisis."

Deep Care for the People They Serve

From each and every conversation and interaction with the PSR staff, what comes across most clearly and authentically is the deep care they have for their work, and for the people they serve.

> "My favorite part of the job is the client connection—meeting with them, hearing their stories, getting to work with them on their goals, and really helping… I think when you

> get to know a client and having them trust you to share their life story…in a really natural way of, you're meeting them the third or fourth time, and then they start telling you their story. I think it's an honor when they trust you enough to tell you that."
>
> "At the end of the day, if I'm focused on the client, I need to talk to the client, see what their needs are, and find that new person who can treat this person with dignity and respect versus the 20-year vet whose mind I'm not going to change. And so that's just my own resource management. I'm going to take the tools I have to try to get the help. I'm going to go to somebody who's willing to help versus somebody who's mandated to."

This care is reflected in their deep sense of purpose, and their recognition of the important and unique role they play both within the City of Portland first responder system, but also in the broader behavioral health system of care that intersects with first response.

> "My favorite part is when we're out on the streets, working with people. I feel useful and helpful, and I feel skilled at my job, and I just, I love it. I'm happy when I'm out doing crisis work and helping de-escalate things. And it's a really good feeling when you think about how we may have prevented a negative outcome like an arrest or just a negative interaction for this person, even if they weren't arrested. I just love those times where we're, 'Wow, this went really well.' And even if they're still homeless, they're still on drugs, and they're not doing well mentally, as least I helped in this moment, and they can go on with their day without feeling like they got 'in trouble.'"

As lead evaluator, I had a very similar experience when I went out with the team and witnessed their calm, patient, non-threatening approach to working with people who either just want to be left alone, or are in need of immediate psychological or physical care. I reflected on how differently the call could have gone if police had responded instead—or if no one had responded to at all, which is not uncommon with these types of calls.

Additional Resources Needed

Supervision and Training

While the team reported feeling generally supported in their work, additional supervision was noted by multiple team members as something that would be beneficial. They currently have group supervision twice a month, and while this is helpful, individual supervision is also needed.

> "We don't have regular individual supervision, which is something I actually miss doing. I miss having a one-on-one supervision with my boss…. It was just nice to have that space to go and talk about the hard cases and do brainstorming and also talk about goals and creative ideas and all that… For me, I'm the kind of person, like, I need to process and do check-ins."

Team members noted that it would be particularly important to implement more regular individual supervision as new staff members join the team, especially for peer support

specialists who will need even more support given their close personal connection to the experiences and traumas of the clients they will be working with.

Similarly, the team discussed the importance of regular team check-ins similar to roll calls that are a regular part of the shift for other first responders:

> "I would like if, maybe once a week for even 15 minutes to a half hour, maybe the start of the day, we could just do a quick check-in, like about the clients we have that are extra tough or that they've been seeing on the streets that they want us to come out to see… It'd be nice to just be able to do a quick check-in of, 'Hey this is what's going on, or this has been hard, just as a team. I think that would be nice.

These regular check-ins have become a more common part of team's weekly meeting schedule. They have also appreciated the encouragement and flexibility provided to them to seek out and attend trainings based on their individual interests and needs.

> "I was able to do this strengths-based training, it was through this coalition down in California. It was a Zoom training, and it was amazing. And then I actually just found some videos on YouTube based on it, and one of them was like this two-hour training that was filmed, and it was great. It was super informative. I'm glad we're encouraged to continue expanding our skills in this way, and that this is a priority."

Charting and Data Collection

The team is still calibrating their charting and data collection process, and there have been some challenges learning a new system that is different from those they have used in previous positions. For example, one team member said the following about their experience using the PSR charting system:

> "In our previous jobs, we had another charting system. It was designed for public health workers. This one is more designed for Fire, EMS, paramedics, and there's not much room for us to juggle around and capture everything."

The team also reported uneasiness around making assumptions when noting whether the client is experiencing distress related to mental health or substance use, and that it is often very difficult to distinguish between these in the field. This led to the team suggesting a shift in wording from "mental health needs present" and "substance use needs present" to "suspected mental health/substance abuse" to acknowledge the difficultly in applying this label when it is not necessarily clear in their limited interactions with clients. Similarly, the team expressed uneasiness about applying demographic characteristics to the clients they interact with in the field because clients are often not able to report for themselves and they must make assumptions based on appearance. Client gender and age are mandatory fields they must report, while race is not collected. When discussing their uneasiness about collecting demographic information based on assumption, one team member said the following:

> "The person didn't call for themselves, and they might not even want to engage in our services. So trying to guess who they are or what they are for the sake of data, that's just like, that almost feels unethical… you're a part of this report, and you didn't even want to be a part of it. Somebody else called on you."

The team noted several suggestions for improvement in data collection, many of which have been incorporated including being able to enter the services and resources they are referring clients to and regularly logging in updates about the outcomes of these referrals (e.g., "in progress", "completed", "successful", "unsuccessful"). Still, multiple staff persons noted wanting more support in knowing that they are entering information correctly and consistently:

> "I just want to make sure I'm entering all the information correctly. I worry how this will affect the ability to pull out data for the evaluation. I would just like a little more support with this, or maybe more practice."

Challenges and Concerns

Concerns about being a "Band-Aid" Fix Due to Lack of Resources

While the team understands and appreciates the role they play as the first point of contact for individuals experiencing crisis, they reflected on how difficult it can be to not necessarily see an immediate positive impact of their work given the challenging needs and circumstances of the individuals they respond to, as one team member reflected on:

> "I think the biggest thing I'm worried about is feeling a little bit like a band aid service. We're going out and assisting someone in the moment who is either intoxicated or not doing well mentally, helping them, and then really there's no follow-up because a lot of the people we're meeting with either don't have a phone or are too intoxicated or mentally unwell to agree to work with a community health worker. It feels like it's just like, okay, we're going to make sure this person is okay in this moment, and then leaving."

And also given the lack of resources available to respond to these needs.

> "The lack of services for acute mental health needs (besides the hospital) and substance use services/detox/sobering center gets overwhelming when you feel like you don't have the right resource to offer the individual in need."

In addition to the lack of mental health and substance use services available to treat people, the lack of available transitional and permanent housing, and long wait times to access both emergency shelter and housing, constrain the team's ability to help their clients transition out of homelessness. As one team member noted while reflecting on how the lack of available resources may impact perceptions of PSR's programmatic outcomes:

> "We need to remodel the whole system, and we're not in that place yet. So, I think calling us a solution to homelessness is kind of setting us up to fail."

Questions about Program Identity

When asked to describe what they view as the primary purpose of Portland Street Response, the team described a tension between focusing on homelessness and focusing on mental health crisis. This is a tension that exists in broader community conversations about the program, and the tension is not unique to Portland. It is one that exists at the national level as cities across the country develop alternative first responder programs and struggle to clearly define who their focal populations are. One team member discussed feeling as though the program mission was somewhat different from her initial expectations:

> "When I was hired, my understanding was to reduce police involvement in certain types of crises or emergencies—reduce police and fire involvement, and also reduce visits to the emergency department… And then after I was hired, I learned of the expectation that Portland Street Response is also responding to the homelessness crisis. And so that was a shift in how I thought about the program after I started the job."

Team members also described concerns that by trying to fulfill multiple purposes and address two huge crises simultaneously, they may be constrained in their ability to focus on one or the other sufficiently:

> "We are trying so hard to make this perfect for houselessness that it restricts behavioral health response. Where it's so focused on behavioral health response, we're missing the homeless aspect."

Fortunately, the team composition allows for their response to be tailored to the needs of the client, and while the primary mission of the program may be responding to individuals in mental health crisis, they are also able to provide follow-up services that address the intersections between mental health crisis and housing:

> "I think, given the people we serve, we are going to be assisting folks who are homeless with finding housing—the community health workers will be doing that—if they're interested in services, but my role is different… I'm helping them not have interactions with police where they might get arrested or cited, or have negative interactions, or overusing the fire department or emergency services when it's not needed. So, yes, we would be helping with housing if needed, but it's more like if the person is interested in working with us on that, but not the primary goal of the program."

The recognition of this intersection, and the need for preventative approaches as discussed earlier, is another reason why the team advocates strongly for being able to respond to calls inside residences. Mental illness is a universal challenge that is by no means limited to people experiencing homelessness. It is a risk factor for homelessness, and it can also be brought on by or made worse by the trauma of being unhoused. By responding to people in crisis within their homes, the program may prevent these individuals from losing their housing and may be able to connect them to services that will help them address a broad array of psychosocial risk

factors for becoming unhoused. As one team member stated, “There’s need across the board, so I think it should just be citywide. We’re working with anybody who needs the help, yeah.”

The Challenge of Being Such a Highly Visible Program

The outpouring of community support for Portland Street Response is something the team feels extremely grateful for. However, being the public face of such a highly visible, highly scrutinized, highly politicized program is taxing. For example, one team members said:

> “Most of my stress related to the job has more to do with the politics surrounding the program and how high profile it is.”

Others were concerned about having to please so many different stakeholders in the pilot stage, when there is already so much evidence of programmatic success and the need for more resources to make sure the program remains successful:

> “And sometimes I'm concerned that this program becomes so many things for so many people, I think that's just it. If we promote PSR, we are doing this right thing. And it's more than just words. We've checked a lot of boxes to where PSR is already a success. But is it sustainable, and are we really serving the people? And that’s where I’m concerned with, where are going in the next few months? We need the resources so we can take the action and actually do it.”

As the program continues to develop and expand and solidify its place and purpose as in integral arm of Portland’s first responder system, the team will likely feel that they are on steadier ground. But during the pilot period, where this still much uncertainty swirling around the program, it is vital to recognize the pressures that the founding team faces as they work to lift up this new program. It is equally important to focus on the very real people they work to help:

“Just remembering that these are people behind these crises, behind these stories. That it’s about connecting with a human to really make those changes, and it takes time, but it’s worthwhile. And they have the best of the best working on this team, and we’re worth it.”

Other First Responders

Portland Fire & Rescue (PF&R): Methodology

We conducted focus groups and interviews with PF&R staff from Station 11 (which is located in the pilot area) in order to assess their experiences with and general attitudes toward Portland Street Response, and to gauge how the program may ease their workload and provide an additional resource to assist in the field. A PF&R supervisor shared contact information for staff, and we reached out to schedule focus groups and interviews at times that were as convenient as possible.

We conducted one focus group and one individual interview with three PF&R staff members. Focus groups and interviews occurred via zoom and lasted 30 minutes to one hour. Sessions were recorded and transcribed prior to qualitative thematic analysis. We did not collect or present demographic information for the PF&R sample due to concerns about violating confidentiality given the small population from which the sample was recruited.

We also administered the Professional Quality of Life Scale (ProQOL) to assess job satisfaction, burnout, and compassion fatigue as it relates to their work as a helper (see survey description in the previous section). To collect the information, we sent anonymous Qualtrics survey links to all PF&R staff via email at two time points—one on February 25, 2021, at the beginning of the pilot; and another on July 21, 2021, near the end of 6-month midpoint of the pilot. Four of six Station 11 PF&R staff (66.7%) completed the survey at each timepoint.

PF&R Staff: ProQOL Findings

See Appendix B for individual items and mean scores at each survey time point. For the first ProQOL survey, the average scores on the Compassion Satisfaction subscale among the four PF&R staff who completed the survey ranged from 34 to 43, with a mean of 39.25 out of a possible 50 points. This indicates ‘moderate’ compassion satisfaction for the group as a whole, although two staff members’ individual scores indicated ‘high’ compassion satisfaction. The average scores on the Burnout scale ranged from 17 to 33, with an average of 24.5 out of 50. This indicates ‘moderate’ burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 16 to 32, with a mean of 23. This indicates ‘moderate’ secondary traumatic stress.

For the second ProQOL survey, the average scores on the Compassion Satisfaction subscale among the four PF&R staff ranged from 37 to 44, with a mean of 40.25 out of a possible 50 points. This indicates ‘moderate’ compassion satisfaction. The average scores on the Burnout scale ranged from 18 to 33, with mean of 24.75 out of 50. This indicates ‘moderate’ burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 12 to 35, with a mean of 21 out of 50. This indicates ‘low’ secondary traumatic stress.

