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Bureau of Fire & Rescue

Portland Street Response: Year One Evaluation

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Portland State
Homelessness Research
& Action Collaborative

Research Team

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Cover: Portland Street Response Community Health Worker Haika Mushi and Portland Fire & Rescue Deputy Fire Marshal Michael Silva (Photo courtesy of City of Portland).

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Overview of the Program

Portland Street Response (PSR) is a new branch of the first response system in Portland, OR that assists people experiencing mental health and behavioral health crises. Operating within Portland Fire & Rescue (PF&R), PSR launched on February 16, 2021 in the Lents neighborhood and expanded to cover the entirety of the Portland Police Bureau (PPB) East Precinct on November 4, 2021. The founding team consisted of a firefighter paramedic, a licensed mental health crisis responder, and two community health workers, with a second team added in November consisting of a firefighter EMT, amental health crisis responder, and two peer support specialists. PSR 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 overall effectiveness of the Portland Street Response pilot program
2. Provide suggestions for program refinement and adaptation during the pilot year
3. Provide recommendations for scaling Portland Street Response up citywide

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 evaluation documents the first year of PSR’s service—a year in which the program was learning what worked and what did not work, establishing trust and recognition from community members, and navigating the second year of a global pandemic. The dynamic, ever-evolving nature of the program means there is still much to learn, especially as PSR scales up citywide.

Program Performance and Outcomes

Call Characteristics

- In the first year of the Portland Street Response program (February 16, 2021 to February 16, 2022), PSR responded to 903 incidents
- 92% of calls were dispatched by BOEC (53% from 911 calls and 39% from calls to the non-emergency number) and 8% from PSR self-dispatch
- Of the 903 calls for service, 824 (91.3%) were calls traditionally responded to by the Portland Police Bureau (PPB) and 79 (8.7%) were fire and medical calls traditionally responded to by Portland Fire & Rescue (PF&R)
- The average response time was 13 minutes and 48 seconds
- The average on-scene time was 15 minutes and 46 seconds for all calls, and 20 minutes and 51 seconds for calls involving client contact
- 89% of calls involved no co-response with other units (e.g., PPB, PF&R, AMR)
- PSR staff made 144 referrals to service in their initial contacts with clients in the field, with the majority of referrals (97) made to PSR community health workers
- PSR initiated 65 transports to hospitals, walk-in clinics, and clients' homes
- 65.1% of client contacts involved someone experiencing homelessness
- 51.9% of client contacts involved someone with suspected mental health needs
- The most common outcome of calls involving client contacts was that the client was evaluated in the field and no further treatment was required (26.1% of calls)
- 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

The PSR call load represented a 4% reduction in total calls that police would have traditionally responded to in the PSR service area and hours of operation. Applying this figure out citywide, we estimate that PSR could have responded to at least 15,000 calls if the program had been operating citywide and 24/7 during 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 27% reduction in PPB response on non-emergency welfare checks and unwanted persons calls.

During the pilot's operating hours in the PSR service area, we found that PSR activity represented a reduction of 12.4% 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 29 clients (3.2% of all calls) transported to the hospital for additional care.

Resources and Follow-up

Clients served by Portland Street Response received a variety of resources to address their basic needs, including 164 water bottles, 157 snacks or food boxes, 82 clothing items, and 92 tents or sleeping bags.

PSR Community health workers and peer support specialists worked with a total of 44 clients who were referred to them from the PSR first responders. Community health workers and peer support specialists completed 437 visits with PSR clients, working with them to make 261 referrals to service, including 92 housing applications and referrals, 35 financial/ benefits referrals, and 29 shelter referrals. Nine clients obtained permanent housing as a result of their work with Portland Street Response.

Community Engagement

PSR staff also engaged over 2,500 community members in outreach and engagement activities during the first year of the program. These included de-escalation trainings, door-to-door canvassing at businesses and residences to raise awareness about PSR, efforts to keep unhoused people and other community members safe during the record heatwaves of summer 2021, and community health clinics.

Stakeholder Feedback

Unhoused Community Members and Others Served by PSR

We worked with the Street Roots Ambassador Program to conduct surveys with 314 unhoused community members living in the PSR service area about their knowledge of and experience with Portland Street Response, as well as their experience with other first responders.

- Across the pilot year, a total of 93 unhoused community members we spoke with (29.6%) had heard of Portland Street Response and 221 (70.4%) had not. Rates of awareness among those we talked to in the second six months of the pilot were slightly higher than those surveyed in the first six months (33.5% compared to 25.8%)
- 33 of 314 unhoused community members (10.5%) reported specific interactions with Portland Street Response, ranging from meeting them during outreach activities to receiving services from them.

- 119 unhoused community members (37.9%) reported having interacted with other first responders in the last three months, with over half of these interactions (57.1%) 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 (160 people, 51%) reported not feeling safe calling 911, with reasons ranging from legal concerns to not trusting police to help them.

We also conducted nine 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. When asked to rate their satisfaction with PSR on a scale of 1 (worst) to 5 (best), they rated the program a perfect 5 out of 5.

PSR Staff

We conducted quarterly interviews or focus groups with PSR staff 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 for connection and training between teams. 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 PF&R staff expressed support for PSR throughout the pilot year, we observed a noticeable shift in attitudes among PPB staff from one of opposition or skepticism at six months to one of general support at one year.

General Community Members

We conducted 164 surveys with people living and working in the PSR service area about their knowledge of and experience with Portland Street Response, as well as their experience with other first responders.

- 89 community members we spoke with (54.3%) had heard of Portland Street Response and 75 (45.7%) had not. There were striking racial disparities, with only 38.2% of BIPOC community members having heard of the program compared to 68.2% of White community members. However, rates of awareness among BIPOC almost doubled between the surveys conducted in the first half of the pilot (27.5%) and those conducted in the second half (50%), which is encouraging and an indicator of successful outreach to communities of color.
- 43 of 164 community members (26.2%) 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 (80 people, 48.8%) 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 30 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 expanded service area and hours but encouraged the program to maintain a localized focus throughout the expansion.

Recommendations and Conclusions

This report marks the completion of the first year of Portland Street Response. There have been numerous challenges and hurdles over the course of the year, but the program has remained steadfast in its commitment to growing, learning, and responding to the needs of community, clients, and staff. Here, we revisit, review, and revise the nine recommendations we offered up in our six-month report, commenting on progress made and work still to be done.

1. Continue to Expand Portland Street Response

The findings of our one-year evaluation support the continued 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. It is also imperative to expand call criteria to allow the team to respond inside residences, to be dispatched on calls involving suicide, and to respond to some calls involving higher levels of acuity. As PSR expands citywide, it is also important to continue to cultivate strong community connections and ensure adequate staff coverage to allow for sufficient time with clients in the field.

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, it is critical that the team receives ample opportunities for individual clinical supervision to process stress and secondary trauma. It is also important to provide opportunities for close connection and training among team members; develop preventative measures for mediation to address conflicts that may occur as the team grows; and ensure open communication and transparency about programmatic decisions.

3. Continue to Refine Community Outreach and Education Efforts

The PSR team has been diligent about conducting outreach and engagement activities to ensure that the community is well-educated about their services. We observed modest increases in awareness about PSR among unhoused community members surveyed in the first six months of the pilot compared to the second six months, and larger increases among general community members. It is important to educate all community members that PSR is a program they can call when they are in need, not just for another person.

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

One of the most consistent themes across the community surveys and interviews we conducted throughout the pilot year was that community members are experiencing a great deal of difficulty reaching 911 operators to request service. Concerns about calling 911 also pose a barrier. It remains 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. Enhance Understanding and Communication Between First Responders

In follow-up interviews with PF&R staff, individuals requested more face-to-face meetings and report-outs about the calls PSR responds to. In follow-up interviews with PPB staff, we observed noticeable attitude shifts from opposition or skepticism at six months to general support for PSR at one year. The PSR team has taken important steps to increase understanding and communication between responders by creating information cards and attending some PPB and PF&R roll calls. While communication between responders is important, PSR should continue to retain a focus on reducing 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 but Affirm its Unique Culture and Identity

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. However, PSR must be supported in retaining its unique culture and identity and not be expected to fully align with traditional fire culture.

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

Gaps in the local system of care, especially permanent housing, sub-acute mental health care, and sobering centers, make it difficult for PSR staff to assist clients beyond their initial response. These gaps are also a point of vocal frustration among community members, some of whom unfairly equate the continued visible presence of homelessness and mental health crisis as a failure of Portland Street Response Some upcoming City and County programs may help fill these gaps, as will continued collaboration with mutual aid and advocacy groups.

8. Continue to Refine Data Procedures and Outcome Goals

PSR has been very responsive to our recommendations pertaining to refining data collection procedures, including the development of detailed charting manuals, data dictionaries, and interactive data dashboards. As the program expands citywide, it is also important to work with PSR partners and community stakeholders to refine outcome measures based on evolving project goals and lessons learned.

9. Continue to 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. The program has implemented measures for collecting data pertaining to client race whenever possible. They have also conducted careful and concerted outreach to culturally specific providers and BIPOC community members at a variety of community engagement activities. As the program grows, it will be important to focus attention on retention of staff of color and also promoting or recruiting people of color to leadership positions.

Portland Street Response has come so far in a very short amount of time—from a small pilot program in one neighborhood to a citywide movement that has fundamentally changed Portland's first response system. Portland Street Response provides a model for the nation to follow, and we look forward to continuing to monitor its progress and impact as it expands citywide.

A mental health crisis responder and a peer support specialist on scene at a call in the East Precinct. (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). Their campaign was endorsed by City Commissioner Jo Ann Hardesty, who had long advocated for the development of unarmed, alternative first response options. Based on these efforts, Portland City Council allocated $500,000 toward developing and implementing the PSR pilot program in June 2019.

Under the leadership of Commissioner Hardesty, work groups representing a variety of stakeholders (e.g., service providers, advocates, and elected officials) spent months designing Portland Street Response 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; expanded to cover the entirety of the Portland Police Bureau East Precinct on November 4, 2021; and expanded citywide on March 28, 2022, following the end of the initial pilot period.

The Team

Portland Street Response began with one founding team of four that included a Firefighter Paramedic, a Mental Health Crisis Responder II, and two Community Health Workers, one of whom also serves as Community Engagement and Outreach Manager. In November 2021, a second team was added consisting of a Firefighter

EMT, a Mental Health Crisis Responder I, and two Peer Support Specialists. Team members brought a variety of relevant professional and personal experiences to their work, including first responder work in the Portland Metro area for 20+ years, mental health crisis response, substance use treatment, international public health work in Latin America and Africa, lived experience with trauma and neurodivergence, and work in various social services focused on housing and homelessness.

The team of eight is quite diverse, with three people of color, four women, 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; a communications manager who has worked with the City of Portland for over 10 years; and a data analyst with experience in mental health crisis work and social justice education. Several on-call PF&R staff and mental health crisis responders also covered PSR shifts throughout the pilot period when core staff were sick, on vacation, or at required trainings or meetings.

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). Then, on November 4, 2021, the boundary expanded again and covered the entire Portland Police Bureau East Precinct (see Figure 2).

From February 16, 2021 to October 28, 2021, the PSR hours of operation were Monday to Friday from 10 AM to 5 PM. From November 4, 2021 to February 16, 2022, the first team responded to calls Monday to Thursday from 9 AM to 5 PM; and the second team responded to calls Thursday to Sunday from 6 PM to 2:30 AM.

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

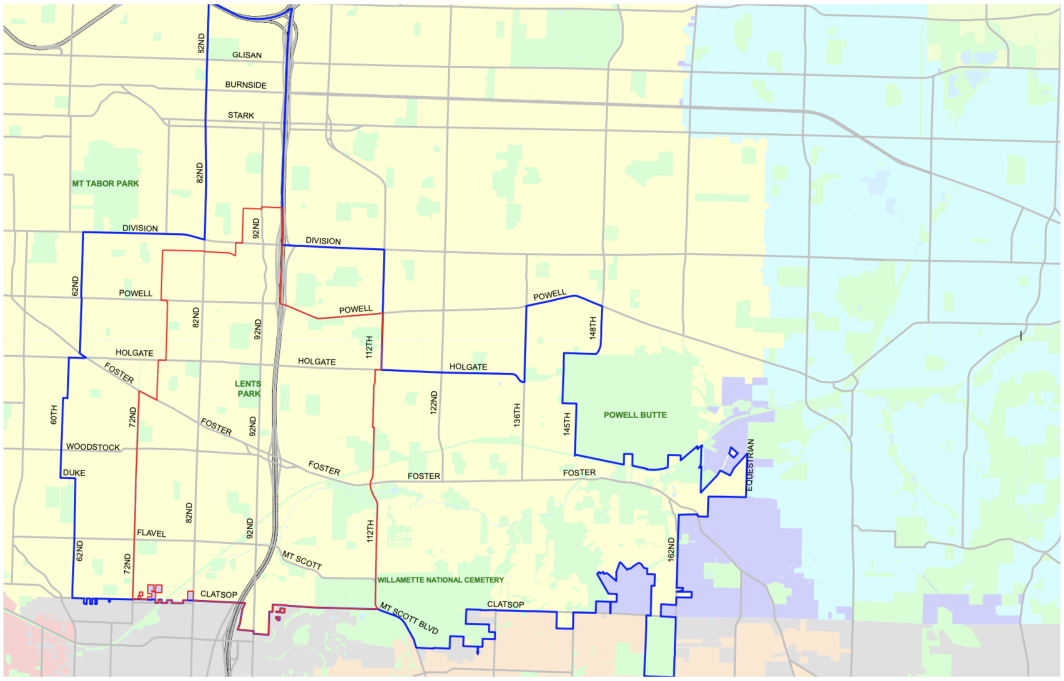
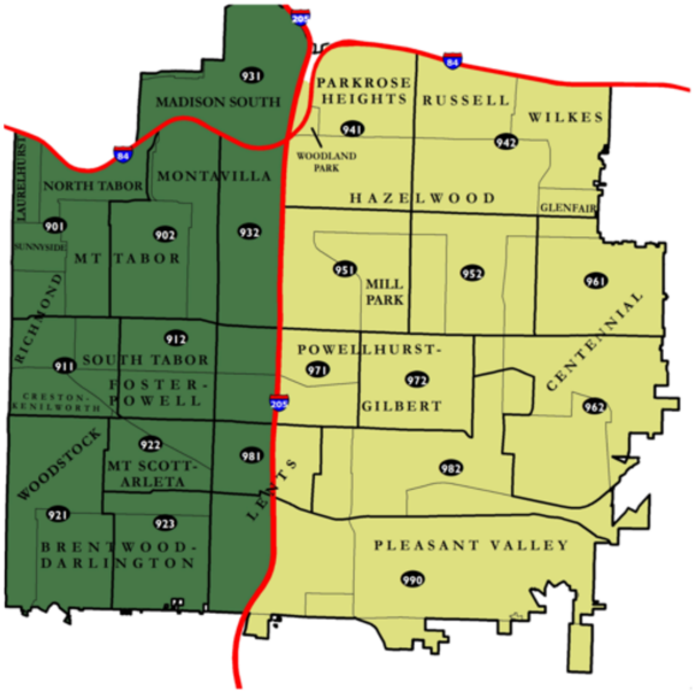


Figure 2. Map of Portland Street Response Boundaries after Expanding Coverage to the Entire PPB East Precinct



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 was dispatched if the call was within their service location and working hours, 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 teams on their first days of service- February 16, 2021 for Team 1 (left) and November 4, 2022 for Team 2 (right). (Photo courtesy of the City of Portland).

Overview of the Portland Street Response Evaluation

Purpose and Methodology

This program evaluation was 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 utilized a mixed-methods research design incorporating both quantitative and qualitative components to triangulate findings and craft recommendations. Our approach infused 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 related to drug or alcohol use
8. Percent of calls involving both drug or alcohol use and mental health
9. Percent of calls involving an unhoused person
10. Percent of calls that result in AMR or other transport
11. 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:
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:

- 314 surveys with unhoused community members conducted in collaboration with the Street Roots Ambassador program
- Nine PSR client interviews
- Two PSR staff focus groups and 24 individual interviews with PSR staff
- Three focus groups and five interviews with a total of fifteen PPB staff members
- One focus group and four interviews with a total of six PF&R staff members
- 164 surveys with general community members living or working in the PSR service area
- 30 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
- Three ride-alongs with PSR staff
- One sit-along with BOEC dispatchers
- Attendance at community events hosted by PSR
- Notes taken at weekly meetings with staff from PSR and BOEC
- Notes taken at 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).

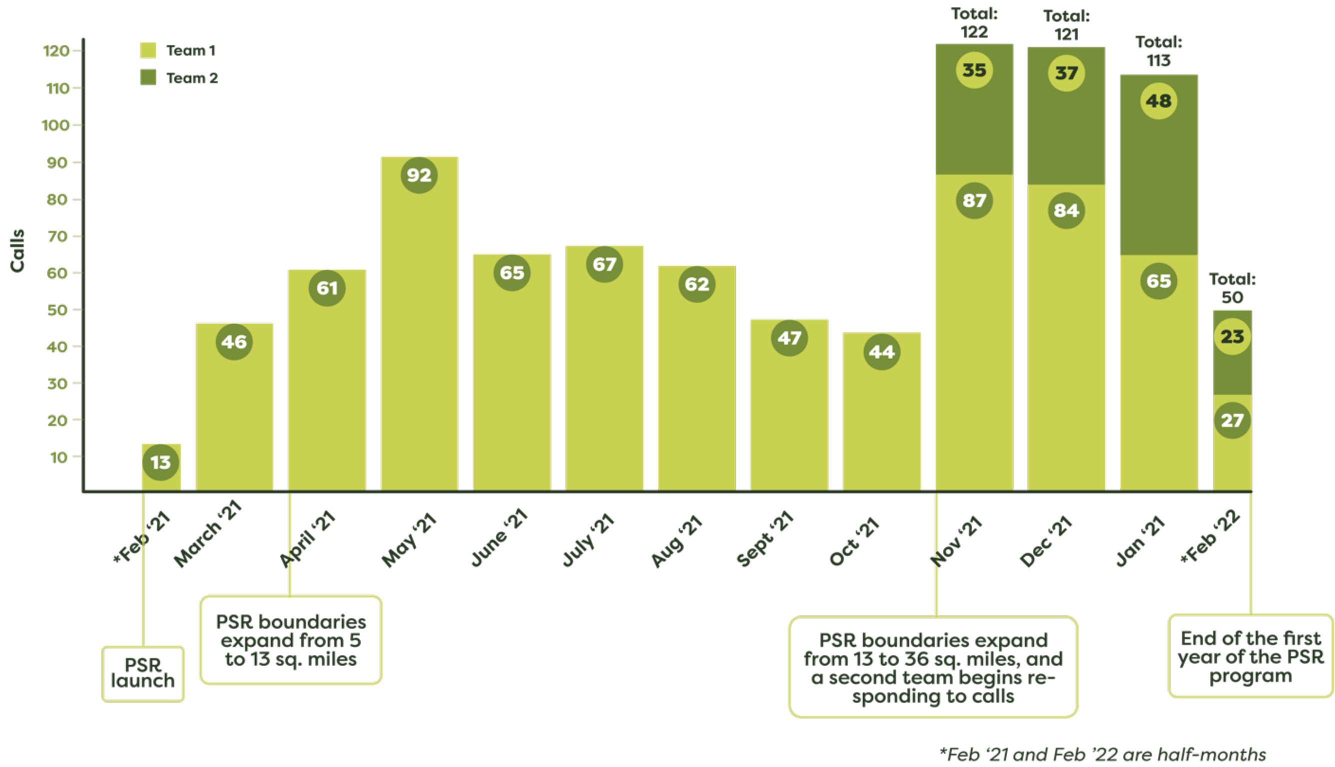
PSR Call Characteristics

Call Volume and Origin

In the first year of the Portland Street Response program, PSR responded to 903 incidents—497 between February 2021 and October 2021 (approximately 14 calls per week and 3 calls per shift); and 406 between November 2021 and February 2022 following the geographic expansion and addition of the evening team (approximately 19 calls per week/ 5 calls per shift for the day team and 10 calls per week/ 2.5 calls per shift for the evening team). See Figure 3 for a timeline of monthly call volume[1] and significant programmatic changes during the one-year Portland Street Response pilot.

In total, 90% of calls were dispatched by the Bureau of Emergency Communications (52% from 911 and 38% from calls to the non-emergency number), and 10% from PSR self-dispatching to incidents they observed or learned about from other first responders.