Scores were remarkably consistent across both surveys, suggesting that these PF&R staff derive a good deal of professional satisfaction from their work and have positive feelings about their ability to be effective, although burnout and secondary traumatic stress are ongoing concerns that are quite common in first responder work and should be addressed. One aim of conducting these surveys was to see if the availability of PSR helps to ease some of the stress and load from other first responders. We do not have sufficient data from this survey alone to tell if this is the case, but findings from the focus groups we did with PF&R staff help to further illuminate this topic, as will be described below.

PF&R Staff: Focus Group and Interview Findings

Focus groups and interviews with Portland Fire & Rescue (PF&R) staff provided valuable information about how Portland Street Response is perceived and experienced by other staff, as well as recommendations for how the programs can increase collaboration. We will review the most salient themes below, which clustered around expanded coverage and call types, co-response, and connection between PF&R and PSR

Expanded Coverage and Call Types

PF&R staff who participated in the focus group and interviews noted the need for expanded program coverage to help increase PSR's impact on their workload. For example, one PF&R staff member said, "I don't know if the call types they're going on are enough to show that they've been making a big impact." Their suggestions for expansion included the following four areas:

Calls Outside of PSR's Current Operating Hours

Some PF&R staff wanted to see PSR have the ability to respond to calls beyond their operating hours of Monday through Friday from 10 AM to 6 PM.

> "I've actually had more instances where we wish we could have called PSR, but it was either after hours or on the weekend. We would be like, 'Oh, this would be a perfect call for PSR.' That's probably happened a half dozen times at least."

Ability to Respond Inside Residences

Similarly, PF&R staff expressed support for PSR expanding their scope to respond to calls involving mental health crisis inside residences.

> "Another time where we thought we could use them was someone was inside, and I know they only respond outside. Someone was lighting fires in their backyard…they retreated in their house. It was evening—nine o'clock, 10'clock at night. But I think I texted Tremaine about it or emailed him asking him if in that circumstance if they're working, if they would be able to help. He said, 'No. We'd like to one day, but since they're inside, they're out of bounds.' Here's someone who's not on medication and clearly needs interventions. We're not going to go in their house. Police aren't going to go in their house. We can't get them to come out because they won't come out for us.

> Maybe someone like Britt could talk them down and use their training to get them to connect with a doctor and get them help."

Ability to go on some Calls Involving Weapons or Higher Risk

Some PF&R staff expressed confusion about why PSR could not respond to any calls involving weapons when other first responders do so regularly.

> "They have to trust them and their instinct on what they can handle. This whole mention of a weapon—my engine isn't going in until police get there anyway. So, why would Tre and Britt go in without police? They're perfectly safe staging until police get there and then doing their job. But I feel like they're getting push-back from above saying that's not safe. But it's safe to send my crew for that? What makes that any safer, really?

Conducting More Preemptive Outreach and Self-Dispatch

Finally, PF&R staff had suggestions for PSR doing more outreach and self-dispatching when they encounter people in crisis in the field.

> "I don't know if PSR, if they drive around looking for the people to help, but I think they could do that more. You know, there's someone over there who looks like they need some help, but they're not causing a ruckus and no one's going to call on them, but they don't look good. They're muttering to themselves, or pulling up their shirt, walking in circles. We had one person staring into the sun. We couldn't get them to stop staring into the sun. We're like, 'You're going to go blind looking into the sun.' We went over there about an hour or two later, and they're laying on the ground. They'd come out of whatever they were taking. They were in bad shape. It's like, well maybe PSR could have intervened at that point. I don't know."

> "I wonder if expanding their call types like single caller campfire stuff. It's not a tent that's on fire or something we're going to get multiple calls on, but just a campfire. They can drive around and look at those all day and make sure that campers are following procedures. Tell them how to do it right. Tell them to put it out if they're not doing it right."

Co-Response

The PF&R staff members we spoke with expressed openness to co-responding with PSR when necessary. Though they have only co-responded on a few incidents with PSR thus far, the experience has been positive. One staff member vividly recounted a co-response between Police, Fire, and Portland Street Response that resulted in a positive outcome due to the presence and skills of PSR staff:

> "When we got there, it was a person who was out of touch with reality. Police were not going to go hands-on with them, but they were like, 'Look, they keep running into traffic. They're going to get hurt.' But they weren't willing to put a police officer's hold on her. They weren't willing to put hands on her. We certainly weren't going to do that. I called for an ambulance. They weren't going to do anything about it. We tried to talk to them,

> 'Hey, how about we talk about it inside the ambulance. Have a seat, let's get cool. We got some water in there.' They weren't buying it. PSR shows up. I gave them a quick rundown of what was happening. Britt came over and started trying to talk to them, asking their name…directed them to sit down on the gurney—gently of course. Then the patient was willing to do that. We got her strapped in. I was saying, 'Oh that's perfect. She got to the hospital. The patient got some help.' They did a great job. I thought it was a really good experience interacting with PSR."

PF&R staff also discussed the role that PSR has played in offering to stage with an ambulance on calls that require two trained medical people so PF&R can respond to their next call:

> "He's like, 'If you guys want to go, we'll just stay here with the ambulance, and we'll handle it. We left. That was another successful interaction where we were able to get back in service. We didn't even see the patient, so I don't know what was happening, but they were able to free us to go back in service. That was another successful interaction.

Related to this point, two PF&R staff suggested the possible role that PSR could play on calls in which police have someone in custody, but there may be a low-level health concern (e.g., a scrape or minor wound) that needs to be treated prior to transporting the individual to jail. Typically, police call for PF&R to address these lower-level health concerns (referred to as AS9 calls), but PSR could instead play this role and also introduce themselves and provide information to the individual to contact them for follow-up services and support after they are released from jail. One staff person said:

> "Yes, that would be huge. Any basic first aid checks coming from police, PSR would be completely adequate to cover, and that would relieve us of a lot. I'm all about that."

Finally, it is important to note that while certain situations may necessitate a co-response between PSR and other first responders, it is also important to remember that the intended purpose of the program is for PSR to divert calls from other first responders that are more appropriate for them to respond to. One PF&R staff person acknowledged this:

"If they're helping police, then I'm all for that too. Because obviously they need a decrease in call volume just as badly as we do. So, if they're able to benefit both agencies and make it work, more power to that program. If it takes away some calls that police go on, fire goes on, AMR goes on, any of those—I see that as a good thing. It helps the entire system."

Connection between PF&R and PSR

While the PF&R staff members we spoke with reported feeling that the programs were in close communication and committed to collaborating effectively, they did have some suggestions for

improving communication and clarity regarding program scope and goals. One staff member expressed feeling grateful for how smoothly the communication between PF&R and PSR has been thus far, but they also acknowledged that a large part of the reason for that is that they already had a close connection with some of the PSR staff, which will not be the case for all new PSR team members coming on board:

> "It's been easy to either email or call Tremaine and talk to him if I have questions about the program or ask what we can do to help… knowing it's Tremaine and knowing who he is, and I have a relationship with him, I'm very comfortable contacting him. As the program goes forward, making the PSR crews—making them more… making us know them more is only going to help."

They also discussed the importance of making sure PF&R staff understand clearly which types of calls PSR can respond to:

> "I think helping us immediately, anyway, would be getting some kind of written document outlining what PSR is now responding to—this is acceptable, this is not—just a lot more clarity on our part on the engine side or the station side as to what they're expected to go on, or what they think they can go on. Because we really, truly, or at least I feel like we don't know."

This is a point that is echoed below in the PPB section, and one that PSR has begun addressing with information cards describing call criteria and presentations at roll calls and other meetings.

Portland Police Bureau (PPB) Staff: Methodology

We conducted focus groups and interviews with PPB staff in the East Precinct (which covers the pilot area) in order to assess their experiences with and general attitudes toward Portland Street Response and to gauge how the program may ease their workload, and provide an additional resource to assist in the field. A PPB supervisor shared contact information for staff, and we reached out to schedule focus groups and interviews at times that were as convenient as possible.

We conducted two focus groups and one individual interview with a total of eight PPB staff members. Focus groups and interviews occurred via zoom and lasted 30 minutes to one hour. Sessions were recorded and transcribed prior to qualitative thematic analysis. We did not collect or present demographic information for the PPB sample due to concerns about violating confidentiality given the small population from which the sample was recruited. We hoped to include PPB staff in the ProQOL survey data collection process described in the PSR and PF&R sections, but they declined to participate due to concerns about survey fatigue given several internal surveys happening within the Bureau.

PPB Staff: Focus Group and Interview Findings

Focus groups and interviews with Portland Police Bureau (PPB) staff provided valuable information about how Portland Street Response is perceived and experienced by police, as well as recommendations for how the programs should or should not overlap. We will review the most salient themes below, which clustered around expanded coverage and call types, co-response, and connection between PPB and PSR.

Expanded Coverage and Call Types

Generally, PPB staff who participated in the focus group and interviews noted that they thought the current scope of the program was too small to have a significant impact on their workload. Several noted that they wanted PSR to be dispatched on more calls:

> "We would love to have so many more calls go to Portland Street Response so we don't have to deal with them. I think that most officers I work with recognize that a lot of calls we go to, it's like, 'This isn't a police call. Why are we here?'"

Recommendations for program expansion that officers noted could help reduce workload included the following three areas:

Calls Earlier in the Day, and Later

Similar to PF&R staff, some PPB staff felt that PSR's current operating times are too narrow. And while the purpose of PSR is not to do morning wake-up calls and tell people to move along, if they were called to such a scene, they would be better equipped to connect the person to resources, as one PPB staff member noted:

> "I've always thought it would be great if they started earlier for all the morning wake-ups and unwanted people who are creating problems for businesses that literally all we're doing is, 'Wake up, move along.' Whereas, if there was someone who could actually connect with them to possibly get them some services, that'd be great."

Expanded Geographic Area

They also thought that expanding the geographic scope of PSR's service area would increase their impact.

> "I feel like if the geographic area was expanded, there could be more calls. I mean, there's a good number of calls that come just on the other side of 60th or whatever the limit is, 70th, especially on Powell. I mean, Powell down to 50-something is like, lots and lots of camps."

> "I think expanding the footprint of their coverage area for Portland Street Response is a really great thing. There are certainly plenty of encampments and folks struggling with homelessness out there within the Lents neighborhood, but allowing them to sort of go beyond that initial small area I think was both helpful for them and allowed them to gain more repetitions doing what they're doing, which I think is super important for them."

Calls Involving Suicide or Psychiatric Hospitalization

Across the focus groups and interviews, one of the most common themes among PPB staff members was confusion about why PSR was not dispatched on calls involving suicide, and not able to initiate Director's Holds[3] in the field. They felt this was a core part of the program mission, and a call type that would alleviate some burden from PPB's call load:

> "I didn't realize they weren't able to put holds on people, which then again kind of defeats the purpose of alleviating some of the calls for us to have to go on."

> "Yep, suicide. Because those constitute a lot of the calls that we're going to, and they don't necessarily require a police response. Some of them do, but some of them don't. That would help us out a lot, at least me, if they could go on some of those calls. Because those calls come in all the time, daily."

Another staff member noted agreement and discussed what they viewed as the benefit of having first responders who are trained in mental health helping to determine whether someone should be taken into custody if they are a risk of harm to themselves or someone else:

> "Well, what I was going to say is that with Project Respond, I do call them in cases where I feel like the guy is holdable, but somehow I can't articulate it, because I'm not a mental health professional. They can better articulate a Director's Hold in some cases.

[3] In Oregon, a Director's Hold (for licensed and authorized mental health clinicians) and a Police Officer Hold (for police officers) refers to the process of taking a person into custody when the person is deemed a danger to self or others and is in need of immediate care, custody, or treatment for mental illness.

> And Street Response has that expertise, but I do rely on Project Respond to do that for me. Just in the really odd cases where I just can't quite articulate it, but I sort of know that they're holdable, but I just feel like they could word it in a way that would, because of their expertise and their familiarity with diagnosis."