Figure 3. Timeline of Monthly Call Volume and Significant Programmatic Changes during the First Year of the Portland Street Response

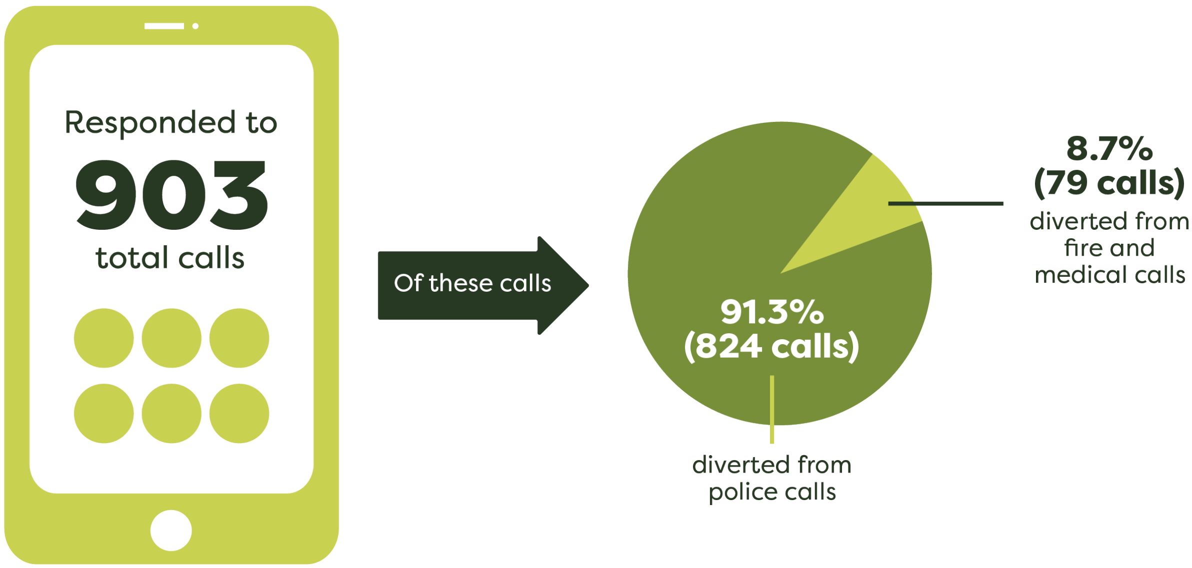


[1] Here and elsewhere, our numbers may differ from those on the PSR data dashboard due to differences in time intervals (our evaluation corresponds to the first year of the program vs. updated weekly) and we consulted multiple sources to arrive at our numbers.

Call Type

Of the 903 calls, 824 (91.3%) were calls traditionally responded to by the Portland Police Bureau (PPB), and 79 (8.7%) were fire and medical calls traditionally responded to by Portland Fire & Rescue (PF&R) (see Figure 4). We will discuss these call types in more detail below.

Figure 4. Number of PSR Calls by Original Responder Type



Calls Traditionally Responded to by PPB

The 824 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—calls coded as 'welfare checks' and 'unwanted persons.'[2] Based on our coding, we found the following distribution of these call types in the PSR call load: 84.6% welfare checks, 13.5% unwanted persons calls, and 1.9% that we were unable to determine based on

[2] While the six-month report also included calls coded as 'suspicious persons' calls, after consulting with PPB and BOEC staff about this call type, we learned that a higher level of risk/potential criminal activity is associated with this call type, and PSR is not likely to be dispatched. Therefore, we decided to focus only on calls coded as welfare checks and unwanted persons here and when discussing Outcome 2 on pg. 31.

the available call text, or which did not fit into these two categories. Thus, the vast majority of calls that PSR is currently diverting from police involve welfare checks.

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 79 calls in this category represent both fire and medical calls, with the two most common types being behavioral health issues (24 calls, 30.4%) and calls involving illegal burns (21 calls, 26.6% of calls in this category). Other calls ranged from health-related concerns that arose during the course of PSR's work (e.g., heat/cold 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 13 minutes and 48 seconds. The 90^{th} percentile response time was 24 minutes and 13 seconds, meaning that 90% of the time, PSR responds within 24 minutes and 13 seconds. In comparison, the state standard for mobile crisis response time is within one hour.

The average on-scene time, which is the time it takes for PSR staff to resolve the call, was 15 minutes and 46 seconds for all calls, and 20 minutes and 51 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 during their pilot period).

Co-Response

While the vast majority of PSR calls (89%) required no co-response, 99 calls (11% of all PSR calls) involved co-response with other units (e.g., PPB, PF&R, AMR) (see Figure 5). PSR requested assistance from another unit in 68 of these calls (68.7%), while 31 calls (31.3%) involved other units requesting assistance from PSR (see Table 1).

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, and no co-response was involved. PPB requested or transferred over 50 calls to PSR, PF&R transferred seven calls, and AMR transferred one call.

Figure 5. Percentage of PSR Calls Involving Co-response

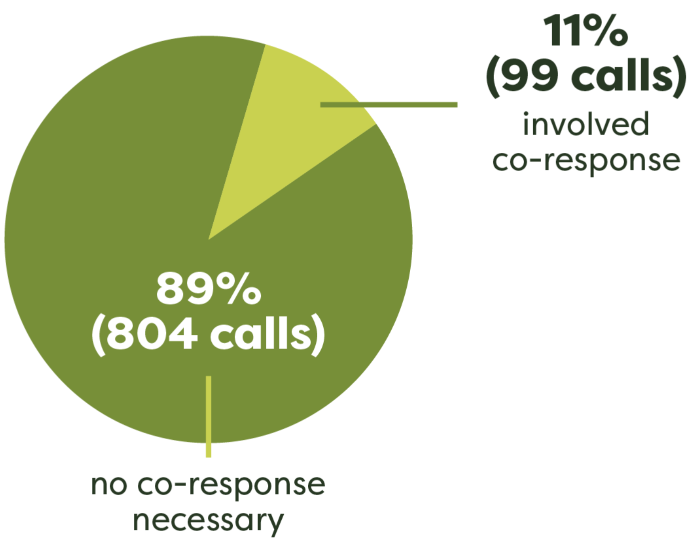


Table 1. PSR Co-Response

Responder	Responder was Requested by PSR	Responder Requested PSR
PPB	18	22
AMR	28	2
PF&R	1	2
CHAT	1	3
PPB & AMR	4	-
AMR & PF&R	2	1
PPB, AMR, & PF&R	1	1
Project Respond	6	-
PPB & Project Respond	1	-
PPB, AMR, & Project Respond	1	-
Other (e.g., Street Roots Ambassadors; Portland Street Medicine)	5	-

Client Outcomes

The most common outcome of calls in which the PSR team made contact with clients was that the client was evaluated in the field and no further treatment was required (236 calls, 26.1% of all calls). One-third of calls that PSR was dispatched to were cancelled 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 and unwanted persons (police were unable to locate clients in one quarter of these calls during the pilot period). See Table 2 for a full list of client outcomes.

Only nine calls escalated to verbal or physical aggression, and no team members or clients were harmed during the pilot period. It is also 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	236	26.1%
Client refused evaluation/treatment	157	17.4%
Client treated by PSR and released (per protocol)	55	6.1%
Client treated by PSR, transferred care to ambulance	29	3.2%
Client evaluated, refused treatment and transport	13	1.4%
Client treated by PSR, refused transport	7	0.8%
Assist	36	4.0%
Standby- no service or support provided	5	0.6%
Cancelled (no client found)	298	33.0%
Cancelled (prior to arrival on scene)	60	6.6%
Unknown outcome	7	0.8%

Client Characteristics

Of the 538 PSR calls involving client contact, 350 (65.1%) involved someone experiencing homelessness; 279 (51.9%) involved someone with suspected mental health needs (see Figures 6 and 7); 253 (47%) with suspected needs related to drug or alcohol use; and 194 (36.1%) with suspected co-occurring (i.e., mental health and substance use) needs. Further, 301 calls (55.9%) involved someone with unmet basic needs, 15 (2.8%) with chronic health needs, and 15 (2.8%) 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 are conservative about assigning these labels to avoid assumptions or stigmatization regarding homelessness and mental health/ substance use distress.

The average age of clients was 38, ranging from 11 to 81. Just over half of clients (54%) were men and 46% were women; one client identified as non-binary. Most clients (77%) were White; 23% were Black, Indigenous, or other people of color (BIPOC). Data regarding gender and race 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 clients' appearance and may not reflect their actual gender or racial identity.

Figure 6. Client Contacts Involving Someone Experiencing Homelessness

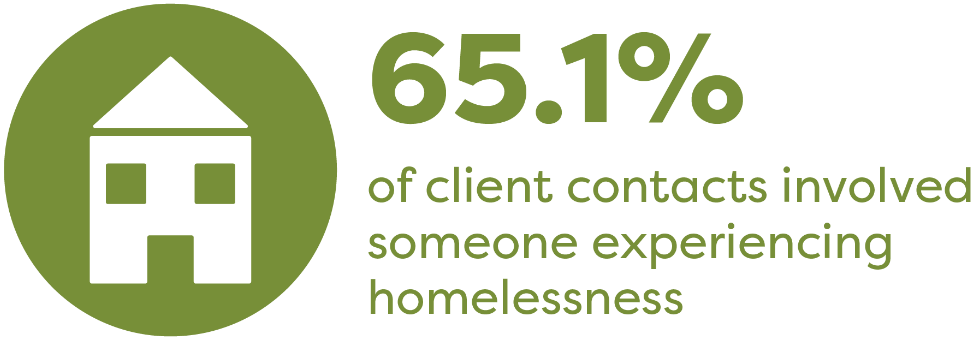


Figure 7. Client Contacts Involving Suspected Mental Health Needs

Referrals and Transports

PSR made a total of 144 referrals to service in their initial contacts with clients in the field. The most common referral type (97 referrals) was to PSR community health workers for follow-up assistance with housing, health service referral, etc. There were an additional 17 medical referrals (e.g., to services provided by Portland Street Medicine); 14 behavioral health referrals (e.g., referral to the Cascadia Behavioral Healthcare urgent walk-in clinic); and 16 referrals to a variety of services and programs, including the Street Roots Ambassador program and the Community Health Assess and Treat (CHAT) team.

PSR initiated a total of 65 transports to hospitals, walk-in clinics, and clients' homes. While PSR was able to treat the vast majority of clients in the field, 29 clients had to be transferred to AMR for transport to the hospital (see Figure 8). Of these 29 hospitalizations, 17 were for mental or behavioral health reasons, and 12 were for medical reasons. Taxi transport was provided in 17 cases. PSR transported 10 clients directly to health services or clients' homes and coordinated with family members or other service providers to provide transport for nine clients.

Figure 8. Number of Clients Transported to the Hospital

29 clients (3.2% of all calls) were transported to the hospital for additional care

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. Given that the pilot involved two distinct periods—*pre-expansion* from Feb. 16, 2021 to Oct. 28, 2021 and *post-expansion* from Nov. 4, 2021 to Feb. 15, 2022—we will examine rates of reduction independently for each period and then combine them to obtain a total reduction figure for the entire pilot period.

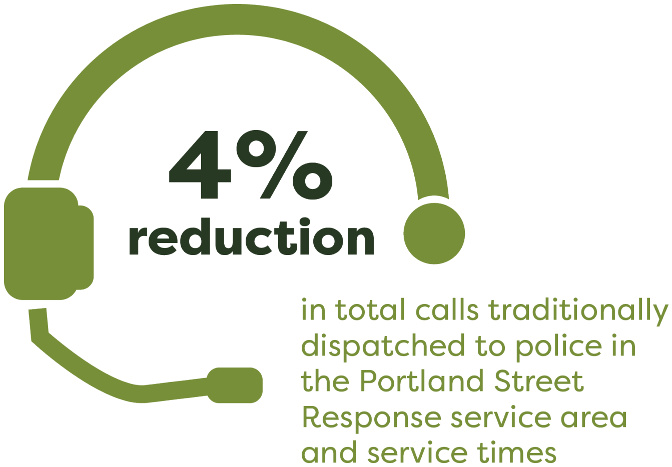
In the *pre-expansion* operating area and service hours, PPB responded to 9,083 incidents and PSR responded to 450 incidents that would have traditionally been dispatched to police. Adding both the 9,083 PPB and 450 PSR call loads together makes the entire call volume for the service area and operating hours 9,533. The 450 PSR calls represent a 4.7% reduction in calls traditionally responded to by police in the pre-expansion PSR operating area and service hours.

In the *post-expansion* operating area and service hours, PPB responded to 17,154 incidents and PSR responded to 374 incidents that would have traditionally been dispatched to police. Adding both the 17,154 PPB and 374 PSR call loads together makes the entire call volume for the service area and operating hours 17,528. The 374 PSR calls represent a 2.1% reduction in calls traditionally responded to by police in the post-expansion PSR operating area and service hours.

Three major factors help to explain why the post-expansion reduction was considerably smaller than the pre-expansion reduction. First, *service area size and structure* played a large role, with rates of reduction being higher in the 13-square mile pre-expansion area that covered the greater Lents neighborhood compared to the 36-square mile post-expansion area that covered the entirety of the PPB East Precinct. The greater Lents area has a much more concentrated presence of people experiencing mental health crisis and homelessness. The team also had much more familiarly with the area, having developed relationships and become a known presence in the neighborhood. This area is likely more indicative of what the program can expect to experience as it expands to other areas of the city in which behavioral health challenges and homelessness are more highly concentrated, such as Old Town. Second, *time of day* had a large impact on PSR call volume. The evening team, which was added during the post-expansion period, experienced significantly lower call volume than the day team (refer to Figure 3 on pg. 22), likely due to fewer community members calling to report individuals in need of assistance and because calls in the evening may be of a higher level of risk or priority, necessitating police response. Finally, it took a considerable amount of time for community members to learn of the availability of the evening team to request service, and also for dispatchers to acclimate to dispatching them instead of police. Third, *seasonality* plays a large role, with call volume historically being much higher in summer months compared to winter, during which the post-expansion pilot period occurred.

In order to account for these contextual differences and provide a more realistic estimate for the total reduction in police call volume that occurred over the entire pilot period, we combined the pre-expansion and post-expansion reduction figures. Specifically, we weighted the reductions by the number of months to which they applied (4.7% for the 8.5 pre-expansion months and 2.1% for the 3.5 post-expansion months) and averaged across the 12 pilot months. This calculation yielded a total reduction of 4% in calls traditionally responded to by police during the pilot period (see Figure 9).

Figure 9. Reduction in Calls Dispatched to PPB in the PSR Service Area During the PSR Pilot Period



Applying this 4% reduction to the total number of PPB calls responded to citywide during the pilot period (361,568 calls) suggests that PSR could have responded to around 15,000 calls if the program had been operating citywide and 24/7 during the pilot period. We will return to this estimate in the recommendations section and discuss how it informs our expectations of PSR's call activity as the program expands citywide.

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 and unwanted persons calls that are not coded as emergency calls and which do not involve weapons. 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. Similar to the analysis above, we will calculate rates of reduction independently for the pre-expansion and post-expansion periods and then combine them to obtain a total reduction figure for the pilot period.

Calls Traditionally Responded to by Police

In the *pre-expansion* operating area and service hours, PPB responded to 981 non-emergency welfare checks and unwanted persons calls, and PSR responded to 442 calls that would have previously been dispatched to police as welfare checks or unwanted persons calls. Adding both the 981 PPB and 442 PSR call loads together makes the entire call volume for these call types 1,423. The 442 PSR calls represent a 31.1% reduction in police activity on these call types in the pre-expansion operating area and service hours.

In the *post-expansion* operating area and service hours, PPB responded to 1,758 non-emergency welfare checks and unwanted persons calls, and PSR responded to 366 calls that would have previously been dispatched to police as welfare checks or unwanted persons calls. Adding both the 1,758 PPB and 366 PSR call loads together makes the entire call volume for these call types 2,124. The 366 PSR calls represent a 17.2% reduction in police activity on these call types in the post-expansion operating area and service hours.

Similar to the process described above, we combined the pre-expansion and post-expansion reduction figures by weighting the reductions by the number of months to which they apply (31.1% for the 8.5 pre-expansion months and 17.2% for the 3.5 post-expansion months) and averaging across the 12 pilot months. This calculation yielded a total reduction of 27% in police activity on welfare checks and unwanted persons calls (see Figure 10). Thus, PSR helped to reduce police activity on these call types by over one-quarter during the pilot period.

Figure 10. Reduction in Welfare Checks and Unwanted Persons Calls Traditionally Responded to by Police

27%

reduction

in 'welfare checks' and 'unwanted persons' calls traditionally responded to by police

Calls Traditionally Responded to by Fire

In the *pre-expansion* operating area and service hours, there were 194 illegal burn and behavioral health calls, and PSR responded to 29 of them. This represents a reduction of 14.9% in PF&R activity on behavioral health and illegal burn calls in the pre-expansion operating area and service hours.

In the *post-expansion* operating area and service hours, there were 260 illegal burn and behavioral health calls, and PSR responded to 16 of them. This represents a reduction of 6.2% in PF&R activity on behavioral health and illegal burn calls in the post-expansion operating area and service hours.

Again, we combined the pre-expansion and post-expansion reduction figures by weighting the reductions by the number of months to which they apply (14.9% for the 8.5 pre-expansion months and 6.2% for the 3.5 post-expansion months) and averaging across the 12 pilot months. This calculation yielded a total reduction of 12.4% in PF&R activity on behavioral health and illegal burn calls during the pilot period.

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

As reported previously, 29 calls (3.2% 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 (four example, Narcan was administered in at least four incidents), and helped to deescalate mental health crisis so the client received the care they needed but did not have to engage in intensive emergency services.

As PSR expands, the impact of the program on emergency department utilization will become clearer, but this initial rate of 3.2% of PSR calls is substantially lower than the rate of PF&R calls that resulted in transport to the hospital during the pilot year, which was 16.9% of all PF&R calls, and 13.4% 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% during their pilot period.

A mental health crisis responder and a peer support specialist roll out in a Portland Street Response van after being dispatched. (Photo courtesy of City of Portland).

Resources and Follow-up

While the outcome goals reviewed in the previous section pertaining to call volume and reduction of activity for other first responders is important, it is equally important to examine programmatic impacts on those served by Portland Street Response. That will be the focus of this section before turning attention to stakeholder feedback about PSR.

Resources Provided

In the initial encounter, PSR staff provided 144 water bottles, 131 snacks or food boxes, 81 tents/ sleeping bags/ blankets, 68 clothing items, and numerous other resources such as gift cards, bus vouchers, hygiene supplies, cell phones, and handwarmers.

In follow-up visits with PSR clients, community health workers and peer support specialists provided an additional 20 water bottles, 26 snacks or food boxes, 10 tents/ sleeping bag/ blankets, and 14 clothing items. They also provided clients with numerous other resources, including hygiene products, handwarmers, cell phones, solar battery chargers, bus tickets, hotel vouchers, gift cards and wheelchairs.

Resource Gaps

PSR staff noted gaps in community resources and services available to meet the needs of the clients they responded to in the field. The most common resource gap identified by staff concerned sheltering needs, both for temporary shelter and long-term housing (noted in 112 of the calls they went on). The second most common resource gap was for substance-use related needs, including sobering services and detox (noted in 52 calls). Other resource gaps included medical services and sub-acute mental health care (noted in 23 calls).

Follow-up Care with PSR Clients

The community health and peer support work of Portland Street Response is a true innovation that sets it apart from CAHOOTS and other alternative first responder programs. During the pilot year, PSR community health workers and peer support specialists worked with a total of 44 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. Around half of clients (45.5%) were men and 31.8% were women (gender was not reported for the remaining 22.7%). Ten clients (22.7%) identified their race or ethnicity to be Black, three (6.8%) Hispanic or Latino, two (4.5%) Native Hawaiian or Pacific Islander, one (2.3%) Native American, 16 (36.7%) White, and 12 (27.3%) reported another race, or race was not reported. Two clients were veterans.

Community health workers and peer support specialists completed 437 visits with PSR clients during the first year of the program, with the average visit lasting 64 minutes. Client visits occurred in person, over the phone, and via email or text and involved a variety of activities, including helping clients complete applications for housing and benefits; providing needed supplies and resources; life skills training, including helping clients prepare for and transition into housing; social and emotional support; and going with clients to health care visits.

Client Referrals

Over the course of their work with clients, PSR community health workers and peer staff made 261 referrals to service. These included 92 housing applications and referrals; 29 shelter referrals; 35 financial/ benefits referrals; 32 medical referrals; 15 mental health referrals 16 client advocacy and culturally-specific service referrals; 10 pet care referrals, and 32 other types of referrals, ID replacement, job-related referrals, and referrals for housing-related resources (e.g., furniture). While the outcome of all referrals is not known due to a variety of factors (e.g., losing contact with clients, agencies not following up about referrals, changes in data tracking procedures), of the roughly 100 referrals for which we do have outcome data, just under half (46%) were successful, while 39% were unsuccessful and 15% are still pending. The most common reasons for unsuccessful referral outcomes were services no longer being available, service eligibility criteria not being met, and clients declining services. However, it is important to note that most instances in which clients declined services were due to programmatic barriers (e.g., shelters not allowing partners or pets), not personal characteristics.

Community health workers and peer staff helped clients reconnect with pre-existing supports and also develop new connections with service providers. Their work involved close consultation and collaboration with other services providers, advocacy groups, and human service agencies to help clients get connected to resources and services. Agencies with whom they collaborated and referred clients to most actively included Central City Concern, Cascadia Behavioral Healthcare, LifeWorks, Transition Projects (TPI), Community Alliance of Tenants, REACH Community Development, and Islamic Social Services of Oregon.