Co-Response

As noted earlier in the report, around 20 calls involved co-response between PPB and PSR, and in some instances other responders (e.g., AMR, PF&R, Project Respond). In line with the discussion of suicide calls above, many of these co-responses involved cases where PSR staff were concerned that a client was at risk of harming themselves, and they needed PPB to initiate a Police Officer Hold. There were also numerous calls that PPB requested PSR to respond to instead of them when officers needed to prioritize emergency calls or realized that the call was more appropriate for PSR. As one staff member noted:

> "I think with all the calls where I've specifically requested them, there's usually been some sort of safety component present early on in whatever the initial dispatch message was that wouldn't have allowed Portland Street Response to be the primary responder. So, police were sent first, and then I got there and made contact with the complainant, and then made observations of the person that was outside, and I sort of determined I don't think that they're a threat, and here's an opportunity to bring Portland Street Response in."

We asked PPB staff how they felt about co-response with PSR, and we received a mixed response, with three officers in support of it, one with mixed feelings, and four not interested or with major concerns about co-response.

Benefits of Co-Response According to PPB

PPB staff who supported co-response noted that they already have a process in place given that they currently co-respond to calls involving mental health crisis and homelessness with Project Respond. One staff member said, "We've worked with Project Respond before, we kind of have a mutual understanding of what response is going to look like, of how we're going to interact, what our role is at the scene." Another staff member said that that if PPB and PSR can develop protocols and expectations for co-response, it could work for calls that might involve situations that PSR is currently not able to respond independently to (e.g., calls involving criminal behavior or weapons): "If we actually were on the same page at the start, co-response I think could work for slightly risky things."

Another PPB staff member noted the possibility of working with BOEC to ask additional questions about the situation to get a more accurate picture of what is going on, and if police are truly needed, or if PSR could respond instead. This person also saw promise in testing out different co-response scenarios to allow PSR to take a larger number of the calls that are most appropriate for them but which they are not currently dispatched to given safety concerns:

> "Maybe there's a joint response protocol that we try once you bring another team on board, you have maybe a greater opportunity to dispatch folks more regularly, where the police respond, PSR also responds, but police maybe take the primary lead while PSR is close at hand so that they're more ready to jump in on those situations where it sounded one way to the dispatcher, but we got there and discovered it's really something else."

Challenges of Co-Response According to PPB

PPB staff who were opposed to co-response worried about misunderstanding or miscommunications between PPB and PSR in the field. One staff member said:

> "My concern going into it would be that a misunderstanding of what the expectations for us to do might lead to some miscommunications between our two agencies or miscommunications in the field with the person that we're dealing with if we have different expectations going into it."

Others were concerns about PPB's capacity for co-responding to lower-acuity calls which typically get triaged to prioritize more critical calls, or cleared quickly by police so they can get on to the next call:

> "One of the issues is going to be our availability. If we're short-staffed or if it's a really busy day, sometimes those calls hold for a while, and that means that your team would be waiting for a while for us to be able to go."

> "The police officer who is aware that we're down two members on patrol for the day, and there are 22 holding calls, and they feel that constant pressure to just go, get things done, I think more often than not, your officer in the field is going to say, 'It's just easier if I talk to them, if I provide them with services, if I call 211, if I do this, do that', as opposed to calling for PSR, standing by and waiting while the calls just continue to stack up in the queue. That's going to be a challenge."

One PPB staff member noted that this would be especially challenging in cases in which PPB would be needed to stage near the scene in the event that PSR needed police assistance on higher-risk calls that might escalate in the field.

> "Having us stage while a team goes in and deals with something is even more tricky because we're being asked to stage when we don't have usually the numbers of officers available to just have people sitting and waiting."

Another member noted concerns that co-response would not ease the burden of PPB, which is one of the purposes of PSR:

> "I don't feel interested in it. I feel like the point of Street Response is to get calls away from us that we don't need to have a role in. If I'm there anyway, I want to just handle the call myself."

Connection Between PPB and PSR

While there have been numerous instances of successful collaboration between PSR and PPB in the field, it is clear at this stage of the program that there remain some misunderstandings about PSR among PPB staff and communication gaps between the two programs.

Need More Knowledge of PSR Call Criteria and Program Goals

Numerous PPB staff members noted confusion about what PSR does and the types of calls they are dispatched to. For example, one staff member said the following: "That's been kind of my experience with it so far is that I don't know what it is. What their capabilities of what they can and can't do haven't been super clear." Another noted support for the program but lacked clarity about the overarching purpose of PSR:

> "On my shift, we are so busy, but we go call to call to call. If they can take some of those calls, I'm all for that. But I'm not quite sure what their goal is, to just temporarily try and help these people, or actually long-term problem-solve homelessness and mental health issues in Portland. I'm not quite sure what their goal is…"

Another staff member echoed this confusion and surfaced an issue that remains a pervasive point of misunderstanding whereby some community members think that the goal of Portland Street Response is to solve the homelessness and mental health crisis in Portland, when actually it is just one component of a broader system of care that, collectively—though not individually—can help to respond to individuals with these needs:

> "I see Portland Street Response as like a band-aid fix. They can go out to calls that we might not need to go on, and maybe offer resources to people experiencing homelessness or people that are having mental health crisis or something. They might be able to temporarily help them out for the evening or the next couple days—point them in the right direction, give them resources, which is great. That helps us out a lot, and I'm with that. But, I don't know if maybe they're trying to do this, but I don't think they're going to actually solve the problem of trying to reduce homelessness or people in Portland that have mental illness, because there's a lot. But I don't see it as a long-term fix necessarily, I see it as a tool. They're going to help us out with temporarily responding to these calls and trying to get resources to these people, and that's pretty much it."

More Communication and Collaboration when Co-Responding

Related to the gaps in communication between the programs, a few PPB staff noted some cultural differences between how PPB and PSR operate in the field. PPB staff described their typical process of debriefing calls, discussing what worked and what did not work, and strategizing the next call. One PPB staff member said the following:

> "It would have been nice to have actually been able to touch base with Street Response at the end to say, 'Hey, this is where we're at, this is the resolution we came to for now, let's talk about what we do if this hops back up again later today'

Another noted that it seemed as if PSR did not want to be seen interacting with police, a theme we will expand upon below:

> "They came and as we were talking with him, but you know they kind of stayed aside while we were talking with him, and then they just drove away. The feeling was left with police that they don't want to be seen near police. I don't know if that's true, but that was kind of the feeling of the group, was like they don't even want the public to see them interacting with police at all."

Despite these perceived gaps in communication and misunderstandings about the program's purpose, some PPB staff members surfaced recommendations for strengthening connections between programs, including PSR moving from the fire CAD (computer-aided dispatch) to the police CAD, or carrying a police radio so they could more easily communicate in the field. They also expressed an interest in being able to access PSR notes about calls they co-respond on so they can capture any details or resolutions they might have missed.

The PSR team has also made efforts to increase communication and understanding between programs by developing an information card specifically for PPB that outlines the types of calls PSR goes on and suggestions for types of calls that could involve co-response. PSR staff have also begun attending some PPB roll calls so they can become more familiar with one another to hopefully enhance communication and collaboration in the field when needed. One PPB staff member noted the importance of this:

> "I think bringing Tremaine and Britt into the precinct more often, that's one of the things I've really encouraged them to do, and they've been doing it. I think that's really helpful because again we don't experience a ton of calls with them, so we don't have that constant repetition. They're going to have to simulate it some other way in order to plant it in the back of a police officer's mind like, 'Oh right, I have this other option. I have this third option here that maybe I should request through dispatch or call them directly. So bringing them in for additional facetime is good."

While these efforts to enhance communication and understanding between programs are beneficial, it is important for police to recognize the responsibility they also have in learning from PSR and accepting that there will be some differences in program culture between PSR and PPB—differences which ultimately benefit both units.

Perceptions that PSR is not Willing to Work with Police

Finally, a persisting challenge to collaboration between PPB and PSR that came up in both the focus groups we conducted was a perception among PPB staff that PSR staff want nothing to do with them. One PPB staff person said the following:

> "The people were, the Street Response folks were nice, but I definitely kind of got the

> feeling that they didn't want to work with police. I don't know, it'd be nice if all of the public safety agencies and bureaus could be on the same page that we're actually here to keep the community safe."

Another staff member agreed with this point:

> "…it seems like PSR doesn't want anything to do with us. I don't know if it's adversarial or they just don't want anything to do with us, but there could have been a whole lot more communication… We're supposed to work together, and it doesn't appear that's the way it's going to work."

While these feelings expressed by some PPB staff may primarily reflect demoralization due to the current national focus on shifting funds away from police and toward the development of alternative first responder programs, they present a barrier to their stated interest in public safety bureaus being "on the same page" to "keep the community safe." At least one staff member we spoke with acknowledged this:

"At the end of the day, if we care about results, one of us is going to have to make a concession and sort of do the work to try to bridge the gap."

The perception of some PPB staff about PSR wanting nothing to do with them also stands in stark contrast to the willingness expressed by PSR to collaborate with police in cases that require co-response, and to their perception of generally positive relationships with PPB staff members they have interacted with in the field.

The evolving relationship between PSR and PPB, and other first responders, will be an important point to track and monitor as PSR expands its programmatic and geographic scope in the coming year.

General Community Members

General Community Members: Methodology

We developed a series of questions asking about experiences calling 911, knowledge of, attitudes, and interactions with the Portland Street Response program, and demographic information among general community members. Community members were recruited using a variety of methods. First, we canvassed areas of the PSR response area with high call volumes, entering businesses and knocking on doors at residences to ask if people would be willing to speak with us about their knowledge of and any experience interacting with the Portland Street Response program. In total, we visited 93 places on 12 different days between May 18 and July 30, 2021. This resulted in 71 conversations with community members (a 76% acceptance rate), with 18 people declining to speak with us (either they were not interested, or they were busy at home or work), and four instances in which linguistic barriers to communication made the interview impossible—a point we will work to remedy in future data collection efforts.

An additional nine community members were recruited through social media or email communications (for example, community members who posted about their experience with PSR on Twitter); or via referrals and suggestions from PSR team members and partners. These individuals included neighborhood association members, service providers, and members of service and advocacy organizations, in addition to residents and workers.

In total, these recruitment methods resulted in a community sample of 80 people representing residents, workers, neighborhood associations, and advocacy organizations in the broader Lents area. Surveys occurred primarily inside businesses or outside residences[4], with a few surveys occurring over the phone. The surveys ranged from two to 18 minutes, with an average length of five minutes. Responses were recorded in Qualtrics survey forms on iPads. We provided flyers, postcards, and other information about the program so residents and businesses would know how to contact the program to request service. Surveys were uploaded to SPSS statistical software, and a combination of quantitative analysis and qualitative content analysis were used to analyze data.

General Community Members: Sample Description

Among the community members we spoke with, 50 people (62.5% of the sample) lived in the Lents neighborhood or an adjacent neighborhood. Among these, 38 (47.5% of the sample) also worked in the neighborhood. An additional 30 respondents (37.5%) worked in the neighborhood but did not reside there. The average age was 38, ranging from 18 to 75. Half of the community members we surveyed identified their race or ethnicity as White; 16 (20%) as Asian; 10 (12.5%) Latino; six (7.5%) Black; three (3.8%) Native American; and five (6.3%) reported being Multiracial. This is roughly comparable to the racial and ethnic composition of Lents as a whole.

[4] Similar to the interviews with unhoused community members, these interviews occurred during a period in which COVID rates had dropped substantially, prior to the heightened risk brought on by the Delta variant

When asked how they describe their gender, 39 community members (48.8%) reported identifying as women, 39 (48.8%) as men, and two (2.5%) as non-binary.

General Community Members: Survey Findings

Experience with 911 and Other First Responders

In order to get a general sense for how often community members call 911 for PSR-related concerns, we asked how many times in the past 12 months they have called 911 to report someone experiencing mental health crisis, substance use, or homelessness near their work or residence. Over half the people we spoke with (43 people, 53.4%) had not called 911 in the past year for PSR-related concerns. The other 37 people reported calling 911 between 1 and 100 times to report someone experiencing mental health crisis, intoxication, or homelessness, with an average of seven times. People who worked in the neighborhood had higher rates of calling 911 (an average of 6.4 times in the last year) compared to those who lived in the neighborhood (an average of 1.5 times).

When asked if they feel safe calling 911 if they or someone else needs help, just over half of the community members we spoke with (43 people, 53.7%) reported feeling safe, while 37 (46.3%) did not feel safe calling 911 (see Figure 15). When asked why they do not feel safe calling 911, the most common response—reported by 22 people (57.9% of those who did not feel safe)—had to do with not trusting police officers, or not believing that police officers help. For example, in describing why they do not feel safe calling 911, one community member said the following:

> "Because I'm concerned I will say the wrong thing, and the cops will be brought in. I try to assess if I can help personally… If I feel like I need to call someone else, I try to find the best alternative."