Most notably, nine 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. An additional 10 clients obtained two weeks or more of shelter, and two clients were able to avoid evictions and retain housing due to their work with PSR.

See Figure 11 for a graphic representing these powerful impacts of Portland Street Response

Figure 11. 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 2,500 community members and provided over 1000 supplies (e.g., blankets, gloves, hygiene kits) at 50 outreach and engagement activities during the first year of the program. Managed by Haika Mushi, this critical outreach and engagement work 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.

PSR 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. In Fall 2021, in partnership with University of Portland nursing students and numerous community partners, PSR set up weekly free mobile showers and health clinics at Lents Park for any community members seeking care, but with an emphasis on unsheltered community members. In addition to showers and hot meals, people could receive wound care, medical advice, vaccinations, and referrals to OHP and other health services. 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.

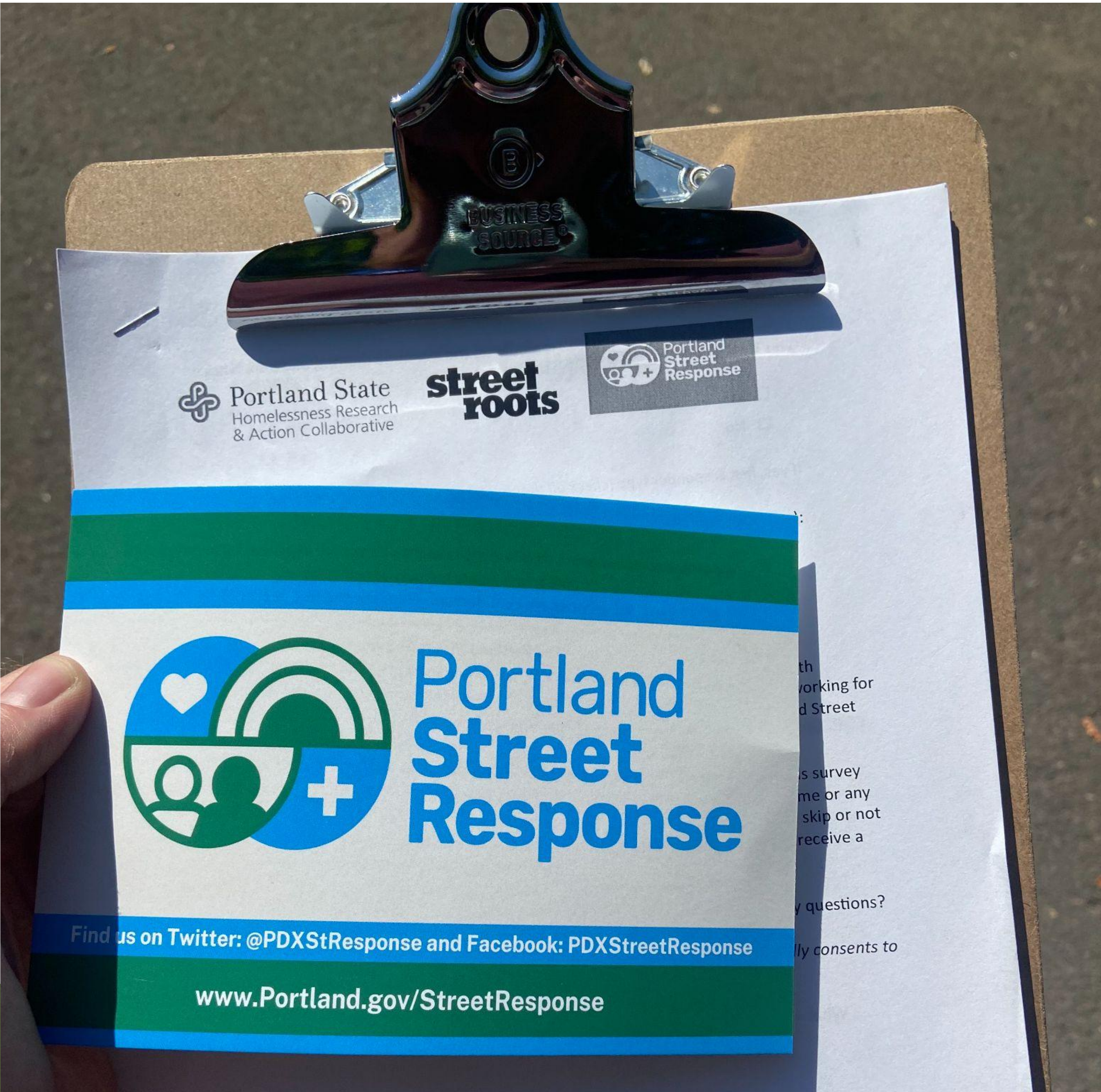
Portland Street Response Community Health Worker Haika Mushi and Portland Fire & Rescue Deputy Fire Marshal Michael Silva distribute water to unhoused individuals during a Portland heat wave. (Photo courtesy of City of Portland).

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 over 6,000 followers on Twitter and over 3,000 followers 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 one-year pilot period was 3.6%. 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.

Members of the Portland Street Response team participating in a Lents Community Care Fair in Lents Park in Fall, 2021. (Photo courtesy of Greg Townley).

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 in July (July 13-16, 2021), two days in November (November 17-18, 2021), and two days in January (January 20-21, 2022), 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. 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 conducted 314 surveys with unhoused people (159 in the first six months of the evaluation and 155 in the second six months). 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 distributed water bottles, snacks, masks, 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. The information reported below is inclusive of everyone interviewed during the first year of the program, but we also include a section that highlights important changes in findings between the six-month evaluation and the one-year evaluation.

Unhoused Community Members: Sample Description

Among the unhoused community members we spoke with about Portland Street Response, the length of time they had experienced homelessness ranged from two days to 30 years, with an average of five years. Most people (227, 72.3%) reported sleeping outside in a tent over the last week. Forty-four people (14%) reported sleeping most often in a car or other motor vehicle; 13 (4.1%) in a hotel or motel; 10 (3.2%) in a house or apartment with a friend or family member; six (1.9%) outside without a tent; five (1.6%) in an abandoned building, five (1.6%) at a transit stop, three (1%) in an emergency shelter, and one (0.3%) in jail.

The demographic characteristics of the unhoused people we spoke with were very similar to those reported in the 2019 Point-in-Time count for Multnomah County. The average age of the people we spoke with was 38, ranging from 20 to 68. Most people identified their race or ethnicity as White (199, 63.4%), with 41 (13.1%) identifying as Black; 23 (7.3%) as Latino; 18 (5.7%) Native American; 15 (4.8%) as Asian; four (1.3%) Native Hawaiian or Pacific Islander; and 14 (4.5%) identifying as Multiracial. When asked how they describe their gender, 202 people (64.3%) reported identifying as men, 107 (34.1%) as women, four (1.3%) as non-binary, and one (0.3%) as agender. Thirty-three people (10.5%) identified as LGBTQIA; 83 (26.4%) reported having a physical disability or chronic illness; 118 (37.8%) reported having a mental illness; 32 (10.2%) were veterans; 80 (25.6%) were parents to children under the age of 18, although most were separated from their children; and 16 people (5.1%) 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, 119 people (37.9%) answered affirmatively, and 195 (62.1%) said they had not. For the 119 people who had interacted with first responders in the past three months, over half (68 people, 57.1%) reported interactions with police; 28 (23.5%) with EMTs or paramedics; 16 (13.4%) with fire fighters; two (1.7%) with mental health crisis responders; and five with other responders (e.g., park rangers and medical workers providing COVID-related care).

Among those who reported recent interactions with first responders, 49 (41.2%) reported positive aspects of the experience and 65 (54.6%) reported negative aspects, with the remaining 4% providing neutral responses. The majority of positive comments (51.2%) were attributed to EMTs and paramedics, while the vast majority of negative comments (77.6%) 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." Another person said, "Police profile homeless and assume we're dirty, thieves, druggies. They don't believe us." Finally, one other, "Firefighters weren't nice. They were condescending and acted like they were tired of dealing with 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. Just over half of those we spoke with (160 people, 51%) reported not feeling safe calling 911 (see Figure 12). 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'll only call if someone is dying because I've never had a positive experience. I called one time for me, and it got me arrested. They were profiling." Others noted safety concerns, with several people expressing concerns about police violence: "The way things are going, calling perpetuates the violence. It's another opportunity for the public and police to interact, and for violence to escalate."

Figure 12. Feelings of Safety Calling 911 Among Unhoused Community Members

51% 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, “I don’t call 911 because of my situation—being homeless. If they show up at all, they will be prejudiced.” 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, “If someone has a warrant or is trying to hide, you can’t just call medical and get medical. Police always show up.” 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 would rather call family than cops” and “I feel safer with the help we already have among us out 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; and in our survey, one respondent said, “Being a Black male, I resolve things myself. I don’t call 911”), 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 (68.3% said they did not feel safe calling 911 compared to 50.8% of respondents in the total sample). People who identified as Multiracial reported similarly low levels of safety (64.3% reported not feeling safe), followed by Native Americans (55.6%), Native Hawaiians or Pacific Islanders (50%), White people (47.2%), Asians (46.7%), and Latinos (43.5%) (see Table 3).

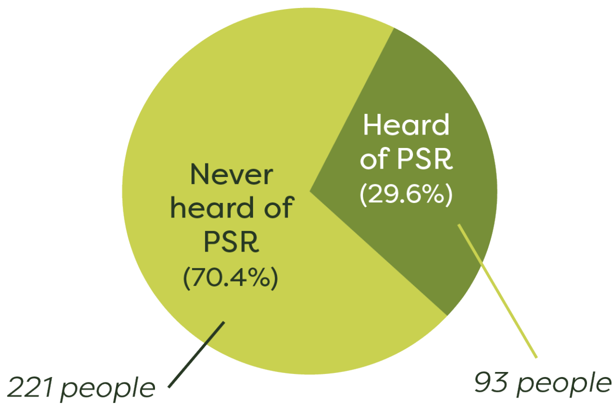
Table 3. Safety Calling 911 by Unhoused Community Member Race/Ethnicity

Feel Safe Calling 911	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	8 (53.3%)	13 (31.7%)	13 (56.5%)	8 (44.4%)	2 (50%)	5 (35.7%)	105 (52.8%)	154 (49.0%)
No	7 (46.7%)	28 (68.3%)	10 (43.5%)	10 (55.6%)	2 (50%)	9 (64.3%)	94 (47.2%)	160 (51.0%)

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. Ninety-three unhoused community members we spoke with (29.6%) had heard of the program and 221 (70.4%) had not (See Figure 13). We then asked the 93 people who had heard of the program what they knew about it and how they felt about it. Twenty people said they learned about the program from outreach activities by the PSR team. For example, one person said, "They're coming around asking us if we need help. They reach out to the public." Twelve 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 or others supporting them (e.g., "A friend told me about it; it's based on CAHOOTS in Eugene"; "I heard about it through another outreach worker") or expressed general awareness without naming a specific source (e.g., "I know just a little, heard it was a new program meant to help us out").

Figure 13. Knowledge of Portland Street Response Among Unhoused Community Members



Over half of unhoused people who knew of the program described it as an alternative to police. For example, one person said, “It’s got people other than cops who are trained mental health specialists and no weapons on them.” Another said, “They come out and help instead of having cops. They keep people from getting arrested.” Thirteen people (14%) 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” and “They can help with mental health issues and other emergencies”), while 27 (29%) understood PSR as a program aimed at helping people experiencing homelessness. For example, one person said, “They’re out here helping the homeless. They find out what the needs are for the whole neighborhood, not just the homeless.” 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 “Very much needed; they help us out”). 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.” Some noted the important role the program can play in making people feel safter calling 911: “They are a non-authoritative program so people feel safer to respond to their safety needs. There was a long time that people wouldn’t call because they didn’t feel safe.” Finally, others noted specific support for the program, such as “Good—finally getting proactive about things that have been negative. It’s a fantastic thing they’re doing. We need people like that to respond to the proper situation” and “I think it’s a great model but needs more resources and publicity.” Only two of the 93 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. Violent people are violent. 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 rates were nearly equal between White people and people of color (30.2% compared to 28.7%) (see Figure 14). Among BIPOC, Black people were most familiar with the program (36.7%), followed by Latinos (34.8%), Native Hawaiian or Pacific Islanders (25%), people who identified as multiracial (21.4%), Asians (20%), and Native Americans (16.7%) (see Table 4).

Figure 14. Knowledge of PSR Among BIPOC Unhoused Community Members

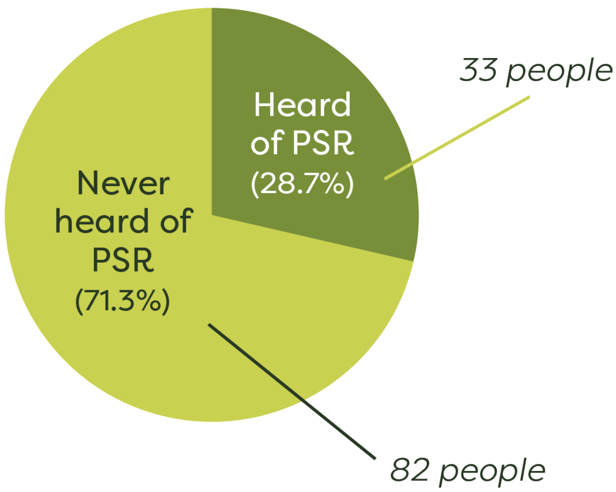


Table 4. Knowledge of PSR by Unhoused Community Member Race/Ethnicity

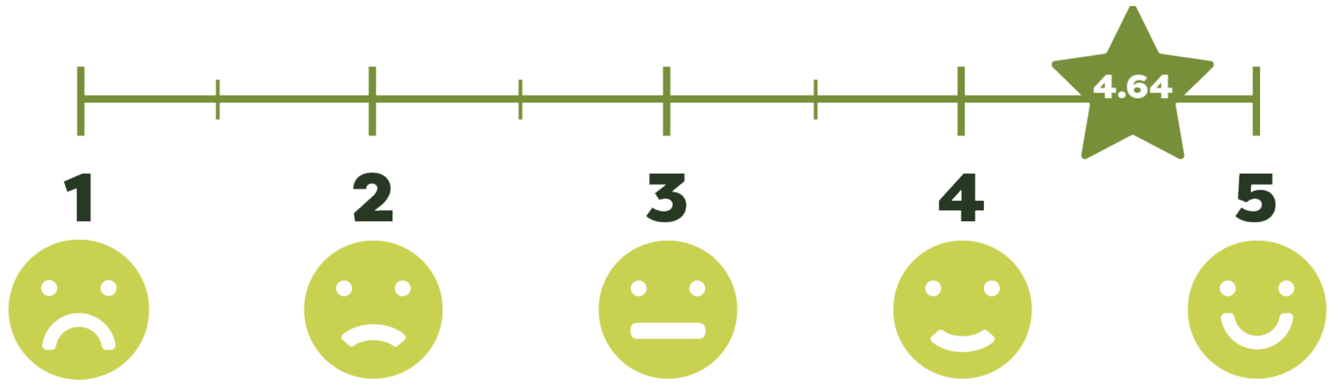
Knowledge of PSR	BIPOC						White	Total
	Asian	Black	Latino	Native American	Native Hawaiian or Pacific Islander	Multiracial		
Yes	3 (20%)	15 (36.7%)	8 (34.8%)	3 (16.7%)	1 (25%)	3 (21.4%)	60 (30.2%)	93 (29.6%)
No	12 (80%)	26 (63.4%)	15 (65.2%)	15 (83.3%)	3 (75%)	11 (78.6%)	139 (69.8%)	221 (70.4%)

Interactions with Portland Street Response

Only thirty-three of the 314 unhoused community members we spoke with (10.5%) reported having any specific interactions with Portland Street Response. Twenty-four of the 33 met PSR when they did outreach to their camp or at community events (e.g., the cooling station at Lents Park during the heatwave in June 2021 and the Community Care Fair at Lents Park throughout Fall 2021); five met them when someone called PSR to request help for them; and four when PSR was called to help a friend or partner.

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 4.64 (see Figure 15). 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 nice, talked to us for a while, gave us some stuff, and told us how to call them if we need help"). They also talked about how the team helped them or their friends who were in crisis (e.g., "I was able to survive another day because I didn't have a tent or food before them;" "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. One person said, "They gave us all spray bottles to stay cool", and another said, "I met them at the Lents Community Care Fair. They provided resources and helped me get a hot shower."

Figure 15. 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 one person said that the team did not follow up with resources they said they would provide, one wished the team had been able to supply him with a new tent, and another wished 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, adding more people to the team, and increasing their visibility (e.g., "they don't have enough vans yet").

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 were really attentive and caring and had a great personality. They seemed less threatening and more casual with their uniforms" 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 said, "Having someone who is trained in counseling is so much better." Finally, one person reflected on their experience with PSR and how it differed from other experiences they have had with first responders: "They actually did something to help us, not to set us back in life."

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. Given the high rates of unhoused people who had not heard of PSR, we also asked for advice about the best way to get information to them about the program when we conducted surveys during the second six months of the evaluation.

Value of PSR for the Community

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, "It's a buffer between people and police—a way for people to feel safe about calling for help." Similarly, another person said, "It would help so much. You hear one word about police and people take off. So many more people would get the help they need with you all." 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 has great value. Someone with mental health problems doesn't need handcuffs and jail. When someone goes to jail, it makes it much harder for them to get their life together."*

> Another 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."

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." 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, “There’s people who here who don’t feel important. Having a program like this that asks us what we need makes us feel great and important.” Another described the value of the program as a reflection of society’s values:

> *“It’s very positive for the community. If you don’t care about society’s most vulnerable, then you don’t care about society.”*

Recommendations for PSR

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. For example, one person said that the PSR team should “actively introduce themselves in person to differentiate themselves prior to the first response” and “post phone numbers out here on poles.”

Specific resources that people requested were more hygiene products, first aid kids, instant cooling packs, and Narcan. Several people noted the importance of listening to people’s needs and meeting them where they are at: “Keep it about being there for the people. Be person-centered because each case is unique. Always focus on helping and keeping people in healthcare and housing.” 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 to expand Portland Street Response (“Take it city-wide”), provide more resources (“Fund it—as much as the program can get”), and keep it housed within Portland Fire & Rescue (“It has value as long as it’s 100% run by the fire department”), 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.”

Ways to get Information out about PSR

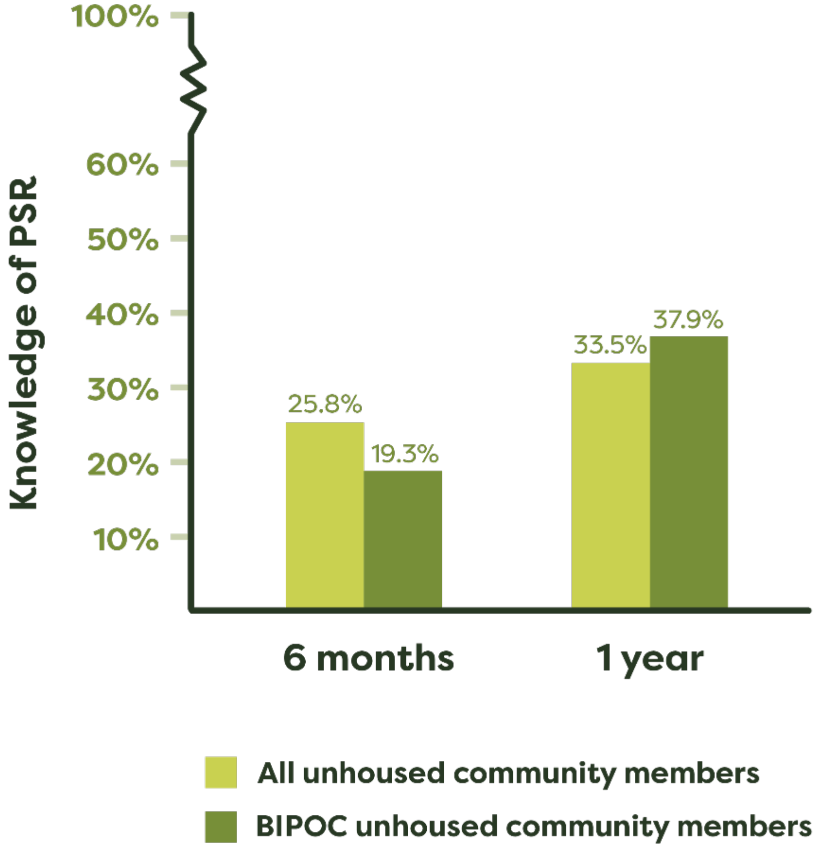
Finally, when asked about the best way to get information about PSR to unhoused community members, the most common response was *conducting outreach and coming out to talk to people* (reported by 62 of the 154 people surveyed during the second six months of the evaluation, 40.2%, noted this recommendation), followed by *word of mouth* (57 people, 37%); *flyers* (30 people, 19.5%); *social media or news* (27 people, 17.5%); *increased visibility* (e.g., having more vans driving around) (15 people, 9.7%); *hosting community events* (10 people, 6.5%); and *billboards* (6 people, 3.9%). Other suggestions included bulletin boards at camps where people can sign up requesting help and provide contact information so the team can reach out to them; making sure flyers are printed in other languages; and putting a sign on a city bus for enhanced program visibility.

Changes in Findings Between the Six-month and One-year Evaluations

While the findings presented above reflect the totality of survey data collected among unhoused community members in the first year of the program, it is also important to examine differences between data collected at the six-month point and the one-year point. General trends remained consistent throughout the evaluation, but we did note some important differences between these two time points. First, knowledge and awareness of Portland Street Response among unhoused community members increased 7.7 percentage points, from 25.8% at six months to 33.5% at one year. This was particularly prominent among BIPOC unhoused community members, whose awareness of PSR nearly doubled—from 19.3% at six months to 37.9% at one year (see Figure 16). When we separate out Black unhoused community members we spoke to, their increased knowledge of PSR was striking—up from 15.8% at six months to 54.5% at one year—a whopping 38.7 percentage point increase. While we cannot draw direct conclusions about the cause of these changes given that different people were surveyed at each time point, it seems likely that the team's increased efforts around community outreach and engagement—particularly among BIPOC unhoused community members—is a strong contributing factor. We will return to this in the final section of the report.

We also found that fewer people reported feeling unsafe calling 911 at the one-year point (43.9%) compared to the 6-month point (57.9%), a difference of 14 percentage points, and a percent increase of 31.9%. Again, definitive conclusions about the cause of this change cannot be made. It is possible that increased knowledge of PSR as an alternative first response program made people feel safer calling 911. It is also possible that contextual factors (e.g., the timing of the 6-month survey in closer proximity to the police killing of Robert Delgado in Lents Park) influenced differences. Finally, there could simply be individual differences, either in demographic characteristics or life context, that could be contributing to differing levels of safety calling 911 between those surveyed for the six-month report and the one-year report. We will continue to monitor factors impacting knowledge of PSR and safety calling 911 as PSR scales up citywide.

Figure 16. Changes in Knowledge about PSR among Unhoused Community Members between the Six-Month and One-Year Evaluations



PSR Clients: Methodology

In addition to the survey approach described above, we also interviewed nine PSR clients (five in the first six months of the evaluation and four in the second six months) 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.

PSR Clients: Sample Description

Among the nine PSR clients we spoke with, the length of time they were homeless ranged from two months to 20 years, with a mean of 4.5 years. At the time of our interviews, three clients (33%) reported sleeping at an apartment over the last week, three clients (33.3%) had slept outside in tents, one client (11%) in a motel, one client (11%) in an RV, and one client (11%) was staying in a shelter. The average age of the clients was 45, ranging from 22 to 65. Six clients (67%) identified their race as White, two (22%) identified as Black, and one (11%) Native Hawaiian or Pacific Islander. Seven clients (78%) identified as women and two (22%) as men.

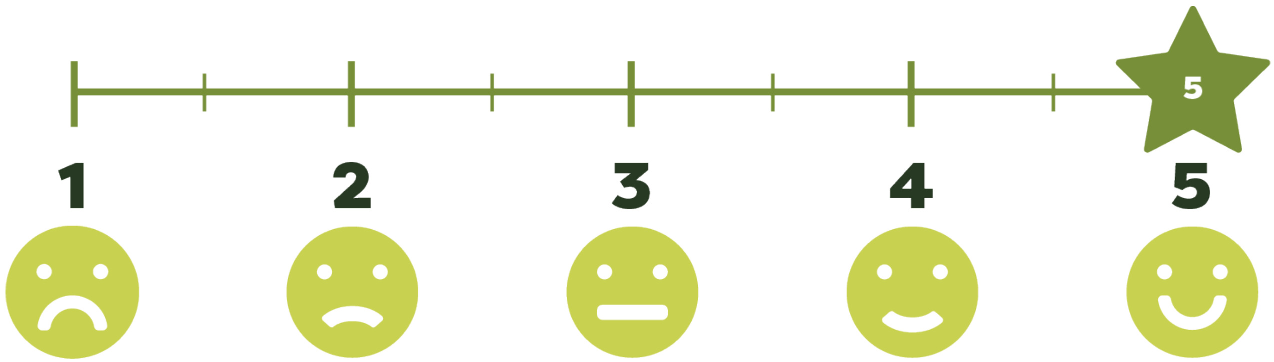
PSR Clients: Findings

Experience with PSR

The nine 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 17).

> "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 17. 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 and peer support specialists. They appreciated that the team worked hard to meet them where they are at.

> "Zeke was very helpful, very very helpful. He taught me how to adjust to my abandonment issues that I've had. He's very patient and helped me by talking through things and being there with me to hold my hand and take me to places, just to accompany me because the fear is real, and the depression is real, and it's like your life is gone, and you're terrified. He was a friend. Sometimes, just being there for people, it's a lot. It can mean the world for somebody."

> "I am thankful for Haika because there's a few times I've reached out and asked for help, and I said, 'Please don't give up on me because I've had a couple of bad spells.' Haika said no way, that she wasn't going to give up on helping me."

> "You guys are very supportive, and very helpful. It makes it a litter easier to stand your ground a little bit, because you have a friend by you to help you get through your processes easier."

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 had put off appointments for so long because I'm so traumatized, but Zeke and Heather helped me get connected back to the services I need. They supported me in an unfamiliar place and walked me through the process patiently."

I want to learn how to thrive and finally be independent. I'm trying to make a life for myself and my family—a life I can be proud of, a life I can love."

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.

"Anytime I needed to get a hold of her, she was there. She's pretty much the main one that's guided me through the apartment process to come and have me apply at that building and get accepted for housing."

"Since I arrived at this place, and she saved my life when I was going to be unfairly evicted, and she was an advocate for me, and I'm very grateful. It's unfortunate too that people that don't have any support system, they can get easily tossed out, and that's not right. She did help me, and she brought clothes and food and all that."

"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."

"Heather is the biggest reason I'm doing as well as I am. Oh yeah, Heather just bought me a new phone a few days ago because I didn't have a phone at all. And she event puts in for apartments I don't even know about yet. She looks for housing for us all the time."

Comparison with Other First Responders and Service Providers

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

> "Totally different. They put their heart into it. And I think it's great it's based out of the fire department because that's really what you want to see in a fire department. You usually don't see that in a fire department. You don't meet them and talk to them and see who saved your life. You never get that one-on-one. But with Street Response, you get that one-on-one, you get that love, and they show you they care."

> "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 relief that calling Portland Street Response is now an option:

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

In addition to PSR being different from other first responders, clients described the care they received from the PSR community health workers and peer support specialists as being stronger and more consistent than other service providers. For example, one client said about the support they received from a community health worker:

> "She touches base regularly on the phone, and she's really good. It's a lot more than what I've been given by other programs, or by anyone. They take the time to listen and meet with me. That's more than I get from a lot of the other organizations."

Another client agreed:

> "I love that they can work with us as long as we need them. Other places, we only get a few visits, maybe a few months, but Portland Street Response lets them work with us as long as we need them."

Value of Portland Street Response for self and others

The nine 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.

> "You guys play a big role in a lot of the challenges in the city. Like I said before, I can't express how important it is to have this program, and to have each other, because it really counts. Not only as of what we are capable of, but who we are aside of the things that maybe haven't worked out for us. We are very much loved, and we are gifts. They make you feel like you matter."
>
> "Portland Street Response is the biggest role. Heather is my ringleader. If she feels like I can't do it alone, she'll do it with me. She gives me that option and says, 'Hey, I'll even conference call with you'—to call on apartments, or make a doctors appointment.
>
> "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."

"I just say keep up the good work, and that I love you, and I'm very thankful to have you in my life. It's a blessing to have you in my life, and I mean that with all my heart. Things are getting done because of you."

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 jobs effectively. In addition to attending weekly meetings with PSR and BOEC staff, we conducted quarterly focus groups or individual interviews with all PSR staff to learn more about their experiences and provide them with an opportunity to voice any concerns or make recommendations for additional support needed or programmatic changes. The lead evaluator also conducted ride-alongs with the PSR day team in July 2021 and the PSR night team in January 2022 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 four time points—one on April 28, 2021 after the pilot had been in the field for a month and a half; a second on July 7, 2021, after the pilot had been in the field for almost five months; a third on November 22, 2021, around one month after the expansion and addition of the second team; and a fourth on February 9, 2022, at the end of the pilot period. All four PSR staff completed the survey at time points one and two; and all eight PSR staff completed the survey at timepoints three and four.

PSR Staff: ProQOL Findings

See Appendix A for individual items and mean scores at each survey time point. In the appendix and below, we present scores averaged across both teams for the sake of protecting anonymity and because there were no statistically significant differences between the two teams' average scores.

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 for the staff as a whole. 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 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 staff 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.

For the third ProQOL survey, the average scores on the Compassion Satisfaction subscale among the eight PSR staff ranged from 26 to 47, with a mean of 38.88 out of a possible 50 points. This indicates 'moderate' compassion satisfaction for the staff as a whole. The average scores on the Burnout scale ranged from 16 to 31, with mean of 22.50 out of 50. This indicates 'low' to 'moderate' burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 13 to 30, with a mean of 21 out of 50. This indicates 'low' secondary traumatic stress for the team as a whole.

For the fourth and final ProQOL survey, the average scores on the Compassion Satisfaction subscale among the eight PSR staff ranged from 22 to 49, with a mean of 37.63 out of a possible 50 points. This indicates 'moderate' compassion satisfaction for the staff as a whole. The average scores on the Burnout scale ranged from 14 to 31, with mean of 23.38 out of 50. This indicates 'moderate' burnout. The average scores on the Secondary Traumatic Stress subscale ranged from 15 to 25, with a mean of 20.88 out of 50. This indicates 'low' secondary traumatic stress.

Scores were quite consistent and positive across the four surveys, suggesting that PSR staff derive 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. There were some decreases in compassion satisfaction and increases in burnout over the course of the pilot, but these differences were not statistically significant. 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

In this section, we present findings from interviews conducted with PSR staff throughout pilot period and reflect on changes reported by staff between the six-month and one-year evaluation periods.

Strengths of the Staff and the Program

Along with the strong team chemistry and diversity of skills and experiences that we discussed earlier, PSR staff bring 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

At the beginning of the evaluation, when we asked the team to reflect on the first month of Portland Street Response 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."

> *"The newness of this program was attractive to me. And by newness, I mean being innovative. This isn't typical. This isn't something that we've seen really in the whole nation. I mean, there's similar programs, but I just really… I want to be part of the change."*

They also discussed the need to be nimble and adapt their approach to meet the complex needs and experiences of those they serve. 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 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, including potentially serving in leadership and supervisory roles.

> "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. In particular, members of the team believe 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."

> "Resource wise, it makes sense to have us go if we have mental health professionals on a team that can go out and deal with that. Or even if it's not suicide-related, but in a residence, and it's a mental health crisis—definitely those."

Some team members did recommend caution when expanding call criteria to situations that may higher levels of uncertainty or higher risk. For example, one team member said:

> "I would recommend that we take a while to let our teams get seasoned before we start giving them calls that are like, 'I'm not sure if this is police or PSR,' because dispatch is going off algorithms and their own judgment, but there's zero way for them to guarantee what the call actually is… I would hate to have green teams show up at something that's much more high acuity and threatening than what was initially thought."

However, the predominant attitude among PSR staff is one of confidence in being able to assess danger risk on-scene and alert other first responders if back-up is needed. Further, there is general confidence that the overall level of risk remains low, particularly given the non-threatening and trauma-informed manner in which the team approaches their work:

> "And so, there's definitely times where you need to be cautious. I'm not naïve to that, but I feel if you're overly cautious from the perspective of, 'these people are dangerous', you're not realizing that the overt cautiousness creates attention. When you come in a certain stance and aggressive, I can see how the people are responding to that more than they're an actual danger or a threat."

> "Yeah, for the most part, it's not a matter of, 'Am I scared of this person?', but that there's always a potential for things to awry. When you go into this scenario, you're looking at all the different things, doing an assessment of, 'What are the possibilities?' It is always a possibility, mental health and non-mental health. If there's someone in some sort of medical state, that is always a possibility. But knowing what I know about the folks we're working with, that is very low."

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 and peer support specialists provide both during and 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."

The effectiveness of the wrap-around support that PSR provides is due in large part to the close connections between the first responders and the community health workers. One community health worker described this relationship poignantly:

> "I think because of the dignity Britt and Tremaine have brought into their interaction with the clients, and the clients then trust the referral that they've made to me. And then they can learn to trust me because I also tried to bring in that dignity and respect and humanity when I work with folks. And I really think it's that bridging… and not that other agencies don't do that either, but Britt and Tremaine meet them at their most vulnerable moments, and then they're trusting them enough to look at the next person that works in the same team to work with them too."

In addition to this bridging work within the PSR team, an important part of their work is also developing connections with other outreach workers and service providers. The team has been very effective in developing these relationships and working in collaboration with other providers to make sure their clients get connected to necessary services and resources.

> "We're getting new agencies reaching out to us… it's been good, definitely. And we've collaborated with people who do street outreach… they've been great at connecting with folks that have been houseless. When I've been like, 'Hey, do you mind going and trying to reach out with this person, I'm having a hard time connecting with them?' or, 'You might be able to support them in getting ID. Can we work together on this?' And there's never been a hesitation. It's always like, 'Yes, let's exchange numbers. Let's do this.'"

The work of the PSR community health workers and peer support specialists 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 clients reconnect with community supports and gain skills to address the challenges in their lives themselves.

> "I think it's important to use a peer-based model when we are working with the clients. By starting to build relationships, we can also help people to learn how to build their own tools, develop community resources, but not only community resources, but we can help people connect with the broader community of the people around them—their neighbors, faith-based community, whatever it is for them. They don't always need agencies to help them. They can learn the broader foundation of helping themselves through their community, but also through their own power that they have."

The Value of Lived Experience

Related to the theme above concerning the wrap-around approach the team provides, the addition of peer support specialists to the program in the second half of the pilot year has provided an additional depth of lived experience that has helped the team become even more effective in their work. In particular, peer support specialists have been successful at building relationships with clients and helping them identify and work toward goals.

> “Well, that’s just one of the benefits of having a peer, is to start to build those relationships… And just kind of being able to identify with them, how scary it is to be out there on the streets, and that there are places that can help them.”

> “With peer support, it’s really driven by the individual, so identifying what their strengths are, what their goals are. Sometimes that involves a lot of digging because a lot of times folks aren’t really clear what their strengths are, or what direction they go in, so it can be a matter of broadening horizons and exploring opportunities and possibilities. I think it’s really important to not get into a routine and try to fit everybody into one box. Sometimes it’s just a matter of developing a human connection with somebody and letting them know that they’re a valued member of society, and trying to bring out the best in them.”

These connections often occur in the context of the follow-up care provided in conjunction with community health workers. Peer support specialists have also become an integral component of the first response—helping to build trust and rapport based on their shared experience. One of the mental health crisis responders described one such incident:

> “We met with this woman a few weeks ago, maybe a month ago, and we got called out because she was in distress on private property. When we got there, she ran away from us when she saw the vehicle… We were able to explain who we were, we’re not police, and she was still kind of standing in the street, so we were trying to get her to come to the sidewalk, and Zeke kind of sat on the curb and was very non-threatening, and he shared a little bit about his history. He was calm, and kind of sharing some of his story was helpful. And then we were trying to figure out where to go from there, and he brought up something like, ‘When I’m feeling upset, this is what I’ll do, I’ll have a cup of tea.’ So, we offered her, ‘Can we buy you a cup of hot chocolate?’ She was open to that, we all walked over to Plaid Pantry and sat on the curb, and she had a hot chocolate, and we were able to get her way more calmed down. Zeke had some really good

> insight and helpful ideas, and she was in a much better place by the end of the interaction."

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.

> "I think just on the bigger level of just knowing that we've made an impact on somebody not going to jail that day or somebody being treated with compassion… to be able to have that moment… on a really human level coming up when somebody is in their worst place and just saying like, 'Hey, what's going on? Do you want water? How can I support you where you're at right now?'"

> "I think having a connection to different communities that I normally wouldn't have any day-to-day interaction with and being able to connect with people that are very different from me, or have very different life experiences from me, and being able to, even just for a moment, help them feel safe or help them feel supported when maybe they haven't for a long time. That's meaningful."

This care is reflected in their value orientation, 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.

> "Getting them to that point where they can honestly and clearly, to actually state somebody's needs, to state their needs to someone like me that they didn't call, that is from a city agency that is associated with police and fire. To get to that point is a big deal. There's so much vulnerability in that. You're extending trust when that's not something you're allowed to do most of the time."

> "We're reconnecting people. That should be an intentional part of the work—that we're doing it to reconnect people. And then, to me, so much of white supremacy, capitalism patriarchy is about disconnection, individualism. And so, if I believe that those systems are responsible for a lot of the things that we're seeing, I should be working really hard to reconnect folks."

> "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.'"

Indeed, shifting expectations for desired outcomes and re-defining what success means on a client-by-client basis was a common recurring theme in our interviews with PSR staff.

> "We just need to be here with this person. We just need to help them work it out and be available and listen. And even if just for 30 minutes they're not in the street, that is less opportunity for them to die."

> "I want to get this on a sticker for a shirt, to stay grounded, but like, 'It worked tonight.' It worked tonight, worked in this moment. We're going to try lots of things, and people will take turns trying things. I will be successful, and I will not be successful. There's so many things that are playing its part into how this thing occurred, and that it worked in this moment is a success. And so, take it for that."

Additional Resources Needed

Supervision and Connection Between Teams

Throughout the pilot year, team members regularly noted that opportunities for ongoing individual clinical supervision to work through and process the stressful and traumatic aspects of their work were lacking. This is important for all team members, but 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 work with.

> "I think it's absolutely appropriate for a peer support specialist to go on the call, but I think it's really important to get regular clinical supervision with that so that when these issues do come up, we're able to talk it out and work it out with the clinician supervisor."

Fortunately, PSR staff have now been connected to individual clinical supervisors. In addition to clinical supervision, the program is also in the process of hiring full-time employees for the day-to-day supervision of PSR staff working in the field.

Team members also noted areas where additional structure, communication, and connection between teams is needed, especially when training and onboarding new hires. The evening team in particular expressed the importance of having opportunities to overlap with the day team to learn from them. And while the structure and hours of teams will look different as the program expands citywide, lessons learned from the experiences of the evening team during the pilot provide valuable insight into how team onboarding and interactions should look moving forward.

> "The only challenging part about it is that our opportunities as a brand-new team to engage with the other team—people who hold the cultural knowledge, and just general resources and how things are going—is really low. We have an hour a week that we overlap with that, and then most of the time, that is filled with other meetings that are important. But for the long-term, I know that interaction between the teams needs to be different and a higher priority."

> "Sometimes I worry about them not getting enough support since they work weird hours, and we only have an hour window for us to get to talk or interact or anything. We need more time… and time that is not interrupted with meetings or trainings that we have to do together. Just us debriefing about cases or whatever changes that are there. So, we need time, maybe two hours, three hours. I don't know how that's going to work, but I think we need time so that we can all support each other to make that transition easy for them."

In addition to supervision and training-needs within the program, team members also discussed the importance of opportunities for external education and training. They have appreciated the encouragement and flexibility provided to them by the PSR program manager to seek out and attend trainings and continued education based on their individual interests and needs.

> "Continued education is very important. I'm one of those people, I want to do better, professional-wise. I've had an opportunity this year to take a leadership class, which was great and all thanks to Robyn for making it happen. It was not cheap, but it will bring value to the program if we take those classes."

Charting and Data Collection

While the team had some challenges learning a new charting and data collection system that is different from those they used in previous positions, the process has become much smoother since the hiring of a data analyst mid-way through the pilot year.

> "It's good. Since Andy's come on, it's been dramatically easier and better to just get changes made and have the right forms and buttons so that it's just easier.

> And they listen to our feedback and implement changes pretty quickly, so it's been good."

> "We have a data analyst who really listens to us. Any suggestions we bring, they're able to kind of understand exactly where we are coming from. Like today, we were working on some data that were not captured before, but now it's been added… Actually, when Andy joined, that's when we started categorizing what kind of referrals we are making out. So, like OHP, we don't enroll into OHP, but we can refer people to be enrolled into OHP. We track that now."

Still, staff persons noted the importance of ongoing support and training to make sure that data are being entered correctly and consistently, especially as new staff begin:

> "We need to have training on documentation for new folks to make sure everybody's doing it the same way across the board."

One specific data point that the team expressed uneasiness about collecting is demographic characteristics because clients are often not able to report for themselves and they must make assumptions based on appearance. 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."