A number of people also discussed concerns about delayed service or non-response. One person said, "911 dispatchers try to solve on phone, but not much physical presence. They take forever to show up unless someone is dying." Another said, "My partner and I called them twice in one week, and nobody showed up."

Finally, over a third of people who did not feel safe calling 911 discussed specific concerns based on how it might impact other community members, particularly people of color and people experiencing homelessness. One community member said:

"I feel safe calling for myself, but I'm White and a homeowner. I don't feel safe calling for help it's a person of color or someone experiencing mental health crisis or homelessness."

Similarly, another community member said the following about her fears calling 911 for both herself and others:

> "I've multiple times asked people in distress in my yard if they need help. I wish there was someone I could call to give them help, but I worry that something bad will happen… that the person would be in danger more if I call 911 than if I don't. I also worry about how the police would react to me as a Black woman even though this is my house."

Figure 15. Feelings of Safety Calling 911 Among General Community Members

46.3% of **general community members** surveyed reported not feeling safe calling 911 if they or someone else needs help

When examining the impact of race on feeling safe calling 911, we found that, similar to our interviews of unhoused community members, Black people felt the least safe calling 911 (66.7% said they did not feel safe calling 911 compared to 46.3% of respondents in the total sample). White people were the next highest group to report not feeling safe calling 911 (50%), though it should be noted that several White people stated that the reason they did not feel safe calling 911 was concern about risk of harm or negative consequences for neighbors of color. Forty percent of Latinos and Multiracial people we spoke with did not feel safe calling 911, followed by 37.5% of Asians and 33.3% of Native Americans (see Table 5).

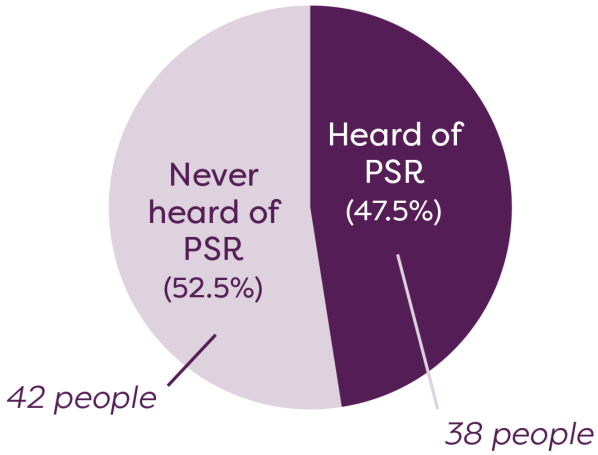
Table 5. Safety Calling 911 by General Community Member Race/Ethnicity

Feel Safe Calling 911	BIPOC					White	Total
	Asian	Black	Latino	Native American	Multiracial		
Yes	10 (62.5%)	2 (33.3%)	6 (60%)	2 (66.7%)	3 (60%)	20 (50%)	43 (53.7%)
No	6 (37.5%)	4 (66.7%)	4 (40%)	1 (33.3%)	2 (40%)	20 (50%)	37 (46.3%)

Knowledge of the Portland Street Response

After asking about community members' general attitudes and experiences with 911 and other first responders, we asked if they had heard of the City's new Portland Street Response program. Forty-two community members we spoke with (52.5%) had not heard of the program and 38 (47.5%) had (See Figure 16). We then asked the 38 people who had heard of the program how they heard about it and what they knew about it. Nine people said they learned about the program from outreach activities by the PSR team. For example, one community member said, "Someone from the program came and dropped off a flyer, and I learned about it and that it's meant for mental health and homelessness." Eight people learned about PSR from news and social media (e.g., "Heard about it on the news and social media. I've been following it for a while."). Five learned about it from neighborhood communications (e.g., "I learned about it in a Lents Neighborhood Association meeting in early 2020, and I've been following it since."). Four people expressed awareness of PSR based on the 2020 racial justice and police defunding protests. For example, one community member said, "I learned about it last summer as part of the police defunding effort in the wake of George Floyd's murder."

Figure 16. Knowledge of Portland Street Response Among General Community Members



Half of the people who knew of the program described it as an alternative to police. For example, one person said, "It's designed to take the police out of situations they aren't required for—mental health, addiction, the social services aspect and leave police to deal with law enforcement parts." Another said, "PSR can go to mental health crisis and incidents that aren't violent to help reduce police calls, and what could be a potential negative response from police if it's a situation they don't need to be involved in." Ten people knew of PSR as a program that helps people in mental health crisis (e.g., "Alternative to police interaction with those having mental health crisis"); while seven understood PSR as a program aimed at helping people experiencing homelessness. For example, one person said:

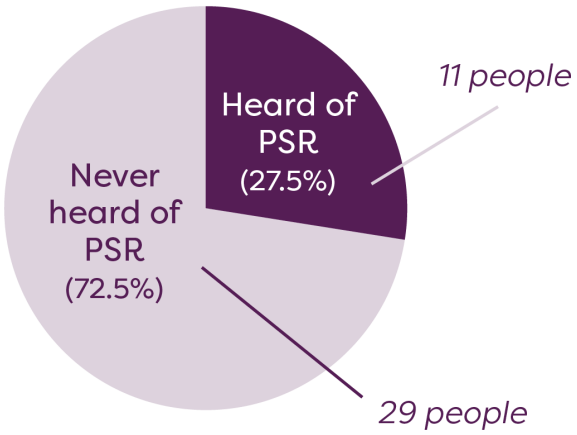
> "They're the response to our homeless friends showing signs of crisis to offer counseling or help getting connected—helped what's happening in the moment."

When we examined rates of awareness of Portland Street Response by race, we found striking disparities that were statistically significant, χ^2 (1, N = 80) = 12.83, $p < .001$ (see Table 6). Among community members of color, only 11 (27.5%) had heard of the program, while 29 (72.5%) had not (see Figure 17). For White people, awareness was reversed, with 27 (67.5%) having heard of the program and 13 (32.5%) who had not heard of the program. Among BIPOC, people who identified as multiracial were most familiar with the program (60%), followed by Black people (50%), Latinos (30%), and Asians (12.5%). We only interviewed three Native Americans, and none were familiar with the program (see Table 6). This suggests the vital importance of doing targeted outreach to communities of color to make sure they are aware of this alternative first responder program, particularly given the disproportionate number of negative interactions that BIPOC communities have with police and other first responders.

Table 6. Knowledge of PSR by General Community member Race/Ethnicity

Knowledge of PSR	BIPOC					White	Total
	Asian	Black	Latino	Native American	Multiracial		
Yes	2 (12.5%)	3 (50%)	3 (30%)	0 (0%)	3 (60%)	27 (67.5%)	38 (47.5%)
No	14 (87.5%)	3 (50%)	7 (70%)	3 (100%)	2 (40%)	13 (32.5%)	42 (52.5%)

Figure 17. Knowledge of PSR Among BIPOC Community Members



Interactions with Portland Street Response

Twenty of the 80 community members we spoke with (25%) reported specific interactions they had with Portland Street Response. Fifteen community members (75%) had called 911 or the non-emergency number for assistance and met or saw the PSR team when they responded in the field. The other five people (25%) saw PSR responding to cases or interacted with them in

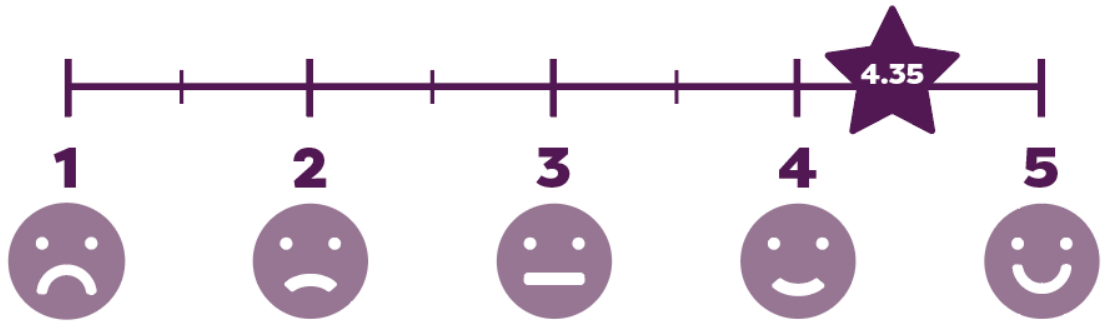
the field even though they had not called to request service themselves. For example, one community member said, “I’ve observed them in the field, and I interacted with them directly at the cooling station in Lents Park.” Not surprisingly, given both the demographics of Portland and also the findings reported above revealing significantly lower rates of awareness of Portland Street Response among community members of color, the vast majority of those who reported interactions with PSR were White (75%, compared to 25% people of color).

We asked the 20 community members who had interacted with PSR to rate on a scale of one (worst) to five (best), how satisfied they were with the service they received. The responses ranged from two to five, with an average of 4.35 (see Figure 18), indicating a high level of satisfaction with the program. One community member expressed frustration with what they perceived to be a lack of action or positive outcome:

> “They tried talking to the man and get him to leave, but they couldn’t make him leave. They left, and the man stayed until 5. The guy should’ve been taken to a hospital. Even if he didn’t want to go, too bad. You can’t sit yelling at people living a normal life.”

However, the majority of community members expressed high levels of satisfaction with the service while also providing valuable recommendations for improvement, which will be discussed in more detail in the section describing follow-up interviews with community members.

Figure 18. Satisfaction with Portland Street Response among General Community Members who have Interacted with the Program



Who Should the First Responders Be?

We ended the surveys by asking people who they would prefer to respond to calls involving people experiencing mental health crisis, substance use distress, or homelessness, and why. Respondents could select from the following options: police, firefighters, EMS (Emergency Medical Services), Portland Street Response, or other. The most common answer was Portland Street Response (36 people, 45% of those surveyed). Most of those who preferred PSR noted their specific training and skills for responding to people in crisis. For example, one person said, “I would love to be able to call a program that will actually come and help them—take them under their care and connect them to housing.” Others noted that the types of calls PSR

responds to are not appropriate for police: “They’re more on the mental health side of things. All police can do is give a ticket or arrest—not help them.” A couple people preferred PSR so police can respond to other issues. For example, one person said:

> “Police should be freed up to address crime. PSR should address homelessness. It’s such a big problem. I always say, ‘If your neighbor’s house is burning down, someday yours will be too.’ Homelessness affects everyone.”

Fifteen community members (18.8%) preferred police to respond to calls involving mental health crisis, intoxication, or homelessness. Most typically, this had to do with safety concerns and the perception that police have the necessary equipment to respond. For example, one person said, “It’s more safe because they carry firearms.” Another said, “They can do more than anyone else. They have the handcuffs and protocols, extra tools.” A few people thought that police commanded greater levels of respect: “Because they’re respected more. People will respond to the badge.” Some people seemed to default to police based on their lack of awareness of alternatives: “I don’t know, that’s my first go to answer. I’m not sure about the other things.”

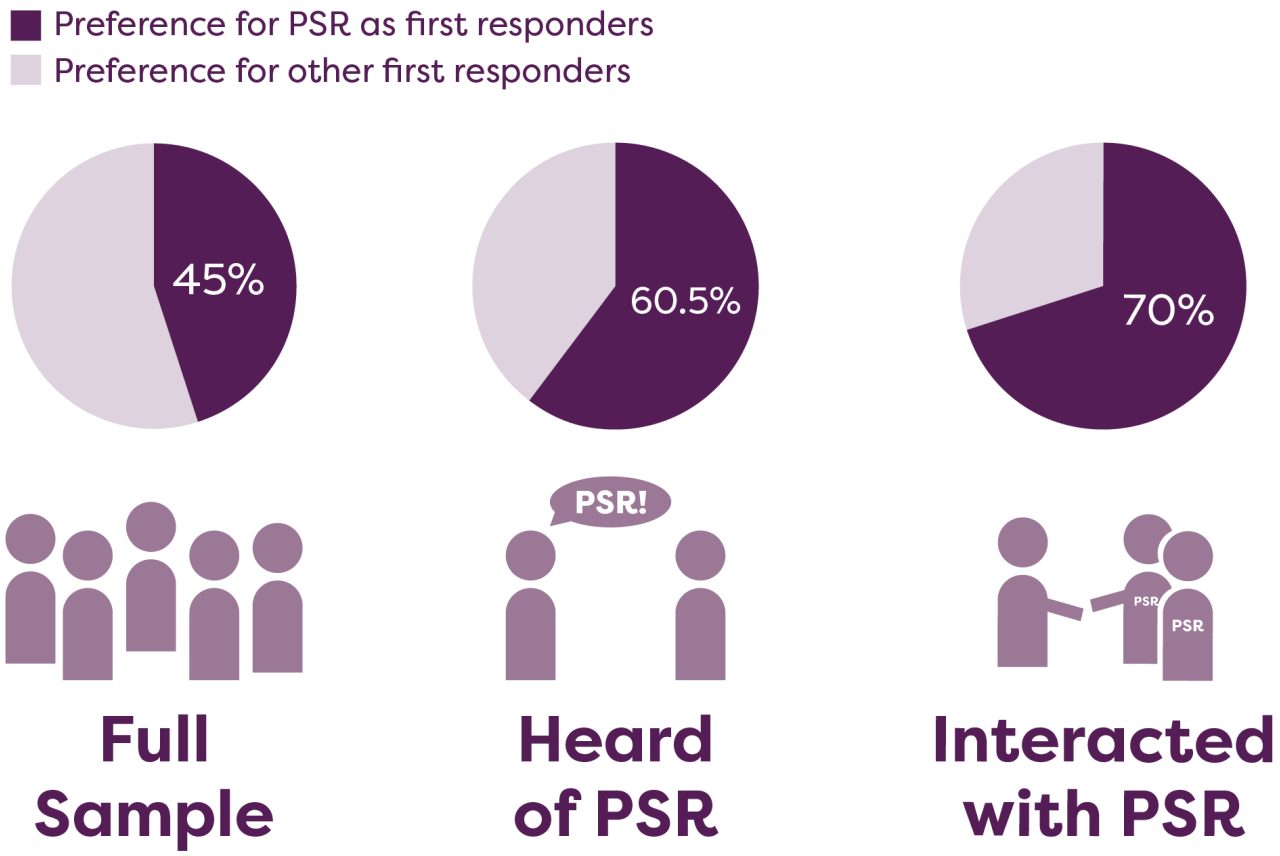
Eleven (13.8%) preferred EMS as the responders, both due to their training (e.g., “More on the medical side, more equipped to handle it”) and for cases in which someone may need to be transported to the hospital: “People need help in crisis and may need an ambulance to go to the hospital.”

Finally, almost a quarter of respondents (18 people, 22.5% of the sample) reported ‘other’ when asked who they preferred the first responders be. In most of these cases, people voiced frustration with what they perceived to be a lack of response and stated that they wanted whomever would respond the fastest. For example, one person said, “Whoever will come fastest. Police take too long showing up. People need help. Government needs to do more about homelessness.” Another said, “Police won’t come if they know it’s just a person in mental health distress. Whoever will come address this issue is what’s needed.” Another said, “It’s usually more important to have any response than no response at all—especially mental health, or if a person’s upset or violent. I feel comfortable if anyone comes.” Others stated that their preference depends on the situation or context. For example, one community member said, “It depends on the moment. Could be PSR when they’re screaming, or need help. When they were lighting stuff on fire, I wanted police and fire.” A few also stated a preference for co-response between different responders: “People definitely need mental health support, and PSR is best for that. But there may also be times when police are needed if it escalates or becomes dangerous for PSR.”

When we separated out preferences for first responders according to whether people had heard of PSR and interacted with PSR, we found statistically significant relationships between knowledge of PSR and preference for first responders, χ^2 (3, N = 80) = 9.04, $p < .05$; and between interactions with PSR and preference for first responders, χ^2 (3, N = 80) = 8.53, $p < .05$. In all cases, regardless of knowledge and interactions, Portland Street Response remained the strongest preference; but among people who had heard of PSR, preference for PSR

increased to 60.5% (compared to 45% in the full sample); and among those who had interacted with PSR, preference increased to 70% (see Figure 19). In contrast, preference for police as first responders in situations involving people experiencing mental health crisis, intoxication, or homelessness decreased from 18.8% of community members in the full sample to 7.9% among people who knew of PSR, and 10% among people who had interacted with PSR.

Figure 19. Preference for Who the First Responders Should be According to Knowledge of and Interaction with PSR



General Community Member Follow-up: Methodology

If, in the context of our survey screening questions, community members acknowledged having interacted with PSR since the program launch (or, in one case attempted to request PSR but was unable to get through to the non-emergency line), they were invited for longer follow-up interviews that occurred via phone and zoom. This resulted in 14 interviews ranging from 30 minutes to one hour. Participants were compensated for their time with a $10 Visa gift card. Interviews were recorded and transcribed prior to qualitative thematic analysis.

General Community Member Follow-up: Sample Description

Among the 14 community members we conducted follow-up interviews with, eight people (57.1%) lived and worked in the neighborhood, while six (42.9%) worked in the neighborhood but did not reside there. The average age was 39, ranging from 27 to 55. Eleven people we interviewed (78.6%) identified their race or ethnicity as White, two (14.3%) identified as Black, and one (7.1%) as Multiracial. When asked how they describe their gender, eight community members (57.1%) reported identifying as women and six (42.9%) as men.

General Community Member Follow-up: Findings

Call issues

In our interviews with community members, several people identified barriers to reaching 911, as well as barriers to reaching Portland Street Response.

Delayed Response from 911 & Non-emergency

Community members described their current and past experiences attempting to seek help using 911 or the non-emergency line. There was widespread disappointment in the response times for both options. People described both being on the phone for a long time (with the non-emergency line being the most difficult to reach, though 911 sometimes had a busy signal), and then also waiting for a responder to show up for a long time. In some cases, nobody showed up. As community members noted:

> “…the non-emergency line was not helpful at all. And even 911, it took two tries to get through, three times. Actually, the first two, I got a busy signal.”

> “In fact, my neighbor, who I talked to you about earlier, she tried calling through the non-emergency line first because that's the way it's advertised on the website. You call non-emergency, but she was put on hold for 13 minutes. Didn't get to talk to anybody. So I finally decided I'm going to call the dispatch through 911. And I was, I got a busy signal at 911 twice before I actually talked to a dispatcher, and I specifically requested Portland street response.”

> “They’re not even showing up when you call 911.”

Do Not Want to Call 911 and Risk Sending Police

Some community members were adamant about not wanting to call 911 due to the possibility of a police response. They described extreme discomfort with calling 911 for this reason, even when there was an emergent situation they felt they needed support with. In some cases, community members called 911 but asked for PSR directly, being explicit that they did not want a police response. Even then, they were uncomfortable with the uncertainty that their request for PSR would be fulfilled and were concerned that police would be dispatched instead. Some people were hesitant to even ask for PSR for this reason.

> "I found good information online that I could call either the non-emergency line or 911. I chose to call the non-emergency line because I didn't want the police sent by mistake, or I didn't want it to be triaged as like, 'Oh, well Portland Street Response is busy, so we'll just send the police instead.' I thought that might happen if I called 911. I thought it would be maybe less likely to happen if I called non-emergency."

One person who works closely with unhoused community members noted that many of them also do not want to call 911:

> "And you don't have a direct way to call them, right? You have to go through 911. Well, those folks are not going to... They don't really have a lot of hope that they'll get help, if they call 911. They also just don't like that whole interaction."

Unsure how to Reach PSR

There was some confusion over the best way to reach PSR. Some community members thought PSR had a direct line, while others thought that calling the non-emergency line was the way to reach PSR. They described searching for PSR contact information online and finding the non-emergency number:

> "So, I found them on their web presence as well, and just called the non-emergency. I don't know if that completely answers your question, but I did know that there were options to not call the police. It was just difficult to find the right name and way to go."

Direct Experiences with PSR

Community members had overwhelmingly positive things to say about their encounters with PSR in response to calls, as well as experiences collaborating at community events with the PSR team.

Kind Manner

People found that the PSR team spoke in a kind, non-threatening, and respectful manner to the clients they were helping.

> "I think what was really helpful is that the team, Tremaine and Britt, even hearing them through the wall, were just very grounded and non-reactive and able to just be, I think,

very compassionate and not threatening either…Tremaine had crouched down next to the guy on the bench to really be at eye level. I feel like their whole vibe was very welcoming and non-threatening."

"It was just really beautiful to see all of my neighbors come out, and the Portland Street Response team just be so kind and sweet and just do what they could do, and then move on to the next thing."

De-escalation

Community members named and valued PSR's de-escalation skills. They noted that PSR's ability to de-escalate resulted in a better outcome for their unhoused neighbors and other people in crisis:

> "And so they interacted with him by his name and they were just very, they calmed him down cause he got somewhat agitated. I think he thought that he was getting kicked off the property or he said that and they're like, 'No, no, no. It's okay.' So they de-escalated the situation when he got agitated, they gave him something to help him physically. I'm not sure what, maybe like an electrolyte or something like that. And they did offer to take him to get medically checked out, but he refused that. And so I guess they couldn't really do more than that, but they were good about it, they understood that he was upset and he did actually say thank you before they left."

Timing

People observed that PSR responded quickly, typically within 10 to 20 minutes. Once they were on the scene, they took the time needed and didn't rush with the people they were responding to. Some community members also felt PSR went above and beyond what they expected from the program.

> "I literally got connected right away, and then someone was out here within 20 minutes. I could have had someone from Portland Street Response here in the time it took to wait on hold with non-emergency, which was really whack."

> "They need to get a better shout out, because they seem to be the first ones on the scene when we do call."

Community Outreach

Community members described non-call related experiences with PSR, including collaborating on a trash pickup event between housed and unhoused neighbors, support at a cooling station during a recent extreme heat wave, and PSR visiting local businesses to introduce the program to the community, or check in after a recent call.

> "They came and supported us a few weeks ago during our cooling station, which was super amazing. Not only were they able to build relationships with our folks just kind of hanging out at our cooling station, but they were there, we had a couple of crisis moments and they were there with us and they kept taking ice from our cooling station out to the trail and it was really amazing partnership."

PSR in Relation to Police

Comparison to Police Interaction

Most community members drew comparisons between their experience with PSR and experiences or knowledge of others' experience with police. They believed that PSR handled situations better than police would have, with some citing that police escalate situations rather than de-escalate, and that police were not trained for certain situations, and PSR would be more appropriate instead. They also saw PSR as a much safer option for community members than police. They noted that police seem to be stretched thin, and the option of another type of response benefited everyone. They also appreciated that PSR had different vehicles and appearance than police.

> "It just felt like a really connected experience instead of somebody a lot of times that happens with the police, somebody's coming out and everything's moving really fast and there's sort of an angry breathed tone. And none of that happened. It was all just very kind and calm."

> "I think it does also help because a lot of people, as we all know, like if they're in a mental health crisis or they're maybe really, really high or something, just seeing an officer sometimes is enough to scare them. And then they're going to act differently than if it's someone that they see is more of a, someone here to help. Like I'm a doctor or I'm a counselor, or I'm a something other than, so they could see somebody as more of a friend coming to help with certain situations rather than seeing the officer."

One person noted that PSR's involvement in the community stood in contrast with the experience that many Black people have had with police in Portland:

> "It's just a very deep history, and I think that we don't trust them and it's not going to happen for a long time. So, having someone like your people, who are coming out and responding and just having us get to know them and knowing that people from our communities who do care about us, who care about us more than the cops do, that's going to help a lot."

Robert Delgado

On April 16, Robert Delgado was shot and killed by Portland police in Lents Park. Mr. Delgado was a local unhoused resident of the Lents area. There was widespread discussion and speculation of the role PSR could have had in preventing this horrible incident. While the killing occurred within PSR's response area, it was before PSR's current operating hours, and the caller indicated Mr. Delgado had a gun (a plastic replica gun was found on the scene)—two factors that precluded PSR from responding. Several community members noted that if PSR had been on the scene instead of the police, the murder would not have occurred given PSR's de-escalation skills and lack of weapons:

"I like the fact that the Street Response folks don't have weapons. They're relying on peaceful means to try to resolve the situation. And that's the only means that they have. So, while I can't say for sure that no cop would have resolved in an equally humane way, I can say for sure that with the Street Response, there's no way that they would end up killing the guy."