Client gender and age are mandatory fields they must report, while race was not collected until mid-way through the pilot. While the team is able to obtain self-reported demographic information on occasion, the vast majority of reporting continues to be based on visual appearance:

> "There's been maybe a handful of occasions where someone reveals their gender or race, but it's usually not appropriate in the moment to ask those questions."

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:

> “The one issue is, where do we take this person if they wanted to go somewhere? As far as a sobering center or detox in the moment, or get temporary shelter—I’d say those are the three biggest things that I would think people might need or want. But another issue is because we’re going out and meeting people in a state where there’s just not able to even have a conversation about what they might need—either they’re intoxicated or just not doing well mentally—so you can’t even say, ‘Would you want to go to a sobering center?’ if that existed. It’s a tough thing because, really, it feels like just managing it for the moment, or helping deescalate something so that it doesn’t get worse. And I don’t know what the solution to that is other than that earlier intervention, the outreach in the community, and offering services to people when they’re not in crisis. But that’s not my role.”

Lack of resources available to address to the needs of those they respond to was especially salient for members of the evening team given that so many services are closed at night.

> “It’s just kind of difficult at night. There’s not really resources available at night. There’s been a couple of time where we’ve drove by places where we met—we had a call on a Friday night, and then on a Saturday night we drove by to see if we could see that person again just to check on them—and we haven’t been able to catch up with anybody.”

> “I think that on a team that works weekends and nights, with very little resources that we can refer to, I’m finding that there aren’t a lot of resources that anybody can refer to, generally speaking, but we are isolated in lots of different ways.”

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 lack of available resources may impact perceptions of PSR's 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."

Another staff member said:

> "Yeah, I mean, in the moment, I let them know how much that I wish I had solution. I wish I had a magic wand. You know, letting folks know that if they're wanting to work long-term towards those things, that something I'm willing to walk with them along with. But just being honest, that it's going to be a long process and that I don't have any magic tricks, you know?"

Questions about Program Identity and Culture

Throughout the pilot period, 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 said the following:

> "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."

Given the emergence of the Community Health Division within PF&R, and the establishment of the CHAT program around the mid-point of the PSR pilot, the tension in program identity now also includes the separation between physical health/ medical concerns and behavioral health concerns.

> "When folks realize you're actually listening and that you're concerned about their physical health and their emotional health at the same time, yeah, that is one of the most important things about PSR to me, and one of the most successful things."

> "And then I was told, 'This is medical only, this is behavioral and mental health.' And, now again, it's still confusing because people might have both. And just me being internal and thinking that way, I'm thinking about people who are outside, and they hear what we are doing internally, and we are all under one umbrella, it can be really confusing."

Related to some concern and confusion about the separation of medical and behavioral health calls between CHAT and PSR, team members also expressed some concerns about possible tensions between the culture of Portland Street Response and the culture of the broader fire bureau. As one staff person put it, "I'm nervous about an old-school mentality trying to run this new-age program."

Another PSR team member said the following about their concerns:

> "I'm concerned that the mission and the values and the culture that we've been trying to develop for the last 11 months—a community-based model, trauma-informed, and all those things that we're really hyper-focused on—I'm worried that may shift as we go forward with kind of working in this paramilitary organization that has very structured, and in my experience so far, pretty rigid hierarchies and protocols and all these things. That's not always a bad thing, but having the flexibility that we've been able to have to this point and kind of seeing what works and what doesn't and build out from there has been really great."

Others felt more optimistic about being able to continue to shape and retain the culture of PSR despite programmatic shifts and staffing changes:

> "My assumption and perception is going to be that we are able to create our own culture. I think we're going to be able to mold new staff into our culture and our way of thinking."

Finally, one staff member offered suggestions of ways to infuse aspects of PSR-culture and training into fire culture:

> "That perspective on crisis response is new and useful. The things that are useful, I think, from PSR that could go over to fire, one of the big ones is the trauma-informed—that could be useful if it's condensed down to just the basics. The firefighters, and this has nothing to do with cultural differences between the two groups, this is just the nature of first response—you need the bottom-line up front for them. You need to tell them something they're going to use on scene, and how it will directly impact their work. They do not have much tolerance for lots and lots of unpacking of what trauma means."

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:

> "Being in the public eye has definitely been a little weird because I've been at events where I've had random strangers come up and start talking to me, asking me questions and saying, 'Hey, you're that person, you work at Portland Street Response,' which makes it feel like I have to be a little bit more on all the time even when I'm not at work."

Others reflected on the perceived lack of stability and security, being a new program that is still in its pilot stage:

> "I guess the least favorite part of the job is all the uncertainty, which I know is expected coming into this role, but it feels like it's never-ending. Uncertainty and all the politics around it all, just having a little bit more stability would be nice—being a permanent employee and all that. I'm not worried about losing my job, but it feels like I'm always a little bit on edge."

As the program expands and solidifies 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 while there is still much uncertainty swirling around the program, it is vital to recognize the pressures that the team faces as they work to lift up this new program and provide them with the support they need to thrive in their roles. 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."

"I'm really happy to be here, and I'm really happy that Portland has this service. As a lifelong Portlander who has a lot of pride in my town, and as a person that has struggled with mental health issues, I'm really happy that we're available to folks."

Other First Responders

Portland Fire & Rescue (PF&R): Methodology

We conducted focus groups and interviews with PF&R staff in the PSR pilot service 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.

Over the course of the pilot year, we conducted one focus group and four individual interviews with six 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 three time points—one on February 25, 2021, at the beginning of the pilot; another on July 21, 2021, near the end of 6-month midpoint of the pilot; and a final survey on February 14, 2022, at the end of the pilot period. Four of six invited PF&R staff (66.7%) completed the survey at timepoints one and two, and three of six staff (50%) at time three.

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 24.50 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.

For the final ProQOL survey, the average scores on the Compassion Satisfaction subscale among the three PF&R staff who completed the survey ranged from 36 to 41, with a mean of 38.67 out of a possible 50 points. This indicates ‘moderate’ compassion satisfaction. The average scores on the Burnout scale ranged from 18 to 33 with a mean of 21 out of 50. This indicates ‘low’ burnout. Finally, the average scores on the Secondary Traumatic Stress subscale ranges from 16 to 21, with a mean of 21 out of 50. This indicates ‘low’ secondary traumatic stress.

Scores were remarkably consistent across all three 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. Burnout and secondary traumatic stress scores reduced slightly over the course of the pilot year. 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 conducted with Portland Fire & Rescue (PF&R) staff throughout the pilot period 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, “All I hear is that it’s doing a lot for the police side, not so much for the fire side.” Their suggestions for expansion included the following four areas:

The Need for Expanded Hours

PF&R staff wanted to see PSR have the ability to respond to calls beyond their pilot-period operating hours, something which should improve now that the program has expanded hours.

> "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 inside residences.

> "That would be a great intervention to have PSR go… and then be able to take a look and see, 'Wow, you need more resources.' And they can take the time to help this person find resources. We show up, we help… and we're moving on… But we're not going to stay on scene and have those conversations. And to be fair or honest, we don't have all of the resources to offer them… So, if PSR shows up and see what the issue is, maybe they can front-load those resources going in, and then you're reducing our call volume and getting that person more appropriate care."

Dispatching PSR to more PF&R calls

There was a general consensus among the people we spoke with that PF&R staff are still responding to a lot of calls that would be more appropriate for Portland Street Response. Having PSR dispatched to a higher number of appropriate PF&R calls would help to alleviate more of the burden for them.

> "I'm not necessarily noticing the impact to the station or to our call volume. And I don't know if that's maybe a dispatching thing. Last shift, the engine ran 22 calls. Of those 22 calls, one was critical. So, there was a lot that could have been done by a lower level of care, except for the fact that's not how it's dispatched. It's dispatched at a higher level based on what the dispatchers are hearing, the complaints that are given."

> "Fire gets everything that doesn't fit into the bucket of police, right? So, I can see how that is a challenge to parse through all of that and figure out how it's going to be split up… It would be nice to be able to get to a point where we can look at the notes of a call, and because we've been doing this long enough, we can quickly say, 'Send PSR, clear AMR and Engine 11 off this call, and have PSR evaluate

> and call us if they need us,' right? It seems like we get dispatched almost too soon, and by the time we get there, it's really a minor issue."

In particular, PF&R staff noted the difficulty of parsing out a medical complaint from a mental health complaint, and that PSR is not being dispatched to calls that would be appropriate for them because a mental health complaint is being reported as something medical in nature.

> "Most of the time, we don't know that we're going on a mental health call, right? We're going on a medical call, and we show up and start figuring out, okay, it's not really physically medical. It's now either emotional or it's behavioral or something like that. But that's not typically gets reported. It doesn't start out as, 'This is an anxiety attack.' It starts out as chest pain. And then, we show up, and we realize it's anxiety. It would be nice to have PSR show up on those or respond to those, but I don't think they get dispatched like that. I think it's mostly chest pain or breathing problems. And I don't think you can send PSR on that."

> "I know there was a report of an unconscious person with ineffective breathing, but it was just somebody sleeping. There was another unconscious person, and it was another person just sleeping. And then there's those that are, 'Oh, it's a breathing problem, right?' So, PSR isn't going to respond on that. And then, we go up and it's not so much a breathing problem. Maybe it's an anxiety problem or something like that."

The difficulty in making this distinction about who should respond is made perhaps even more difficult by the onset of the CHAT program, as described by one PF&R staff member:

> "It's tough because you're also asking other agencies to draw that distinction. So, BOEC needs to decide, 'Is this a behavioral call, or is this a medical call?' So, they have to pick if they're going to send CHAT or they're going to send PSR, and the same thing for other agencies that might request us, whether it's police or it's AMR or fire. If they're going to call in one of the responders, they need to know if the person is having a medical problem or a mental health problem to know which team to call.

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."

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."

Other PF&R staff seemed more unclear about the purpose of co-response and questioned whether calling PSR to the scene was necessary, even in calls involving people experiencing mental health distress or homelessness:

> "Well, in that particular instance, it doesn't seem like it any kind of problem at all. It's just somebody sleeping. They're not looking for any kind of resources… And we're not going to stay on scene and wait for PSR if they're a ways out to come help this person figure out what they're supposed to be doing."

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 PSR to divert calls from other first responders when appropriate. 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 expressed support for Portland Street Response, there seems to be additional work needed to enhance communication between programs and increase clarity regarding program scope, goals, and outcomes.

> "PSR still, from my experience, we don't really see or hear from them all that much, especially in the field. I mean, I know they're out there, I know they're doing things."

> "A lot of firefighters still don't really fully understand PSR, and now it's going to be even more confusing because they're going to have to understand CHAT and PSR… But this is something that they've expressed to me being really excited about PSR because they don't want to go on calls for unhoused folks… they really would prefer not to because it's not anything we've been trained on."

Some PF&R staff felt that opportunities for in-person meetings and networking between programs was needed.

> “Honestly, I think the most effective thing is actually a sit-down face-to-face with crews. So, PSR is starting their day, maybe call over to the station, see if they can drop in… say, ‘Hey, do you want us to come and tell you about the program and what we’re doing and what calls were taken?’ That’d be great.”

> “I do think that the outreach to stations, really, the best way to do it is to go station to station… The best way to reach firefighters isn’t through a memo, it’s not top-down, it really has to be grassroots and lateral, and they want that.”

Others suggested monthly reports or documents summarizing PSR’s work.

> “It would be nice on our side to get some kind of report like monthly or maybe every couple of months that just says, ‘PSR took this many calls’, because then we know that they’re doing something for us… The call volume is just so high that it’s going to take some time before we see a reduction in our calls. And I think it’s going to be a combination between PSR and CHAT.”

> “I think what might be helpful is maybe a monthly report sent out to the stations, like, ‘Hey, PSR went on these calls in your FMA,’ to point out to us that it’s happening, that they are out there reducing our call volume in some way. Or maybe some tips, like, ‘If you see this action or this behavior, and there’s no urgent medical need, this is an emotional health or whatever problem, so think of PSR when you see this kind of behavior.’”

Similar suggestions were raised by PF&R staff in our six-month evaluation report, and PSR has been addressing this with information cards describing call criteria and presentations at roll calls and other meetings. However, it takes time for information to spread throughout the bureau, and additional effort will be needed by both PSR and PF&R to help increase communication and information exchange between programs.

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 three focus groups and five individual interviews with a total of 15 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 throughout the pilot year 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:

> “I have heard good things about PSR. It seems like they are asked for more than they are available. So, people want them to come. I had an opportunity yesterday, which I thought would’ve been perfect, but they were at another call that was going to take them a while… And I think people are starting to love PSR because we see the usefulness of them. And since they expanded their geographic area, that’s appreciated. I think it’s still just, ‘Well, I wish they were more available when we need them.’”

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

Calls Earlier in the Day

Similar to PF&R staff, some PPB staff felt that PSR's current operating times are too narrow. Some of this will be remedied by the expanded hours, though coverage in the early morning hours will still be a gap, at least initially:

> "There's a lot of calls that we probably don't need to go on. I know, especially for my shift, we get a lot of calls around 5:00, 6:00, 7:00 in the morning when we're getting ready to go home, and businesses are just opening up, and there's someone who's asleep outside their front door, especially if the weather has been bad or something. And it's not a great spot for us because the business has a legal right to tell someone to leave their property, but then we're telling someone, 'Hey, go out in the rain, go out in the cold, go away,' and without a better option for them."

> "That would be good to have someone from Street Response working in the earlier hours that can respond to the base of the wake-up calls that are certainly not a police issue, it's barely a trespassing if even that. But there's definitely an opportunity to be able to connect people to resources then."

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 than police to connect the person to resources.

Expanded Geographic Area

Throughout the pilot period, PPB staff suggested that expanding geographic coverage would be a benefit both to PSR and to PPB:

> "The geographic limitations at the beginning, they were very upset by that because only a certain little portion of the officers receive help, but the rest of the precinct received no help. The calls stacked up, so we were glad for the relief that changed along with hours and days of the week, especially weekends."

> "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 to."

> "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."

> "As a police officer, we are empowered to put people on holds, and that's something that I think Street Response still isn't able to do. If there's a chance someone has to go on a hold, then you need someone who is actually able to do that to go along to evaluate. If we could get someone like…where you have other responders that are able to enact holds, that would probably help with calls that we don't have to go on."

Other Areas for Expanded Call Types

PPB staff noted several other areas where sending PSR on more types of calls would help to reduce the police call load. These included calls in streets, calls in private residences, and calls involving lightly higher risk:

> "If they are in a street or briefly in a street, ironically, Street Response can't respond in the street, which I get is because you don't want to get run over by a car, or—people in or around private residences. Sometimes, it'd be nice to be able to expand a little bit on that. I think, especially some of the older, saltier people here get frustrated with being told all the reasons that they can't use a resource and just say, 'Well, I guess there's no point in trying to use this

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[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.

resource,' especially if they try to request it and are told, 'Actually, no, they can't come out for this reason."

"Officers were frustrated in the beginning because of, an example, we have a person that is in a mental crisis, and they're going in and out of traffic, and the Street Response unit refuses to come because the people are in the street. That was frustrating, and I understand that's changed somewhat... The other part was frustrating that they won't go into private residence to talk with people, and, again, that's frustrating to officers because they're going, 'Okay, if you're here to relieve us of these kinds of calls so that we can respond to other calls that are literally stacking up, this doesn't help at all."

"We have unarmed public safety support specialists that respond to some calls, and they have amber overhead lights that they can use to block traffic to crash scenes. If that were an option to put on PSR vehicles, to be able to block traffic when they go to talk to the person standing in the middle of the street… that might be another type of call the Street Response could take instead of us… If it's Street Response, having the ability to connect them to resources for the issues that are probably affecting the reason why they're in the street."

PPB staff suggested changes to dispatch to make sure PSR is sent on appropriate calls:

"I think the easiest way to get more calls to Street Response is to catch it at the dispatch level before it gets sent over to the police queue. Again, having not had as much overlap with PSR recently, I don't know how that's going, but I remember six months ago, that seemed like it was a problem where we were getting a lot of calls coming to the police queue that we would say, 'Hey, actually, this seems like a Street Response call, can it go to them?'"

"On afternoons, you'll go to a lot of calls that are priorities, and then all these low priority calls just sit there and hold. So, that would be a good thing to look at is if that data is tracked by BOEC on the afternoon shift calls. What are those holding lower priority calls that just sit there and eventually go away, or the lower priority calls that come in and get cancelled or referred somewhere else because there's no officers available."

"We get a lot of 'unwanted' calls—in other words, people either that are drunk, that are high, that are having mental episodes, that wander onto parking lots, into stores… By the description of what the call taker is given, it fits what the Street

> Response would be going to, but the dispatchers don't call the Street Response to handle the calls… We try to transfer it, and a lot of times, we receive a negative from the dispatchers because of their education or interpretation of the parameters that have been set… I know a lot of it, it's how dispatch has been given protocols, and we have to butt heads with them."

These experiences and perspectives provide helpful suggestions that should inform changes to PSR call types and dispatch criteria as the program expands citywide, and as negotiations and decisions are made about expansions in PSR based on the tentative agreement between the City and PPA.

Co-Response

As noted earlier in the report, around 40 to 50 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."

> "My perception is the biggest reason to have co-response right now is to have the ability to put a hold on somebody because police bring that tool."

We asked PPB staff how they felt about co-response with PSR, and we received a mixed response, with some staff in support of it, some with mixed feelings, and a few 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 staff member agreed with this, though emphasized that the goal should still be PSR responding without police or other first responders as often as possible.

> "I think [it's] viable, especially the initial…at least the interaction with a non-police person where force does not have to be used, or it doesn't escalate…That should be a sub-portion of it, but the main portion is, we're trying to get Street Response to take over, to be the initial responders… it alleviates us from having to do so many calls, and we can go do the other police calls."

Some PPB staff noted that being able to call PSR for support in the field was especially helpful as an alternative to sending people to the emergency department or needing to call AMR out to the scene.

> "I called PSR, and they were very willing to go out and just take her vitals, and make sure she was okay. I really appreciated their willingness to do that because I feel like a lot of folks feel like going to an emergency department, or having AMR come out and see them, can be kind of intrusive. And she was more willing to consider Portland Street Response because she met them in the past. I think for this particular person, the combination of someone with tremendous medical training plus a mental health clinician, it was just a really good fit for this person."

> "…Nice to have PSR be able to respond, knowing that they have that familiarity with folks, with serious and persistent mental illness. And also, I think too, because I know with AMR… and, again, all the resources right now are just so overwhelmed, and so often the focus is very much on, 'Is someone actively dying? No? Okay, move them along then.' Whereas, I think PSR, while they're that urgent response, they're still able to take a little more time… and, in that way, build that rapport a little bit more with these folks who may have that distrust of the medical community."

Challenges of Co-Response According to PPB

PPB staff who were opposed to co-response were primarily concerned 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."

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."

As a final perspective pertaining to co-response, some staff we spoke with for both the six-month and one-year evaluations noted changes in their initial concerns about the potential burden of co-response:

> "I feel like PSR has figured out their safety a little better… getting used to their job and not getting themselves into situations where they may need to call us, or being able to see better what could be potentially dangerous beforehand… They just don't seem to be calling for our help as much."

Connection Between PPB and PSR

When we spoke to PPB staff for the six-month PSR evaluation report, there were a number of concerns voiced regarding challenges when collaborating in the field and perceptions that PSR was not willing to work with police. For example, one PPB staff person said the following about their initial perceptions of PSR:

> "…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…"

These concerns had all but disappeared when we spoke to PPB staff for the one-year evaluation. As one PPB staff person said:

> "I think that the negativity around the start was totally based on politics, not on the actual PSR employees… I feel like just with any new relationship that has a bunch of baggage coming into it, once people actually have gotten to know each other and work with people, some of the preconceived notions have kind of gone to the wayside because I definitely hear more requests for PSR."

The changes in relationship seem to be due primarily to positive experiences collaborating in the field and having a better sense of what their overlapping and distinct roles are.

> "I think working in collaboration with them has helped… And it's not like we talk to them all the time, but we meet every month… We talk about different things that we can share. I think that enabled us to establish that we're all trying to achieve the same goal. We all recognize that there's certain calls that are appropriate for them, appropriate for us."

Other PPB staff noted that recognition of shared challenges has provided opportunities for the responders to better understand one another.

> "Now that we're diversifying our first responder model, which is great, the other responding parties are starting to realize, yeah, we can respond, but there's nowhere to get people that's going to have a long-term effect on them. Because jail doesn't do it… the ERs don't do it. And outside of that, we don't have much."

> "Beyond the first response, what do you do then? What's next? Where do we go? Where are the mental health treatment facilities? Where is the drug and alcohol treatment? Where are all these things that we are supposed to deliver people to? Because what we're doing is delivering people to an empty… it's like taking people to a dock, and there's no boat."

Portland Street Response has also made concerted efforts to educate PPB about the goals and call criteria of PSR. Specifically, the PSR team developed 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 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. Bringing them in for additional facetime is good."