Value to Community

A Necessary Option

People agreed that PSR was a much-needed option that was missing from the current tools available to address mental health crises and support people experiencing houselessness.

> "Because we feel that any kind of extra resource for someone who is houseless, or who is experiencing a mental health crisis is a good thing. No matter on which side of the political spectrum you are, or what your views are on our houseless neighbors, or how it should be handled, everyone agrees that more services are needed."

Alternative to Police

Community members repeatedly compared PSR to the typical police response to unhoused people and those experiencing mental health crises, and found that PSR was a valuable alternative.

> "I think the value is that, initially, as I understand the program, is to not always be calling the police. First of all, they're already thin-lined enough with other things they have to respond to. Second of all, it also gives up a good face of de-escalation versus escalation, which we all know sometimes uniform people, including the fire department at times... uniform people set people off."

Areas for Improvement

Pre-emptive Outreach

Several community members thought it would be helpful for PSR to engage in more active outreach to the community – before a call is made. They thought this would help raise awareness about the program as an option, especially among unhoused community members. This speaks to the intended purpose of PSR – a resource for everyone, not just for housed people to call on their unhoused neighbors. However, there are barriers to unhoused people using the program in this way, including lack of knowledge, the need to build trust and familiarity, and the fact that the program is dispatched through 911 and (as mentioned previously) many unhoused – and housed – people are reluctant to call 911.

> "My suggestion is that maybe they pick an area they know that has had a lot of high calls, and come without being called, just to hang out in the area and interact with the houseless, and without being called, without there being somebody or an incident."

> "I just think having the Portland Street Response, having them very visible and being open with the community and maybe even have events where we get to meet the people working there, that would be very helpful."

Additional Resources

Community members had various ideas for additional tools that PSR could utilize. They noted that PSR was not able to do much more than support community members in the moment, and could not directly give them housing or psychiatric care. At the same time, people acknowledged these types of resources may be out of scope for a first responder program; but this speaks to the desperate need for more support for people experiencing homelessness and mental health crisis in Portland.

> "It would have been better obviously if he had been treated medically or had an opportunity to, for housing. I don't know, but that seems like beyond the scope of medics, they can only offer to take him to the hospital."

And similar to how PSR team members noted that the program should not be expected to solve the mental health and homelessness crisis in Portland by itself, community members recognized that PSR is just one part of the solution, and additional resources are still needed.

> "It's not just, 'Oh, we've got a Street Response team for mental health, now everything's going to be better.' No, there's still going to be a lot of issues and other resources will be needed. It's one component of many—a piece of the toolbox… but it is very useful."

Expansion

In line with recommendations raised across each of the stakeholder groups we interviewed, community members were adamant that PSR should be implemented city-wide as soon as possible, and with longer hours. They felt the program was sorely needed throughout the city.

> "I was really bummed out to hear that they didn't just go ahead and expand recently. I'm really hopeful that there can be more people on the street like the two people who showed up in our situation here. It's just, I think the more, gosh, just the more compassion we have representing the city, the more peaceful our city will be. I mean, how do you name what a value that will bring?"

> "I just want you to know that we really appreciate when we do see them, but we feel like they could be doing more, and we wish they were a full-time organization. We will do whatever we can to make that happen."

Community Education

Several people felt that further education for the community on the purpose of PSR, and how to contact PSR, was needed. One suggested distributing pointers for common situations where community members may want to ask for PSR instead of police. Some had heard about the program thought Neighborhood Association or Business Association meetings, but suggested more widespread fliers and explicit messaging about when and how to call PSR. A community member who works closely with unhoused people suggested PSR be more explicit that they are not police, and that this would improve community perceptions of the program.

> "Pretty much when they first came, they handed out flyers and that's the most advertisement we've seen since they started. A lot of people don't know they exist or there's nothing to advertise about the program."

> "That's something that PSR needs to be pushing—we're not cops. When I say they're part of the fire department, or fire and rescue, it changes everything. No one hates fire and rescue."

Direct Line

One explicit point of improvement that emerged from the interviews was a suggestion for PSR to have its own direct phone line or other way to be reached directly. This suggestion builds on many community members' reluctance to call 911, even to explicitly ask for PSR, because they are afraid to risk even the possibility of a police response. In addition to the benefit of separating PSR from police, community members thought having a dedicated line would make the process of reaching PSR clearer and more memorable for community members.

> "I think that there should be some money given so that there can be a separate phone number, because for this to be an actual solution, an actual... Not opportunity, but I don't know. Another option for people that we can't relate it to cops. Through that, it can't be dialing 911 to call for them. You're going to need people to trust you some of the way, then do that. So I would definitely say the government should give some money for you guys to make your own separate phone number."

Recommendations

Data and community voice have guided the development of the Portland Street Response since its inception—from centering on the voices of unhoused people to guide the design and development of the pilot program, to engaging over 50 stakeholders in months of planning to develop an initial implementation strategy, to carefully selecting a pilot location based on call information and community needs. While similar programs in other cities helped provide a blueprint for what an alternative first responder program could look like in Portland, the unique context of our city demanded that we engage in deep self-study to design a program that could reduce the criminalization of homelessness and mental health crisis; help connect people to housing and services in an under-resourced and fragmented system of care; and serve as a small, but important, step toward the transformation of our public safety and criminal justice system.

We are now just past the half-way point of the one-year Portland Street Response pilot program, and as has been the case from the beginning, programmatic data and community voice inform our understanding of how Portland Street Response is performing and point to recommendations for program improvement and expansion. Below, we outline these recommendations and provide suggestions for addressing them. Some of the recommendations are specific to the internal operations of the program, while others are intended to address larger, more systems-level issues that impact the success of the program. Some of these recommendations can be accomplished fairly quickly, while others will require more time and planning to implement.

1. Expand Portland Street Response

It will come as no surprise based on the findings of our evaluation that our primary recommendation is to commit the necessary resources toward the expansion of Portland Street Response to make its services available throughout the city and at all hours of the day. This recommendation is based on analysis of call data as well as feedback from each stakeholder group we interviewed. While we anticipate the expansion to be gradual, it is important that a plan is in place and resources dedicated for citywide expansion by the end of the pilot period (Spring 2022). Below, we elaborate on this recommendation focusing on expansion by geography, operating hours, and call criteria.

By Geography and Service Hours

Currently, Portland Street Response operates in just one part of the city and has limited operating hours, which was intentional to allow the program time to learn and grow. As the second team begins this month, the program will double their operating hours. They also plan to expand their coverage to the entirety of PPB's East Precinct. This expansion in geographic scope and service hours will increase PSR call volume considerably, providing opportunities for continued learning and program refinement as they work toward the eventual citywide expansion in Spring 2022

The expansion will also allow us to gain more precision regarding our estimates of the number of calls that Portland Street Response can expect to divert from other first responders. Our initial analysis based on data from the first six months demonstrates a 4.6% reduction in PPB calls for service during the PSR operating hours and inside the service boundaries. As a point of comparison, CAHOOTS answered 17% of the Eugene Police Department's overall call volume in 2017 (though an analysis by the Eugene Police Department refutes this claim and suggests the divert rate is between 5 and 8%; Eugene Police Crime Analysis Unit, 2020). The Denver STAR program estimates a reduction of 2.8% of Denver Police calls (Bick et al., 2021). We will continue to monitor this figure based on the call volume that PSR receives over the next six months. But even at this early stage we feel highly confident that Portland Street Response is positioned to make a substantial reduction in calls to service to PPB and other first responders as the program expands its geographic scope and operating hours.

And this 4.6% reduction assumes the current limited PSR call criteria which, if expanded, would make the total potential impact of Portland Street Response even greater. We will turn to a discussion of call criteria next.

By Call Criteria

The current criteria for dispatching Portland Street Response is too limited. They cannot respond to calls inside residences, cannot respond if a person is suicidal, cannot respond if the person is in traffic, and cannot respond if the person is physically combative or threatening violence, or if weapons are present. While it is expected that police would respond to calls involving weapons and imminent threats of violence, other restrictions constrain PSR from having an impact where their skills are potentially needed most.

Respond to Calls Inside Residences

Allowing PSR to respond to welfare checks inside residences is essential, and all it would take to make this possible is an agreement from the Portland Police Association (PPA). The team is ready, willing, and experienced in responding to calls involving mental health distress and non-emergency issues inside residences. They understand the need for safety protocols and gathering information about any potential risks before entering the residence. And while they expect to continue responding to a large number of community members who are unhoused, they see the powerful role that responding inside residences has from a prevention perspective. Mental illness is a universal challenge that is by no means limited to people experiencing homelessness. By responding to people in crisis within their homes, they may be able to prevent them from losing their housing and may be able to connect them to services that will help them address a broad array of psychosocial risk factors for becoming unhoused. Given both the team's willingness to respond to calls inside residences, and also the powerful role it will play in enhancing the scope of those they can serve, this should be an immediate priority for program expansion.

Respond to Calls Involving Suicide

Something we heard frequently in our interviews across all stakeholder groups was surprise and confusion about why PSR was not dispatched on calls involving suicide, and not able to initiate Director's Holds in the field. PSR staff have experience assisting people who are suicidal and thought this would be a core function of their job. As it stands, PSR has had to request co-response from PPB or Project Respond on a number of calls involving individuals who are at risk of harming themselves. even though the mental health crisis counselor on the PSR team is licensed to initiate Director's Holds. Much like the constraint on PSR responding inside residences, the constraint on being dispatched to calls involving suicide is one that is primarily bureaucratic in nature. It simply requires entering into a new agreement with PPA to be able to adjust current call criteria and respond to calls involving suicide. Additionally, it would require Portland Street Response to enter into an agreement with Multnomah County to be able to write Director's Holds. Both of these actions should be an immediate priority as the program makes plans to scale up citywide.

2. Trust the Team to Lead but Provide Them with Ample Support

It is critical that the perspectives and experiences of the PSR team inform all programmatic decisions. For example, our recommendations above related to expanding call criteria are directly informed by the PSR team's stated willingness to innovate, take risks, and lead with their vast personal and professional experience in the field. This experience gives them a keen insight into the types of calls they feel are most appropriate for PSR to respond to, and the level of risk they are willing to accept in order to provide service to as many people, in as many different contexts, as possible. The safety of the team and the safety of those they serve is absolutely essential. Thus far, there have been only seven calls that have escalated to verbal or physical aggression, and no team members have been harmed. They also know when to call for assistance and have developed supportive relationships with other first responders and service providers that allow them to make an even great impact on the lives of those they serve.

Despite the strength and resilience of the team, it is vital to recognize the pressures they face as they work to create and lift up this new program. Burnout and compassion fatigue are a common component of any work as a first responder, particularly when providing care to people with such complex challenges and needs. Adding in the demands of being the public face of such a highly visible and highly scrutinized program is immensely challenging; and it is paramount that the team receives ample opportunities for clinical supervision to process the stress and secondary trauma they experience in their work. Currently, the team receives group supervision twice a month, but we recommend individual supervision be added to this to allow individuals to share experiences they may not feel comfortable sharing in a group setting. This is particularly critical as new staff members join the team, especially for the peer support specialists who will need even more support given their close personal connection to the lived experience of PSR clients.

3. Increase Community Outreach and Education

While the PSR team has been diligent about doing preemptive outreach to ensure that the community is well-educated about their services, our surveys and interviews with both unhoused and housed community members suggest that additional outreach and education is needed. Among those we surveyed, only one quarter of unhoused community members and less than half of housed community members had heard of PSR—and rates were lower among people of color. This lack of knowledge prevents people from calling to request PSR, and is highest among those who would most benefit from its services. While knowledge of PSR will certainly increase as the program expands, we recommend conducting more frequent outreach to camps, residences, and businesses to introduce the team and talk about the program. Flyers and billboards announcing the program as it expands to different parts of the city would provide visible reminders to people to call to request services.

4. Address 911 Capacity Issues and Provide PSR-Specific Support to Dispatchers

One of the most consistent themes across our community surveys and interviews was that community members are experiencing a great deal of difficulty reaching a 911 operator to request service, particularly when calling the non-emergency number. This is consistent with reports of unprecedented emergency call volumes and staffing shortages at the Bureau of Emergency Communications (e.g., Bernstein, 2021). These challenges have been further complicated by the introduction of a new triaging system in May 2021 called ProQA which has required additional staff time for trainings, taking away time from their ability to dispatch calls.

Given these capacity issues and their likely effect on PSR's call volume, it is worth carefully considering the feasibility of alternative methods for community members to access PSR, such as 311 or 988. Having a designated line at BOEC for Portland Street Response whereby a licensed clinician or someone experienced with the program could answer calls and then send appropriate ones directly to dispatchers could also help streamline the PSR dispatching process. This would also be responsive to community members we spoke with who reported feeling unsafe calling 911 and suggested that PSR have its own designated line or some other way to directly reach them.

In addition to addressing capacity issues, it is also vital for BOEC to provide regular training and reminders to 911 dispatchers to make sure they are familiar with PSR call criteria and that their process for dispatching calls to PSR becomes as automatic as dispatching police and fire. Based on our collaboration with BOEC supervisors, we have high levels of confidence that they are committed to getting this right; and as PSR scales up, dispatchers will have more opportunities to practice as more calls for service come in. But ongoing training and reminders will be key in order to habituate dispatchers to this new branch of the City's first responder system.

5. Educate First Responders on Co-Response and Collaboration

It is important to educate other first responders about Portland Street Response to facilitate collaboration in the field when needed and to redirect calls that are more appropriate for PSR to respond to. Our interviews with PPB and PF&R staff revealed differing levels of support for co-response with Portland Street Response, with PF&R staff being supportive and PPB staff being either supportive, mixed, or opposed. Across the board, responders felt a lack of understanding regarding the purpose of PSR and when to call them to request support. The PSR team has taken steps to address this by creating information cards describing the types of calls they go on and situations where co-response may be necessary. They have also attended some PPB and PF&R roll calls so staff can become more familiar with one another.

These efforts on the part of the PSR team are important and may help to increase PSR's call volume. For example, it is encouraging that police have transferred over 30 calls to PSR during the pilot, with these numbers increasing in the last three months—suggesting police are beginning to learn which types of calls are more appropriate for PSR to respond to. However, it is also important that PPB, PF&R, and other responders take the time to learn about Portland Street Response and not expect the responsibility to be solely on PSR to educate them. Attending PSR team meetings and trainings—particularly those pertaining to harm reduction, de-escalation, and trauma-informed care—would not only be helpful for their own practice but would also signal a willingness and appreciation for the role that PSR can play in creating a culture shift in the City's first responder system.

As the pilot continues, we will have a better sense for what a formal relationship between PSR, PPB, and PF&R should look like and be better able to correctly identify the types of calls that require a collaborative response. With this said, it is also important for PSR to retain its focus on reducing the presence of police and firefighters on behavioral health and non-emergency calls, and co-response should only be used when absolutely necessary.

6. Keep Portland Street Response Housed within Portland Fire & Rescue

There have been some questions about whether Portland Street Response should remain housed within Portland Fire & Rescue, and it has been our observation that this placement is appropriate and should continue. Being housed within this City Bureau legitimizes Portland Street Response as a core part of the City's first responder system, provides an infrastructure that is directly connected to 911, and fulfills the important mission of remaining a separate response from police. In our interviews with PF&R staff, they noted a greater familiarity with the program based on their pre-existing relationship with PSR staff who were already PF&R employees. While continued effort is needed to bridge the two programs, this familiarity has allowed for close communication as well as collaboration in the field.

One other possible advantage of being housed within PF&R is that is gives the team the ability to use lights and sirens in rare cases where it is absolutely necessary to get to the scene

quickly. This could help expand call criteria to certain incidents that PSR is currently not able to respond to (e.g., people in the street blocking traffic) because doing so requires using lights and sirens. It would also allow them to respond independently to certain higher acuity calls that currently would require co-response with police or fire. We recommend being very conservative about using lights and sirens—only doing so when absolutely necessary, turning them off prior to arriving on the scene, and certainly prior to interacting with any clients. As we learned in the original surveys that we conducted with unhoused community members to inform the pilot, they expressed a strong preference for vehicles not responding with lights and sirens. This should remain the standard practice, with lights and sirens used only for cases that would ultimately increase the safety of the individual by being able to arrive on scene more quickly.

7. Address Gaps That Prevent PSR From Connecting Clients to Resources

Despite the many successes that Portland Street Response has had both in providing a compassionate first response to people in crisis and in connecting them to housing, resources, and services, staff have also reported numerous gaps in resources and services that made it difficult to assist clients. They stated frustration over feeling like a “band-aid” fix due to the lack of available resources in the city. Permanent housing was the largest gap they identified, followed by temporary shelter, sobering centers, detox services, and medical care. The team also discussed the challenge of finding the appropriate level of mental health care, particularly the need for more sub-acute services for those who do not need inpatient hospitalization but may be too symptomatic for walk-in services. Finally, the team noted the need for more low barrier options for shelter and housing, as well as the need to address housing barriers pertaining to criminal backgrounds, lack of rental history, and evictions.

There are programs and initiatives on the horizon that may help to address the interconnected challenges of homelessness, mental health crisis, and substance use disorder. Multnomah County’s new Behavioral Health Resource Center, which is slated to open in 2022 in downtown Portland, will serve a valuable role as a place that PSR can transport clients who need immediate access to shelter and mental health services. The City-funded Behavioral Health Emergency Coordination Network (BHECN) aims to address the critical lack of a sobering station in Portland, which will provide a safe place for PSR to transport individuals who are intoxicated and need to recover.

Portland Street Response is also becoming interwoven into the fabric of mutual aid and advocacy groups working tirelessly to support unhoused people in the Lents neighborhood, including PDX Saints Love, the East Portland Collective, Wall of Vets PDX, and the Street Roots Ambassador Program. Many of these groups are led by or closely allied with people with lived experience of homelessness. They have provided critical support in getting the word out about PSR, calling to request services from PSR, and collaborating with PSR on life-saving actions such as the cooling centers at Lents Park during the deadly heatwaves in summer 2021.

It will be critical for Portland Street Response to continue cultivating both grassroots and government partnerships as they work to connect clients to services and support throughout the city.

8. Refine Data Procedures and Outcome Measures

In order to make sure that the full impact of Portland Street Response can be accurately tracked and documented, it is important to continue refining data collection, charting procedures, and outcome measures. First and foremost, it is important to make sure that staff are entering data into the charting system in a standardized manner. Some staff noted this as an area of concern in our interviews with them. We also experienced some difficulty with data analysis based on inconsistencies in how data were entered, or changes to items based on the team's experience recording data (e.g., the shift in wording from "mental health needs present" and "substance use needs present" to "suspected mental health/substance abuse"). Fortunately, drawing from multiple data sources (e.g., data from the charting system and from field notes) allowed us to triangulate findings across sources, thus enhancing confidence in findings.

Moving forward, a data dictionary with clear definitions of each variable and explanations for how to properly record data should be made available to all staff. Regular trainings should be held for staff to practice and calibrate data entry to ensure confidence and consistency in reporting.

In addition to refining data collection and charting procedures, we also recommend working with PSR partners and community stakeholders to refine outcome measures based on evolving project goals and lessons learned from the first six months.

9. Advance Racial Equity

The criminalization of homelessness and mental health crisis disproportionately affects Black, Indigenous, or Other People of Color (BIPOC). Thus, programs like Portland Street Response that reduce police interactions with people in crisis can play a powerful role in promoting racial and social justice. The program's commitment to racial equity can be seen in its hiring practices and in its focus on equity in its training materials. Further, Fifteen of the 28 clients who the PSR community health workers have worked with, and five of the six who have obtained permanent housing, are BIPOC.

While these efforts are important, one area for growth in the next six months of the pilot concerns the collection of data about race among clients the PSR first responders work with in the field. Currently, staff collect information about client gender and age when possible, but not about client race. When we discussed this with staff in our focus groups and interviews with them, they expressed understandable discomfort based on the fact that clients in distress often cannot report for themselves. We understand and acknowledge this discomfort but also suggest that in order to truly advance racial equity, we must talk explicitly about race and how we notice or do not notice people's race (Zapata et al, 2021). We all have implicit bias that impacts how

we interact with others whether we are conscious of it or not. Being explicit about race and acknowledging race in our interactions with others can help us recognize when we may treat people differently based on these biases. It is also important to know as much as possible about the race or ethnicity of the people PSR responds to so we can work to address any disparities in PSR's service and outreach; connect clients to culturally specific service providers; and address historic inequities caused by systemic racism in homelessness and health services.

With this in mind, and similar to the manner in which client gender is currently being recorded, we recommend that, when possible, the team should ask and record the race of the client in their charting system. However, we know this will often not be possible if the person is in a state of crisis. In these cases, we recommend noting whether or not the client is a person of color based on visual identification (which is likely already occurring internally or subconsciously). We understand and acknowledge the limitation of this approach but believe it is a critical step toward enhancing our understanding of who the program is (or is not) serving.

Given findings from our survey suggesting that BIPOC community members have lower rates of knowledge and interaction with Portland Street Response, we also recommend that staff conduct intentional outreach to communities of color and culturally specific providers to introduce themselves and provide additional information about the program. We also recognize the role we can play in this process and plan to work with the Street Roots Ambassador Program to visit a larger number of camps that are predominantly unhoused people of color when conducting our next round of surveys to inform the one-year PSR evaluation.

Conclusion

Based on the findings of our six-month program evaluation, we feel very optimistic about the future of Portland Street Response and believe it is well on its way to becoming a citywide solution to responding to 911 and non-emergency calls involving unhoused people and people experiencing mental health crisis. Six months is a very short amount of time to institutionalize a new branch of the City's first responder system, and there is certainly more work to be done and more to learn. It will take time for community members to learn about the program and for program staff and partners to fine tune program operations to their optimal levels. Similar programs such as CAHOOTS took decades to scale up to their current operational capacity. The nine recommendations offered above, along with patience and persistence from both community members and program partners, will help Portland Street Response reach its maximum impact as quickly as possible.

As new programs grow and expand, there can be pressure to pivot to try to be all things to all people. What we heard resoundingly from community members is that they believe strongly in the core mission of Portland Street Response and want the program to succeed. As the following quote from a community member powerfully illustrates, people believe that the presence of Portland Street Response not only helps to send the appropriate response to individuals in crisis, but also provides care and compassion to entire communities that are so often ignored—or worse harmed—by the systems intended to protect them:

"I think that it's just, honestly, this is the first time in a really long time that we felt like any system was trying to work for Lents or any neighborhood who's walking through poverty, and it feels like something is coming for us rather than fighting against us. And that gives people hope, which leads to restoration and reconciliation. I think PSR has been a huge light of hope for our community."