Similar to PF&R staff we spoke with, PPB staff requested more report-outs and information about the calls that PSR goes on.

> "Maybe a call summary instead of a copy of a report, but a call summary—on this date, this time, this location, we responded… this was the calls, we were asked to solve this, or to deal with this, and this is what we did… A lot of times, the officers, they don't know what the end result is."

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. One PPB staff member acknowledged this openly:

> "I think we're doing more trauma-informed care training now. If we could do it with PSR, that might be helpful, especially since the relationship and the trust in PSR employees has increased. Doing that with them might even be better for building the relationship, but also growing knowledge. And I think there are more officers now who are aware of trauma-informed responses and what even trauma means."

While the changes in attitudes expressed by PPB staff between the six-month and one-year evaluation are promising, there will most certainly be challenges and possible points of friction as PSR expands citywide and engages with PPB staff with whom they do not have the same established relationship or understanding. It will be important to continue to track and monitor the evolving relationship between PSR and PPB, and other first responders, 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 194 places on 20 different days between May 18, 2021 and February 8, 2022. This resulted in 149 conversations with community members (a 77% acceptance rate), with 39 people declining or not being available to speak with us (either they were not interested, or they were busy at home or work), and six instances in which linguistic barriers to communication made the interview impossible.

An additional fifteen 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, partners, and other community members we interviewed. 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 164 people representing residents, workers, neighborhood associations, and advocacy organizations in the PSR pilot response area (80 in the first six months of the evaluation and 84 in the second six months). Surveys occurred primarily inside businesses or outside residences, with a few surveys occurring over the phone. The surveys ranged from two to 25 minutes, with an average length of six 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. The information reported below is inclusive of everyone interviewed during the first year of the program, but we also include a section at the end that highlights important changes in findings between the six-month evaluation and the one-year evaluation.

General Community Members: Sample Description

Among the 164 community members we spoke with, 92 people (56.1% of the sample) lived in the PSR pilot service area (the majority in the Lents neighborhood or an adjacent neighborhood). Among these, 70 (42.7% of the sample) also worked in the PSR service area. An additional 72 respondents (43.9%) worked in the service area but did not reside there. The average age was 38, ranging from 18 to 75. Just over half of the community members we surveyed (88 people, 53.7% of the sample) identified their race or ethnicity as White; 27 (16.5%) as Asian; 17 (10.4%) Latino; 13 (7.9%) Black; four (2.4%) Native American; four (2.4%) Middle Eastern or North African; and 11 (6.7%) reported being Multiracial. When asked how they describe their gender, 81 community members (49.4%) reported identifying as men, 77 (47%) as women, and six (3.7%) 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 issues, 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. Just under half the people we spoke with (79 people, 48.2%) had not called 911 in the past year for PSR-related concerns. The other 85 people reported calling 911 between 1 and 100 times to report someone experiencing mental health crisis, intoxication, or homelessness, with an average of 6.5 times. People who worked in the neighborhood had higher rates of calling 911 (an average of 9.3 times in the last year) compared to those who lived in the neighborhood (an average of 4.2 times).

When asked if they feel safe calling 911 if they or someone else needs help, just under half of the community members we spoke with (80 people, 48.8%) reported feeling safe, while 84 (51.2%) did not feel safe calling 911 (see Figure 18). When asked why they do not feel safe calling 911, the most common response—reported by 44 people (52.4% of those who did not feel safe)— had to do with concerns about delayed service or non-response. One person said, “It’s worthless. Police don’t come. My store was broken into, and it took them an hour to show up. They said, ‘Sorry, we’re short-staffed and can’t help.’” Another said, “I don’t feel safe calling due to the response time. It feels like the Wild West out here. We all just have to look out for ourselves.”

Thirty-one community members (36.9% of those who reported not feeling safe calling 911) reported that they do not trust police officers or believe that they 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."

Finally, almost a third of people who did not feel safe calling 911 (22 people, 26.2% of those who felt unsafe 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 18. Feelings of Safety Calling 911 Among General Community Members

51.2% 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 (61.5% said they did not feel safe calling 911 compared to 51.2% of respondents in the total sample). Multiracial people and White people were the next two highest groups to report not feeling safe calling 911 (both at 54.5%), 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, not necessarily concern for themselves. Among Latinos, 52.9% of respondents did not feel safe calling 911, followed by Asians (40.7%), Native Americans (25%), and people who were Middle Eastern or North African (25%) (see Table 5).

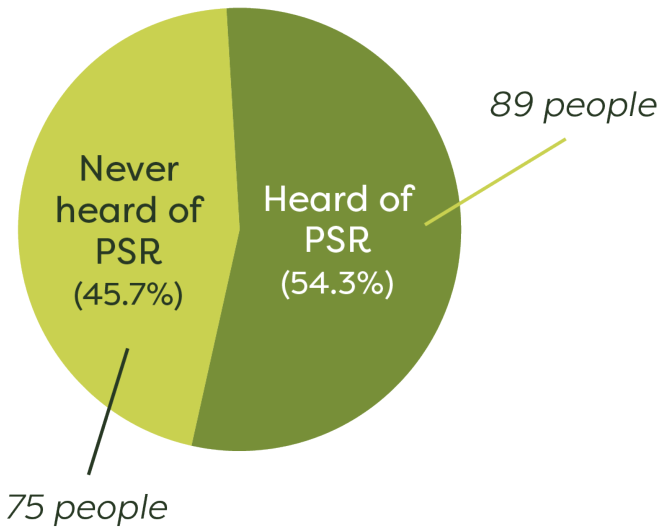
Table 5. Safety Calling 911 by General Community Member Race/Ethnicity

Feel Safe Calling 911	BIPOC						White	Total
	Asian	Black	Latino	Middle Eastern or North African	Native American	Multiracial		
Yes	16 (59.3%)	5 (38.5%)	8 (47.1%)	3 (75%)	3 (75%)	5 (45.5%)	40 (45.5%)	80 (48.8%)
No	11 (40.7%)	8 (61.5%)	9 (52.9%)	1 (25%)	1 (25%)	6 (54.5%)	48 (54.5%)	84 (51.2%)

Knowledge of 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. Eighty-nine community members we spoke with (54.3%) had heard of the program and 75 (45.7%) had not (See Figure 19). We then asked the 89 people who had heard of the program how they heard about it and what they knew about it. Twenty-two people said they learned about the program from outreach activities by the PSR team. For example, one community member said, "I met most of the people and heard about it before it started. I interacted with them at a Business Association meeting. They made a big effort to get the word out. They are easily identifiable." Sixteen 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."). Seven 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." Others expressed general knowledge without naming a specific source.

Figure 19. Knowledge of Portland Street Response Among General Community Members



The majority of 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." Another said, "PSR can go to mental health crises 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." Twenty-three people (25.8%) 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"; "They come to deal with mental illness and help with de-escalation"); while 16 (18%) understood PSR as a program aimed at helping people experiencing homelessness. For example, one person said:

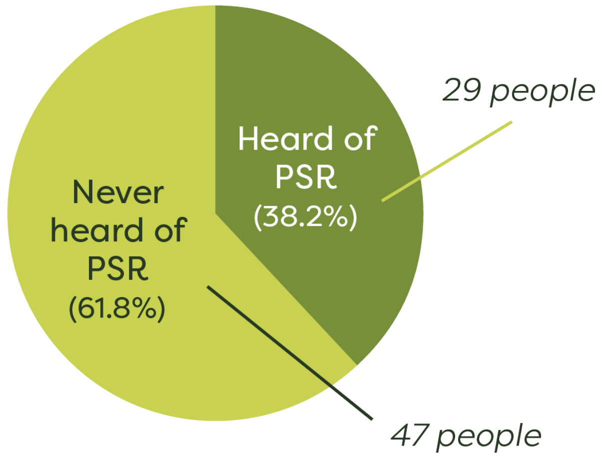
"They're the response to our homeless friends showing signs of crisis to offer counseling or help getting connected—help with what's happening in the moment."

When we examined rates of awareness of Portland Street Response by race, we found striking disparities that were statistically significant, χ^2 (1, N = 164) = 14.81, $p < .001$. Among community members of color, only 29 (38.2%) had heard of the program, while 47 (61.8%) had not (see Figure 20). For White people, awareness was nearly reversed, with 60 (68.2%) having heard of the program and 28 (31.8%) who had not heard of the program. Among BIPOC, people who identified as multiracial were most familiar with the program (63.3%), followed by Middle Eastern or North African people (50%), Latinos (47.1%), Black people (38.5%), and Asians (25.9%). We only interviewed four 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

Feel Safe Calling 911	BIPOC						White	Total
	Asian	Black	Latino	Middle Eastern or North African	Native American	Multiracial		
Yes	7 (25.9%)	5 (38.5%)	8 (47.1%)	2 (50%)	0 (0%)	7 (63.3%)	60 (68.2%)	80 (48.8%)
No	20 (74.1%)	8 (61.5%)	9 (52.9%)	2 (50%)	4 (100%)	4 (36.4%)	28 (31.8%)	84 (51.2%)

Figure 20. Knowledge of PSR Among BIPOC Community Members



Interactions with Portland Street Response

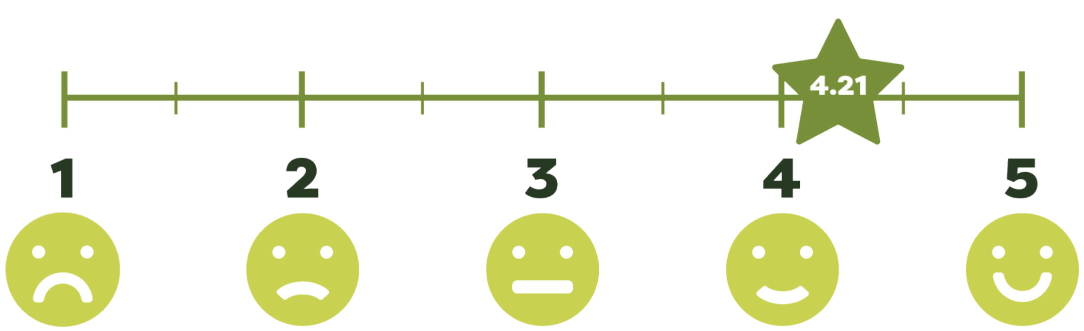
Forty-three of the 164 community members we spoke with (26.2%) reported specific interactions they had with Portland Street Response. 30 community members (69.8%) had called 911 or the non-emergency number for assistance and met or saw the PSR team when they responded in the field; 10 people (23.3%) met PSR staff when they performed outreach activities at their homes or businesses. Finally, three people (7%) 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 majority of those who reported interactions with PSR were White (67.4%, compared to 32.6% 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 one to five, with an average of 4.21 (see Figure 21), indicating a high level of satisfaction with the program. A few community members expressed frustration at not being able to reach the program (e.g., "We tried to call on a man in mental health distress but couldn't get through. We waited for like an hour and then the man was gone"). Another 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."

However, the majority of community members expressed high levels of satisfaction with the service while also providing valuable recommendations for improvement.

Figure 21. Satisfaction with Portland Street Response among General Community Members who have Interacted with the Program



Who Should the First Responders Be?

After asking community members about their knowledge of and interactions with PSR, we asked 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 (95 people, 57.9% 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.” Another said, “They’re most equipped. We need people like that who are patient and compassionate and know how to tell between drug use and mental illness.”

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.” Another said, “I’m uncomfortable with the response I’ve witnessed by police over the years. They aren’t providing help that the individuals in crisis require.” 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.”

25 community members (15.2%) 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.” One person said, “We have a lot of thefts here, which need a police response.” A few people thought that police commanded greater levels of respect: “Because they’re respected more. People will respond to the badge.”

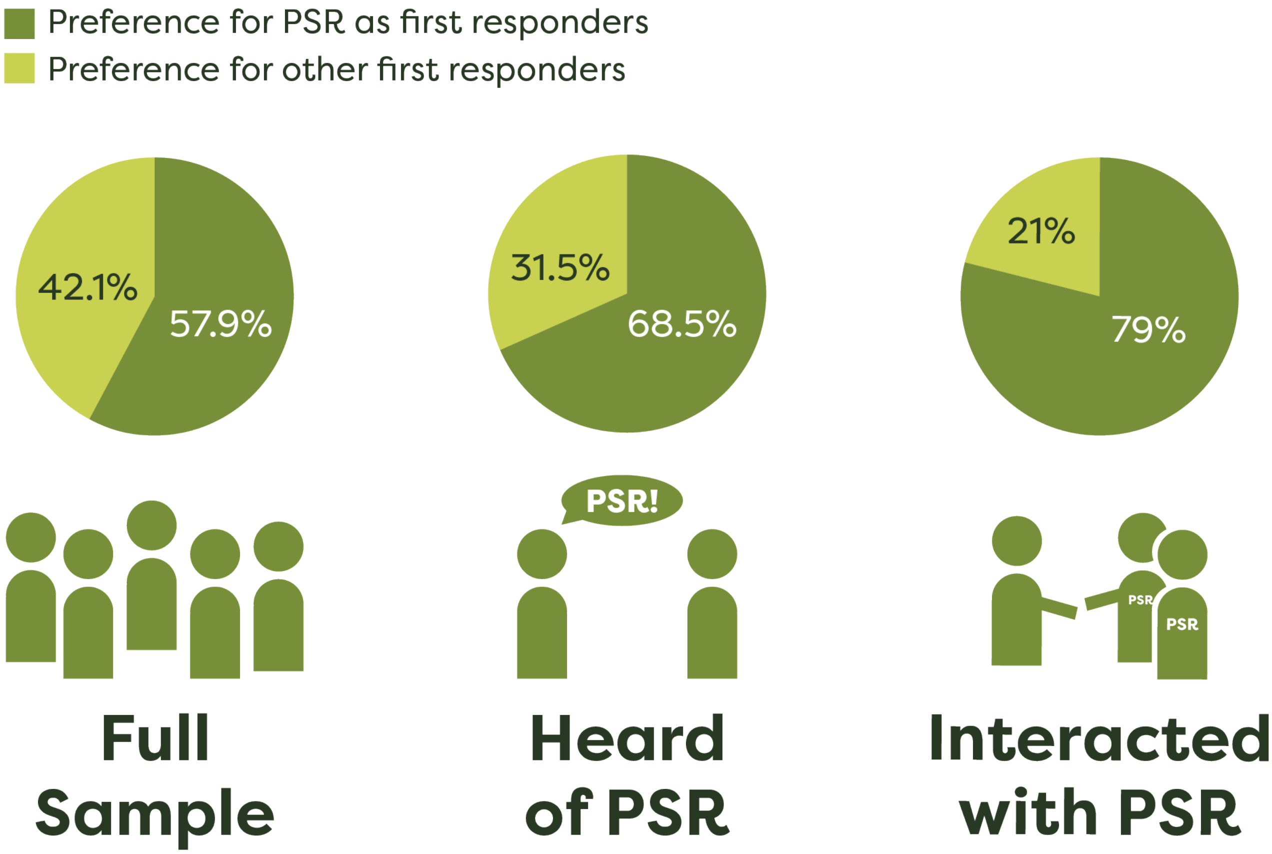
15 (9.1%) preferred EMS as the responders, both due to their training (e.g., “More on the medical side, more equipped to handle it”) and for cases in which someone may need to be transported to the hospital: “People need help in crisis and may need an ambulance to go to the hospital.” One person (0.6%) preferred firefighters because of their equipment and larger team of responders.

Finally, twenty-eight people (17.1%) 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, "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:

> "Depends on the situation. I would love PSR to respond as long as they're well equipped to defend themselves. They have the knowledge, but they need to be able to keep themselves safe. Co-response with police might be needed for situations that escalate."

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 (4, N = 164) = 12.05, $p < .05$; and between interactions with PSR and preference for first responders, χ^2 (4, N = 164) = 11.88, $p < .05$. 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 68.5% (compared to 57.9% in the full sample); and among those who had interacted with PSR, preference increased to 79% (see Figure 22). In contrast, preference for police as first responders in situations involving people experiencing mental health crisis, intoxication, or homelessness decreased from 15.2% of community members in the full sample to 7.9% among people who knew of PSR, and 7% among people who had interacted with PSR.

Figure 22. Preference for Who the First Responders Should be According to Knowledge of and Interaction with PSR



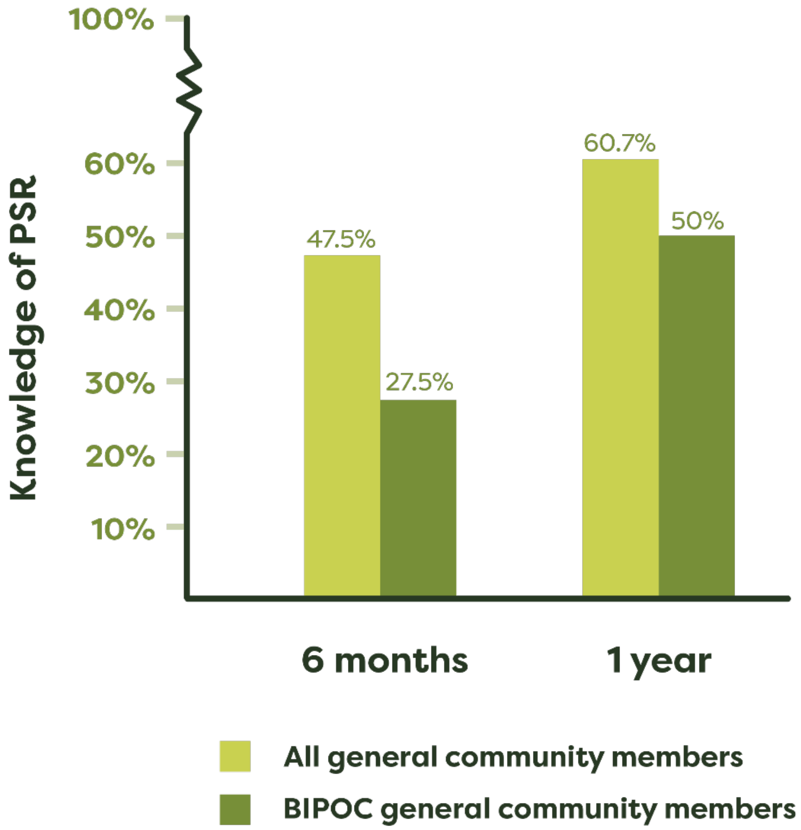
Ways to get information out about PSR

Given the high rates of people who not had heard of PSR, we asked for suggestions of the best ways to get information about the program to community members when we conducted surveys during the second six months of the evaluation. The most common response was *social media* (reported by 35 of the 84 people surveyed during the second six months of the evaluation, 41.7%), followed by *flyers* (26 people, 31%); *word of mouth* (21 people, 25%); *outreach activities* (13 people, 15.5%); *mailers* (10 people, 11.9%); *hosting community events* (8 people, 9.5%); *billboards* (6 people, 7.1%); and *increased visibility* (4 people, 4.8%). Other suggestions included stickers and yard signs, TV/ radio commercials, and postings at community resource centers.

Changes in Findings Between the Six-Month and One-Year Evaluations

While the findings presented above reflect the totality of survey data collected among general community members in the first year of the program, it is also important to examine differences between data collected at the six-month point and the one-year point. General trends remained consistent throughout the evaluation, but we did note some important differences between these two time points. Similar to unhoused community members, a greater percentage of general community members surveyed reported knowledge and awareness of Portland Street Response at the one-year point (60.7%) compared to the six-month point (47.5%). Also similar to the unhoused sample, awareness of PSR among general community members who were BIPOC nearly doubled, from 27.5% to 50% (see Figure 23).

Figure 23. Changes in Knowledge about PSR among General Community Members between the Six-Month and One-Year Evaluations



Greater knowledge and awareness of PSR likely contributed to significantly more people stating a preference for Portland Street Response to respond to calls involving people experiences homelessness and mental health distress in the second half of the evaluation (70.2%) compared to the first (45%) (a difference of 25.2 percentage points). However, it is surprising that unlike unhoused community members, a greater percentage of general community members reported feeling unsafe calling 911 at the one-year point of the evaluation (56%) compared to the six-month evaluation (46.3%). Again, due to differences in the samples at each time point, conclusions about causality cannot be drawn; changes may reflect individual differences in those we surveyed or contextual factors impacting their experiences (e.g., increased media attention to capacity constraints at 911 and slow response time of police).

General Community Member Follow-up: Methodology

If, in the context of our survey 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 24 interviews. We also conducted interviews with six additional community partners referred to us by the PSR team. Collectively, these recruitment approaches resulted in 30 interviews with community members (14 in the first six months of the evaluation and 16 in the second six months) 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 30 community members we conducted follow-up interviews with, 14 people (46.7%) lived and worked in the neighborhood, while 16 (53.3%) worked in the neighborhood but did not reside there. The average age was 40, ranging from 22 to 60. Seventeen people we interviewed (56.6%) identified their race or ethnicity as White, five (16.6%) identified as Black, one (3.3%) as Asian, three (10%) as Latino, and four (13.3%) as Multiracial. When asked how they describe their gender, 19 community members (63.3%) reported identifying as women and 11 (36.7%) as men.

General Community Member Follow-up: Findings

In this section, we focus primarily on findings from community members interviewed in the second six months of the program evaluation, but we include some quotes from community members interviewed in the first six months and also note similarities and differences in thematic areas between the two evaluation periods.

Call issues

A clear and consistent theme across the interviews we conducted for both the six-months and the one-year evaluation reports was frustration with 911 communication and response time, which served as a barrier to the reaching Portland Street Response.

Delayed or Lack of 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. Some community members even perceived that dispatchers were reluctant to send help, even in situations that felt dangerous. They described situations where they were on hold, waited for a long time for a response, or never received a response:

> “Another one of our clerks had called the non-emergency line and was on hold for 45 minutes. And that’s just totally unacceptable. I understand they’re understaffed, but you know, we aren’t calling because we’ve got nothing better to do. We’re calling because it’s important.”

> “You can tell that they're [911] already trying to decide if they're even going to send someone out or not. So, on that Saturday, actually no one came, and I even said that, ‘He does have a weapon. He hasn't pulled it out, but he does have a weapon.’ No one came. This call was at midnight, we closed the bar three, no one came.”

Frustration with 911 May Lead to Frustration with PSR

Three local businesses described experiences where they were unable to reach PSR via 911. Because PSR is dispatched through 911, this frustration with the 911 system may bleed over to peoples’ attitudes about PSR—in some cases even causing people to stop calling to request PSR. This became particularly salient in our interviews with community members for the one-year evaluation.

> “While he was on, never got through. That happens a lot, because it's 911. You can't just call street response. You have to call 911, then you have to wait on hold and, I don't know, it takes forever...So actually, the 911 thing is going to keep Portland street response from doing their job because they can't get through to them part of time.”

> “Either it just takes forever for them to pick up the phone, or they don't dispatch to PSR, or PSR is out of the available timezone, timeframe... I have reason to call PSR just about daily, and I don't know whether or not any of those calls are going through, so I have kind of stopped calling, and I've started using the crisis line when I see it, as necessary.”

Some respondents also expressed confusion and frustration about not knowing the best way to reach PSR.

> “It seems very tricky that it's at the discretion of that operator, and that you have to use the right words. And if you said the wrong word, it won't qualify anymore…So I think that's a lot for regular people who maybe don't spend all this time to read what's on the website about what qualifies, what doesn't and all that.”

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

As in the six-month evaluation, respondents described positive interactions they observed between PSR and people who were in crisis. In fact, one person who we interviewed for the six-month report shifted from a place of initial skepticism about the value of PSR to being highly supportive after observing the team in action:

> "I had the opportunity to get involved with them when I had a person pass out on the sidewalk, and I called the non-emergency line. And they sent the street response team out. And I saw the interaction they had with that person. And it was really understanding and compassionate to the person who needed the help… They came up, they got a response out of him. He sat up. And the response team asked if he needed a cigarette, and they provided the cigarette for him. The interaction was just amazing, because I know the city often has a bad rap of taking care of people who need help. And I was real impressed with the street response people."

Timing

Also similar to the six-month findings, most community members who interacted with PSR noted that they responded to calls quickly. One respondent also appreciated that PSR stayed at the scene to locate a person in crisis when the person had moved from their original location:

> "The response team was really great. When they showed up, he wasn't right here anymore, but they were going to head over to WinCo to look for him still. So that was cool, because they didn't just take off…I think it went really well. They showed up fast. It was clear who they were, their truck was marked, and their clothes were marked, and they were really nice.

Community Collaboration

Throughout the first year of the program, PSR has participated in various community events and collaborated with other community organizations in the Lents neighborhood. Community members spoke positively of those interactions and noted that PSR approached with a willingness to learn from and with local mutual aid and advocacy groups, rather than positioning themselves as outside experts:

> "That's been unique to me and my experience working with them, as opposed to working with other city bureaus or whatever, where they act more like experts in their field, and they may be, but then our experience as part of our communities and being volunteers is just as valid. So PSR has this approach. It seems more like, 'Let's learn from each other, and tell us where can we plug in. Where can we be helpful?' As opposed to just coming down top to bottom and all that."

PSR in Relation to Police

Most community members we spoke with drew comparisons between their experience with PSR and experiences or knowledge of others' experience with police.

PSR is Person-Focused rather than Crime-Focused

Many respondents felt that Portland Street Response was better suited to address the situations they encounter involving people experiencing mental health crisis or houselessness, with an approach oriented toward providing services and care rather than law enforcement:

> "I was appreciative that [PSR] people showed up that seemed like they really wanted to help. And they [PSR] seemed like they were interested in a change. Whereas the police might get a call where I say, 'Hey, somebody's trying to break into my food truck,' or 'Someone's defecating in front of my food truck,' and they show up and they're gone. And they're like, 'What a big waste of time.' But I feel like the Portland Street Response, they're taking it at a different approach, and I think they're seeing them as people that need attention versus just another ticket or another crime happening…And it's just so hard to overcome the negativity and the stigma around it. So, I feel like the Portland Street Response helps overcome the stigma of homeless people because they're bridging that gap."

"They're reaching out to these people and saying, 'You are a person, you are someone that needs care and needs help and needs services,' versus just like the police seeing it just as another ticket, or another crime, or another call."

Fear of Police Makes PSR Preferable

Some respondents highlighted that many people in the community are afraid of or hesitant to interact with police, so PSR's non-police status was seen as advantageous.

> "I mean, they seemed professional I like the idea that they had a mental health professional and an EMT, and it was just in a regular vehicle too. Because I know some people are afraid of police."

Such concerns about police were particularly salient among community members of color who we spoke with. One person contrasted her experience with PSR 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."

Prefer No Response to Police Response

Many respondents reiterated that they were hesitate to call the police, even explaining that they would rather call no one and hope for the best rather than risk police involvement. This echoes and expands upon our findings from the six-month evaluation, where community members to reluctant to call 911 for fear that police would be sent instead of Portland Street Response:

> "And so, when I called Portland Street Response, or I called 911, and they… of course they have to take days off, so there wasn't anyone to send, and they asked me if I would like them to send the police. And I said, 'No.'…We're just doing this cost benefit analysis all the time of, 'Can I handle this? Can I ignore it? Can I avoid escalating this by bringing in people who are trained to be assertive and to use force?'"

Robert Delgado

On April 16, 2021, near the beginning of the PSR pilot program, Robert Delgado was shot and killed by Portland police in Lents Park. Mr. Delgado was a local unhoused resident of the Lents area. 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. Delgado's death was a salient and painful reference point for a number of community members we spoke with throughout the entire evaluation year. 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

Continuing from the six-month evaluation, community members felt strongly that PSR was a needed option missing from the tools previously available to support people experiencing a mental health crisis or homelessness. They appreciated PSR's community-focused orientation and conflict resolution skills.

> "To me, it's so unique and rare, and I feel like it's so important, especially dealing with the community members that are dealing with mental health issues, and sometimes some of the other agencies that get involved, it could make it a little bit worse. So, I'm glad that we have people that are coming from, I guess, the side I come from, which is dealing with the community members…We have the know-how to know how to diffuse the situations, and we have the training and education experience to know how to do conflict resolution, which I believe is vitally important in today's society."

> "I said to myself, 'I don't see no other organization doing this right here.'... Now I'm happy that they have another agency that can help deal with the conflict resolutions because a lot of times I feel like that's what you need. You need people to be able to communicate, to be able to diffuse a situation before it gets out of hand."

Alternative to Police

Community members repeatedly compared PSR to the typical police response and found that PSR was an important alternative given their close ties to the community and potential to build trust with unhoused neighbors and neighbors in crisis.

> "I see Portland Street Response has a way to get people help quickly and not putting them in jail or are not going to police route because there was so much

> resistance to that. And I think this is my sense, people seem to be a lot more at ease with the fire department than with the police department…I think that it'll help people, not just close their windows when somebody's acting strange, but they know they can call someone when someone's acting strange. Portland nationwide has been through hard times…I think Portland Street Response is one of the answers to the problems that we're having."

> "Unprecedented value, if we are looking at this on a long-term scale and systematic change. The trauma and the lack of trust with other first responders is massive with our unhoused neighbors."

Providing Medical Care in the Field

From a medical perspective, PSR was perceived by community members to be valuable in treating low-acuity medical issues in the field and preventing people from having to be transported to the emergency room.

> "I think it has a high value in terms of reaching out to people before going to the emergency room and assessing them there in the place rather than counting the cost of the ambulance or anybody to go there, and just tackle that problem there and say, 'Hey, this is what you need.' …So, the street response to me, it's very good because then we could call somebody. Maybe they just need some answers or assess their problem… Basically, tackle the problem there, rather than 'Okay, you need the emergency room' or 'You need to go to urgent care,' Maybe they just got dehydrated or something. So, somebody who is knowledgeable in medicine can tell them, 'How about if you try this?' And then they feel better, or sometimes they just need to talk to someone."

Community Engagement Before Calls are Made

Numerous community members noted appreciated PSR's strong community engagement, believing this helps community members pre-emptively before calls for service are made. We note that this important crisis prevention work that may not be captured with the current metrics used to measure PSR's activity. We also noted that this type of pre-emptive outreach was suggested as an area of improvement by community members in the six-month evaluation and is now occurring and noted as a strong component of PSR's value to the community.

> "They are not treating the homeless like, 'I'm an organization, I have protocols.' No, they treat them as human beings, they treat them as families. When they come, they call them by name, they give them hope… They just hand out what people need, which I believe is the way to treat a person."

Perspectives on PSR from Unhoused People and People in Crisis

Some people we spoke with worked or volunteered as community advocates or activists in the Lents Area and described conversations they had with unhoused community members about PSR. We note that these interactions were reported to us second-hand, and previous sections of our report offer first-hand experiences from unhoused community members.

PSR is Building Trust with Unhoused Community Members

Members of service and advocacy organizations noted that some of the unhoused community members they work with are aware of Portland Street Response and feel comfortable calling them or having PSR respond to assist them:

> "I see how they [PSR] have become a community with the homeless people. They give them that sense of community and that sense of, 'Hey, we're a part of you,' or 'We're here for you, which before now I think it was lacking. So. I really didn't know much about them until I started working with them. And they're a fantastic group to work with, the commitment they have, the way they do things, and the way they relate with the homeless is wonderful....And I feel it's just a wonderful organization to have in the sense that I see the way they work with the homeless… to where these homeless people know them by name."

> "…talked to PSR and they're going to keep an eye out, and see what they can do for her again…If you say, 'Would you like us to call PSR?' She'll say, 'Yeah, yeah. I would like that. I would like help.' Okay, so that's huge because a lot of folks don't trust medics, they don't trust 911, they don't trust ambulances. They don't like how they're treated when they get sent to the hospital, because they'll... I watched it in the heatwave, where people would say that they would rather die than be separated from their pets. Or, they're willing to risk a lot to not have to deal with being released from the ER downtown barefoot at 2:00 AM, when buses are not running, and they would have to walk back to Lents…But PSR coming and providing care for them. Yes, they'll say, 'Yes, I'll take that.'"

"So, I would also say, the consistency of Portland Street Response, and showing up consistent, is a huge asset to both our housed community, but more importantly, our unhoused neighbors—that they're learning to trust, and Portland Street Response is earning that trust, which is a rarity often in the type of work that we do."

Addressing Barriers to People Calling PSR

Some of the people we spoke with shared ideas about how to bring awareness of PSR to people in crisis and educate them that PSR is a resource they can call or ask for. One mentioned that unhoused community members who were aware of PSR were not always sure how to reach them.

> “I think the relationships that are being developed are important. The fact that some houseless community members already see them as a resource and trust them is important, because they'll like, ‘Text me or call me,’ and be like, ‘I need Portland Street Response right now, there's a situation. How can I tell them?’ And they're having the same question, ‘Tell me how do I get them to come. Is it 911? Do I just call 911 and ask for them? Do I call the non-emergency?’”

> “I don't think the police is the right response, because they haven't broken any laws. And that was the kid's biggest fear, was he thought he was going to go to jail, and he hadn't even done anything, and he was scared and thought he was going to go to jail. And so I think that us telling him that they weren't, and them showing up and not being cops, helped reassure him of that. Otherwise, he might not have stayed for the help.”

Recommendations and Areas for Improvement

Expand Service Area and Hours

In both our six-month and one-year interviews with community members, respondents were adamant that Portland Street Response should be expanded throughout the city with additional teams and longer service hours:

> “I think we need a lot more of them. Because there's so many people out there now that we've got so many homeless that need our help, that aren't getting it.”

> “Just exansion and more resourcing. It feels like it’s—I love that this is a pilot, but I’d love to see it across Portland. I don’t know what the budget is looking like for it, but obviously there’s a housing crisis.”

> “I don’t know how it was decided what times it would be, but yeah, it would just be nice if it doesn’t matter when, I can just call, and there’s this person. So, I think it’s going to be hard to know when to call and when not to call because people just are not that well-thinking.”

Maintain Localized Feel Throughout Expansion

Mutual aid and advocacy groups who collaborated with PSR in Lents appreciated the program's close involvement with the Lents Community. They thought the program would continue to be successful in other areas if they cultivated the same level of close neighborhood involvement when expanding across the city.

> "Yeah, that is my biggest one is that I think that, if they want to continue to be as strongly effective, is that this deep level of cultivation that they have done in Lents has to be continued. So, more people on the team, and smaller boundaries per team."

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.

> "I feel like, it's like there has to be some sort of way of getting people help… I feel like there should be some sort of rehab counseling… Instead of just going to jail, people should be sanctioned to doing these programs. And I feel like if Portland Street Response could potentially offer some sort of counseling to offer more than just, like, the sandwich and water bottle and a sleeping bag."

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."

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. Others recommended workshops and training activities, which the team is doing, but could consider expanding. Finally, community members suggested PSR be more explicit about being housed within Portland Fire & Rescue, not the Portland Police Bureau, because this could improve community perceptions of the program.

> "Maybe Portland Street Response could do more workshops or training. And it doesn't even have to be a big deal, like one hour, for Lents neighborhood business owners, one hour of training… They could be like, 'We're going to teach you three de-escalation techniques,' you know?"

> "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."

> "They're connected with the fire department and most people in the world love the fire department… I think if you want to push the program forward even faster, it's like having this name that goes with you… it immediately transfers to trust… I think you have value in the Fire & Rescue… there's big value in that."

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.

> "And just Portland Street Response having their own number, I think that would be huge. Even if it's just another different number, like 511, or just something that doesn't cause that trauma response or that nervous system response in people that would stop them calling for each other, you know?"

> "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."

Other respondents noted that while calling 911 is going to be a barrier for some community members, there are also opportunities for better educating people about 911 and the services they provide.

> "I think there could be definitely some community engagement, both certainly for our housed neighbors, but even more important, for unhoused neighbors, to know that they could call 911 and actually be helped and not penalized. I mean, I'm just trying to think. I mean, there's a whole campaign you could almost do, and just calling it what it is, of, 'You thought 911 was... You thought you would get this response, but we're Portland. We're different. This is a response that you get too.'"

Recommendations:
Updates from the Six-Month Evaluation Report

Data and community voice have guided the development of Portland Street Response since its inception—from centering on the voices of unhoused people and people experiencing mental health crisis 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.

Below, we revisit, review, and revise the nine recommendations we offered up in our six-month report, commenting on progress made and work still to be done. Within these previous recommendations are new suggestions for programmatic improvement and expansion as PSR scales up citywide. We note that some of these recommendations are specific to the internal operations of the program, while others will require broader, more systems-level changes that will impact the success of the program over time.

1. Continue to Expand Portland Street Response

The findings of our one-year evaluation support the continued 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. Our analysis of PSR call volume in relation to PPB call volume demonstrates a 4% reduction in PPB calls for service during the PSR operating hours and inside the service boundaries of the pilot period. 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).

It is important to note that this 4% reduction estimate is based on a snapshot of just one year of PSR's service—a year in which the program was learning what worked and what did not work, establishing trust and recognition from community members, and navigating the second year of a global pandemic. The dynamic, ever-evolving nature of the program means that this figure will likely change as PSR expands citywide, although evidence from the first two weeks of the citywide expansion continues to demonstrate a consistent 4% reduction. This reduction also assumes the current limited PSR call criteria which, if expanded, would make the total potential impact of Portland Street Response even greater. Four percent reduction in PPB call volume equates to around 15,000 calls over the last year. With expanded call types, it is not unrealistic to expect this figure to increase substantially once the program is fully staffed and operating during all hours of the day. 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.

We will turn next to a discussion of recommendations for expansion in call type and call criteria before discussing additional factors that are important to consider during citywide expansion.

Expansion in Call Type and Call Criteria

Per the collective bargaining agreement between the City of Portland and the Portland Police Association (PPA), a workgroup comprised of representatives from Portland Street Response, the Portland Police Bureau, Portland Fire & Rescue, and the Bureau of Emergency Communications will work together over the coming weeks to determine the types of calls for service that may be appropriately handled by PSR. The current criteria for dispatching Portland Street Response are 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. Expanding upon suggestions we made in our six-month report, below we review our primary recommendations for expansion to PSR call type and criteria.

Responding to Calls Inside Residences

Allowing PSR to respond to welfare checks and other calls inside residences is essential. 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, from a prevention perspective they see the powerful role that responding inside residences has. 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.

Responding to Calls Involving Suicide

Given PSR's training and experience in de-escalation and mental health crises, they are well equipped as a response team to support community members on calls involving suicide. Something we heard frequently in our interviews across all stakeholder groups was surprise and confusion about why PSR is not dispatched to calls involving suicide, and not able to initiate Director's Holds in the field. PSR staff have experience assisting people who are suicidal, and some staff are licensed to initiate Director's Holds. As it stands, however, PSR has to request co-response from PPB or Project Respond if someone on a call presents a risk of harm to themselves and needs to be hospitalized. Allowing PSR to respond to calls involving suicide should be a priority in the upcoming workgroup discussions. Additionally, Portland Street Response would need 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 scales up citywide.

Responding to Some Calls Involving Higher Levels of Acuity

We also heard frequently from other first responders that they often arrive on scene to calls involving people experiencing homelessness or mental health crisis and wonder why they have been dispatched instead of PSR. Typically, the response they receive from dispatchers is that the call is a higher level of priority than PSR is able to respond to. For example, some PF&R staff noted that it was not uncommon for a call to be dispatched as a higher-level medical concern such as chest pain or difficulty breathing, and they arrive on the scene to find someone who is having an anxiety attack—something which is well-within the skillset of PSR. PPB staff noted the irony in Portland Street Response not being able to respond to calls involving people in the street. With proper safety protocols in place and the ability to use lights and sirens to block traffic while they respond, this could also be a call type that PSR could take. Finally, PPB staff noted that they get dispatched to many calls coded as 'unwanted persons' that involve people who may be intoxicated or experiencing mental health distress and wander into parking lots or stores. When police call dispatchers to ask if PSR can respond instead, they reported being told that this is not something that PSR can respond to. While PSR should never be viewed or used as an enforcement program, they could certainly connect with these people in crisis to help them move safely to another location, and to see if they need any additional resources or connection to services. This may reflect an opportunity for further education or training at BOEC to make sure dispatchers have a clear understanding of PSR call criteria and are not being overly conservative in the types of calls they dispatch PSR to.

Important Considerations During Citywide Expansion

While we feel confident that the lessons learned over the past year will make the expansion of Portland Street Response a smooth and successful process, we offer the following two recommendations to ensure that the program remains rooted in its original purpose to provide compassionate care to the community members it serves.

Cultivate Community and Keep the Program Locally Focused

So much of the success of Portland Street Response has been a result of the close, sustained connection the program has made with community members in the Lents neighborhood. We heard from numerous community members and advocacy organizations in Lents that they appreciated the deep level of neighborhood involvement that PSR has cultivated and thought the program would be most successful if it continues to do this throughout the city. We encourage PSR to identify established points of community gathering throughout the city (e.g., parks, farmers markets, libraries, places of worship) and do intentional outreach and pop-up events in these spaces to establish a strong presence in the community. Keeping the program locally focused throughout the expansion will allow for both relationship development and also the identification of unique contextual factors that will impact the program's success in new neighborhoods.

Ensure Adequate Staff Coverage to Allow for Sufficient Time with Clients

Something we heard from each PSR staff person and also from other first responders was the value in Portland Street Response being able to spend more time with their clients. While it is typical for police and firefighters to need to rush from one call to the next, the type of trauma-informed work that PSR conducts demands that they spend time building trust and relationship with clients. The work demands calm and patience, and the team should be supported in spending the time they need to effectively assist their clients. As PSR expands and the call volume increases, there may be a sense of pressure to start rushing from call to call. This will have a detrimental effect on both clients and staff. Based on the very preliminary experience of staff following the citywide expansion in March (after the pilot period covered in this evaluation), it seems that 8 to 10 calls per team per 10-hour shift is a "sweet spot" for being busy enough that it feels like an impact is being made, but not so busy that they can't spend the time on-scene with clients and also take the time they need to debrief with team members or engage in self-care following difficult calls. There needs to be adequate staff coverage to allow for teams to take the time they need in the field while also not having calls holding in the queue for long periods. This recommendation applies to PSR community health workers and peer support specialists as well. It will be important to continue supporting them to keep caseloads at a manageable size and to work with clients for whatever duration is needed to help them address the complex challenges in their lives.