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Appendices

Appendix A: PSR Staff ProQOL Item-Level Descriptive Statistics

Item	Mean Time 1	Mean Time 2
Compassion Satisfaction Subscale		
I get satisfaction from being able to help people	4.75	4.50
I feel invigorated after working with those I help	4.00	4.00
I like my work as PSR staff	4.50	4.75
I am pleased with how I am able to keep up with helping techniques and protocols in my job	4.75	4.75
My work makes me feel satisfied	4.50	4.50
I have happy thoughts and feelings about those I help and how I could help them	4.00	4.50
I believe I can make a difference through my work	4.00	4.25
I am proud of what I can do to help	4.50	4.00
I have thoughts that I am a “success” as PSR staff	3.75	3.50
I am happy that I chose to do this work	4.75	4.50
Burnout		
I am happy	4.25	3.75
I feel connected to others	4.75	4.25
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	1.75	1.50
I feel trapped by my job as PSR staff	1.50	3.00
I have beliefs that sustain me	4.50	4.25
I am the person I always wanted to be	4.00	4.25
I feel worn out because of my work as PSR staff	2.25	2.50
I feel overwhelmed because my workload seems endless	2.25	2.00

I feel “bogged down” by the system	3.25	4.25
I am a very caring person	4.50	4.00
Secondary Traumatic Stress		
I am preoccupied by more than one person I help	3.25	3.00
I jump or am startled by unexpected sounds	2.00	2.75
I find it difficult to separate my personal life from my life as PSR staff	3.25	2.25
I think that I might have been affected by the traumatic stress of those I help	2.50	2.00
Because of my work, I have felt “on edge” about various things	3.25	3.00
I feel depressed because of the traumatic experiences of the people I help	2.00	1.50
I feel as though I am experiencing the trauma of someone I have helped	1.25	1.00
I avoid certain activities or situations because they remind me of frightening experiences of the people I help	1.00	1.25
As a result of my work, I have intrusive, frightening thoughts	1.00	1.25
I can’t recall important parts of my work with trauma victims	1.75	1.50

Note: Items were asked on a scale of 1 (Never) to 5 (Very often); some items were reverse-scored prior to calculating average subscale scores

Appendix B: PF&R Staff ProQOL Item-Level Descriptive Statistics

Item	Mean Time 1	Mean Time 2
Compassion Satisfaction Subscale		
I get satisfaction from being able to help people	4.50	4.75
I feel invigorated after working with those I help	3.00	3.00
I like my work as a firefighter	4.75	5.00
I am pleased with how I am able to keep up with helping techniques and protocols in my job	3.00	3.75
My work makes me feel satisfied	3.75	4.00
I have happy thoughts and feelings about those I help and how I could help them	3.50	3.50
I believe I can make a difference through my work	4.25	3.50
I am proud of what I can do to help	3.75	4.25
I have thoughts that I am a “success” as a firefighter	4.00	3.75
I am happy that I chose to do this work	4.75	4.75
Burnout	Mean Time 1	Mean Time 2
I am happy	5.00	4.50
I feel connected to others	4.25	3.25
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	1.75	2.25
I feel trapped by my job as a firefighter	2.25	2.00
I have beliefs that sustain me	3.50	4.25
I am the person I always wanted to be	3.75	4.00
I feel worn out because of my work as a firefighter	4.50	4.25
I feel overwhelmed because my workload seems endless	3.50	3.25
I feel “bogged down” by the system	3.25	3.25

I am a very caring person	4.25	4.25
Secondary Traumatic Stress	Mean Time 1	Mean Time 2
I am preoccupied by more than one person I help	4.25	3.25
I jump or am startled by unexpected sounds	2.00	1.75
I find it difficult to separate my personal life from my life as a firefighter	3.00	2.50
I think that I might have been affected by the traumatic stress of those I help	2.25	2.25
Because of my work, I have felt “on edge” about various things	3.25	2.50
I feel depressed because of the traumatic experiences of the people I help	1.50	1.50
I feel as though I am experiencing the trauma of someone I have helped	1.75	2.00
I avoid certain activities or situations because they remind me of frightening experiences of the people I help	1.25	1.00
As a result of my work, I have intrusive, frightening thoughts	1.50	1.50
I can’t recall important parts of my work with trauma victims	2.25	2.75

Note: Items were asked on a scale of 1 (Never) to 5 (Very often)

Appendix C: Portland Street Response Interview, Survey, and Focus Group Questions

Portland Street Response Staff Focus Group and Interview Questions

1. To begin with, please describe the roles and responsibilities of your job
2. Please describe a typical day/ week as a member of the Portland Street Response (PSR) staff team.
3. What are your favorite things about your job? Least favorite things?
4. What are the biggest challenges of your job? Do you feel supported in addressing these challenges? Please elaborate and provide specific examples.
5. Please describe your experiencing interacting with and/or collaborating with other first responders and service providers during the course of your work.
6. Do you feel that the work you are doing is helping to make a difference for the community, particularly individuals experiencing homelessness and/or mental health crisis? Please elaborate with specific examples.
7. Do you have any suggestions or recommendations for improving and scaling up the PSR program, especially as it relates to the support you receive in doing your job? Please elaborate

Portland Fire & Rescue and Portland Police Bureau Staff Focus Group and Interview Questions

1. To begin with, please describe the roles and responsibilities of your job
2. Please describe your knowledge of and/or experience with the Portland Street Response (PSR) program.
3. Have you interacted directly with PSR? If so, please describe.
4. How do you see PSR intersecting with or impacting your work?
5. Has PSR taken away or reduced any of the typical burdens of your job? Please describe.
6. How has the PSR team worked collaboratively with you and other first responders? Please describe.
7. Do you have any suggestions or recommendations for improving the PSR program? Please elaborate

General Community Member Interview Questions

1. To begin with, please describe your involvement in the Lents neighborhood *(e.g., are you employed or do you live here?; how long have you lived or worked here?; experiences with the neighborhood?)*
2. Please describe your knowledge of and/or experience with the Portland Street Response (PSR) program.
3. Have you called PSR to request service? If so, please describe the process and outcome.

4. Have you interacted directly with PSR in other ways? If so, please describe.
5. What value do you see PSR adding to your community?
6. Do you think the PSR program did a good job doing outreach to your community and educating community members about the purpose of the program? How could they improve this in other neighborhoods?
7. Do you have any suggestions or recommendations for improving the PSR program? Please elaborate.

Survey of Unhoused Community Members

1. **Have you interacted with a first responder in the last three months, and if so, what was it like? (<u>EVERYONE ANSWERS</u>)**

    ❑ Yes

    ❑ No

    If yes, first responder type *(check all that apply)*:

    ❑ Police or other law enforcement

    ❑ Firefighter

    ❑ EMTs or paramedics

    ❑ Mental health crisis responder

    ❑ Other_____

    What was positive about the interaction? *(specify type of responder they're referring to)*

    What was negative? *(specify type of responder they're referring to)*

2. **In general, do you feel safe calling 911 if you or someone else needs help? (<u>EVERYONE ANSWERS</u>)**

    ❑ Yes

    ❑ No

    If no, why not?

3. **Are you familiar with the City's new Portland Street Response program? (<u>EVERYONE</u>)**

   ❑ Yes

   ❑ No

   What do you know about it?

   What are your attitudes toward it?

4. **Have you had any direct interaction or experience with the Portland Street Response program since it started in February? (<u>EVERYONE ANSWERS</u>)**

   ❑ Yes

   ❑ No **(IF NO-- SKIP TO QUESTION 8)**

   If YES, which of the following best describes how you met them:

   ❑ I called them for help

   ❑ Someone else called to request help for me

   ❑ I met them when they did outreach to my camp or neighborhood

   ❑ Other_____

   Please describe this experience

   What went well?

   What did not go well?

   What was the outcome? Were they able to help you or others? How?

   What would have made you or others feel more supported?

   On a scale of 1 (worst) to 5 (best) how would you rate your experience with PSR?

   ❑ 1 (worst)

   ❑ 2

   ❑ 3

- ❑ 4
- ❑ 5 (best)

5. **What supplies and services did the PSR team provide to you?**

- ❑ Wound care
- ❑ Insulin
- ❑ Naloxone
- ❑ Food/ water
- ❑ Hygiene products
- ❑ Clothing
- ❑ Backpacks/ bags for peoples' belongings
- ❑ Blankets
- ❑ Phone/ phone charger
- ❑ Needle exchange
- ❑ Crisis counseling
- ❑ Suicide prevention, assessment, and intervention
- ❑ Conflict resolution and mediation
- ❑ Substance abuse counseling
- ❑ Housing assistance or referrals
- ❑ First aid and non-emergency medical care
- ❑ Resource connection and referrals
- ❑ Transportation to services

- ❑ Storage for belongings
- ❑ Pet care/ accommodations
- ❑ Transportation of partner or dependents
- ❑ Protection/ separation from partner (protection from intimate partner violence)
- ❑ Protection from threat/ danger
- ❑ Compassion
- ❑ Other_____

6. **What supplies and services did you need that they were unable to provide to you?**

- ❑ Wound care
- ❑ Insulin
- ❑ Naloxone
- ❑ Food/ water
- ❑ Hygiene products
- ❑ Clothing
- ❑ Backpacks/ bags for peoples' belongings
- ❑ Blankets
- ❑ Phone/ phone charger
- ❑ Needle exchange
- ❑ Crisis counseling
- ❑ Suicide prevention, assessment, and intervention
- ❑ Conflict resolution and mediation

- ❑ Substance abuse counseling
- ❑ Housing assistance or referrals
- ❑ First aid and non-emergency medical care
- ❑ Resource connection and referrals
- ❑ Transportation to services
- ❑ Storage for belongings
- ❑ Pet care/ accommodations
- ❑ Transportation of partner or dependents
- ❑ Protection/ separation from partner (protection from intimate partner violence)
- ❑ Protection from threat/ danger
- ❑ Compassion
- ❑ Other_____

7. **How was your experience with the Portland Street Response team different from your experience with other first responders like police or firefighters**?

8. **What value does the Portland Street Response program have for your community? (<u>EVERYONE ANSWERS</u>)**

9. **Do you have any additional suggestions or recommendations for us? (<u>EVERYONE</u>)**

Thanks for answering all those questions! I just have a few more questions to ask:
<u>(EVERYONE)</u>

What is your age?_____

How do you describe your race/ ethnicity?_____

How do you describe your gender?_____

In the last week, where have you slept most often?

- ❑ In an abandoned building
- ❑ In a car or other motor vehicle
- ❑ At a day center
- ❑ In a hotel/ motel
- ❑ In an emergency shelter
- ❑ On the street in a tent
- ❑ On the street, not in a tent
- ❑ On transit
- ❑ At a transit stop
- ❑ In a tiny home village/ pod
- ❑ House or apartment
- ❑ Other_____

How long have you been houseless? (answer in months or years) _____

Do you identify as any of the following?

- ❑ Veteran
- ❑ LGBTQIA
- ❑ Person with a mental disability or mental illness
- ❑ Person with a physical disability or chronic illness
- ❑ Non-English speaker, or English as a second language
- ❑ Parent to a child under age 18

Survey of General Community Members

1. Do you live or work in this neighborhood, or both?
    a. Live
    b. Work
    c. both
2. Have you heard of the City's new Portland Street Response Program?
    a. Yes (please describe what you know about it)
    b. No

Description:

3. Have you had any interactions with Portland Street Response?
    a. Yes (please describe the interaction)
    b. No

Description:

4. If yes, on a scale of 1 (worse) to 5 (best), how satisfied were you with this service?

Response:

5. In general, do you feel safe calling 911 if you or someone else needs help?
    a. Yes
    b. No

If no, why not?

6. How many times have you called 911 in the past 12 months to report someone experiencing homelessness or a behavioral health issue (mental health or substance use-related) near your work or residence?

Response:

7. Who would you prefer to respond to these types of calls?

    a. Police

    b. Firefighters

    c. EMS (emergency medical services)

    d. Portland Street Response (provide description)

    e. Other_____

Race:

Age:

Gender:

Appendix D: Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.

2. I am preoccupied with more than one person I [help].

3. I get satisfaction from being able to [help] people.

4. I feel connected to others.

5. I jump or am startled by unexpected sounds.

6. I feel invigorated after working with those I [help].

7. I find it difficult to separate my personal life from my life as a [helper].

8. I am not as productive at work because I am losing sleep over traumatic experiences of

a person I [help].

9. I think that I might have been affected by the traumatic stress of those I [help].

10. I feel trapped by my job as a [helper].

11. Because of my [helping], I have felt "on edge" about various things.

12. I like my work as a [helper].

13. I feel depressed because of the traumatic experiences of the people I [help].

14. I feel as though I am experiencing the trauma of someone I have [helped].

15. I have beliefs that sustain me.

16. I am pleased with how I am able to keep up with [helping] techniques and protocols.

17. I am the person I always wanted to be.

18. My work makes me feel satisfied.

19. I feel worn out because of my work as a [helper].

20. I have happy thoughts and feelings about those I [help] and how I could help them.

21. I feel overwhelmed because my case [work] load seems endless.

22. I believe I can make a difference through my work.

23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].

24. I am proud of what I can do to [help].

25. As a result of my [helping], I have intrusive, frightening thoughts.

26. I feel "bogged down" by the system.

27. I have thoughts that I am a "success" as a [helper].

28. I can't recall important parts of my work with trauma victims.

29. I am a very caring person.

30. I am happy that I chose to do this work.

Prepared by

Portland State University Homelessness Research & Action Collaborative

PSU-HRAC addresses the challenges of homelessness through research that uncovers conditions that lead to and perpetuate homelessness. Our goal is to help reduce homelessness and its negative impacts on individuals, families and communities, with an emphasis on communities of color.

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