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

It remains critical that the perspectives and experiences of PSR staff 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 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 nine calls that have escalated to verbal or physical aggression, and no team members or clients were harmed during the pilot year. 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 greater 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, especially as it expands citywide and continues to grow. 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. For these reasons, we recommended in our six-month report that team members should have regular opportunities for ongoing individual clinical supervision, particularly for new staff and for peer support specialists who have such close personal connection to the lived experience of PSR clients. Fortunately, staff members have now been connected to individual clinical supervisors. We look forward to learning from staff about how this impacts their professional and personal well-being, and what additional supports they may need to manage burnout and compassion fatigue.

Along with supports that are external to the program, the pilot period also taught us the critical importance of having more opportunities for close connection and training among team members. The evening team reported feeling isolated as they began working night shifts with few opportunities to train and overlap with the more experienced day team. It is important for new team members to have amble opportunities to shadow staff in the field and for all staff to have time to network with one another both formally and informally. The program has implemented roll calls and intentionally scheduled shifts to allow for at least one day of overlap between all teams. It will be important to consult with staff about whether this allows for sufficient interaction between teams or if more opportunities for intentional connection are needed.

As the program grows and changes, there will be growing pains and interpersonal challenges that will need to be addressed. It is important to anticipate this and implement preventative measures for mediation and team building that address conflicts openly and transparently before they become toxic to individual or organizational well-being. The changing structure of the program offers opportunities for additional support, as supervisors are being hired to help manage the day-to-day operations of team members in the field. However, it will also be important to make sure that this structure doesn't impose unnecessary hierarchies that constrict smooth-flowing channels of communication between front-line workers and program leadership. Open communication and transparency about programmatic decisions is vital and will boost morale, reduce burnout, and reflect the values of a program rooted in social justice and equity.

3. Continue to Refine Community Outreach and Education Efforts

Based on findings in our six-month report demonstrating that only a quarter of unhoused community members and fewer than half of general community members had heard of PSR, we recommended increasing outreach to camps, residences, and businesses, and conducting community engagement activities to enhance knowledge and understanding of PSR. We observed modest increases in rates of knowledge among unhoused community members (from 25.8% in the first six months of the evaluation to 33.5% in the second six months) and larger gains among general community members (from 47.5% to 60.7%). This is encouraging, and the improvements are due in large part to the program's emphasis on and prioritization of community engagement and outreach, which we will return to in the section on advancing racial equity.

There remains work to be done in community outreach and education, especially as the program expands to new areas where it does not yet have an established footprint. In response to our recommendations in the six-month evaluation, PSR is working with a local design and strategy studio on a large and comprehensive marketing campaign to increase awareness about PSR and to educate the public about how to use its service. Led by the PSR Communications Manager, this campaign involves close collaboration with culturally specific providers to ensure that materials are responsive to the needs of BIPOC communities and people with lived experience of mental health challenges and homelessness. This effort is very is promising, and we will track and monitor changes in community knowledge and use of PSR as this campaign rolls out.

Moving forward, in addition to this marketing campaign, it will be important for the program to continue to educate community members that PSR is a program they can call when they are in need, not just for another person. Currently, the vast majority of callers are requesting service for someone else, not for themselves. For example, in a content analysis of 60 calls to 911 in which community members explicitly requested PSR, only five of these calls (8%) were someone requesting services for themselves. Intentional and sustained outreach both in the field and with service providers and advocacy organizations will help to increase awareness of PSR among potential service users. Given the very high rates of concern expressed by community members about having to call 911 to request PSR, it is also vital to continue exploring creative solutions to ensure that this is not a permanent barrier to people accessing the services they need. We will unpack this in more detail below.

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

One of the most consistent themes across the community surveys and interviews we conducted throughout the pilot year was that community members are experiencing a great deal of difficulty reaching a 911 operator to request service. This is consistent with reports of unprecedented emergency call volumes and staffing shortages at the Bureau of Emergency Communications (e.g., Bernstein, 2021). Another consistent theme was that calling 911 poses a barrier for many community members who wish to request PSR. Either they feel unsafe calling 911 to request PSR service because they are concerned that police will be dispatched instead; or they worry that calling 911 for a non-emergency issue will prevent dispatchers from responding as quickly to more emergent issues. Both are valid concerns that speak to the importance of carefully considering the feasibility of alternative methods for community members to access PSR. Possible options are on the horizon, including 311 and 988, but having a designated PSR number and dispatcher at BOEC seems to be the most appropriate end-goal. This would utilize the 911 infrastructure but remove the barrier that calling 911 presents to so many community members who have been underserved or, worse, harmed by traditional first response systems. Of course, it is important to note that changing a number does not change a system. The transformative goal of this work should always be to increase safety for all community members. The presence of more programs like Portland Street Response within the traditional 911 system will hopefully mean that over time people will feel safer calling to request assistance for themselves or others because they have confidence that the responder will help them rather than harm them.

In addition to addressing capacity issues and barriers to calling 911 to request PSR, we also recommended BOEC provide regular trainings 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 this recommendation, BOEC has implemented in-service training for all staff that includes 30 minutes of specific training on PSR. Training includes a review of criteria, guest speakers from the PSR team, and a quiz to test knowledge. We appreciate this responsiveness to our recommendation and continue to have high levels of confidence that BOEC partners support this work and are committed to exploring creative solutions to getting it right. As PSR expands citywide, there will inevitably be hiccups and learning curves, but also more opportunities for dispatchers to gain practice and experience so that they can quickly and accurately identify calls that are appropriate for PSR to be dispatched to.

5. Enhance Understanding and Communication Between First Responders

As we discussed in our six-month report, 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. In the interviews we conducted for the six-month evaluation, responders reported feeling a lack of understanding regarding the purpose of PSR and when to call them to request support. The PSR team took important steps to address this knowledge gap 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.

In our follow-up interviews with PF&R staff for the six-month report, individuals continued to express a lack of understanding about PSR and the need for more opportunities for face-to-face meetings and report-outs about the calls PSR is diverting from firefighters. They also reported concerns that PSR is not being dispatched to every appropriate call because the complaint is being reported to dispatch as a medical concern (e.g., chest pains, shortness of breath) when what they actually find on-scene is someone experiencing an anxiety attack. The distinction about who should respond is made perhaps even more complicated by the introduction of Community Health Assess and Treat (CHAT), which is intended to respond to lower-level medical concerns, while PSR responds to lower-level mental health concerns. Given that mental and physical health are interconnected, the lines between these programs will likely be blurry, and it will be vital for staff in both programs to be in close communication with one another to ensure that the appropriate responder is called to the scene.

In our follow-up interviews with PPB staff, we observed a distinct attitude shift from one of opposition or skepticism to one of general support for Portland Street Response. PPB staff acknowledged the benefit of PSR responding to calls that are outside their skillset or ability to resolve. They also noted that opportunities for collaboration in the field and recognition of shared challenges have contributed to better understanding and communication between responders about which calls are most appropriate for police, and which are more appropriate for PSR. We recognize this shift in attitudes as positive overall and hope that it signals awareness of the importance of maintaining the integrity of Portland Street Response as a non-enforcement model of community safety that is separate from police except in instances where co-response is absolutely necessary. In these rare cases, it will be critical to have clear protocols and practices in place that dictate who is taking the lead and how the collaboration will occur. PSR should take the lead in any on-scene client interactions unless the call escalates to threats of violence or weapons are present. The relationship between PPB and PSR will be important to continue to monitor as PSR expands citywide.

We also continue to recommend 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.

6. Keep Portland Street Response Housed within Portland Fire & Rescue but Affirm its Unique Culture and Identity

In our six-month report, we recommended that Portland Street Response should remain housed within Portland Fire & Rescue. Being housed within the fire 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. Being housed within PF&R also gives the program the ability to use lights and sirens in rare cases where it is absolutely necessary to get to the scene quickly or control the scene. 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). It would also allow them to respond independently to certain higher acuity calls that currently require co-response with police or fire.

We continue to believe that PF&R is the most appropriate home for PSR, and this sentiment was echoed in our interviews with both housed and unhoused community members, some of whom noted that the fire department "immediately transfers to trust." With this said, we have also observed some tensions between the culture of PSR and the traditional culture that exists within the fire bureau; and these tensions were discussed by both PSR and PF&R staff. Historically, the fire service has been a paramilitary organization with a hierarchical structure and rigid protocols for field operations. This culture and structure may work in the context of emergency first response, but it may clash with some of the fundamental components of PSR's culture that make it so unique and valuable, including trauma-informed care, harm reduction, and the ability to be flexible in the field in order to best meet people where they are at. Collaboration and communication between PSR and PF&R is critical, but PSR must be supported in retaining its unique culture and identity and not be expected to fully align with traditional fire culture. This value-alignment is particularly important to consider when hiring new staff who may work across different PF&R units (e.g., PSR and CHAT).

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. The most common resource identified by staff concerned sheltering needs, both for temporary shelter and long-term housing. The second most common resource gap was for substance-use related needs, including sobering services and detox. Other resource gaps included medical services and sub-acute mental health care. Finally, the team noted the need to address housing barriers pertaining to criminal backgrounds, lack of rental history, and evictions.

These service gaps are also a point of vocal frustration among community members, some of whom unfairly equate the continued visible presence of homelessness and mental health crisis as a failure of Portland Street Response. We heard this sentiment expressed more frequently in our interviews with community members during the latter part of the evaluation than the first, suggesting that early optimism about the program may be giving way to jaded cynicism about the City's ability to address these issues. Expecting Portland Street Response to end homelessness and mental health challenges in Portland has been an ongoing challenge from the earliest days of the program. It is important to continue to remind community members that the compassionate first response provided by PSR is, itself, a huge success. The ability to connect individuals to services is an additional benefit of the program, but it requires that these resources are available and accessible, which is beyond PSR's direct control.

As we noted in our six-month report, 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 Behavioral Health Emergency Coordination Network (BHECN), also slated to open in 2022, 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 has also become interwoven into the fabric of mutual aid and advocacy groups working tirelessly to support unhoused people and other people in crisis in the Lents neighborhood and throughout Portland. These groups 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.

As PSR expands, it will be critical for the program to continue nourishing these existing relationships while also cultivating new grassroots and government partnerships as they work to connect clients to services and support throughout the city.

8. Continue to Refine Data Procedures and Outcome Goals

In our six-month evaluation, we discussed the importance of making sure staff are adequately trained in how to enter data into the charting system. We also noted challenges in conducting data analysis for the six-month program evaluation based on inconstancies in how data were tracked. We recommended the development of a data dictionary with clear definitions for each variable and detailed instructions for how staff should record data. We have been very impressed by how responsive the program has been to these recommendations, and the data charting and tracking process has improved substantially. Some of the specific changes and resources implemented since the six-month evaluation include detailed charting manuals and data dictionaries for all staff types and positions; adding new variables to charting systems that better align with program goals and eliminating redundant or unnecessary variables; and developing or refining interactive, publicly accessible data dashboards summarizing the work and outcomes of both the PSR first response work and the community health and peer support follow-up care. Staff have noted on numerous occasions how responsive the PSR data analyst is to their questions, concerns, and suggestions of ways to make the data entry process as clear and smooth as possible so it supports their work with clients. One area noted by staff for continued growth and development is in making sure there are clear protocols and infrastructure in place for safely sharing information about clients with other providers so they can expand their ability to communicate and make referrals.

We also continue to recommend working with PSR partners and community stakeholders to refine outcome measures based on evolving project goals and lessons learned during the pilot year. The original program outcomes goals were developed with community stakeholders prior to the pilot launch, and the changing context of the program necessitates revisiting these outcomes to determine if they are still appropriate. For example, the original goal to reduce the number of medically non-life threatening 911 calls that are transported to the emergency room may not be realistic now that CHAT is being dispatched to medical calls that PSR was originally intended to address. Further, if PSR is able to start responding to calls involving suicide and initiate psychiatric holds, they may actually see their rates of hospitalization increase. This is not a failure of the program, but rather an indicator of their changing scope of work that should be reflected in the program's outcome goals. Re-engaging PSR staff and community stakeholders around the goals of Portland Street Response should be an important priority moving forward, and one we are excited to assist with in the next year of the evaluation.

9. Continue to Advance Racial Equity

The criminalization of homelessness and mental health crisis disproportionately affects community members who are 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. As the program grows, it will be equally important to focus attention on retention of staff of color and also promoting or recruiting people of color to positions of leadership, either in the PSR supervisor positions currently being hired or other leadership positions within the fire bureau.

One specific recommendation we made in the six-month report was to collect data about client race whenever possible in order to enhance our understanding of who the program is (or is not) serving. Specifically, we recommended that whenever possible, the team should ask and record the race of their client in their charting system. In cases where this is not possible due to someone being in a state of crisis and unable to report this information, we recommended noting whether or not the client is a person of color based on visual identification. We acknowledge the limitation of this approach but feel that it is important to know as much as possible about the race or ethnicity of 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 work not perpetuate historic inequities caused by systemic racism in homelessness and health services.

This change in data collection was implemented immediately after the six-month report, and we now have data to better understand the racial and ethnic identities of people served by PSR (around 77% White and 23% BIPOC based on visual identification of 186 clients; and 58% White, 23% Black, 5% Asian, 12% Latino, and 2% multiracial based on the 43 clients for whom data on self-reported race was available). We encourage continued training around ways to sensitively ask about race within PSR's interaction with the client, especially in light of the differences we see in data based on self-reported race compared to race based on observation.

Finally, given findings from our six-month evaluation suggesting that BIPOC community members have lower rates of knowledge and interaction with Portland Street Response, we also recommended that staff conduct intentional outreach to communities of color and culturally specific providers to introduce themselves and provide additional information about the program. The efforts of the team in this regard have been highly successful. Among BIPOC unhoused community members, rates of knowledge about PSR increased from 19.3% in the first six months of the evaluation to 37.9% in the second six months. For Black unhoused community members specifically, rates of knowledge increased almost 40 percentage points between the six-month and one-year evaluations. Among general community members surveyed, rates of knowledge about PSR nearly doubled—from 27.5% in the first six months to 50% in the second. These improvements are significant, and they are due in large part to the careful and concerted efforts of the PSR Community Engagement and Outreach Manager to partner with culturally specific providers and do intentional outreach to BIPOC community members at a variety of community health fairs and pop-up events throughout the pilot year. These outreach activities to communities of color will remain a critical component of PSR's success and should be prioritized as the program scales up citywide and should be prioritized.

Conclusion

This report marks the completion of the first year of Portland Street Response. There have been numerous challenges and hurdles over the course of the year, but the program has remained steadfast in its commitment to growing, learning, and responding to the needs of community, clients, and staff. There will be continued pressures on the program and a steep learning curve as it expands its staff, its client base, and its footprint on the city. 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 see the program as one that is always authentically engaged in their efforts to work with the community to bring about positive change. In the words of one community member we spoke with:

"What I've witnessed with PSR is that it's not about just that first response and that call through 911. It's that they're proactively healing this community. Like, before the call ever is made, they're out there knowing people, knowing their stories… Truly, they aren't coming out here with any kind of power. They're like, 'This is your community. How do we move your community forward?' And it's just continued to happen."

Indeed, Portland Street Response has come so far in a very short amount of time—from a small pilot program in one neighborhood to a citywide movement that has fundamentally changed Portland's first response system. Portland Street Response provides a model for the nation to follow, and we look forward to continuing to monitor its progress and impact as it expands citywide.

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Appendices

Appendix A: PSR Staff ProQOL Item-Level Descriptive Statistics

Item	Mean Time 1	Mean Time 2	Mean Time 3	Mean Time 4
Compassion Satisfaction Subscale				
I get satisfaction from being able to help people	4.75	4.50	4.25	4.00
I feel invigorated after working with those I help	4.00	4.00	3.88	3.75
I like my work as PSR staff	4.50	4.75	4.13	3.88
I am pleased with how I am able to keep up with helping techniques and protocols in my job	4.75	4.75	3.88	3.63
My work makes me feel satisfied	4.50	4.50	3.75	3.75
I have happy thoughts and feelings about those I help and how I could help them	4.00	4.50	3.63	3.50
I believe I can make a difference through my work	4.00	4.25	4.00	3.88
I am proud of what I can do to help	4.50	4.00	4.00	4.25
I have thoughts that I am a “success” as PSR staff	3.75	3.50	3.13	3.00
I am happy that I chose to do this work	4.75	4.50	4.24	4.00
Burnout				
I am happy	4.25	3.75	3.88	3.63
I feel connected to others	4.75	4.25	4.00	3.63

I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	1.75	1.50	1.50	1.50
I feel trapped by my job as PSR staff	1.50	3.00	2.38	2.13
I have beliefs that sustain me	4.50	4.25	4.62	4.62
I am the person I always wanted to be	4.00	4.25	3.50	3.38
I feel worn out because of my work as PSR staff	2.25	2.50	2.87	3.25
I feel overwhelmed because my workload seems endless	2.25	2.00	2.25	2.25
I feel “bogged down” by the system	3.25	4.25	3.63	3.88
I am a very caring person	4.50	4.00	4.13	4.38
Secondary Traumatic Stress				
I am preoccupied by more than one person I help	3.25	3.00	2.88	2.38
I jump or am startled by unexpected sounds	2.00	2.75	3.00	2.75
I find it difficult to separate my personal life from my life as PSR staff	3.25	2.25	2.38	2.50
I think that I might have been affected by the traumatic stress of those I help	2.50	2.00	2.00	2.00
Because of my work, I have felt “on edge” about various things	3.25	3.00	2.25	2.75
I feel depressed because of the traumatic experiences of the people I help	2.00	1.50	1.88	2.00
I feel as though I am experiencing the trauma of someone I have helped	1.25	1.00	1.88	1.38

I avoid certain activities or situations because they remind me of frightening experiences of the people I help	1.00	1.25	1.38	1.38
As a result of my work, I have intrusive, frightening thoughts	1.00	1.25	1.63	1.75
I can't recall important parts of my work with trauma victims	1.75	1.50	1.75	2.00

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	Mean Time 3
Compassion Satisfaction Subscale			
I get satisfaction from being able to help people	4.50	4.75	4.33
I feel invigorated after working with those I help	3.00	3.00	2.67
I like my work as a firefighter	4.75	5.00	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	3.33
My work makes me feel satisfied	3.75	4.00	4.00
I have happy thoughts and feelings about those I help and how I could help them	3.50	3.50	3.33
I believe I can make a difference through my work	4.25	3.50	3.67
I am proud of what I can do to help	3.75	4.25	4.00
I have thoughts that I am a “success” as a firefighter	4.00	3.75	3.33
I am happy that I chose to do this work	4.75	4.75	5.00
Burnout	Mean Time 1	Mean Time 2	Mean Time 3
I am happy	5.00	4.50	5.00
I feel connected to others	4.25	3.25	3.67
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	1.75	2.25	1.67
I feel trapped by my job as a firefighter	2.25	2.00	1.00
I have beliefs that sustain me	3.50	4.25	4.67

I am the person I always wanted to be	3.75	4.00	4.00
I feel worn out because of my work as a firefighter	4.50	4.25	4.00
I feel overwhelmed because my workload seems endless	3.50	3.25	2.33
I feel “bogged down” by the system	3.25	3.25	3.33
I am a very caring person	4.25	4.25	4.00
Secondary Traumatic Stress	Mean Time 1	Mean Time 2	Mean Time 3
I am preoccupied by more than one person I help	4.25	3.25	3.33
I jump or am startled by unexpected sounds	2.00	1.75	1.67
I find it difficult to separate my personal life from my life as a firefighter	3.00	2.50	3.00
I think that I might have been affected by the traumatic stress of those I help	2.25	2.25	2.00
Because of my work, I have felt “on edge” about various things	3.25	2.50	2.33
I feel depressed because of the traumatic experiences of the people I help	1.50	1.50	1.33
I feel as though I am experiencing the trauma of someone I have helped	1.75	2.00	1.67
I avoid certain activities or situations because they remind me of frightening experiences of the people I help	1.25	1.00	1.33
As a result of my work, I have intrusive, frightening thoughts	1.50	1.50	1.67
I can’t recall important parts of my work with trauma victims	2.25	2.75	2.67

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? (EVERYONE)**

❑ 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? (EVERYONE ANSWERS)**

❑ 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. **What is the best way to get information out about Portland Street Response to your community? (<u>EVERYONE ANSWERS</u>)**

10. **Do you have any additional suggestions or recommendations for us? (EVERYONE)**

Thanks for answering all those questions! I just have a few more questions to ask: **(EVERYONE)**

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____________

7. What is the best way to get information out about Portland Street Response to your community?

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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